

COMMUNITY MENTAL HEALTH PROGRAM REFERENCE GUIDE

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Acknowledgements

This reference guide was developed in collaboration with mental health professionals and is a resource for psychologists, case managers and workers.

WSIB Health Care Practitioner Access Line: 1-800-569-7919 or (416) 344-4526

Please call the Health Care Practitioner Access Line if you have general questions about the program. Claim-specific questions and requests for pre-authorizations should be directed to the WSIB Case Management Team.

Ontario Psychological Association: (416) 961-5552

Please call the Ontario Psychological Association for if you have general questions about the program.

Community Mental Health Program Overview

The program is designed for WSIB claims requiring psychological services including **traumatic mental stress, psychological response secondary to physical injury, first responder PTSD, and chronic mental stress.**

1 Intake

Psychologist Intake:

- Brief intake for review of basic information/confirm need for assessment and treatment
- Psychologist confirms appropriate psychological expertise to provide assessment/treatment to worker
- Psychologist determines worker is appropriate for the WSIB Community Mental Health Program

WSIB Intake Mandatory Requirements:

- Registered WSIB claim
- Psychologist calls WSIB to inform and obtain pre-approval memo for assessment and treatment

2 Initial Assessment

Conducted by psychologist: History, testing, functional status, diagnosis, treatment planning, RTW planning-formulation, documentation, worker feedback, informed consent

Submit **assessment form** within 5 days of assessment

Exclusion criteria: Program suitability issues or risk factors present

- If exclusion criteria is present, call the WSIB.
- If the exclusion criteria is not present, proceed with authorization.



3 Treatment Blocks

At the end of each treatment block, reassess the worker. If barriers to recovery are identified, contact the WSIB to discuss case/barriers/risks, and possible referral to Specialty Clinic/alternate care. If further treatment is beneficial, proceed to the next treatment block. If further treatment is not beneficial, discharge the patient from care.

Treatment Block 1 (6 SESSIONS IN UP TO 8 WEEKS)

Confirmation and documentation of treatment block(s) pre-approval (memo number)

- Evidence-informed goal oriented
- Duration/frequency as per clinical judgement
- Integration of RTW and recovery
- Ongoing evaluation; treatment modification

Submit **progress form** within 5 days at the end of 6th session or 8th week whichever comes first

Treatment Block 2 (6 SESSIONS IN UP TO 8 WEEKS)

- Evidence-informed goal oriented
- Duration/frequency as per clinical judgement
- Integration of RTW and recovery
- Ongoing evaluation; treatment modification

Submit **progress form** within 5 days at the end of 6th session or 8th week whichever comes first

Treatment Block 3 (6 SESSIONS IN UP TO 8 WEEKS)

- Goal oriented-Duration/frequency as per clinical judgement
- Integration of RTW and recovery
- Ongoing evaluation; treatment modification

Submit **progress form** within 5 days at the end of 6th session or 8th week whichever comes first

If recovery is not achieved, contact WSIB to discuss case/barriers/risks, and possible referral to Specialty Clinic/alternate care, or additional treatment. If recovery is achieved, discharge patient from care.

Introduction

The WSIB wants workers to receive the best available health care in their community. The WSIB also seeks ongoing collaboration and communication with community health care providers.

The WSIB Community Mental Health Program is a structured program that will be delivered by psychologists who are registered with the WSIB Community Mental Health Network.

The program is composed of several phases, including intake/pre-authorization, assessment, and treatment, with corresponding communication requirements. While the program does not stipulate specific psychological interventions, treatment interventions delivered to the worker must support identified goals that focus on overall recovery and return to occupational function. In accordance with standards of practice set by the College of Psychologists of Ontario, all assessments and treatments are expected to be informed by evidence.

The College of Psychologists of Ontario has outlined the following practice standards:

10.2 Familiarity with Interventions

"Members must be familiar with the evidence for the relevance and utility of the interventions used and with the proper use and application of these interventions".

While all psychologists are expected to be knowledgeable about a range of evidence-based assessments and treatments, the treating psychologist is also expected to apply assessment techniques and treatment interventions that are appropriate to the individual and his or her specific circumstances. Treatment approaches must be similarly evidence-based where applicable, but flexible and employed within the context of an empathetic therapeutic relationship. For instance, although it is expected that valid, reliable assessments and re-evaluation will be employed before, during, and after therapy in order to document progress and determine outcomes, assessment instruments and treatment approaches may vary widely.

The WSIB Community Mental Health Program is not intended to replace regulatory college requirements (including consent, documentation, etc.) of psychologists in clinical practice or the professional judgement of the treating psychologist.

