NSW STATE INSURANCE REGULATORY AUTHORITY

A WORKERS COMPENSATION GUIDE FOR ALLIED HEALTH PRACTITIONERS

OCCUPATIONAL THERAPY AUSTRALIA (OTA) NSW DIVISION SUBMISSION

24 AUGUST 2016
24 August 2016

Ms Maria Wilson  
Provider Strategy and Policy Officer  
Workers and Home Building Compensation Regulation | Return to Work Operations  
State Insurance Regulatory Authority (SIRA)  

By email: maria.wilson@sira.nsw.gov.au

Dear Ms Wilson

RE: A workers compensation guide for allied health practitioners

Occupational Therapy Australia is the professional association and peak representative body for occupational therapists in Australia.

Please find herein Occupational Therapy Australia’s submission to the State Insurance Regulatory Authority (SIRA) on the final draft of A workers compensation guide for allied health practitioners.

Thank you for the opportunity to provide feedback on the guide.

We would be more than happy to provide further clarification on any of the matters raised in our submission should this be required.

Yours sincerely

Linda Ford  
NSW Division Manager  
Occupational Therapy Australia
INTRODUCTION

Occupational Therapy Australia welcomes the opportunity to provide feedback on the final draft of the New South Wales Government’s State Insurance Regulatory Authority (SIRA) A workers compensation guide for allied health practitioners.

Occupational Therapy Australia is the professional association and peak representative body for occupational therapists in Australia. As of March 2016 there were more than 5000 nationally registered occupational therapists working across the government, non-government, private and community sectors in New South Wales. Occupational therapists are registered allied health professionals whose role is to enable their clients to participate in meaningful and productive activities.

Occupational therapists provide services such as vocational rehabilitation, physical and mental health therapy, assistive equipment prescription, home modifications, and chronic disease prevention and management. They work in diverse roles across the health, disability rehabilitation and aged care sectors, and serve the community through a number of government-funded health initiatives.

Occupational therapists have a key role in providing return to work services to clients affected by illness or injury. Currently however, SIRA does not adequately categorise the role, services and supports provided by occupational therapists in the NSW state insurance schemes.

CONTEXT

The State Insurance Regulatory Authority (SIRA) is the government organisation responsible for regulating the NSW workers compensation system. It has developed A workers compensation guide for allied health practitioners, which provides advice and direction for allied health professionals providing services in the NSW workers compensation system. The guide explains the different roles in an injured worker’s support team, and how recovering at work can benefit a worker’s health. SIRA has been working on developing a common guide for all allied health professionals for more than a year.

This submission outlines a number of recommendations to enhance the relevance of the workers compensation guide and to ensure occupational therapists have the scope, professional recognition, and appropriate financial award to deliver supports and services to SIRA clients.

SUMMARY OF RECOMMENDATIONS

1. Occupational therapists should be added to the list of Tier 1 allied health practitioners to ensure timely delivery of services and reduce the administrative burden for providers;
2. The five principles of the Clinical Framework for the Delivery of Health Services should be revised and expanded to reflect the role of pain rehabilitation in the recovery process, and the importance of addressing chronic disease;
3. The equipment provision section of the guide be expanded to include the following: ‘To support therapeutic and return to work goals, the injured worker may require an occupational therapist to assess and recommend practical aids/disability equipment/home modifications and domestic assistance’, as this is part of the core business of occupational therapy;
4. Recognition of the role of occupational therapists in hand therapy in the workers compensation scheme is needed, particularly as hand injuries are among the most common type of injury sustained at work.

**Recommendation 1: Addition of Occupational Therapists to the list of Tier 1 allied health practitioners**

The NSW Government’s *A workers compensation guide for allied health practitioners*, currently categorises Occupational therapists as Tier 2 allied health practitioners. This significantly limits their ability to provide comprehensive services to injured workers, and prevents SIRA clients from receiving holistic care.

As a result of their current Tier 2 classification, occupational therapists are not listed as allied health practitioners in the NSW workers compensation system on page 5 of the guide. Occupational Therapy Australia believes that this is a significant omission. Occupational Therapy Australia believes that occupational therapists should be added to the list of Tier 1 allied health practitioners on pages 5 and 13 of the workers compensation guide. The problems with current Tier 2 classification and our reasons for changing this to a Tier 1 classification are outlined below:

**Problems with listing occupational therapists as Tier 2 providers:**

**Problem 1: Tier 2 providers are required to obtain prior insurer approval for service provision**
This can greatly limit the ability of occupational therapists to provide services to injured workers in a timely manner, particularly sole providers who lack the resources of larger practices. There is no guarantee that Tier 2 allied health practitioners will be able to connect with the insurer case manager ahead of a consultation session, and valuable time can be lost while the insurer tries to follow up. Although the allied health recovery request (AHRR) is automatically approved after five days, this time could have been spent treating injured workers to enable them to return to work sooner.

