



# Conversations matter:

A case manager's guide to mental health support

Contemporary strategies and communication tips for mental health support

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**Government  
of South Australia**

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# A WHOLE PERSON APPROACH

Mental health is complex, and everyone's experience is unique. Factors like personal background, age, gender, past experiences, cultural beliefs, and individual coping mechanisms all play a role.

Instead of a one-size-fits-all, we aim for **personalised whole person approach**.

This means considering all aspects of a person's life, not just their diagnosis, to achieve better outcomes.

Mental health claims can present challenging and overlapping barriers and may require services beyond medication and therapy. A comprehensive approach will address these biological, psychological, social, and lifestyle barriers.

## **PAYING FOR NON-COMPENSABLE SERVICES**

We can cover expenses beyond injury if it improves the circumstances of the injury, like reducing pain or improving the ability to work (Section 33). This is not an admitting liability (Section 177).

- Document how the expense supports the outcomes for the compensable issue.
- Include the service in a RRTW plan and be clear on how it supports the outcome.
- Write to confirm that payment supports return to work and is not an admission of liability.

*We'll cover expenses beyond the injury if it helps recovery. This doesn't mean we're liable. Let's document how these expenses support your return to work.*

*X is shown to improve your injury. I've approved payment as part of our commitment to you. Agreeing to pay doesn't mean we're admitting liability.*

## **NAVIGATING PRE-EXISTING MENTAL HEALTH CONCERNS**

People come to work with a history of poor mental health. We can learn more with understanding and good communication.

- Be mindful of how a pre-existing mental health condition might impact the claim process.
- Engage the worker to understand their past experiences and treatments. Set expectations on treatment boundaries.
- Aim for a clear diagnosis to decide if this is an aggravation. An IME may offer insight into plans.
- If your worker has a broader professional network (e.g. social worker, disability support worker etc)? Engage them for welfare concerns or at the conclusion of the claim.

## **HOW YOUR COMMUNICATION HELPS A PERSON RECOVER**

Communication is essential in supporting your worker's recovery. It helps build trust, fosters collaboration, and provides support to navigate challenges.

You play a vital role and throughout this guide, you'll find practical tips and phrases.

# COMMON DIAGNOSIS AND SYMPTOMS

Diagnosis	Summary	Symptoms
<b><u>ANXIETY DISORDERS</u></b>	Persistent and frequent feelings of anxiousness that impact quality and function in daily life.	<ul style="list-style-type: none"> <li>• Overwhelming stress and worry</li> <li>• Panic attacks</li> <li>• Racing heart, sweating</li> <li>• Avoidance behaviours</li> </ul>
<b><u>MAJOR DEPRESSIVE DISORDER</u></b>	Persistent feelings of sadness, and hopelessness that impact quality and function in daily life.	<ul style="list-style-type: none"> <li>• Anger, irritability</li> <li>• Low mood and low motivation</li> <li>• Poor sleep</li> <li>• Weight change</li> <li>• Loss of interest in hobbies</li> <li>• Disconnection with social networks</li> </ul>
<b><u>POST-TRAUMATIC STRESS DISORDER</u></b>	Stress responses following exposure to a life-threatening or potentially life-threatening experience. These responses significantly affect daily function.	<ul style="list-style-type: none"> <li>• Intrusive thoughts</li> <li>• Flashbacks</li> <li>• Intense distress in presence of triggers</li> <li>• Nightmares and poor-quality sleep</li> <li>• Feelings of anxiousness</li> <li>• Anger, irritability</li> <li>• Hypervigilance</li> <li>• Avoidance behaviours</li> <li>• Unusual, distressing physical symptoms</li> </ul>
<b><u>ADJUSTMENT DISORDER</u></b>	Behavioural and emotional symptoms in response to a stressor (e.g. physical injury) beyond expected levels with significant impact on daily function.	<ul style="list-style-type: none"> <li>• Person presents with anxiety or depressive symptoms or a combination of both</li> <li>• Likely to resolve once stressor is removed (e.g. injury recovers)</li> </ul>

The **Centre for clinical Interventions** (WA) has information on anxiety, depression, bipolar, social anxiety, panic, etc.

## PHYSICAL SYMPTOMS IN PSYCHOLOGICAL INJURIES

- Emotional distress may manifest as physical symptoms (called somatization) like neck tension, sore muscles or teeth grinding.
- **Physiotherapy or home exercise** might help resolve symptoms and support self-management.
- A case conference to differentiate these symptoms from physical conditions will help.