The assessment and treatment services under the WSIB Community Mental Health Program are typically provided in person. Remote access may be used to conduct treatment sessions in situations which are both clinically appropriate, in the opinion of the treating psychologist, and the preference of the worker.

Program Objectives

The objectives of the WSIB Community Mental Health Program include:

- Facilitating timely access to high quality psychological assessment and treatment
- Facilitating recovery of overall function with specific focus on safe, timely and sustained return to occupational function
- Reducing disruption to the psychological rehabilitation process
- Reducing chronicity of psychological symptoms
- Improving communication and satisfaction among workers, health care providers and other stakeholders
- Providing information for case management through forms, and contact with treating psychologist

WSIB Community Mental Health Network

Delivery of the WSIB Community Mental Health Program and the associated fees is limited to community-based psychologists who are registered with the WSIB's Community Mental Health Network.

The WSIB Community Mental Health Network consists of registered psychologists who provide assessment and treatment services in keeping with WSIB Community Mental Health Program guidelines, fees, and communication expectations. Psychologists/psychological associates authorized in autonomous or interim autonomous practice and who are in good standing with their college may register with the WSIB Community Mental Health Network if they meet the registration requirements and submit the completed WSIB Community Mental Health Network Psychologist Registration Form. Prior to submitting the registration form, psychologists must review all program materials available on the WSIB website, complete the training seminar offered by the Ontario Psychological Association, and obtain an electronic billing number.

For terms and conditions, as well as provider registration requirements, please check the WSIB website or call the WSIB Health Care Practitioner Access Line.

Website: www.wsib.on.ca

Health Care Practitioner Access Line: 1-800-569-7919 or (416) 344-4526

Ontario Psychological Association: (416) 961-5552

Target Population and Admission Criteria

The WSIB Community Mental Health Program is for workers:

- Who have a registered WSIB claim or recurrence¹
- Who experience a psychological reaction secondary to a work-related physical injury, or
- Who experience a psychological response to a workplace incident or cumulative incidents (e.g. traumatic mental stress, chronic mental stress, first responder PTSD)

If the psychologist determines that a worker is not suitable for the WSIB Community Mental Health Program, the health professional must contact the WSIB Case Management Team to discuss treatment options.

Contact the WSIB by calling 1-888-387-0750 (toll free) or 416-344-1000.

Psychological Risk Factors

Some workers may have risk factors that could indicate more severe psychopathology and/or a need for more specialized services. In some cases, a worker may not be appropriate for the WSIB Community Mental Health Program. The psychologist may identify these risk factors during the initial assessment or during the course of treatment. As soon as the risk factors are identified, the psychologist must immediately call the WSIB Case Management Team to notify them and discuss a possible referral for specialized services.

These risk factors may include, for example:

- Active substance use
- Suicidal ideation, intent, preparation and plan
- Homicidal ideation or intent
- Threat or risk to psychologist
- Multiple comorbid psychiatric diagnoses (three or more)

¹ Refer to the WSIB Operational Policy Manual for information about recurrences (www.wsib.on.ca)

- Hallucinations, delusions, and/or severe dissociation
- Limited social support or isolation combined with severely impaired interest in self-care/hygiene
- Significant pre-existing psychiatric history over a prolonged period
- Psychologist thinks psychiatric intervention is required
- Significant, obvious cognitive impairment
- Other risk factors not otherwise listed

Program Intake and Pre-authorization

Program Intake

A worker may contact or visit the psychologist's office to request mental health services. In addition, workers may be referred from a community based health provider or by the WSIB. In all circumstances, the psychologist must first screen the worker to ensure they are appropriate for the WSIB Community Mental Health Program before seeking authorization to proceed with the assessment.

The worker must meet the eligibility criteria outlined above, and demonstrate a need for psychological assessment and treatment. The psychologist must also evaluate their own skillset to ensure they have the appropriate expertise to assess and treat the worker. Once the psychologist has determined that the worker is appropriate for the program, the psychologist can seek pre-authorization to proceed with the assessment.

Pre-authorization Phone Call

The psychologist must request pre-authorization for both the assessment phase and the treatment phase of the program. Pre-authorization can only be obtained through a telephone call from the psychologist to the WSIB Case Management Team.

