

**Dr. Lisa Doupe Presentation to:**

**Second Annual Mental Health Summit  
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## **Strategies for Shortening Return to Work – Systemic Approaches by Medicine**

Good morning!

### ***Introduction***

My talk addresses the improvements made by medicine to address systemically the physician's role in delaying return to work.

I recently saw a patient who had been through the WSIB's new functional restoration program. This case was, in all too many ways, a typical one. First, he had been seen by a family physician not properly trained in workplace health issues. Then an attempt had been made to slot him into the union's own disability management model, even though it wasn't appropriate for this case. And finally, when he was ready to return to work, it took four weeks to notify his company by mail.

In the end, I estimate that this patient's eventual return to work was unnecessarily delayed by about six months. Nobody benefited from this delay; not the patient, not his company, nor any of the other stakeholders involved in the return-to-work process.

This case illustrates the present situation all too clearly. Workers are suffering, whether it's from mental or physical health problems, and companies are losing money -- frequently unnecessarily. And we aren't doing enough to end that suffering and shorten the return-to-work time.

So why are we sitting here instead of acting? Especially when I believe solutions are at hand. By involving more stakeholders, improving communications and building an effective feedback loop, we can change things for the better.

If everyone here can work with physicians towards the common goal of shortening return-to-work times, we will all benefit.

### ***3 Key Facts***

In order to make progress, we need to keep three key facts in mind.

### **1. A Shared Problem**

To begin with, the challenge of returning people with mental health-related disabilities to work in a timely manner is **a shared problem**.

It affects employers, workers, medical professionals, insurers, governments and other stakeholders. It is a systems problem, amplified by a lack of any central responsibility or accountability. It extracts a toll on all of us, and it would be foolish for any one group to opt out of the attempt to seek solutions.

### **2. Physicians Take the Problem Seriously**

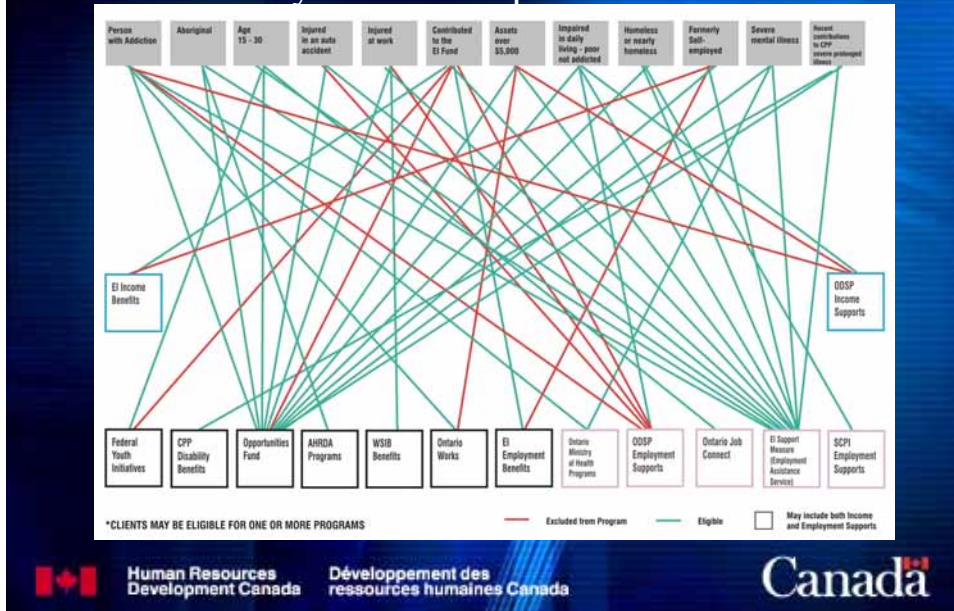
Secondly, it is a problem that the **medical community – specifically physicians -- takes seriously**. As an occupational health physician I can tell you that we are involved in this issue, in spades. In fact, we have done, and are continuing to do, more than many of you may imagine. I will talk more about this later on.