Furthermore, Tier 2 allied health practitioners are not reimbursed for seeking approval to provide services, and incur significant costs as a result of being required to submit an AHRR. Alternatively, Tier 1 providers are able to bill the insurer $25.00 once per claim for the initial AHRR.

Occupational therapists provide services to injured workers across NSW, including those in rural and remote areas. The need to seek prior approval can have a significant impact on workers who live in these areas, as clients may live a long way from treatment facilities and are often unable to return for regular treatment following the initial consultation session.

**Case study:**
*We need to able to know we can provide a service as requested by the surgeon post surgery, give them the dressings and splints they require and start the therapy process in a timely manner. Good outcomes are required for a timely return to work and this process is hindering our ability to provide the service needed. We try to do as much in a single session as possible. The pay structure offered to Tier 2 does not really allow us to continue to treat in this manner.*
Problem 2: It is difficult for Tier 2 providers to treat patients who have suffered acute trauma

The fact that Tier 2 providers must wait for their AHRR to be processed means they are often unable to provide services to workers who have suffered acute trauma and require immediate treatment.

**Case study:**

*With a classification of a Tier 2 practitioner pre approval must be obtained for all treatment. This makes it impossible to treat a patient referred for acute trauma. Surgeons generally make the referral 1-5 days post op and the patient is required to attend for dressing changes, have splints made and commence an exercise program. It is impossible to preplan this type of treatment let alone wait for a couple of days until claim numbers are obtained and approval sort for the treatment. This would compromise patient outcomes and affect ability to return to work. Tier 1 practitioners are allowed the first 8 consultations without approval.*

Unlike Tier 1 allied health practitioners, Tier 2 providers must seek prior approval for all incidental expenses (eg. dressings, exercise putty, strapping tape) and equipment provision. Tier 1 providers are able to bill up to $100 per claim for incidental expenses and equipment provision, without obtaining prior approval from the insurer.

Problem 3: There is no separate fee schedule for occupational therapy services

With the exception of massage therapy, Tier 2 allied health practitioners do not have their fees governed by NSW Workers Compensation Fees Orders. The absence of a separate fee schedule for occupational therapy services means that providers instead use allied health fees guidelines which are not time based and are supposed to indicate complexity only. This then leads to inconsistencies around fees for services provided by Tier 2 practitioners, who have to negotiate with insurers and agree upon an appropriate charge.

As mentioned above, Occupational Therapy Australia seeks to proactively work with SIRA to develop a fee schedule for occupational therapy services. Due to the nature of the work of occupational therapists, often travelling and on the road visiting homes and workplaces, any fee schedule for occupational therapists should also include the same hourly rate for travel as time with clients. This would truly represent the costs of delivering services and the time spent on assessments and report writing, and would be consistent with compensation schemes in other states such as Victoria.

**Reasons for classifying occupational therapists as Tier 1 Providers**

**Reason 1: To ensure national consistency**

Occupational therapists are currently recognised in all other state jurisdictions as preferred providers in workers compensation schemes. The current approach is NSW is therefore inconsistent and places occupational therapists working in NSW at a significant professional disadvantage to those occupational therapists working in other states.

In Victoria for example, occupational therapy services can be accessed with a medical referral rather than prior approval from a WorkSafe Agent and similarly Queensland does not require occupational therapists to seek prior approval from an insurer before an initial consultation with a client.

Occupational therapists would seek to collaborate with SIRA through Occupational Therapy Australia to develop a fee schedule for the profession, similar to those developed for other individual Tier 1 professions.
Reason 2: Occupational therapists are registered and accredited by AHPRA

Tier 1 allied health practitioners are determined using a range of criteria which includes general registration with the Australian Health Practitioner Regulation Agency (AHPRA).