## RISKS OF POOR MENTAL HEALTH FROM PHYSICAL INJURY

### Signs a worker is at risk

### Other factors that increase the risk

- More than 6 weeks away from work
- Appear confused / not understanding information
- excessively teary and/or irritable
- experience significant change in mood
- fearful of surgery/treatment suggested
- have flashbacks or nightmares
- medication side effects affecting function
- won't leave home / not involved in usual activities
- pain focused
- feeling anxious, low or say they're not coping

- treatment is not as successful as hoped
- prognosis is uncertain
- likelihood of chronic and long-term nature of injury
- injury was traumatic and other people were also injured
- pre-existing vulnerabilities (e.g. a history of depression)
- have a poor support network
- psychosocial hazards present in workplace

- Discuss the challenges of recovery and adjusting to injury to normalize uncertainty. How can you help the worker in their recovery?
- Encourage workers to consult their GP about concerns and treatment options.
- Consider workplace barriers and psychosocial hazards as part of recovery and return to work planning. Raise concerns with work, health and safety team.

## PSYCHOSOCIAL HAZARDS

Workplaces can have a range of hazards that can reduce psychosocial safety for workers, making them more at risk of a mental health injury and impeding their recovery.

In the South Australian public sector we have grouped psychosocial hazards into two groups aligned to the Job Demands and Resources model which presents psychological demands being balanced out by psychological resources.

## PSYCHOSOCIAL DEMANDS AND RESOURCES

Psychosocial Demands - presence of or too much	Psychosocial Resources - lack of or too low
<ul style="list-style-type: none"><li>• High job demands / role overload</li><li>• Very low job demands</li><li>• Remote or isolated work</li><li>• Traumatic events or material</li><li>• Emotional demands</li><li>• Poor physical environment</li><li>• Role conflict or lack of role clarity</li><li>• <i>Conflict or poor workplace relationships and interactions</i></li><li>• <i>Harassment</i></li><li>• <i>Violence and aggression</i></li><li>• <i>Bullying</i></li></ul>	<ul style="list-style-type: none"><li>• Job control</li><li>• Job security</li><li>• Organisational justice</li><li>• Organisational change management</li><li>• Support – manager</li><li>• Support – coworker</li><li>• Support - resources</li><li>• Reward and recognition</li><li>• Meaning and purpose</li></ul>

Note also that a number of demands relate to workplace behaviours such as bullying or conflict which are often features of cases requiring mental health support. They are shown in italics in the table above.

It can be helpful to think of these workplace behaviours as symptoms of underlying psychosocial hazards, the bit of the iceberg that is visible above the surface that indicates dangers below.

Resources to assist with the management of psychosocial hazards including guidelines for preventing and addressing bullying in the workplace and for preventing and addressing harassment in the workplace for prevention and management of bullying are available on the [Office for the Commissioner for Public Sector Employment](#) website.

Recent change to Work Health and Safety legislation in South Australia requires organisations to proactively demonstrate identification and management of psychosocial hazards and risk.

Our leaders are focusing on this issue much more than before. Now more than ever, it's important to communicate any possible psychosocial hazards that injured workers have alerted you to. How you do this may vary from one IM team to another, so check in with your manager to discuss.

# COMMON TREATMENTS AND MEDICATIONS

Comprehensive treatment addresses biological, psychological, social, and lifestyle approaches. Our aim is a move towards self-management and independence. Set expectations, milestones, and goals.

Biological	Psychological
<ul style="list-style-type: none"><li>• Antidepressants</li><li>• Antipsychotics</li><li>• Mood stabilisers</li><li>• Electroconvulsive therapy</li><li>• Transcranial magnetic stimulation</li></ul>	<ul style="list-style-type: none"><li>• Cognitive behavioural therapy (CBT)</li><li>• Interpersonal therapy</li><li>• Mindfulness</li><li>• Acceptance and commitment therapy</li><li>• Schema therapy</li><li>• Exposure therapy</li><li>• Eye movement desensitization &amp; reprocessing (EMDR)</li></ul>
Social	Lifestyle
<ul style="list-style-type: none"><li>• Family education</li><li>• Manager and team education</li><li>• Family   friends</li><li>• Formal support groups</li><li>• Community groups</li><li>• Employment (inc. part-time   graduated work)</li><li>• Housing</li></ul>	<ul style="list-style-type: none"><li>• Exercise</li><li>• Diet</li><li>• Smoking cessation</li><li>• Manage alcohol, substance, or drug misuse</li><li>• Sleep hygiene</li><li>• Physiotherapy and home exercise</li></ul>
Source: <a href="https://www.ranzcp.org/files/resources/college_statements/clinician/cpg/mood-disorders-cpg.aspx">https://www.ranzcp.org/files/resources/college_statements/clinician/cpg/mood-disorders-cpg.aspx</a>	

## BIOLOGICAL AND PSYCHOLOGICAL INTERVENTIONS

### Understanding medication

- Psychotropic (psychoactive) drugs affect the way we think, feel and act by altering brain function. They can be stimulants, depressants or hallucinogens, and can be used in combination.
- Outcomes depend on the type and combination of drugs, the persona and the context.



