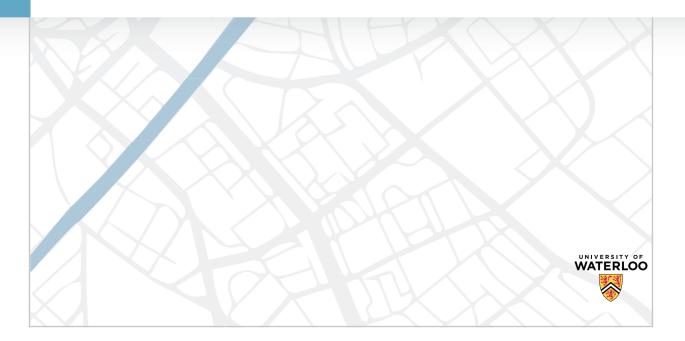


Roadblocks & Alternate Routes

Practical Strategies for Managing Mental Health and Return to Work



About the Guide

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This evidence-informed guide provides user-friendly, practical advice on how to navigate return to work (RTW) for workers on leave with mental health issues. It is based on the research findings of a University of Waterloo study that examined day-to-day experiences of individuals involved with the coordination of return to work for workers who are absent from work due to common mental health conditions such as depression, stress, anxiety, addictions, and sleep disorders.

Mental health conditions provide facilitators and decision-makers coordinating return to work with unique challenges and opportunities. The concept of "objective" medical evidence to guide decision-making is difficult to apply in these situations, as some aspects of people's minds and lives are hard to standardise and measure. For instance, diagnoses made through the Diagnostic and Statistical Manual of Mental Disorders (DSM) are based on clinician interpretation of self-report instruments and practitioners often diagnose through interview assessment with the individual. As well, for mental health conditions, it is not always possible to focus solely on functional abilities when planning work accommodations and return to work. As a result, this guide reinforces key strategies of listening to the worker and understanding their work context.

Our qualitative research study identified the problems encountered by RTW facilitators and documented the practical strategies that they developed to manage these problems. The participants in our study were all involved in the coordination of return to work in some way. They included professionals such as RTW coordinators, vocational rehabilitation specialists, human resources personnel, insurance representatives, and labour union representatives. These professionals were employed in different types of organisations, including large businesses, insurance companies, and consulting firms that sell RTW services to large organisations.



This guide describes actual challenges that RTW facilitators encounter in their day-to-day work and provides practical strategies for managing these challenges.

This guide is designed to be used by any individuals involved in the RTW coordination process including:

- RTW coordinators
- Employers
- Workers

Human resources personnel

Health care providers

- Insurers
- Union representatives
- Legal representatives
- Worker's compensation staff
- Injured workers

Although the guide is based on a Canadian study, RTW challenges and suggested strategies are potentially applicable to other countries.

This guide:

- Helps facilitators to recognise complex issues related to return to work for individuals with mental health conditions;
- Provides experienced RTW coordinators' strategies for supporting optimal return to work for workers with mental health conditions.

It is important to note that different parties tend to have varying standpoints on situations. Negotiation, together with careful communication, is often required to achieve successful RTW outcomes.

What are roadblocks and alternate routes?



The "roadblocks" are challenges faced by RTW facilitators when dealing with return to work for workers with mental health issues.



The "alternate routes" are suggestions provided by facilitators involved with the coordination of RTW for managing the various problems that they encountered. These suggestions are simply options and may not work in every place or situation.



All material in this guide comes from our research study of how facilitators or decision-makers involved with the coordination of return to work (who we call RTW coordinators) managed the return to work of workers with mental health issues. In 2018, we conducted in-depth interviews with 47 RTW coordinators from across Canada. Our in-depth analysis of the interview data identified key challenges faced by the RTW coordinators and their various strategies for managing those issues.

Workshops were then conducted with RTW coordinators to validate the content of the draft guide. Workshop attendees also provided input on the structure of the guide, target audiences, and dissemination strategies.

A stakeholder advisory committee provided overall guidance on the goals and design of the research project and this guide. The committee consisted of representatives from workers' compensation, private insurance, disability management businesses, a human resource organisation, a labour union, and an injured workers organisation.

What is not in the guide

This guide translates findings of a study of individuals who facilitate the coordination of RTW. Future research should focus on integrating the experiences of workers, health care providers, and workplace parties such as co-workers, managers and supervisors.

This guide does not provide advice on laws and policies that govern return to work in different jurisdictions. Users of this guide should be aware of their own legal systems as they consider what "alternate routes" might support their situation. Essentially, this guide provides a menu of options; guide users should choose approaches that best suit their own circumstances.

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Layout of the guide

This guide is divided into three sections based on the context in which a "roadblock" could occur and "alternate routes" that might be helpful. At the beginning of each section, short vignettes provide examples of roadblocks and alternate routes in RTW scenarios.



Work Context

RTW strategies that involve workplace parties



Health Context

RTW planning that considers health and health care

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Claims Context

Facilitating claims with effective communication strategies



Work Context

Return to work requires the input and cooperation of varied workplace stakeholders. This section provides strategies for managing workplace mental health literacy and creating sustainable accommodations.

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Difficult workplace departure and concerns about return to work: May's story

Interpersonal workplace relationships



May used to be the social butterfly of the office, so several colleagues took notice when she stopped planning social gatherings and avoided opportunities to converse with co-workers altogether. After an outburst at work with a colleague, May took sick leave. Before she left, she had been showing up late for work and often left team members to finish her work at the last minute before presentations to potential clients. Although a few of her good friends had initially defended her behaviour and said she was going through a tough time with family, when she failed to return their calls of concern, they stopped trying altogether. During the four weeks that May was away from work, no colleagues called to see how she was doing. In RTW planning meetings, May worried about coming back to work because she feared the judgement and fallout of her past behaviour. She was nervous about seeing her colleagues and did not know what to tell them, which only compounded her anxiety.