Occupational therapy is included in the list of 14 health professions subject to nationally consistent regulations for registration and accreditation by AHPRA. The National Board of each health profession is responsible for setting standards of competency and policies specific to professional practice. The identified SIRA approved Tier 1 allied health practitioners are all AHPRA registered and accredited, however occupational therapists are omitted from this list. Occupational therapists are subject to identical responsibilities for professional practice as all current Tier 1 allied health practitioners approved by SIRA (chiropractors, osteopaths, physiotherapists, and psychologists).

The key areas of practice that are audited to ensure compliance with AHPRA regulation and accreditation are:

- Continuing Professional Development (CPD);
- All registered occupational therapists are required to complete 30 hours of CPD every year;
- This is directed towards maintaining and improving competence in Occupational Therapy practice;
- CPD activities should have clear goals and outcomes;
- A CPD record must be kept to document details of activities completed;
- Evidence of a CPD portfolio must be retained for a five year period and be available for audit;
- Practice must be recent and supported by evidence of practice;
- Registered occupational therapists must obtain professional indemnity insurance; and;
- Occupational therapists must comply with criminal history disclosure requirements.

Reason 3: Workers compensation is part of the core business of occupational therapy

The primary objective of allied health professionals in the workers compensation system ‘to support the worker and help optimise their recovery at/return to work. This is generally achieved through evidence-based clinical intervention and management’ (p10).

Occupational therapists are ideally trained and qualified to practice within a biopsychosocial model and provide treatment management, return to work management and employment management practices in the NSW workers compensation injury management model (p7).

Occupational therapists are trained to provide services to people with both physical and psychological injuries. These complementary and specialist skills equip occupational therapists to provide evidence based treatment with a recovery focus across the spectrum of work related and compensable injuries.

Reason 4: Occupational Therapy Australia has contributed to and supports the Clinical Framework for the Delivery of Health Services

Tier 1 allied health practitioners, through their professional associations, have all committed to the Clinical Framework for the Delivery of Health Services. These professional associations are the Australian Physiotherapy Association, the Australian Psychological Society, the Chiropractors Association of Australia and the Australian Osteopathic Association, as well as the Chiropractic and Osteopathic College of Australasia.
Occupational Therapy Australia is also identified as having supported the *Clinical Framework for the Delivery of Health Services* on page 16 of the workers compensation guide, however occupational therapy is excluded from the list of Tier 1 professions.

As stated, the Clinical Framework reflects the most contemporary approach in the delivery of treatment, and outlines expectations when treating an individual with a compensable injury. Occupational therapists providing services in the NSW workers compensation system are committed in the same way as Tier 1 allied health practitioners to delivering services in line with the five principles of the Clinical Framework.

**Reason 5: Occupational Therapy Australia is a signatory to the Australian Consensus Statement on the Health Benefits of Work**

The workers compensation guide references the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) and The Royal Australasian College of Physicians’ Consensus Statement on the Health Benefits of Work (p23). This statement outlines the value of work as an effective evidence based treatment for clients affected by illness, injury or disability, as well as unemployment and long term absences from the workforce.

Occupational Therapy Australia was an early signatory to the Consensus Statement on the Health Benefits of Work. Occupational therapists therefore adopt the following principles1 aimed at improving the health and wellbeing of injured workers in all aspects of clinical practice:

- Work is generally good for health and wellbeing;
- Long-term work absence, work disability and unemployment have a negative impact on health and wellbeing;
- Work must be safe so far as is reasonably practicable;
- Work is an effective means of reducing poverty and social exclusion, including that faced by indigenous populations and other currently disadvantaged groups. With appropriate support, many of those who have the potential to work, but are not currently working because of economic or social inequalities, illness or acquired or congenital disability, can access the benefits of work.
- Work practices, workplace culture, work-life balance, injury management programs and relationships within workplaces are key determinates, not only of whether people feel valued and supported in their work roles, but also of individual health, wellbeing and productivity.
- Individuals seeking to enter the workforce for the first time, seeking reemployment or attempting to return to work after a period of injury or illness, face a complex situation with many variables. Good outcomes are more likely when individuals understand the health benefits of work, and are empowered to take responsibility for their own situation.
- Health professionals exert a significant influence on work absence and work disability, particularly in relation to medical sickness certification practices. This influence provides health professionals with many opportunities for patient advocacy, which includes, but is not limited to, recognition of the health benefits of work.