- While medication helps, the dropout rate is high. Seek options if side effects are present and encourage lifestyle change like **exercise and diet** for health. Paying for these services can assist.

### **Medical cannabis**

- There's growing interest in its use, and evidence is still emerging. It contains different chemical compounds: THC (delta-9 tetrahydrocannabinol) can make people feel high, while CBD (cannabidiol) has no psychoactive properties.
- In March 2024, the RANZCP shared [clinical guidelines](#) on its use. They state:
  - Use outside of research trials should be cautious, prescribed after other treatments haven't worked, and effects and outcome should be recorded.
  - The prescriber must weigh up risks, such as potential for misuse, dependency, side effects, and how it might react with other medications etc.

## Psychological treatments

Treatment	Descriptor
Cognitive Behavioural Therapy	<ul style="list-style-type: none"> <li>• CBT is a short term, focused approach for emotional, behavioural and psychiatric problems. It targets unhelpful thoughts and behaviours to learn / relearn healthier skills and habits. Mindfulness and exercise physiology can be a beneficial value add.</li> </ul>
Trauma Focussed CBT	<ul style="list-style-type: none"> <li>• A phased treatment, addressing trauma through (1) stabilisation, (2) trauma narration and processing; and (3) integration and consolidation.</li> </ul>
Acceptance and Commitment Therapy	<ul style="list-style-type: none"> <li>• ACT combines acceptance and mindfulness, with commitment and behaviour change. It's not recommended as a primary treatment for anxiety and depression. It's used in anger, chronic pain, tinnitus, trauma, mental illness, and work-related strain.</li> </ul>
Progressive Muscle Relaxation	<ul style="list-style-type: none"> <li>• It helps manage stress responses through early recognition and strategy use.</li> </ul>
Interpersonal Psychotherapy	<ul style="list-style-type: none"> <li>• It addresses the interpersonal difficulties impacting normal function, including therapeutic relationship, attitudes, thoughts, affect and behaviour, and the social context.</li> </ul>
Eye Movement Desensitisation & Reprocessing (EMDR)	<ul style="list-style-type: none"> <li>• EMDR alleviates distress from traumatic memories through brief memory exposure with a simultaneous external stimuli focus.</li> </ul>
Repetitive Transcranial Magnetic Stimulation	<ul style="list-style-type: none"> <li>• An effective, evidence-based treatment for depression, stimulating nerve cells in the mood regulation   depression brain region. It's non-invasive and the patient is alert.</li> </ul>
Electroconvulsive Treatment (ECT)	<ul style="list-style-type: none"> <li>• A course of 8-12 sessions for severe and treatment resistant psychiatric disorders and melancholic depression. It can be lifesaving.</li> </ul>

## SOCIAL AND LIFESTYLE INTERVENTIONS

Intervention	Descriptor
Exercise and activity	<ul style="list-style-type: none"> <li>Physical activity can help with depression, anxiety, PTSD, and sleep. It positively impacts health, the immune system and can alter a pain experience. Choose activities that are enjoyable and aim for gradual self-management.</li> </ul>
Yoga	<ul style="list-style-type: none"> <li>Yoga can calm the mind and body by balancing breathing, reducing heart rate, and activating the parasympathetic nervous system.</li> </ul>
Mindfulness	<ul style="list-style-type: none"> <li>Focusing on the present moment helps regulate emotions, reduce anxiety, and manage pain, especially during moderate physical activity.</li> </ul>
Relationships (build, strengthen or educate support network)	<ul style="list-style-type: none"> <li>Strong support networks, including family, friends, colleagues, support groups, and health professionals, are crucial for recovery.</li> <li>It's important to build or strengthen these connections.</li> </ul>
Social connections (inc. art, equine therapy, group activity etc.)	<ul style="list-style-type: none"> <li>Engaging in activities (e.g. art, yoga, equine or animal-assisted therapy, social groups, non-professional counselling and mental health support groups) can improve optimism and connectedness, aiding in recovery.</li> <li>The choice of activity should be guided by what's most suitable for the individual.</li> <li>Art might help a person express emotion they're unable to verbalise.</li> <li>Animals might help regulate emotions or use as an adjunct to traditional treatment, where the worker can put new-found techniques into practice</li> </ul>
Sleep hygiene	<ul style="list-style-type: none"> <li>Good sleep practices are vital for health. They can be improved with behaviour changes or professional programs, like a <a href="#">free online CBT for insomnia program</a></li> </ul>
Diet	<ul style="list-style-type: none"> <li>Healthy eating can influence psychological well-being and overall health.</li> </ul>
Smoking, alcohol, and substance misuse	<ul style="list-style-type: none"> <li>These issues can affect medication effectiveness and treatment outcomes. Resources include: <a href="#">Head to Health</a>, <a href="#">Hello Sunday Morning</a> or <a href="#">Turning Point</a></li> </ul>