### **3. Solve Problem by Working Together**

And finally, it is a **problem that can be solved only by working together**. There are many initiatives that can be implemented that will make a significant difference across the board. The trick is to put the right programs in place and to ensure they have the support and resources they need. That's where many of you can play a role by becoming involved personally or engaging your companies and organizations to support -- both practically or financially -- ongoing research, as well as initiatives in this area, such as the *Physician Education Project in Work & Health*.

Quite frankly, we are all in this together. And we are facing quite a problem. To begin with, the system currently in place in Canada to return a person with mental health related problem to productive work is, too put it kindly, dysfunctional. More accurately, it is a system of chaos. This diagram, developed by HRDC, shows the chaos.

## In the Community Present System - Complex and Incoherent



This illustrates the type of system a person with a mental disability – and their employer – has to deal with.

Does it need to be this chaotic? No. Can it be streamlined? Yes, but any changes must involve all of the important stakeholders. As John Frank et al demonstrated, any type of disability prevention is a *systems problem*. As such, it is necessary for all stakeholders to participate, in varying degrees, in any effective solution.

### 15 Stakeholder Groups

There are 15 key stakeholder groups who are directly or indirectly involved in return to work and who need to work together to create a better system.

These include: persons with disabilities, families of persons with disabilities, academia, aboriginals, citizens/taxpayers, consumers, politicians, employers, federal and provincial governments, insurers, labour, legal, the volunteer sector and, of course, health care providers, including physicians.

I'd like to take a moment to issue a word of caution. In my experience, physicians are too often excluded from the return-to-work process. This is done for a number of reasons. It may be a misguided attempt to speed up the process; it may be because it is wrongly felt that physicians do not have the expertise in return-to-work or lack sensitivity to employer issues. Whatever the reason, don't

make this mistake. Physicians need to be designed into the system as one of the foundations, for it is the physician that the patient most often, goes to first. If they are, they can function as advocates and gatekeepers, and can play a major role not only in improving return to work/function, but also in preventing disabilities. It is our challenge to ensure that physicians are properly educated and prepared for these roles and know how to respond appropriately.

As I am about to illustrate, the Canadian physician community has already made some tremendous strides in disability management and return-to-work. And infrastructures are in place for physicians to do much more – to the benefit of all stakeholders – if resources are properly used.

The last decade in particular has seen physicians step up to the plate and address some of the major return-to-work issues raised not only by the Canadian medical community, but also by other stakeholder groups.

This began with a major change in attitude towards workplace health and recognition that a collaborative effort was needed.

On a national level, the Canadian Medical Association made this clear through a number of initiatives.

### ***Landmark Policies***

In 1997, the CMA adopted a national policy entitled *The Physicians' Role in Helping Patients Return to Work After an Injury or Illness*.

According to this policy, it is the physician's responsibility to understand his or her patient's role in the workplace. Determinants such as the effect of poverty and work status on health need to be considered. For example, the Whitehall studies in England have demonstrated that even a person's position within an organization can impact his or her health (Professor Michael Marmot et al, University College London, 1984-1994).

The CMA policy recognizes that prolonged absence from work is detrimental to physical and social well-being and requires physicians to support a patient's return to a quality of life comparable to a pre-injury or pre-illness state. Physicians are also required to recognize and support the employer-employee relationship in return-to-work.

***These policies essentially redefine the role of physicians from one of simply diagnosing and treating illness or injury, to one that includes facilitating their patients to return-to-function and return-to-work.***

There was a clear indication of the medical community's willingness to work with other stakeholders towards a common goal. The role of the physician was

expanded from the clinic to the work place and the concept and role of the occupational health position was acknowledged.

Groundbreaking policies also emerged at the provincial level. In the early 90s, both the Ontario Medical Association and the Alberta Medical Association approved return-to-work policies, soon to be followed by Manitoba and Nova Scotia. In 1994, the Ontario Medical Association published its *Timely Work Programs and the Role of the Primary Care Physician* position paper, and incorporated return-to-work into its 1999 primary care reform proposal, *Primary Care Reform: A Strategy for Stability*.

In general, these policies support the hands-on involvement of physicians in all aspects of return-to-work.