Ask coworker about best contact approach

Talk with worker about concerns and needs



Employer lack of understanding of mental health absences: Jose's story

Employers' understanding of recovery timelines

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Interpersonal workplace relationships

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Workplace communication during sick leave Jose was working on a process to return Christine, a nurse, to work, following a three-week sick leave due to chronic workplace stress. He received a phone call from Christine's workplace manager, who was impatient to know when she would return to work. The manager suggested that Christine may be trying to take advantage of the benefits system and she wanted to know what medical problem prevented Christine from working. She suggested that Jose send Christine to cognitive behavioral therapy, because this had worked for another of her employees who was experiencing anxiety. Discuss types of support for returning worker

Educate the employer about mental health conditions

Discuss re-building workplace rapport

Limited managerial willingness to support return to work: Andrew's story

Workplace support of accommodations

Workplace mental health literacy Priya, a RTW coordinator, had just finished meeting with the manager and the worker, Andrew, to discuss the RTW plan. After some deliberation and reluctance on behalf of the supervisor, all parties agreed on a feasible plan that accommodated Andrew's needs as per his functional abilities. When Priya returned to her office, she saw an email from the workplace supervisor in which she stated her concerns with the RTW plan and Andrew more generally. The supervisor cited complaints about Andrew she had received from other members of her crew and suggested that she did not have time to deal with these problems. When Priya initially met with Andrew to discuss the RTW plan, he had warned her that the supervisor disliked him and had displayed her favouritism towards the other members of her crew. Andrew was concerned that going back to work would be a nightmare.



Educate workplace parties about duty to accommodate



Conduct workplace training about mental health Return-to-work planning can be complicated by lack of knowledge, unrealistic expectations, and stigma in relation to mental health conditions. For instance, a worker's performance may be inconsistent during the RTW process and their supervisor may assume that the worker is unmotivated or lacking professionalism. A further challenge is that co-workers can sometimes feel awkward around a worker with a mental health issue and unsure about how to interact with them. When workplace parties develop negative assumptions about the worker's behaviour, it can have a detrimental effect on collegiality, support, and the success of the RTW process.



- Consider conducting workplace training about general workplace mental health. This could include educating workplace parties about the importance of healthy psychological work environments and practices, as well as how to be aware of causes and health management strategies related to mental health conditions. Training programs and resources are often free or publicly available from Employee and Family Assistance Program providers.
- Educate workplace parties so that they know that recovery from any health condition is not necessarily a linear trajectory. "Getting better" may look very different depending on the individual and their phase of recovery. There may be good days and bad days and this variance is not reflective of the person.
- Without disclosing private health information, consider discussing with co-workers and managers that, during the RTW processes, workers may need extra support and reminders and be less productive than before. Explain that everyone has a role to play in recovery and that a workplace party's positive attitude is part of that role.

Workplace absences for workers with mental health conditions may be preceded by a period of poor work performance. Workers who feel that they performed poorly may be apprehensive about returning to work out of fear of being stigmatised or due to unresolved interpersonal issues with their supervisor or other workplace parties. As a result, even if a worker appears medically ready to return to work, they may resist returning and, after a return, may feel uncomfortable with their situation.



- Returning to work after an absence due to a mental health issue may not be an easy process for the worker or the workplace parties. Talk with the worker about their concerns and needs. Try to understand which workplace interactions may be difficult or stressful. Ask the worker what might help them and include them in the RTW planning.
- Consider having a discussion with the worker and with relevant workplace parties, including a worker representative (such as a support person or union representative) about the pre-sick leave departure situation and any unresolved issues. Also, plan to communicate with managers about accommodating the returning worker's needs.
- As a general workplace initiative, consider providing education to workplace parties about mental health conditions and trajectories. Explain how workers with mental health conditions can be ill for some time before they take a sick leave, and their conduct during that time, whether positive or negative, can be a symptom of the mental health condition rather than a worker's disposition or abilities. Explain that, to be mentally or physically well, people need workplace support and opportunities to be engaged in workplace activities.

- If the worker was quite unhappy in their previous position due to negative relationships or bullying, and if all measures to address this work environment have been unsuccessful, consider helping them to transition to a new position in the workplace, if available.
- Coaching the worker on how to communicate their needs to managers and co-workers might be helpful. For instance, the worker might say to peers, "I'm just getting back and I need time to re-familiarise".



Workplace communication during sick leave

While absent from work due to a mental health condition, a worker may become socially isolated from the workplace and this may delay their return to work. Social contact with a worker may be limited when workplace parties feel that they lack the time or the efficacy to do so. For example, a workplace supervisor may decide not to have contact with the worker during their mental health sick leave because they do not want to intrude on the worker's privacy. However, this may leave the worker feeling that their work is not valued or that workplace parties do not care about how they are feeling.



- Ask workers if they want to be contacted by someone at their workplace, such as a co-worker, worker representative (if available), or manager, and what kind of contact would be most welcomed. For instance, would they like to come to the workplace for a social event, such as a lunch with co-workers? For many health conditions, it can be helpful if the workplace supervisor or manager stays in touch with the worker. However, keep in mind that individuals taking sick leave for mental health issues may have particular needs relating to social contact, which need to be approached carefully.
- Supervisors could ask the worker if they would like to be kept on the usual e-mail or newsletter list as a way of feeling included and keeping up with workplace changes. However, RTW facilitators should be aware that such contact may not be appropriate for individuals with certain types of mental health issues, as employee events may remind the worker of, for instance, bullying behavior. As well, something like a newsletter may heighten anxiety by highlighting what they are missing out on.

- Workers often have reduced pay while they are on sick leave, and this poses an additional hardship over and above their health condition. If possible, the employer may consider paying the equivalent regular wages to the worker while they are recovering at home, as a gesture to the worker that they are valued.
- During communication with the absent worker, words of understanding, inclusion and encouragement from a supervisor may be welcomed and reassuring, such as "We want you to focus on your recovery but we miss you and want you to know that when you are well enough, your job is here for you."



In some circumstances, workplace parties such as managers may be reluctant to accommodate a worker's return to work after a mental health absence. For instance, they may have been unhappy with a worker's performance before the sick leave and be unenthused about their return. In these situations, the RTW facilitator may encounter a lack of workplace cooperation for planning and carrying out a supportive RTW process, thereby threatening the successful reintegration of a worker.