# TROUBLESHOOT: CONNECTION

## **SIMPLE THINGS YOU CAN SAY**

It helps to remember your worker may feel isolated and alone. This means your conversations can make a positive difference. Here are some simple phrases that help irrespective of their diagnosis.

*Asking for help is a sign of strength.*

*I can see how hard this is for you.*

*I'm sorry you're going through this.*

*It seems like you've had a tough time.*

*It's important that I hear what's going on for you.*

*Let's plan a way forward together. There are options.*

*Take your time. Talking about this can be tricky.*

*Things can improve, even if it doesn't feel like it now.*

*This can be hard to talk about. Thanks for trusting me.*

## **HANDLING NEGATIVE RESPONSES**

There may be a time when you get a negative response. That's ok. Here are some phrases:

*I'm sorry I (upset you/made you angry). That was never my intent.*

*I'm sorry if I said the wrong thing. Can we start over?*

*Let's try again.*

## **WORKER AVOIDS COMMUNICATION**

Poor mental health might impact a worker's ability to comfortably talk to others.

*I've been thinking about you and hope there's been some small improvement. Can we talk in a way that helps you feel safe?*

*Thanks for trusting me enough to share your symptoms. It helps me help you.*

*Soon you'll feel ready for a call to help get things back on track.*

*Doing this alone makes it tougher. Let me know how I can help.*

*Let's work out how to stay in contact. I want to get this right for you.*

### **WORKER AVOIDS CONTACT.**

- Respect their preferred communication method (email, text) or talk with a support person or during an appointment with their doctor/psychologist. Ask yourself: is a call necessary?
- Email or text topics in advance to provide certainty and ensure no surprises.
- Acknowledge their time and the value of their input. Agree a communication plan together to build trust.
- Avoid 'punishing' them, as it can damage the relationship and trust.

### **WORKER COMMUNICATES ONLY THROUGH EMAIL**

If a worker will only use email, it's harder to support them. This might be a symptom of mental health, they just don't like the phone, or they distrust the process.

Respect their preference while finding ways to discuss important matters.

Email or text topics in advance. Ask the best time or day to call and stick to this to build trust.

*I know you prefer email, but it seems important to discuss ... That's why I'll call you on ....*

*Would you be open to a phone call on ...? It's important that we discuss this.*

*Thanks for being willing to talk. I can hear how important this is to you.*

*Sometimes we might need to talk. How can we make this feel safe for you?*

### **A CONTROLLING THIRD PARTY MEANS NO DIRECT COMMUNICATION WITH WORKER**

If a partner or representative is involved, building a relationship with the worker can be challenging.

Understand why and acknowledge their support to encourage a positive partnership. The intention might be to protect their vulnerable partner.

*It's great you're here to assure/support/protect X. You give them the encouragement they need.*

*It's good to have you involved. You can reassure X about our plan to move forward.*

*I know doing the right thing for X matters to you. It also matters to me.*

*I know you care about X's well-being, and so do I.*

Find an approach that respects all. Aim to involve the worker to ease uncertainty and build trust and confidence. Talk together – it helps the worker and respects the third party's role and yours.

*What's the best way to involve X, so they feel heard and supported?*

*Are there ways we can include X to help them feel safe and build their confidence?*

*Decisions are being made about X. How can we give them a greater say in what happens next?*

Ask questions that demonstrate genuine interest in shared goals and working together.