They identify the physician's role as assessing/diagnosing the patient's condition and treating the illness or injury; performing a functional assessment and developing a return-to-work plan by providing appropriate input to the patient and employer; working closely with other health care professionals (as well as other relevant authorities, such as WCB) to facilitate the patient's safe and timely return to the most productive employment possible; and monitoring the recovery process and continuing to provide appropriate input at appropriate intervals. They further support the crucial roles of physicians in the return-to-work process alluded to earlier.

OMA policy also identifies the physician's role in preventing a recurrence or a similar occurrence among other employees in the workplace.

With these policies in place, the medical community has been active in developing programs to improve the effectiveness – and it follows, the cost efficiencies -- of return-to-work efforts.

### ***Physician-led Projects***

Let me offer you some concrete examples of physician-led projects.

The **Ontario Medical Association** has established a reputation as a leading voice on the physician's role in return-to-work issues, including mental health.

The **OMA's Committee on Work and Health** was formed in 1996.

Its objectives are to:

- advise the OMA on the development of policy relating to health in the workplace;

- advise in regard to methods of disease and injury prevention, health promotion and disability management in the workplace;
- assist in promoting education on occupational and environmental health;
- develop processes and tools to assist physicians to implement safe and timely return-to-work through the establishment of constructive communications among stakeholders;
- and identify workplace health and safety strategies to minimize the impact of mental impairment in the workplace.

Initiatives to date include an ongoing involvement with the HRDC-sponsored *Round Table Project on Return to Function/Return to Work* and collaboration with the *Physician Education Project in Work & Health (PEPWH)*, which I will discuss later.

The Committee has an active advisory role on the Research Committee of the Ontario Occupational Health Nurses Association.

The Committee has tackled mental health issues in a number of ways.

The article *Mental Illness and Workplace Absenteeism: Exploring Risk Factors and Effective Return to Work Strategies*, published in the *Ontario Medical Review*, April 2002 and in the proceedings, clearly identified the multifaceted nature of mental disability, discussed the physician's role and encouraged physicians to expand their involvement.

And in the fall of last year, it conducted a regional return-to-work survey on understanding the needs of medical practitioners who deal with mental illness and return-to-work. Results of this survey are currently being analyzed and are sure to provide some very useful information.

### ***Round Table Project on Return to Function/Return to Work***

The current initiative that I am involved with – the *Round Table Project on Return to Function/Return to Work* -- is one example of a collaborative project between physicians and other stakeholders that is contributing to building the knowledge base and setting strategies for positive change.

### ***Physician Education Project in Work and Health***

*The Physician Education Project in Work and Health (PEPWH)* began as an initiative of the OMA's Section on Occupational and Environmental Medicine and the Institute for Work & Health in 1994. Although led by physicians, its multi-stakeholder nature clearly demonstrates the medical community's desire and

willingness to involve other key players. Since its inception, it has played a major role in strengthening physician education on issues related to work and health, both through undergraduate programs in medical schools and continuing medical education initiatives for practising physicians.

The mission of the PEPWH is to improve Ontario's medical education related to work and health to better match the knowledge, skills and behaviour of physicians with patient's needs and the evolving workplace. PEPWH achieves this by identifying the educational needs of physicians on matters related to work and health, synthesizing relevant knowledge and preparing for its delivery, and facilitating the development of effective education delivery mechanisms and partnerships.

### ***Practical Guide for Physicians***

It has published ***Injury/Illness and Return to Work/Function: A Practical Guide for Physicians***, a comprehensive guide currently being used by practising physicians, as well as by five Ontario medical schools to help educate students on workplace health. The Guide has proven to be a valuable resource, and the need for an updated second edition -- including information on mental health-related disabilities -- is apparent.

Extensive work has been done at the undergraduate level. The status of occupational health education has been reviewed at several of Ontario's medical schools, including McMaster University, Queen's University, the University of Toronto and the University of Western Ontario. A number of priority areas for graduating medical students have been identified. These include: occupational history taking, return-to-work issues, management of musculoskeletal injuries, approaches to prevention, and workers' compensation and non-work insurance systems. Initiatives aimed at including occupational health and return-to-work issues in the curricula are underway.

A series of draft principles to develop physician education at a national level have been proposed and endorsed by HRDC Ontario Region, the Association of Workers' Compensation Boards of Canada and the Ontario College of Family Physicians.