- It may be helpful to remind the workplace parties that no one chooses to be ill, that work is an important part of people's identities, and that every worker should be given a fair chance to return to their job.
- Sometimes resistance to workplace accommodations is related to a perception that accommodations are costly and ineffective. Try providing detailed information about the proposed accommodation, its duration and how it is going to be handled, as well as information about what limitations the accommodation is addressing and how long those limitations are expected to last. Providing concrete information helps workplace parties plan and be more open to accommodating the returning worker.
- Consider educating the workplace parties about their legal obligations. In many jurisdictions, workplaces have a duty to accommodate the worker. Talking with employers about the cost effectiveness of supporting the return to work of workers with mental health issues is another potential way to get workplace parties on board.
- It may be helpful to speak to various workplace parties to identify "pockets of resistance" to the worker's return. Once the sources of resistance are identified, discussing issues and exploring solutions with various parties may offer reasonable and effective remedies for all involved.

- In some instances, due to past negative workplace incidents, the relationship between a manager and worker may be irrevocably broken. In these cases, it may be helpful to work with a worker representative (such as a support person or union representative) to facilitate a fresh start for the worker with another manager or in another job in a different division or department. Let the worker know that the workplace cannot accommodate them in their previous role or department and that an alternative job is being provided. To maintain a consistent approach, it is often helpful to write the process and options into workplace policies.
- Ask the worker about their interests and skills. Consider providing retraining, such as courses at a community college. When the training is completed, try the return to work again while also working with a worker representative (if available).

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Employer's understanding of recovery timelines

RTW facilitators may have challenging encounters with employers who express frustration about the pace of the RTW process and question why it is taking so long for a worker to return to their job. An employer may request a fixed timeline for the worker's return, or they may try to "speed up" the worker's return to work by sending them for specific forms of mental health treatment that they believe may be helpful. However, these employer interventions may harm the worker's recovery.



- Consider educating the employer about the individualised nature of health conditions and recovery trajectories. Let them know that, in some cases, the pace and trajectory of recovery is uncertain and there is no set timeline available. The employer should be informed that, although they may be provided with approximate timelines, the timeline may change.
- It may be helpful to describe a gradual return process to the employer, and explain to the worker that this option is possible. Explain that the RTW process is organised to enable incremental progress towards a full workplace return. Working with a worker representative (such as a support person or union representative) to plan the modified work may help guide realistic planning.
- Discuss with the employer and, if available, the worker's representative, how optimally accommodating workplace conditions might be provided. Accommodations might include options such as alternate modified work, more flexible scheduling, or placing the worker with a more understanding supervisor. Such accommodations may ease the transition back to work and full-time duties.

- For employers who want to assist a worker's recovery by sending the worker for a specific form of health treatment, such as cognitive behavioral therapy, provide education that that there is no "one size fits all" treatment for health issues. Explain that there is a variety of mental and physical health conditions and individuals may respond to treatment protocols differently. Reinforce that workers have a right to choose their own treatment and health care providers.
- Assure the employer that the worker is in touch with health care providers and that the RTW facilitator managing the return to work, together with the health care providers, are monitoring the worker's progress.



In some situations, a worker may be functionally able to return to work but they resist returning. For instance, the worker may be assessed as able to perform their job and they may say they feel capable of managing their accommodated tasks. Despite this, they fear that returning will expose them to a demanding or stressful work environment, such as challenging clientele, or a workplace trigger, such as driving a truck in which someone had been badly injured. A worker's unmanaged concerns may lead to delays or a failure to return to work.



- Encourage the worker to talk with you, their worker representative (if available, such as a support person or union representative), manager or human resources contact about their concerns or issues about returning to the workplace.
- Check in with the worker and verbally summarise what you have gathered about their concerns so that you develop a common understanding of their situation.
- Consider the non-medical barriers that may be affecting the worker's return. For instance, the mental health issue may have led the worker to leave the workplace with strained relationships. Think of how to support their social reintegration so that the worker feels safe returning.
- Consider holding a meeting with relevant workplace parties, such as worker representative, to flesh out possible barriers, such as how work tasks are organised, that may be hindering the worker's return to work.
- Remind the worker that returning to work is an important part of recovery. While considering interpersonal relationships, a RTW facilitator may opt to create a gradual RTW work process that minimises stressful social interactions. In consultation with the worker, they may develop some coping strategies or tools to put into place during particularly stressful times at work.

- Changing workplace practices and relationships can be difficult and take time. Creating short-term goals that can be achieved in the near term can build confidence.
- Talking with the employer and ensuring that they are aware of their duty to create a safe work environment may be helpful.
- Sensitivity training or coaching sessions for supervisors may help to alleviate any problems that may arise during the worker's return to work.

RTW facilitators may find that, even after they have assessed a worker's limitations and made provisions for accommodations, some workers are still uncomfortable with the arrangements. For example, a worker may try returning to work but feel that the accommodation does not suit their needs or help with their recovery process. As a result of the lack of understanding of the worker's needs, the worker's return to work and recovery may be impacted.



- When planning next steps, provide the worker with the opportunity to bring a worker representative (such as a support person or union representative) to assist if they were not involved in the original accommodation.
- Listen to the worker and try to understand the whole situation: What was their experience of returning to work? What problems arose? Assuring the worker that the responsibility for return to work is not theirs to bear alone may be helpful.
- Ask the worker about their needs. Seek their input for suggestions about what might work best for them and brainstorm possible solutions together.
- Check in with all parties, including worker representatives (if available), to see if there are workplace issues that have been overlooked during the RTW process.
- The worker may feel more comfortable with the RTW arrangements if the RTW facilitator asks them what tasks they find difficult or stressful and then helps them to understand that these challenges are a normal part of the process. It can be helpful to use positive words and language and point out the things that the worker did accomplish or learn.