*What's the best way to keep you and X updated?*

*How can we work together for the best outcome for X?*

*What barriers does X see? How can we manage them?*

*Is X feeling isolated/alone? How can I help them stay connected?*

*What benefits might more activity bring for X?*

*Does X have someone to do activities with? It's good for health.*

### **NAVIGATING AN EMOTIONAL OUTBURST (ANGRY/FRUSTRATED/UPSET)**

Emotional outburst might be (a) a symptom of poor mental health, (b) a response to uncertainty and lack of control or (c) an expression of frustration (about recovery or not being heard) and fear.

**Stay calm.** Take a calm, deep breath and speak softly. It instantly calms you and them.

*I can see how you took what I said that way. Let me try again.*

*I'm here to help but it's hard for me right now.*

*It's important that I hear you. I can hear your points better at lower volume.*

*We have different perspectives, but I want to understand. Let's talk this through.*

**Name the behaviour.** Be specific and ask them to stop.

*Please stop yelling/swearing so I can help.*

*Let's take a breath and refocus.*

*I'm uncomfortable with your choice of words.*

*It feels like you're saying .... That's a good point.*

**State the consequences.** Explain what happens if the behaviour continues.

*I want to keep helping, but if you keep yelling then I'll need to end the call.*

*If you keep yelling, then we'll need to stop talking. And that means, we can't find a solution.*

**Follow through.** If the behaviour continues, then end the discussion.

*I'll hang up now, and we can talk again in 30 minutes/tomorrow at 10:00.*

*This is important to discuss. But right now, it's impossible. I'll get back to you in 30 minutes.*

*You've continued to yell after I've asked you to stop. That's why I'll end this call.*

### **REBUILDING TRUST AFTER DELAYS OR OVERTURNED DECISIONS**

Separate the worker from the decision to help them see it's not personal.

*To decide, I review the information available and apply the rules.*

*I apply rules to the information available. It might mean delays if we don't have the information.*

*There are strict rules and procedures. It might mean delays while I wait for information.*

Allow them to talk about frustrations, then draw a line to separate past and future. It allows you to gently remind them if they raise the issue again.

*Can we draw a line in the sand? It means we can move forward.*

*It's difficult to balance policy with a focus on helping you recover. I don't always get it right.*

*Would you be willing to putting the past behind us so we can start fresh?*

### **CLARIFYING YOUR ROLE TO AVOID BECOMING A COUNSELLOR**

Our role is to guide and support, not provide counselling. We listen and link them with support.

From the beginning, explain your role and set expectations clearly. If a worker needs more, encourage them to speak to a health professional trained to offer help.

*My role is to connect you with the best support.*

*That's a great question to ask (health professional). Let me know what they suggest?*

*I recommend discussing that with your health professional. They're the experts in these situations and can assist. Let me know what they suggest.*

# TROUBLESHOOT: RECOVERY & RTW

## ENCOURAGING COMPLIANCE WITH MEDICATION OR TREATMENT

Their symptoms and experiences might make sticking to a plan a challenge. Getting a comprehensive medication and treatment plan can be trial and error.

Show care and curiosity to understand, highlighting the benefits of following professional advice.

*Tell me about the benefits you've noticed (from treatment)? Is it at risk if you don't attend? And if they haven't noticed any ... It might be worth discussing with your doctor (or psychologist/psychiatrist etc.).*

*You talk about forgetting your meds. What will help you remember? (Is there a problem?)*

*You've mentioned not feeling better and missing sessions. Is there a connection?*

Discuss obligations gently, emphasizing the importance of professional advice.

*It's important to attend sessions and follow professional advice.*

*It helps to remember that we rely on medical advice. That's why attending appointments is important, not just for your personal recovery, but also for this (e.g. claim, finding work etc.).*

Consider talking to their health professional for insights and tips.

## WORKER UNWILLING TO SEE A PSYCHOLOGIST OR PSYCHIATRIST

Your worker might not see the value of this treatment, be fearful of the process, or don't want to be seen as 'soft'. Whatever the reason, it places pressure on a time-poor general practitioner:

Consider a range of biological, psychological, social and lifestyle options. A social worker, counsellor, or community group may assist.

Consider a case conference to talk through options, getting buy-in from the GP.

*Different medical experts have different expertise. Would you be willing to consider ...?*

*There are options. Would you consider A or B?*

*Are you open to different treatment options?*

*Can I make a suggestion? In my experience, a lot of people see improvements in their symptoms from seeing a psychiatrist or psychologist.*



## **MANAGING UNREALISTIC EXPECTATIONS AROUND WORK**

For example: *I will only work days, I will only work school hours, I will only work with this person, I want to work here, I don't want to do this anymore, I want to keep doing this even though I can't etc.*

Sometimes rules mean we must say no, whether it's about a service or work role.