The proposed national education course would be based on these principles. It would be a process led by physicians for physicians with the input of other stakeholders. It would have a governing process that is transparent and accountable. It would involve ongoing stakeholder communication. And it would involve continual measurement and evaluation.

A strategic plan has been developed and much groundwork has been laid to facilitate the formation of partnerships for implementation of this national educational program.

In addition, a number of other important discussions are taking place at a high level. Some of these are still in the formative stage, and it would be premature to make any announcements or provide details here today.

But let me give you some idea of the type of discussions that are underway. One major medical association is in the process of identifying health and work issues and the involvement of physicians as a priority. Another association is in the process of posting significant physician-specific educational material on work and health on their website. And, at a more regional level, educational material on return-to-work that meets the specific identified needs of physicians is being developed.

### ***Mental Health in the Workplace***

In all these activities, mental health issues in the workplace are not being ignored. On the contrary, recent strategic planning by the PEPWH clearly identified mental health and work issues as a priority. Discussions have been held with three key organizations that have agreed to collaborate on research and projects in this important area. These partners are the Ontario Medical Association Committee on Work and Health, the Ontario Psychiatric Association and the Ontario Psychological Association.

What does all this mean to everyone here who is looking for effective solutions to the current mental health crisis in workplace health? What does it mean to those of you who are looking for ways to solve the problems of how to effectively return people with mental health disabilities to the work place? It means that some solid groundwork has been laid by the medical community towards finding and implementing real solutions.

Which brings me again to the third key point outlined at the beginning of this presentation.

The challenge of returning people with mental health-related disabilities to work is ***a problem that can be solved by working together!***

Doing so, however, means having the will to work together. It means taking a comprehensive team approach and being willing to support the efforts of members of that team as they work towards solutions.

As a crucial part of the team, I believe medicine is beginning to address their role in the quagmire - that is return-to-work. I hope this presentation has convinced you of that.

But in many ways our work has just begun. In order to continue to develop and, more importantly, implement, effective return-to-work solutions, we need to

involve more stakeholders, do more crucial research, produce more and better educational materials and find ways of engaging physicians in the process.

Everyone here is also a part of the team, with a shared goal. In order to continue forward, the medical community needs your input, involvement and support. Of course, as part of that team you will be able to share your particular needs and concerns and help direct the efforts of the team. Your contributions can be directed towards your own return-to-work and workplace health priorities.

### ***How can you contribute?***

How can you contribute? There are a number of areas in which you can become involved. Each of these, and others, can all contribute towards improving physician education and involvement in returning individuals with mental health disabilities to work and in meeting other workplace health challenges.

Here are some of the **key areas where you can make a difference** by helping physicians find and implement solutions.

1. You can support the development of a comprehensive website devoted to return-to-work issues.
2. You can support the publication and distribution of a revised and updated second edition of *Injury/Illness and Return to Work/Function: A Practical Guide for Physicians*.
3. You can support the development of specific return-to-work tools for physicians.
4. You can support the development and distribution of return-to-work and workplace health educational materials for physicians.
5. You can support targeted research on return-to-work/function.
6. You can support the *Round Table Project on Return to Function/Return to Work* and its initiatives in physician education.
7. Or you can become involved in a customized project to suit the needs of your industry or stakeholder group that directly engages physicians.

The important thing is to become involved.

I emphasize again... ***the challenge of returning people with mental health-related disabilities to work is a problem that can be solved by working together!***

Physicians are already involved in attempting to find solutions. And we are not working in a silo, as too many groups have done in the past. We are actively talking to other stakeholders and building collaborations.

At the recent meeting of the *Round Table Project*, educating physicians was identified as a priority. I invite you to work with physicians in our efforts to improve medical education in work and health.

A handout has been provided to all of you, outlining some of the important ways you can become involved right now and help us move forward in finding more effective strategies for shortening return to work times and solving many of the other problems we face. Contact information is provided, and more details are available on request.

In addition, I invite you to visit our Website at [www.pwr.ca](http://www.pwr.ca) that is currently being finalized, and should be up and running within the next few weeks.

Thank you, and I look forward to working with many of you.

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