- Consider encouraging the worker to reach out to their manager and, if available, their worker representative during the RTW process to address concerns or stressors that they might have so that their manager can better prioritise tasks. Also consider reminding the manager that it may take some time for the worker to be able to return to full performance.
- During the RTW process, it is often important to be flexible. Be open to considering alternate work opportunities or accommodations. For instance, modifying or extending the RTW plan may meet the needs of all parties involved. Talk to the manager and, if available, a worker representative, about whether there is another position in which the worker might be placed for accommodated work. As changes are made, it is advisable to check in frequently with the worker.
- In some cases, it may be helpful to engage a specialist in mental health accommodations to come to the workplace and work with the worker and the workplace parties on identifying and managing the accommodations, so they are the right fit for the worker's limitations and the needs of the organisation.
- Some jobs are very psychologically demanding. In these circumstances, it might be overwhelming for a worker to return to all of the workplace stressors and pressures. Consider setting up "time out" space for the worker, such as a quiet and comfortable wellness room, where they can get away for a few minutes at a time. Develop a plan for where and when time outs can happen in the RTW plan.
- If changes cannot be made to the accommodated work, try explaining to the worker that the accommodated work is temporary and was the only work that the employer had available.
- It may help to manage the worker's expectations about their RTW opportunities. Clearly explain the whole RTW process and program to them, including the employment obligations. Providing the worker with written material about the RTW process and the employer's legal responsibilities that they can read at their own discretion may be helpful.



In some workplaces, there is little leeway for accommodated positions needed for the RTW process. For instance, only specific shifts may be available for the worker or the business may have few alternate roles. As well, for some jobs, workplace flexibility might be limited by the company's own guidelines and policies, such as for jobs designated as "safety sensitive". RTW facilitators may find themselves with few options for providing accommodations to a worker that might facilitate a worker's recovery and return to work.



- In some cases, workplace accommodations require a creative approach. Consider exploring the worker's needs and abilities and brainstorm with workplace parties, such as worker representatives (support persons or union representatives, if available), about job demands and organisational structures. While respecting the workplace guidelines and policies, including privacy rules, RTW facilitators should ensure that the creative accommodation solutions are meaningful to the worker and not demeaning.
- Look at other jobs that might be available for the worker and talk about these with the employer and a worker representative, if available. Consider the worker's transferrable skills. If accommodated work in their usual workplace is not possible, then explore other options within the organisation to see if work is available in other divisions.
- Resistance to accommodations can sometimes be overcome by educating workplace parties about their legal responsibilities, such as the employers' duty to accommodate workers, which is a legal requirement in many jurisdictions. Also emphasise the value of return to work for the worker's own health and recovery.
- If no work is available, consider using this time to allow the worker more time for recovery. Alternatively, the employer may fund training for the worker, so that they can upgrade their skills until they are able to resume full duties.



It is difficult to create a RTW plan that anticipates all possible challenges that may be encountered by a worker. In some cases, a worker who tries to return to work may develop new mental health issues or experience the reoccurrence of previous mental health conditions. For example, when returning to duties, a worker may be exposed to workplace stressors or aspects of the workplace that are triggering. These events can lead to regression in the worker's psychological health and delay return to work.



- Ask the worker about what accommodations might help them to feel comfortable returning to work.
- Try re-assessing the worker's needs, while taking a holistic perspective. The mental health issue may affect not only their work but also their personal and home lives. Having another look at the workplace circumstances and job demands while following up with their representative (if available, such as a support person or union representative) may assist with planning alternative appropriate accommodations for this stage of the return to work process.
- Let the worker know that "nothing is carved in stone" and that work tasks can be adjusted to accommodate their needs. It may be helpful to try progressive RTW plans that start with small tasks and build up. It is important to ensure that the modified work is meaningful for the worker and uses their skills.
- Coordinate with the employer to create some leeway for the worker to adapt to their return. For instance, suggest that the worker may need flexible attendance to support sustainable return to work and recovery.

Inform the employer that the worker's employment position does not fit the worker's current needs. Discuss with them and the worker representative (if available) the possibility of adjusting the roles and expectations associated with the worker's position. Let the employer know that, while the regular employment position may work in the future, some adjustments are needed for this phase of the RTW process.

A worker's challenges with a RTW process can sometimes be related to a psychologically unhealthy workplace, which may have been the main factor contributing to the development of a worker's mental health condition or may have exacerbated an existing mental health condition. For instance, a worker may be reluctant to return to the workplace where they were bullied by a hostile co-worker or harassed by an unprofessional supervisor. The worker's legitimate fear of returning to a toxic environment may be overlooked or not well understood by the RTW facilitator, who may be unwittingly guiding the worker into a situation that will affect the worker's mental health recovery.



- Listen to the worker's needs. Ask them what triggers or exposures might be problematic for them.
- Help the worker to return to a psychologically safe workplace by communicating the difficult work environment problem to an appropriate workplace party who has the discretion to make workplace changes. If available, include a worker's representative (such as a support person or union representative) in this discussion. With the worker's permission, explain the workplace conditions that are psychologically unhealthy. Ask for their help to make the work environment safer for all workers. The RTW facilitator may wish to recommend delaying the work return until healthier workplace conditions are in place, or to suggest modified work in a different location while changes are being made.
- Offer education to workplace parties (could be the entire workplace or specific parties) regarding a healthy working environment. Also provide workplace conflict management education and tools to the worker. Workers may find it helpful to work with their health care providers to identify specific strategies for managing challenging workplace relationships.

- If a meeting with the workplace parties does not result in plans to improve the psychological health and safety of the workplace, consider contacting someone who is more senior in the work organisation. Remember that healthy and safe psychological workplaces are beneficial to all parties.
- If the worker was very unhappy in their previous position due to negative workplace relationships or workplace bullying, and if all measures to address this work environment have been unsuccessful, consider helping them to return to a new position in the workplace.



Health Context

Optimal return-to-work planning considers the worker's health needs and appropriate communication with health care providers. This section describes practical strategies for navigating health provider accessibility, unclear health situations, and stigma.

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Unclear communication with health care providers: Peter & Sebastien's story

Communication with health care providers





Accessibility of mental health care providers

Sebastien experienced anxiety and had trouble sleeping for several months before he decided to seek help from his family doctor. The family doctor completed a form with few details, saying only that Sebastien needed indefinite leave from work. She also referred Sebastien to a psychiatrist but that appointment was eight months away. Now, two weeks after taking sick leave, the RTW coordinator, Peter, was looking for ways to bring Sebastien back to work. One possibility was for Sebastien to see a psychologist, but he lacked the financial resources to pay for this service. Sebastien found this whole situation frustrating and did not know where to seek help. Peter was also unsure of how to get Sebastien back to work without having to wait many months for the specialist treatment.