Ask questions to assess if the barrier is the worker's expectation or is masking a broader psychosocial hazard. A worker may find it easier to give reasons they can't return rather than voice a concern about the workplace. If a psychosocial hazard is present, discuss this with the work, health and safety team.

Communicate limitations clearly and early. Use relevant policy and explain reasons for a decision with empathy to maintain the relationship.

*I know that's not the answer you were hoping for. I'm sorry about that. The reason is....*

*I understand this seems unfair, but it's still the rules that we must apply.*

*I'm sorry I can't do XXX. What I can do is XXX.*

*I'm sorry, but if we don't do X, then X will happen.*

*There are limits on what we can offer.*

### **Worker wants to return to normal role, but they cannot.**

A job can bring a sense of identity. Not being able to return brings grief and loss.

*I hear what you enjoy about your role. Let's build on that.*

*I understand how much this job meant to you. Let's find ways to get back that meaning.*

*Do we hold onto the past or channel that focus into a new challenge?*

### **Worker wants to remain in alternative duties.**

Take a short-term focus with clear expectations and timeframes for alternative employment. Update the manager and plan the return; either in the original role or a modified one.

*It helps to understand the difference between duties and employment.*

*Your skills are too valuable. Imagine the impact of returning to your previous position.*

*What would be the not so good things about returning to your role? And the good?*

## **Worker won't return to any duties unless fully fit.**

This is called all or nothing thinking, where things are black-or-white, or right-or-wrong. Questions are a good way to break down this belief.

*Most people choose to return before they are 100% fit and reconnect with their team.*

*Some people think you need to be 100% fit to return to work but returning is a part of recovery.*

*Is your reluctance to return more about confidence or importance?*

*I hear your concerns. How can work be a positive part of your recovery journey?*

*How will work provide the purpose and structure you want?*

*We can make adjustments so that you can manage.*

## **RETURNING WHEN THE WORKER DOESN'T FEEL SAFE AT WORK**

Returning to a workplace where a person doesn't feel safe can be daunting. Some reasons might include it being small worksite, they previously felt bullied, the claim was rejected or is in dispute. Help the worker prepare so they feel confident.

Make clear plans to set expectations and boundaries, so everyone knows their roles. This might include the use of mediation, a case conference, or good return to work planning.

Discuss potential issues in advance and decide how to handle them together.

*If I must meet with ..., then I'll do it in an open plan setting.*

*If I notice that I'm feeling anxious, then I'll take a walk around block etc.*

Share useful phrases and tips for handling tough situations at work, like saying:

*Let's focus on work stuff.*

*I feel uncomfortable when .... I'd prefer ...*

*Let's work together nicely so everyone feels good.*

## NAVIGATING COMPLEX BIO-PSYCHO-SOCIAL FACTORS

The biopsychosocial approach allows us to understand the whole person and tailor plans. Here are ways to address unique biological, psychological, and social factors:

Biological Factors	Approaches
Poor health or comorbidities	<ul style="list-style-type: none"> <li>Ask the health professional how biological history may impact recovery and factor this into any plan</li> </ul>
Previous history of poor mental health	<ul style="list-style-type: none"> <li>Set expectations around the funding of treatment.</li> <li>Discuss previous coping and success strategies to empower them now.</li> <li>Stress the value of routine and communication.</li> </ul>
Combination of physical injury and mental health	<ul style="list-style-type: none"> <li>Be sure treatment is evidence-based and focused on function.</li> <li>Find work that meets both physical and mental needs.</li> </ul>
Psychological Factors	Approaches
Lack of confidence or negative self-talk.	<ul style="list-style-type: none"> <li>Focus on the achievements so far. Celebrate the small wins.</li> <li>Discuss homework given by health professional. Talk through concerns.</li> </ul>
Stigma and shame.	<ul style="list-style-type: none"> <li>Remind the worker they are not defined by their diagnosis.</li> </ul>
Anger, resistance, increasing anxiety, avoidance, low motivation.	<ul style="list-style-type: none"> <li>Discuss homework tasks/strategies given by health professional.</li> </ul> <p><i>Tell me about being off work. What's good about it? And not good? What matters to you? Is this at risk by not being at work?</i></p>
Focus on justice or unfairness	<ul style="list-style-type: none"> <li>Redirect focus to recovery. Give reasons why it's in their best interest.</li> </ul> <p><i>You know, it's important to be sure our choices help us long-term. How can you focus on what's important (health, family, life)? This fight seems to have a steep personal price tag. Let's be sure it's not robbing you in other areas of your life.</i></p>