The psychologist should collect the following information from the worker to provide to the WSIB Case Management Team during the pre-authorization discussion:

1. Claim number
2. Worker's name
3. Psychologist's contact information
4. If the worker has been referred to the community psychologist by a physician, referring physician's contact information and referral details (if available)
5. Indicate if interpretation services are required

The WSIB Case Management Team will review the information and make a timely decision about whether they will authorize the assessment. The Case Management Team may provide authorization for the assessment only and request that the psychologist call back to discuss the treatment plan and treatment authorization, or they may authorize both the assessment and the treatment.

Please note: Pre-authorization is a mandatory requirement to proceed with the initial assessment and treatment.

Assessment Phase

Assessment and Treatment Planning

Once pre-authorization for the assessment is obtained, the psychologist should schedule and complete the assessment in a timely manner. The psychologist will assess the worker and complete the WSIB Community Mental Health Program Assessment Form to communicate the key findings of the assessment and proposed treatment plan to the WSIB, including the proposed frequency and duration of treatment.

The assessment should include the following key elements, when appropriate:

- History and subjective evaluations
- Psychological testing including, but not limited to, determining function
- Examination of pre-existing and/or co-existing psychological conditions and other relevant/contributing factors
- Screening for imminent risks and barriers
- Communication/consultation with other treatment providers and WSIB
- Formulation and preparation of documentation
- DSM diagnosis (most recent version of the DSM) (DSM5 for PTSD in First Responders)
- Evidence-informed treatment planning that outlines goals and interventions proposed, including number of treatment blocks requested
- Description of the worker's functional abilities from a psychological perspective
- Other recommended assessment, treatment or interventions
- Review of findings and recommendations with the worker
- Obtaining consent for proposed treatment and distribution of documents

It is acknowledged that the assessment may require several sessions to complete.

Community Mental Health Program Assessment Form

The WSIB Community Mental Health Program Assessment Form must be completed and submitted to the WSIB within five business days of the last assessment visit. The Case Management Team will review the assessment form and make a decision about the proposed treatment in a timely manner. The psychologist must contact the Case Management Team to confirm whether treatment has been authorized.

If after the assessment the psychologist determines that a worker is not suitable for the WSIB Community Mental Health Program or identifies psychological risk factors, the psychologist must contact the WSIB Case Management Team to discuss treatment options.

Treatment Phase (duration up to 24 weeks)

Pre-authorization for Treatment

Treatment may begin once the psychologist has received authorization from the Case Management Team. (Treatment may be authorized either at the same time as the initial assessment or after the Case Management Team has reviewed the assessment form.) If treatment was not authorized at the same time as the assessment, the psychologist must follow up with the Case Management Team.

Treatment is provided in blocks of care. Each treatment block of care consists of six treatment visits/sessions delivered within eight weeks. The program includes a maximum of three treatment blocks, which can be delivered over 24 weeks. All claims with treatment authorization are eligible for the maximum three blocks of care. The worker can be discharged at any time if they have reached their recovery and return-to-work goals, or if there is no further benefit from treatment.

Interventions

While the program does not stipulate specific psychological interventions, interventions delivered to the worker must be evidenced-based and support identified treatment goals that are relevant to the overall recovery and return-to-occupational-function goals. Treatment duration and frequency (within each block) is left to the clinical judgement of the treating psychologist.

Community Mental Health Program Progress Form

The psychologist must complete the WSIB Community Mental Health Program Progress Form after every sixth session or eighth week, whichever comes first. A progress form is required for each treatment block delivered.

A progress form is also required when the worker is discharged from the program. A worker should be discharged from the program if the following circumstances apply:

- When they have returned to their pre-injury level of function
- If further treatment would not be beneficial
- If they have withdrawn/self-discharged from treatment

The WSIB Community Mental Health Program Progress Form must be completed and submitted to the WSIB within five business days from the date of the last visit in a treatment block (after every sixth session or eighth week), or the date of discharge, whichever comes first.

A phone call to the WSIB Case Management Team is required at the end of a treatment block or earlier if the worker is not progressing as expected, and/or recovery/return-to-work barriers, and/or psychological risk factors are identified.

Communication

Timely and effective communication is a cornerstone of the WSIB Community Mental Health Program. Communication includes in-person discussion, written forms and telephone conversations. The frequency of communication will depend on the individual circumstances of the worker and the extent of progress achieved.