Simple and accessible forms



Ask the worker what they need



Insufficient and contradictory mental health evidence: Helen & Mahood's story

Content of sick note



Quality of medical evidence Helen, an insurer case manager, noted that Mahood's claim for income support benefits during sick leave for depression had insufficient medical information to support a successful claim. The family doctor's note was brief and did not clearly indicate Mahood's restrictions or capabilities. Helen reached out to the doctor to get more details, but the doctor's office did not respond to calls. Meanwhile, Mahood's employer saw him out at the movies and did not think he looked ill. The employer paid for an independent medical exam (IME) to provide a detailed report on Mahood's health and, when this evaluation came in, it contradicted that of the family doctor. The report suggested that Mahood's mental health problem was mild and did not require a work absence. Ultimately, Helen made the decision to deny the claim based on the IME.

Simple and accessible forms

Use different modes of communication

> Seek health care provider clarification

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Accessibility of health care providers for mental health conditions

Workers can face difficulties finding and accessing appropriate and affordable health care providers. For example, in some areas, family doctors are not available and workers must use walk-in clinics. Additionally, medical specialists, such as psychiatrists, often have long waiting lists or may be located at a distance from a worker's home. Although some mental health care providers, such as psychologists, may be more accessible, the cost of their services may not be covered by the worker's extended health benefits. Navigating the help seeking and the self advocacy required for accessing appropriate treatment may be challenging for those with health care issues. As well, if the worker cannot access appropriate health care, their health issues may worsen and the duration of their claim and related workplace leave may be extended. Further, if the worker is unable to access appropriate health care providers, difficulty obtaining medical documentation to support a health-related work absence claim is inevitable.



- If suitable, you may ask the worker if they feel supported by the professional care they are currently receiving.
- Seeking support for mental health care is often challenging because timely care is not always achievable. Long waiting lists, "no longer accepting new clients", and programs and services not or only partially covered by the extended health benefits may fuel worker's feelings of hopelessness and despair. Until the worker has accessed specialist treatment, be very flexible about their work accommodation. Listen carefully to the worker's description of their needs.
- If requested by the worker, consider asking the employer if the workplace or insurance plan can provide financial support to pay for the worker to access private treatment of their choice. For instance, the worker may choose to receive support from a psychologist or a social worker. Many extended health benefit plans cover a wide range of health care professionals and may also cover virtual or digital care.

While waiting for specialised treatment, the worker may choose to seek heath care support via an on-line or telephone resource, such as an Employee and Family Assistance Plan (if available), which provides free confidential advice on a range of employee personal problems. However, RTW facilitators should be aware that insurers often seek documents that confirm that counselling is a part of the treatment and that a record of treatment may not be available for workers using such services.

Health care providers sometimes provide workers with sick notes for work absences that, to RTW facilitators, seem unnecessarily long in duration. As well, they may provide workers with sick notes that do not give sufficient information about their abilities or needs. For example, a worker may describe to their doctor how they feel anxious and overwhelmed at work. A doctor who is not familiar with the possibility of workplace accommodations may then provide the worker with a sick note recommending that they take several weeks off work. A challenge with brief sick notes is that those supporting a worker's return may not have sufficient information to adequately assist the worker's return to work. As well, a health care provider's recommendation for a long work absence may prompt a worker to resist RTW plans for an earlier return as they may feel that this threatens their recovery.



- Ask the worker to get written functional ability information from their health care provider to assist with proposing suitable accommodations in the workplace and RTW plan.
- If the worker and health care provider are not aware of work accommodation possibilities, consider following up with the worker to discuss alternate job positions available and what they entail, so that they might discuss this with their doctor. Provide sufficient detail for all the accommodation options so that the health care provider can make an informed decision about recovery timelines when discussing it with the worker.
- It is possible that the health care provider understands accommodation possibilities but nonetheless recommends an extended sick leave duration. The worker should follow up with the health care provider to seek information about specific recovery and RTW needs and share this information with their manager or RTW facilitator.

In some cases, RTW facilitators will organise work accommodations for a worker that brings them back to work before the end date of the health care provider's recommended absence period. In these situations, the rationale for an early return should be clearly communicated to the worker so that they have confidence in the process and are assured that their health will not be harmed by the earlier return.



Some insurers require "medical evidence" to support their decision-making about a worker's claim. However, reports from different health care providers may seem to provide contradictory results and conclusions regarding worker's health. Another challenge is that health care providers may make recommendations about a work absence without providing the required medical information to justify the leave. For example, a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis may not be provided. In these situations, insurers may lack information to support the RTW claim.



- In the case of conflicting medical reports about a worker's health condition, insurers may consider returning to the health care providers in order to seek clarification about the assessment. It is possible that the health care providers do not differ substantially in their medical assessment and that the conflict is mostly related to differences in health care provider's terminology and communication approaches.
- In some cases, the public or private insurer may set up an independent medical evaluation (IME) as a way to clarify the diagnosis and obtain treatment recommendations. As IMEs lack the treating health care provider's established relationship and history with the worker, direct communication between the IME and treating or assessing health care professionals should be facilitated. As well, unionised workplaces may have collective agreement stipulations about when and how to engage with IMEs.
- When medical evidence is unclear, be sympathetic to the RTW needs and concerns of the worker. Explain how the insurance system works on the basis of evidence. If health evidence cannot support a work absence, explain to the worker that, when they return, regular check-ins will be built into a tailored RTW plan for them and that, if any problems arise, they will immediately be addressed and the plan will be adjusted.

- RTW facilitators might consider revisiting the concept of "objective" evidence in relation to mental health issues. Some aspects of people's minds and lives are difficult to standardise and measure. Therefore, for many mental health conditions, objective evidence is not available and DSM diagnoses are often based on self-report instruments. It is important to ensure that the worker who is struggling with mental health issues reaches out for help from a qualified health care professional.
- In the absence of clear medical evidence, some RTW facilitators may rely on a version of mental health "functional abilities". However, such approaches should be used with caution, as an individual may be seriously ill even though they do not present as "sick". Indeed, some mental health conditions are characterised by intense social and physical activity. As well, different workers with the same diagnosis or issues will experience and display symptoms differently.
- Consult closely with the worker about their needs. Also check in with other parties who understand the worker's role and related demands, such as the management team and, if available, the worker representative (such as a support person or union representative).