Social Factors	Approaches
<p>Low/no support/social isolation. Feels unsupported by others. Trust issues.</p>	<ul style="list-style-type: none"> <li>• Discuss changes in support network or hobbies. Create a plan to reconnect or expand social circle (including online).</li> <li>• Build trust over time. Meet commitments, be honest. Give reasons.</li> </ul>
<p>Family pressure or responsibility (e.g., being a carer or parent).</p>	<ul style="list-style-type: none"> <li>• Explore support options. Ask questions to help them find solutions.</li> <li>• Explain how appointments and work help recovery (and family).</li> </ul>
<p>Family or relationship breakdown.</p>	<ul style="list-style-type: none"> <li>• Encourage reaching out to family and friends for support.</li> <li>• Ask them to discuss its impact with their health professional.</li> </ul>
<p>Domestic violence or abuse.</p>	<ul style="list-style-type: none"> <li>• Ask about safety and suggest talking to an expert. Share resources.</li> </ul>
<p>Low levels of understanding.</p>	<ul style="list-style-type: none"> <li>• Keep it simple. Explain, then email the process for future reference.</li> </ul>
<p>No fixed address/homelessness.</p>	<ul style="list-style-type: none"> <li>• Find a contact method (e.g., phone, email, via medical clinic etc.).</li> <li>• Link them with government and community housing resources</li> </ul>
<p>Financial issues.</p>	<ul style="list-style-type: none"> <li>• Ensure regular and on-time payment to reduce financial stress.</li> <li>• Link them with free financial services resources and helplines.</li> </ul>
<p>Cultural or language barriers.</p>	<ul style="list-style-type: none"> <li>• Be curious and respectful. Book an interpreter.</li> <li>• For key discussions, try face to face or video. It's helps understanding.</li> </ul>
<p>Work relationships breakdown (no communication, blame etc.)</p>	<ul style="list-style-type: none"> <li>• Consider mediation or other support services, or an alternate role or work location.</li> <li>• Discuss available support and encourage building a support system at work.</li> </ul>

# TROUBLESHOOT: AT WORK

## ADDRESSING CONCERNS ABOUT RELAPSE

Worker's thoughts/feelings	Manager thoughts/feelings
Apprehension, fear and shame. Unsure how team might react.	<ul style="list-style-type: none"><li>Concerned they will say/do the wrong thing and their team's reaction.</li></ul>
Worried about relapse and ability to work.	<ul style="list-style-type: none"><li>Worried about relapse and its impact.</li></ul>
Excited about 'getting back to normal'.	<ul style="list-style-type: none"><li>Unsure how to support the worker.</li></ul>

- Openly talk about fears or uncertainties to reduce negativity and plan a smooth return to work.  
*The first day back can be tricky. You might feel (uncertain etc.). How can we make it easier?*  
*Let's discuss the help you have as X starts work. That way you're confident in moving forward.*
- Seek additional advice from treating health professionals.  
*What would help X fit back into work?*  
*X might be uncertain about work. How can we assure them and smooth the path?*
- Have regular check-ins to identify roadblocks or barriers and develop options to resolve.  
*What's gone well/come easily? What's been more challenging?*  
*What would help you going forward?*

## RESPONDING TO A SETBACK

Discuss setbacks and use them as opportunities to refine plans and explore alternative solutions.

- It's not always smooth sailing. The way we discuss can build trust and collaboration.
- Encourage resilience and problem-solving by focusing on finding solutions that work.  
*Let's use this opportunity to fine-tune our plan and explore options.*  
*Now we know what doesn't work, let's find a solution that does.*

*What has helped you bounce back from a set-back before?*

## **MANAGER LACK OF UNDERSTANDING**

A manager might lack knowledge or confidence that they can reduce the risk for the worker at work.

- Explain their role and how it impacts the worker, costs, duration, and culture to build commitment.

*This legislation is generous. If we don't act early, then barriers (and costs/duration etc.) grow.*

- Discuss steps they can take to show support, like staying connected.

*Some people aren't sure what to say, so they say nothing. But talking shows you're interested.*

*Staying connected to work can help X. Is there an activity (e.g. morning tea etc) that might help?*

- Ask about duties that are a good fit for the worker.

*What duties might help X fit back into work?*

*It's important to lay the groundwork. Let's look at duties and support options.*

*Finding alternative duties might be tricky, but there are usually options.*

- Find opportunities to educate on the claims process. It might be through training, claims strategy discussions etc that involve human resources, organisation development and/or line managers.