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Reason 6: Occupational therapists are accredited mental health providers through Commonwealth funded schemes

The list of Tier 1 allied health practitioners includes psychologists, counsellors and mental health social workers. Occupational therapists also provide nationally accredited Commonwealth funded mental health services through Commonwealth initiatives such as Better Access to Mental Health (BAMH) and Access to Allied Psychological Services (ATAPS). Occupational Therapy Australia is tasked by Medicare to accredit mental health occupational therapists on behalf of the Commonwealth.

Better Access to Mental Health is a Medicare funded initiative to improve the treatment and management of mental illness within the community through improved access to recognised and approved mental health professionals. At the core of the BAMH program is the opportunity for general practitioners to work collaboratively with psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists.

To be eligible for BAMH registration occupational therapists are required to:

- Be registered with AHPRA
- Have full membership of the professional association (Occupational Therapy Australia)
- Have a minimum of two years of supervised practice as an occupational therapist working in mental health
- Satisfy all units of competency as set out in the Australian Competencies for Occupational Therapists in Mental Health
- Undertake at least 10 hours of mental health specific CPD (included within 30 hours of CPD as per AHPRA registration requirements)
- Meet and continue to meet the national practice standards for the mental health workforce 2013

The Better Access to Mental Health Care initiative orientation manual\(^2\) defines the role of mental health occupational therapists who provide services through BAMH (p38):

> Occupational therapists assess and treat the functional implications of health problems from a developmental and holistic perspective. They are evidence based specialists, whose academic training includes broad based education in physical and psychological components of mental health and wellbeing. Occupational therapists receive significant training in the Focussed Psychological Strategies on which the Better Access initiative is based. In addition to their academic training, occupational therapists develop specialist expertise through their clinical experience and like other allied health professionals are required to engage in ongoing professional development.

It is therefore recommended that occupational therapists be added to the list of Tier 1 allied health providers in the NSW workers compensation system.

Recommendation 2: Greater clarity around the five principles outlined in the Clinical Framework for the Delivery of Health Services

Occupational Therapy Australia believes that greater clarity needs to be provided around the five principles outlined in the Clinical Framework for the Delivery of Health Services:

1. Measure and demonstrate the effectiveness of treatment.
2. Adopt a biopsychosocial approach.
3. Empower the injured person to manage their injury.
4. Implement goals focused on optimising function, participation and return to work.
5. Base treatment on the best available research.

The second principle, Adopt a biopsychosocial approach, is directly relevant to the occupational therapy profession. Occupational therapists are trained at an undergraduate level to operate within a biopsychosocial framework that guides the delivery of occupational therapy services. Psychologists, social workers and counsellors who operate within this framework must obtain postgraduate qualifications or additional training and experience. Occupational therapists, however, more so than any other allied health practitioners, are required to adopt a biopsychosocial approach to service delivery as a result of the holistic nature of the profession.

While Occupational Therapy Australia generally agrees with these five principles, there is a need to be more explicit around the importance of starting pain rehabilitation early on in the recovery process. Evidence suggests that pain rehabilitation should be used as a strategy to engage workers in their recovery.

The principles also need to highlight the importance of developing strategies to enable injured workers affected by chronic or metabolic diseases (e.g. obesity, cardiovascular disease, diabetes) to return to work. These diseases contribute to poor recovery in patients with musculoskeletal injuries, the main injury type in workers compensation. Acknowledgement of the adverse effects of chronic disease is also consistent with the broader principles of WorkCover/WorkSafe.

**Recommendation 3: Expand equipment provision section**

More detail is required on page 25 around the role and scale of equipment provision within the guide. Occupational Therapy Australia believes that this section should be expanded to include information on:

- Domestic assistance;
- Falls prevention;
- Home based activities of daily living (ADL) assessments;
- Assistive technology (AT) needs assessments and prescription

Assessment and provision of equipment and adaptation of environment can assist in recovery and return to work. Although there are specific domestic assistance guidelines outlined in a separate document, it would be helpful for allied health practitioners to be aware that there is an assessment process to be followed along with supporting guidelines.

Equipment provision, home modifications and assistive technology are all part of the core business of occupational therapy. By categorising occupational therapists as Tier 1 allied health providers, a direct emphasis on equipment provision would begin the process of correcting the current imbalance.
Recommendation 4: Recognition of occupational therapists in hand therapy

Hand therapy is an area of occupational therapy practice that requires additional training and expertise, and occupational therapists are significant providers of hand therapy services to injured workers in NSW.