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Worker engagement with mental health care services

RTW facilitators may be concerned that workers are avoiding appropriate mental health care services or are not fully engaging with the type of mental health treatment that they require in order to recover. For instance, it is possible a worker is not aware or accepting of having a mental health condition, or they may attribute their condition to physical problems. A worker who wishes to avoid the stigma of a mental health label may not seek out mental health care or take mental health medications as required. As a result, mental health issues may not be fully treated and the worker may experience prolonged illness duration or increased likelihood of reoccurrence.



- If mental health care is available and accessible, a RTW facilitator might encourage the worker to contact their general practitioner about whether they should get a referral to a mental health specialist.
- Consider addressing financial and accessibility issues. The worker may wish to see a psychologist but might not have the financial resources for this treatment. A RTW facilitator may be able to assist by looking into whether the employer or insurer is willing to cover private treatment expenses.
- Consider working on destigmatising mental health conditions. For instance, talk to the worker about the prevalence of mental health issues and assure them that they are not alone. Explain how appropriate treatment really does make a difference over time, in the same way that treatment for physical conditions is helpful.

- RTW facilitators should understand that, if counselling or therapy is involved, this progress takes time and is effortful work for the worker. Unlearning ways of thinking and behavioral patterns that have become second nature can be uncomfortable, challenging, and anxiety provoking. From this perspective, the RTW facilitator may better understand why an individual may not wish to engage in the therapeutic process. Especially if maladaptive coping mechanisms had been used to deal with underlying mental health issues, getting better may not feel good initially.
- It may be useful to ask the worker about the quality of their relationship with the health care provider and if they are feeling well supported. A RTW facilitator might help the worker to prepare for the health care visits, with questions planned and written down.
- In order to support acceptance of the sickness absence claim by insurers, it may be helpful to remind the worker to collect the necessary documentation from their health care providers. Insurers often seek documents that confirm counselling is one part of the treatment and the worker is attending referrals to appropriate specialists.



A worker's slow adjustment to prescription medication for their mental health condition might make it seem that the treatment is not working and prolong the work return. However, individuals respond differently to medications and some medications have unpleasant side effects that may be off-putting. Ultimately, time may be needed for a trial period during which the medical practitioner tries different medications to tailor the type and dose of the prescription to produce the desired therapeutic benefit for the worker. Another type of medication complication can occur when a worker feels well enough to return to work. At this point, they may also feel well enough to end their medication regimen and their health care treatment with the medical specialist, despite the necessity to maintain this support during their RTW process. Pharmaceutical issues, including discontinuation without medical oversight, may compromise the worker's health and wellbeing and lead to misunderstandings between different decision-makers about the worker's ability to return to work.



- Meet with the worker to explain the importance of making plans to address different circumstances that may arise during the work return. Encourage them to contact their health care provider about ongoing medical medical follow up once they start the RTW process.
- Consider discussing with the worker that it is common to want to end treatment when they start to feel well. Explain that the RTW process may introduce unexpected stressors, and that, in consultation with their health care provider, they may find it helpful to maintain all of their health care supports during this period.

The RTW process can be delayed when communication between workers, RTW facilitators and health care providers is difficult or slow. For example, some busy doctors may not have time to discuss workplace accommodations in any detail. Some health care providers may not fill out functional ability or other forms with sufficient detail to properly guide those involved with supporting the return to work. When RTW decision-makers face difficulty obtaining sufficient medical documentation on the RTW process, they may not be able to confidently move forward with a RTW plan that is appropriate and safe for the worker.



- The RTW process may be more manageable for the health care provider if the person coordinating it provides an outline of a proposed work accommodation plan for them to review. RTW facilitators might help the worker to explain to the health care provider that particular sensitivity is needed to manage the mental health issue and their input and clarification is appreciated for an appropriate plan to be put forward.
- Providing health care professionals with simple and accessible forms that are tailored to your workplace may minimise the burden placed on them. Provide the form to the worker so that they can take it to their health care provider to have it completed on their next visit.
- In the absence of information from the health care provider, consider asking the worker what arrangements they need to safely return to work. Some workers may be as capable of elaborating their restrictions as their health care providers.
- When the treating health care provider is not accessible and if the resources are available, ask mental health specialists for general recommendations and resources that might help with RTW planning.



Claims Context

RTW facilitators consider the needs of diverse stakeholders during the return-to-work process. This section recommends strategies for managing challenging interactions and communicating effectively.

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Expectations about duration of time off: Joe's story

Addressing worker expectations about timing of RTW

Managing	
challenging	J
workers	

When Joe found himself gasping for breath, sweating and shaking as he left the office one afternoon, he drove straight to his family doctor's office. The mounting pressures from his manager, the unreasonable client demands, and the never-ending influx of emails in his inbox eventually led Joe to this "tipping point". According to his doctor, he had experienced a panic attack. She started a treatment plan of medication and weekly counselling and told him to take six weeks off work. After three weeks, he told his doctor that his anxiety was greatly reduced and that week RTW planning meeting was set up at his a workplace. The workplace RTW manager suggested an immediate return to modified work duties. building up to a return to full duties over several weeks. Joe said that his doctor told him to stay off work and so he was reluctant to go back against her recommendations. Plus. he still did not feel 100%. At the four-week period of sick leave, Joe had yet to get his doctor to fill out the functional capabilities form and both email and phone call reminders to Joe that this needed to be done to continue his benefits were unanswered. The RTW coordinator saw Joe's lack of communication as evidence of secondary gains, and concluded that he was just wanting an extended vacation with benefits.

Communicate limited productivity expectations



Demanding and time-consuming clients: Natalie's story

Complexity of mental health



Natalie, a RTW coordinator, read Phil's doctor's report that confirmed that Phil had an illness. For privacy reasons, the report didn't specify the diagnosis. Over the last four weeks of the RTW process, Phil called Natalie almost every day, usually seeking support and validation for his experiences while reintegrating at work. While Natalie viewed communication with workers as an important part of her job, Phil's daily phone calls were becoming excessive and cutting into the time she needed to manage her other files. Natalie could not help but feel that Phil was not receiving the necessary support or care for his medical issues but, because Phil chose not to disclose such personal health information, Natalie was at a loss for how to better support him.