Communication may occur between the following participants:

- Worker
- Family physician or general practitioner
- WSIB Case Management Team: case manager, nurse consultant, etc.
- Employer
- Return to Work Specialist (RTWS)
- Work Transition Specialist (WTS)
- Other treating health professionals

Barriers to Recovery/Return to Work

The psychologist must contact the WSIB at the completion of any treatment block or during any treatment block under any or all of the following circumstances:

- The worker is not progressing as expected
- The worker would benefit from additional referrals/interventions
- Recovery/return to work barriers have been identified
- The worker is no longer suitable for the WSIB Community Mental Health Program

Psychological Risk Factors

Some workers may present with risk factors that could indicate more severe psychopathology and/or a need for more specialized services. In some cases, a worker may not be appropriate for the WSIB Community Mental Health Program. The psychologist may identify these risk factors during the initial assessment or during the course of treatment. As soon as the risk factors are identified, the psychologist must immediately call the WSIB Case Management Team to notify them and discuss possible referral for specialized services.

Psychological risk factors are listed above under the “Target Population and Admission Criteria”.

Additional Treatment

On occasion, a psychologist may identify a worker who would benefit from continued treatment. In these cases, the psychologist should contact the WSIB Case Management Team to review the progress achieved during the WSIB Community Mental Health Program, outstanding issues, clinical rationale for ongoing treatment (including number of sessions and expected duration), and proposed treatment goals. The WSIB Case Management Team will review the information provided and will make a timely decision as to whether additional treatment will be authorized.

Assessment and Treatment Guidelines

Diagnosis

The WSIB recommends psychologists use the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). For diagnosis of Post-Traumatic Stress Disorder (PTSD) in First Responders, please ensure that the worker meets the criteria for DSM-5.

First Responders include:

1. Full-time firefighters
2. Part-time firefighters
3. Volunteer firefighters
4. Fire investigators
5. Police officers
6. Members of an emergency response team
7. Paramedics
8. Emergency medical attendants
9. Ambulance service managers

10. Workers in a correctional institution
11. Workers in a place of secure custody or place of secure temporary detention
12. Workers involved in dispatch.

Please refer to WSIB Operational Policy number 15-03-13 for more details.

Psychological Testing

Psychological testing may be helpful in the formulation of the DSM diagnosis. If conducted, a brief summary including interpretation should be included in the assessment form.

Psychological tests may include but are not limited to:

- Personality Assessment Inventory
- Minnesota Multiphasic Personality Inventory (MMPI)-2
- Trauma Symptom Inventory (TSI)-2
- Millon Clinical Multiaxial Inventory

Treatment Planning and Interventions

While the program does not stipulate specific psychological interventions, interventions delivered to the worker must be evidence-informed and support identified treatment goals that are relevant to the overall recovery and return-to-occupational-function goals.

Treatment interventions and approaches delivered, including duration and frequency, are left to the clinical judgement of the treating psychologist.

Interventions/approaches may include, but are not limited to:

- Cognitive Processing Therapy for PTSD
- Acceptance and Commitment Therapy for Depression
- Behavioral Activation for Depression

Occupational Function Planning

Staying at work (when appropriate) or timely return to work (RTW) following injury enhances recovery, general health, and long-term employment outcomes. The WSIB refers to this as Better at Work.

The psychologist plays an important role in planning for timely, safe and sustainable RTW. Information gathered during the assessment and treatment phase and provided in the assessment form and progress form(s) will be used to guide recommendations to support the RTW plan.

The final page of both the assessment form and progress form contain RTW recommendations. The purpose of this section is not only to identify restrictions, limitations and accommodations, but to highlight current abilities.

Limitations

The worker's psychological condition may affect his or her ability to perform his or her job-related tasks and activities. When evaluating a worker's limitations, the psychologist should consider the worker's memory/concentration, ability to make decisions, ability to multi-task, tolerance for social interaction, and/or energy/persistence.

Example: Limit tasks with deadlines, limit time pressures for six weeks.

Accommodations

Accommodations may be recommended as they relate to the worker's symptoms, and may include functional, cognitive, environmental and/or relational types. Considerations should also be given to relevant triggers that may need to be accommodated.

Examples: Adjustment to job duties, performance methods, and/or graduated work hours over four weeks

Referrals

A worker may benefit from additional assessment, treatment, and/or interventions. These can be recommended within the assessment form and/or progress form(s) and/or via telephone call to WSIB. Referrals may include but are not limited to:

- **Return to Work Specialist (RTWS)** – WSIB personnel who can visit worksites and help coordinate return to work planning in conjunction with recommended restrictions, limitations or accommodations
- **Work Transition Specialist (WTS)** – WSIB personnel who can coordinate more complex RTW issues or explore other occupational options
- **Specialty Clinic Assessment** – expedited access to specialized assessments (including psychiatric) and/or treatment
- **WSIB PTSD Program** – WSIB psychiatric and psychological network for expedited assessment and treatment of PTSD
- Recommendations for other assessments and/or treatment