Occupational Therapy Australia believes that recognition of the role of occupational therapists in hand therapy in the NSW workers compensation scheme is needed. The Australian Hand Therapy Association (AHTA) currently has 33 occupational therapist members and 44 associates in NSW. Occupational Therapy Australia joins with the AHTA in calling on SIRA to consider how Tier 2 guidelines restrict the ability of occupational therapists to provide timely care to workers who have suffered hand injuries.

As per the AHTA’s submission to SIRA on the workers compensation guide, hand therapy interventions should be carried out two to five days post-surgery. Pre-approval requirements are preventing hand therapists from delivering best practice management, and making the recovery process more challenging for injured workers.

It is also worth noting that WorkCover authorities in other states (Queensland and South Australia) have developed specific guidelines/item codes for hand therapy.

SUMMARY OF RECOMMENDATIONS

1. Occupational therapists should be added to the list of Tier 1 allied health practitioners to ensure timely delivery of services and reduce the administrative burden for providers;
2. The five principles of the Clinical Framework for the Delivery of Health Services should be revised and expanded to reflect the role of pain rehabilitation in the recovery process, and the importance of addressing chronic disease;
3. The equipment provision section of the guide be expanded to include the following: ‘To support therapeutic and return to work goals, the injured worker may require an occupational therapist to assess and recommend practical aids/disability equipment/home modifications and domestic assistance’, as this is part of the core business of occupational therapy;
4. Recognition of the role of occupational therapists in hand therapy in the workers compensation scheme is needed, particularly as hand injuries are among the most common type of injury sustained at work.

CONCLUSION

Thank you for the opportunity to provide feedback on A workers compensation guide for allied health practitioners.

Occupational Therapy Australia looks forward to working with SIRA to ensure that these recommendations are adopted. It is critical that the role of occupational therapists in the NSW workers compensation system is properly recognised, and that the guide adequately reflects the broad range of services that occupational therapists provide to injured workers.
APPENDICES

A: Case study: Mental health occupational therapy in treatment of workplace injury (using hand injury example from the Australian Hand Therapy Association)

B: Case study: Experience of a mental health occupational therapist with Workers Compensation NSW

C: Case study: Occupational therapist providing hand therapy services in NSW

Appendix A:
Case study: Mental health occupational therapy in treatment of workplace injury (using hand injury example from the Australian Hand Therapy Association)

As an experienced Mental Health Occupational Therapist who also works as a Community OT I would approach the same person with a complex hand injury, as described by the Australian Hand Therapy Association, with a view to the following concerns and commitment to ensuring the client achieves optimum functional return both physically and psychologically....

I would want to take time to meet with the youth and:

- Explore the roles of his life (eg. employee, chef, son, friend, lover, tenant, driver, possibly father, possibly breadwinner, etc.)
- Explore the specifics of how the constant wearing of a splint and activity limitations prescribed by the medical team will interfere with these roles – identify and anticipate problems
- Investigate attitudes (cultural, religious or image, etc.) which may interfere with his compliance with the recommended regime of reduced use of the hand during the initial healing and compliance with the exercises and splint wearing prescribed by the Hand Therapist – eg. if the therapist is a woman and this client shows little respect for females
- During the above discussions therapist would note any evidence of psychological or emotional damage/grief/trauma caused by this injury, eg. the development of avoidance behaviours and anxiety
- Also, during the above discussion note the impact this injury is having on the client’s self-image and beliefs about his worth in the context of his family background and experiences and the messages he has received about what makes him worthwhile – eg. fear of criticism for “malingering” which will cause him to return to using his hand before it has healed adequately

The above practical OT-style, biopsychosocial-oriented counselling would ideally be performed in parallel with this client’s visits to the Hand Therapist so that the two types of therapy would dovetail to achieve optimum rehabilitation of this youth’s injury, recovery and facilitate his ability to return to work.

This OT counselling would need to be tailored to the ability of this youth to concentrate, to reflect on his life, his roles and his attitudes and behaviours. Consequently it may take several sessions of collaborating with the client to build up detail about his roles and the challenges he is facing in these roles.
Once problems are identified this therapist would help the client breakdown the problem and identify which parts of it he is in control of and which are beyond his control or are the responsibility of others. Frequently folk struggle initially to anticipate where they will face problems in the interface of injury with life roles and daily tasks so from the outset it is helpful to coach the client with a few initial principles/strategies to: stop, remember, apply precautions to the activity, look for creative ways around the problem and practice methods of deflecting negative psychological input that undermine compliance to therapeutic goals.