- Encourage the manager to learn more about mental health.

- [SA Health: Myths and facts about mental illness](#)
- [Beyond Blue: Workplace Mental Health](#)

## **MANAGER HAS RETURN TO WORK RELUCTANCE**

- Thank them for sharing and understand their perspective. Plan to overcome these barriers.

*You're thinking about the best way forward for X and your team.*

*It's uncertain for everyone. The best outcome comes when we plan together.*

*Some people think you need to be 100% fit to work. But it's a part of recovery.*

*Are there any high-risk activities that we should prepare for?*

- Link them with helpful resources (see previous section). Find ways for the manager (and team) to learn more about the condition and the best ways to support and communicate.

*How can your team support X at work? How can I assist you in communicating with your team?*

## **DEALING WITH POOR PERFORMANCE THAT IMPACTS CLAIMS AND RECOVERY**

Separate issues related to work performance from recovery and well-being concerns.

- Emphasize the importance of a focus on recovery and separate from performance issues.

*It seems we have two separate issues. There's this claim (RTW), and then there's (other issue).*

*Let's separate the claim/RTW and (other issue) to focus our attention on recovery.*

*I can't help you with (other issue), but I can help you with ...*

*Separating the claim from industrial issues helps us to focus on recovery and team wellbeing.*

*A claim is not a silver bullet to performance management. They are separate.*

- Highlight the positive outcomes of a return to work in a familiar environment, including faster resolution of other outstanding issues. Discuss challenges in advance for a smooth transition.

*Returning to work is relatively simple, but it's not always easy.*

*Returning to work is relatively simple, but issues around performance will be on your mind.*

*It would be wrong to ignore performance discussions. What might help with that?*

- Poor mental health may have been the driver of poor work performance.

*Returning to work can be good for mental health, and that might lead to better performance.*

*Now that X has an ability to work, let's see if those performance issues continue.*

## **NAVIGATING BROKEN WORK RELATIONSHIPS**

Understand the reason behind the breakdown to tailor the approach for resolution.

- Conversation can be tricky, especially if the manager is unsure of their role or feels wronged.

*There can be a lot of uncertainty, especially if you've never been through this before.*

*You seem frustrated by progress. Getting the timing right and working together is important, so let's review what's been done so far.*

- If a manager doesn't believe the claim should have been accepted, hear their concerns. Be transparent with reasons for accepting the claim and explain review rights, goals, and the benefits of their support (e.g., less cost, less time off work etc.).



# TROUBLESHOOT: HEALTH PROFESSIONALS

## CLARIFYING TIMEFRAMES AND PLANS

When health professionals are unclear about timeframes or plans for a worker's recovery, particularly in the early stages, it's important to communicate and establish interim milestones:

- Initiate a meeting to gain clarity on the timeframe and plan for the worker's recovery.
- Ask about factors causing uncertainty. Agree mini milestones as an interim step or check-in date, to ensure alignment and progress.

*Are there any other factors that make timing uncertain for your patient?*

*Is there anything I should be aware of? Or further support needed?*

*Pinpointing timeframes can be difficult. What would you expect the next milestone to be?*

## HEALTH PROFESSIONALS AS ADVOCATES WHO DON'T SUPPORT WORK

Perhaps the provider hasn't treated this type of patient before, or perhaps they have a long history and some preconceived ideas.

- Highlight the positive impact of work on both physical and mental health recovery.

*The longer a person is off work, the less likely they are to ever go back.*

*Research suggests work benefits health. Routines and work are key milestones in recovery.*

- Position yourself and the health professional as allies. Notice their commitment and support.

*How can we work together and stay focused on reaching an outcome for X?*

*X is willing to explore work options. How can we support this?*

*We share the same goal. We both want X to have a positive and productive future.*

- Share potential negative consequences of prolonged absence to underscore work's importance.

*We need to be sure that these choices will support X long-term.*

*Neither of us want X to experience the long-term impacts of being off work.*

## **DEALING WITH ONGOING TREATMENT AND NO IMPROVEMENT**

Understanding why progress hasn't been made and ensuring evidence-informed and effective treatment leads to recovery and RTW.

- Discuss factors impacting recovery and explore alternative treatment options if necessary.

*What else do I need to know about what's impacting recovery?*

*Is there something unique about X's situation that means more treatment is needed?*

- Ask about their criteria for success and potential adjustments if no improvement is observed.

*What improvements have you seen in baseline measures since starting treatment?*

*X mentioned not noticing any benefits from treatment. Are there changes that may assist?*



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