Caught in the middle: Rob's story

Working with diverse

Difficult		
decisions		

Rob, an in-house RTW Coordinator, admitted that his job was tough, especially when he saw people like Kwame experiencing mental health issues. He knew he could not fix Kwame's problems; many of the issues had developed over Kwame's lifetime or were due to compounding factors. Even when Rob saw clear solutions for workers with mental health issues, workers and other workplace parties were often at odds about how to proceed. Rob knew he could not satisfy everyone, and he felt that he was failing at his role. He especially dreaded having to tell workers that their claims were denied or discontinued, as this often led to outbursts from the worker. Rob had started to feel like "the bad guy". He was exhausted and emotionally spent.









Those supporting a worker's return to work may feel they are pulled in different directions by different kinds of stakeholders, each with their own views on how the RTW process should be managed. For example, the worker might be looking for someone to listen to them and understand their difficult situation, while the employer may be mostly concerned with reducing the duration of the worker's absence, and the insurer could be focused on expense of the benefits being paid out. Each of these parties might have different perspectives regarding the length or cost of the work absence. As a result, those supporting a worker's return to work may feel that they are part of a high stress, no-win situation. They may feel unable to identify a positive pathway forward.



- Timing can be important. When interacting with diverse stakeholders, it may be helpful to engage with each party as early as possible during the RTW process. This can help to ensure that everyone is on the same page about the worker's RTW needs and has the same goal for the worker.
- Using a standard template to communicate with the managers, workers, union representatives, and other involved parties may facilitate communication and RTW expectations. With a standard template, everyone can have a similar understanding of the process.
- Without disclosing private health information, consider discussing with co-workers and managers that, during the RTW processes, workers may need extra support and reminders and be less productive than before. Explain that everyone has a role to play in recovery and that a workplace party's positive attitude is part of that role.
- > Consider outlining roles and responsibilities or agendas for meetings.

- Bringing the worker and stakeholders, including union members, together for a meeting can help to develop shared understandings. If it is not possible to get everyone physically together, a telephone meeting may suffice. This meeting can help the different parties to understand that other players are involved in the case and clarify concerns of each of the parties. Ensure that the worker feels central to the meeting and has the ability to express any concerns in a safe environment.
- Find common ground among the different parties. In this way, the RTW facilitator may find a resolution, even if it does not make everyone happy. It can be helpful to remove any emotional attachments to the situation.

The RTW process can sometimes involve having difficult and stressful conversations with workers and other parties. For instance, the RTW facilitator may need to communicate to a worker that the workplace or insurer will no longer provide the provision of income support benefits, even when the worker does not feel ready to return to work. Or they may have to communicate to the worker that they will be returning to a different job rather than their previous position to which they were very attached. During these conversations, emotions can become intense.



Alternate Routes

- > Dealing with different sources of friction requires a great deal of patience and tact. It is important to listen to the worker and be empathetic about their situation. RTW facilitators should try to put themselves in the worker's shoes. Remember that the worker's reaction should not be taken personally and they are likely having a tough time.
- It may help to have in-person meetings for difficult conversations. If available, draw in the worker's representative, such as a union representative or a support person. Although it can be challenging to talk to people in-person when they are upset, it may yield better results.
- Clearly communicating how a decision was made and what factors were considered when making the decision may ease the situation and dispel the worker's potential misinterpretations of the situation. For instance, it may help to repeat the worker's limitations and what jobs are available. It is important to be transparent and to include relevant parties, such as worker representatives, while trying to leave the door open to different solutions.

- Some knowledge of conflict resolution, including phrases and words to use, is helpful when people are upset or angry. For instance, it can be important to validate a worker's feelings. It may also help to avoid a focus on past issues and instead to shift attention to how the worker would like things to be handled from now on. Consider using phrases like " help me to understand..." or "That sounds challenging... what do you think we can do to assist you through that challenge?" Good ideas and solutions can emerge when the worker is engaged in thinking about what should be done moving forward.
- If the worker is upset and the meeting is not productive, then it may be helpful to put the conversation on hold and reconvene later. Consult with the worker's manager and, if available, the worker representative, about the timing for the next meeting. This pause can give both the RTW facilitator and the worker time to think more about the situation.
- Following difficult conversations, the RTW facilitator may wish to debrief with colleagues or their supervisor. Colleagues may provide social support while the RTW facilitator progresses through a difficult case. They may also provide advice on specific strategies for managing a complex situation.

RTW facilitators may find that workers with mental health issues sometimes need more time and energy than is required for usual RTW cases. For instance, workers with mental health conditions may have complex situations and need to take time to explain their situation. Overall, they may need more frequent communication and contact than is usual for physical injury cases. The large amount of time spent on mental health cases can be frustrating for those involved in the RTW facilitation, as there are only so many hours in a day. They may begin to think negatively about mental health cases, especially if they have insufficient time to adequately engage with the workers.



- It is important to allow time for individuals with mental health issues, be empathetic and supportive of their situation, and be aware that the RTW process may take longer for individuals with mental health conditions than for those with physical impairments. Those supporting the RTW process may talk with their managers about adjusting their caseload to allow the time needed to properly deal with files involving workers with mental health conditions.
- When engaging with workers with mental health issues, try to think of the end goal of finding out how to help the worker get back into the workplace. Ask questions along the lines of: "What would it take to support you in returning to the workplace? How can we support you? Are there tasks you feel capable of doing at this point?" Constantly communicating, building rapport, and being honest with the worker and other stakeholders regarding the case management may help the return to work to proceed in a timely manner.
- Communication strategies may be helpful. RTW facilitators can try setting boundaries and goals for conversations with the worker, so that meetings are focused, productive, and time-sensitive.