In subsequent sessions of OT-style counselling this therapist would then use a combination of Solution-focused therapy, Acceptance and Commitment therapy and CBT techniques to empower this youth to take back control of his life following his injury.

If there are issues of trauma, anxiety and the need for an anxiety management training this therapist is able to provide this or could refer the client on to a psychologist who specialises in this.

In the process of identifying problems this young man is experiencing in completing daily tasks which are integral to his life roles the therapist works collaboratively with him to seek creative solutions including:

- Suggesting aids which will enhance/enable independent function – eg. toileting or dressing aids for one-handed personal care
- Developing strategies of task completion which allow some sense of role and independence without compromising health precautions – eg. In first 6 weeks when dependent on others to drive him to appointments what options can he implement? Friends, taxis, if he uses the bus what are the risks, Community Transport services, etc.?
- Recommend and facilitate the installation of home or environmental modifications at work with consultation with employer which will enable achievement of therapeutic goals and fulfilment of life roles which are important to the client.
- Collaboratively develop alternative ways of task performance which will enable their completion without risk both in the home and work environment if he is encouraged to return to work on light-duties
- Facilitate awareness of community and on-line agencies and networks of support which he could be involved with to keep him constructively engaged and physically active during the rehabilitation process rather than passively house-bound and at risk of spiralling into patterns of behaviour which facilitate the onset of depression.

This OT-style counselling would ideally be weekly for the first 6 weeks and then monthly for the following 4 months or so. After each session it is also necessary for the clinical record to be maintained.

If it is necessary for this OT to perform one or two home or workplace visits to assess safety/risks and recommend environmental modifications these would be additional to the in-rooms counselling sessions and take 1-2hrs each with complex diagrams to be drawn and consultations with and reports submitted to the appropriate key stakeholders. Environmental modifications are made more complex when it is necessary to coordinate a visit and to consult with a tradesman. Also in some cases where complex and expensive disability aids are required the therapist will need several visits to trial equipment until the type of equipment can be identified and prescribed which will be ideal for achieving the client’s return to optimal function/work goals.
The aim of this style of Mental Health Occupational Therapy counselling is to build the client’s sense of agency and hope, reduce his sense of being the victim and facilitate the likelihood of his making informed, healthy life choices. It seeks to inspire him to use the current challenges he is facing to reflect on his life, reassess and grow in personal maturity and sense of agency through this experience so he will be able to maximise his quality of life and effectively transition back to work.

Appendix B:

Case study: Experience of a mental health occupational therapist with Workers Compensation NSW

The following is a case study taken from the case files of an OT in private practice engaged in providing OT services to concurrent psychological and physical injuries within the NSW Workers Compensation system. This is a typical severe injury claim with complex psychological, medical, psychosocial, family, treatment, recovery and RTW issues.

A 32-year-old male welder sustained a severe workplace injury resulting in the loss of his right eye. He was immediately hospitalised and following 3 separate surgeries including skin grafts and treatment for recurring infections he was discharged to the care of his elderly grandmother. Whilst hospitalised his long term partner left the relationship. Conflict with his mother and siblings was reported early in his recovery and presented significant obstacles to recovery.

Injuries were diagnosed as loss of eye with depression and anxiety. Initial WCC Management Plan identified treatment as Valdoxin, Oxycontin, Endone, Panadeine Forte, Valium, Ophthalmologist, Clinical Psychologist.

An OT referral was made 9 months post injury. Goals of referral were to arrange all aspects of attendance for the construction and insertion of prosthetic eye (a previous attempt had failed because worker’s anxiety symptoms were so severe that he vomited repeatedly during the procedure which could not be completed), psychoeducation on depression and anxiety as well as mental health recovery for the worker and his family, activity planning with a focus on purposeful activity alternate to work, activity planning targeting skills development to adjust for loss of visual field, ADL assessment, medication compliance education and monitoring.

ADL Assessment identified limited skills in budgeting and financial management (due to reduced income and loss of partner whose role this was), meal preparation, shopping, public transport access (as unable to drive), time planning, and activity planning. The worker was highly motivated to RTW with the same employer. In the initial stages of RTW assessment it was identified that his job was a major source of self-esteem, identity, positive reputation, structured time/activity and high income.

Relaxation Therapy techniques were taught to assist the worker be able to attend for prosthetic eye assessment. Public transport planning, using newly acquired internet technology was provided to enable travel to appointment. OT accompanied worker to appointment as a condition imposed by the specialist. Relaxation and distraction techniques were used to enable prosthesis to be built and later fitted. As worker was a skilled trade person attention was directed to the actual construction process which he found fascinating. Successful outcome was achieved. Prosthesis management has been maintained with no issues at all.
An identified high risk of abuse of opioid medications was identified by OT. Withdrawal from all pain medication was achieved following prosthesis being fitted and with support of NTD. Monitoring of antidepressant medication continued at all contacts with worker.

Volunteer work was found and commenced as a prelude to RTW. With support from RTW Coordinator, an initial RTW was achieved at 12 months post injury. The worker was unfortunately made reductant (with other employees) after 1x week of RTW on SDs. This triggered a significant psychological relapse including alcohol abuse. Motivational Interviewing and mindfulness techniques were used to start the process of RTW with new employer. The worker was encourage to return to psychological treatment (which he had ceased after disagreement with psychologist over a medico-legal report). Referral to ORP identified transferable skills of labouring, catering and food preparation. OT sourced appropriate TAFE course to upgrade previous certificates required for food preparation and liaised with ORP and TAFE teacher on necessary accommodations for injuries – particularly re depth of field/visual field changes. Worker described he was never a good student, with a poor history of school attendance, so managing returning to a learning environment, test anxiety, completing homework tasks were the focus of problem solving and time/activity planning. Worker successfully completed TAFE course.

Worker is currently engaged in a Work Trial arranged by ORP. A successful RTW with a new employer is highly likely.

This illustrates the need for a range of interventions using many OT skills demonstrated by an OT with Mental Health experience and post graduate training as well as OT skills in working with a physical injury. Such a practitioner has the expertise to fully provide services within a biopsychosocial model with a recovery focus and a focus of the health benefits of work:

1. It is important for the worker’s strengths and experiences to be identified and utilised at an early stage
2. It is important to be flexible but maintain a focus on client centred skills acquisition and the pathway to recovery
3. Continuous involvement with family provides consistent responses to crisis situations such as psychological relapse, non-compliance with medication, periods of alcohol abuse, reduction in motivation
4. The pathway to recovery and RTW has not always been straight forward. The combination of exacerbation of psychological symptoms, social obstacles such as loss of much loved employment, identity and self-esteem, long term partner, friendship/social network, independent accommodation has provided regular periods where it has been necessary to focus on one particular issue
5. Crisis management skills, safety net management and problem solving skills have been regularly used with successful outcomes
6. This service has required fortnightly to monthly sessions of 90 -120 minutes often including family, telephone contact between sessions, liaison with all other service providers during the recovery journey and liaison with the insurer as well as knowledge of and an ability to access community resources as a complement to services provided by the insurer
7. The worker has identified a high level of trust in the OT as a key factor in his recovery journey
Appendix C:
Case study: Occupational therapist providing hand therapy services in NSW

Client is referred by treating Hand Surgeon 5 days post surgery for post operative wound care, provision of custom orthosis and to begin active rehabilitation program of non-affected digits.

At only 5 days post surgery the clients SIRA claim has not been fully assessed, therefore not yet accepted. The client is advised they are to pay for services until claim is approved.

The occupational therapist providing hand therapy services is significantly restricted in their ability to provide timely and appropriate hand therapy for the following reasons:

- There is no flexibility in the current structure to allow us to gain approval for timely provision of services.
- We are relying on the client’s employers to process paperwork in a timely manner for their client. If there is a delay in paperwork being submitted by the employer, the time for the claim being assessed and the flow on, to our approval time, is further lengthened. This severely disadvantages the client in that they will be further out of pocket and/or will discontinue with Occupational Therapy provided hand therapy services because they are unable to afford it.
- With no allowance for the provision of incidentals, the client does not receive the appropriate orthosis as per the surgeon’s instructions. The surgeons will become dissatisfied with the level of care occupational therapists working in Hand Therapy are constricted to providing under the new guidelines and will be less likely to be refer to Occupational Therapists as primary providers of Hand Therapy services in NSW.
- AHRR approval time is not stated for Tier 2 practitioners. Five (5) days as per Tier 1 needs to be specified for timely provision of services.
- Administration time required to chase details and speak with relevant parties before approval is even applied for, is significant and without payment.