- For various reasons, workers with mental health issues may not make time for self-care and other tasks necessary to maintain their recovery progress. Therefore, encouraging continued medical care may be helpful. To enable this, communicate to others as necessary (while respecting the worker's privacy) that the worker may need time to continue their medical care, including taking time away from work to attend appointments.
- Following difficult conversations with a worker or workplace, the RTW facilitator may wish to debrief with colleagues or their supervisor. Colleagues could provide social support while the RTW facilitator progresses through a difficult case. They may also provide advice on specific strategies for managing a complex situation.
- Be patient while the worker finds the appropriate treatment and encourage others to be patient as well. This may involve a combination of therapy, medication, and self-care. Finding what works and putting it into practice takes time and, until then, RTW facilitators may be a main source of support.

Health information for adequate case management

RTW facilitators can feel that a lack of information about the worker's diagnosis restricts their understanding of the worker's capabilities and restrictions and complicates their planning and support of the RTW processes. However, non-disclosure may be quite common among workers with mental health issues, who may feel stigmatised by their condition or have not fully accepted their circumstances. Under most human rights legislation, workers have a legal right to privacy about their health condition. They are only required to disclose their functional abilities (not their diagnosis) to others, such as workplace parties or those coordinating their RTW process. As a result of privacy legislation and non-disclosure by workers, some RTW facilitators may feel uncertain of how to plan a safe and timely return to work for the worker.



Alternate Routes

- It is not necessary to have diagnostic information about a worker to provide meaningful support to them. A good starting place is respecting the worker's privacy while asking them questions about their functional abilities and restrictions. For instance, a RTW facilitator may start a conversation with a worker by asking how they can help them.
- If the worker chooses to share their health information, be sure to maintain confidentiality. Use the information the worker provides only to more sensitively plan the RTW process. Another step is to help the worker to plan a disclosure strategy. For instance, the worker may wish to share their information with some colleagues but not others.
- If the worker wishes to maintain full privacy, then focus on their needs. Talk with the worker, their representative (if available, such as a support person or union representative), supervisors and the management team about the worker's needs for accommodated work. The worker and these other parties will understand the worker's role and be aware of specific work demands.

In some circumstances, a worker may not return phone calls or may miss scheduled appointments with a RTW facilitator. The RTW facilitator may feel that the worker is not participating in the RTW process in a meaningful or engaging way and this could fuel doubt that the worker's condition warrants a work absence. However, a lack of energy, motivation and/or interest, as well as difficulties communicating, can be a symptom of mental health issues. The worker may be preoccupied or consumed with thoughts and concerns related to, or caused by, their mental health issues. Difficulties communicating may be reflective of their uncertainty or fear about what and how to communicate. When the worker's behaviours are misunderstood by the RTW facilitator, a breakdown of rapport may occur, which may adversely affect the **RTW** process.



- Use non-judgmental and empathetic listening and problem-solving skills to establish rapport with the worker and to develop an understanding of their behavior. The RTW facilitator should communicate their expectations about the RTW process to the worker, highlighting that they recognise that sudden or periodic issues may come up and that it is important that the worker provides updates as soon as they can. Consider how to engage the worker to jointly decide how to move forward.
- During the RTW process, ask the worker what is working for them and what might be better. For instance, the worker may need a reminder phone-call on the day of the appointment. Or they may need information and support to help them to prepare for phone calls and meetings.
- Define roles, responsibilities, and expectations of the RTW process clearly while also letting the worker know that setbacks can occur during the RTW process. RTW facilitators can help the worker to reflect on or celebrate the aspects that did and do go well and to build on those successes.

- Encourage the worker to reach out to their representative (if available, such as a support person or union representative) or manager about concerns or stressful points so that they can prioritise tasks. The RTW facilitator might prepare the employer for the process, so that the worker is met with understanding and tolerance.
- The RTW facilitator may need to respectfully communicate to the workplace that the worker is not yet well enough to return to work. A slower transition, such as gradually increasing hours and responsibilities, may be the most helpful approach at this stage.

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RTW facilitators can sometimes have different ideas than workers about the timing of RTW. For instance, the facilitator may feel that a worker wants to get back too soon, before it is fully safe for them to return. Or, a worker may want to return to work only when they are 100% recovered, which the facilitator sees as delaying the recovery-at-work process. Unresolved differences between RTW facilitators and workers about the timing of work return can lead to a breakdown of rapport and cooperation between the parties. A lack of mutual understanding may also lead to under-informed or inappropriate timing of the RTW process.



- Listen carefully to the worker about why they feel their RTW should occur at a certain time. It is possible that important contextual information has been overlooked and the plan for the timing of RTW needs to be re-worked.
- Parties involved in the return to work may wish to reassure the worker that they will stay in regular touch with them during the RTW process and that they are going to support their needs and recovery during this period. Provide the worker with as much detail as possible about the work return; for instance, be specific about meeting times and processes.
- Explain how the timing of the work return was planned. Be as clear and transparent about the decision-making processes as possible; for instance, explain the input of workplace parties, insurers and health care providers.
- For workers who are concerned about returning too quickly, RTW facilitators may open a discussion about a progressive return to work.
 Communicating to the worker that they are not expected to be 100% productive during the early work return process may minimise their distress.

For workers who are keen to get back to work as quickly as possible, take time to learn about their workplace and industry. If this is a "safety sensitive" position (such as a police officer or pilot) and the worker cannot return to their usual job until they are 100% recovered, then plan alternative accommodated work roles in meaningful, non-safety sensitive positions. RTW facilitators may also remind the worker about the need to take time to recover.



Key Strategies

A selection of core alternate routes for return to work

Work Context	 Return to work requires the input and cooperation of varied workplace stakeholders Ask the worker about their accommodation needs. Provide tailored and detailed accommodation information to the worker and check in regularly. Include worker representatives, if available, in accommodation planning. Be flexible and understanding when encountering roadblocks. Educate workplace parties about a healthy working environment.
Health Context	 Optimal return-to-work planning considers the worker's health needs and appropriate communication with health care providers Listen to the worker's description of their needs, including exposures or triggers. Provide the health care provider with a proposed job accommodation plan. Encourage the maintenance of health care supports during the return-to-work period. Consider ways to manage health care financial and accessibility issues.
Claims Context	 RTW facilitators consider the needs of diverse stakeholders during the return-to-work process Ask the worker what is working for them and what might be better. Engage with involved parties as early as possible to develop a common plan. Facilitate communication among different parties with standard templates. If possible, have in-person meetings for complex conversations.

