

# WHAT MAKES RETURN-TO-WORK WORK?

## Leadership Roundtable Report

[www.mun.ca/safetynet/RTWRoundtable.php](http://www.mun.ca/safetynet/RTWRoundtable.php)



Many workers and workplaces in Newfoundland & Labrador (NL) have distinctive features that make generic return-to-work policies and practices less effective than they could be; these include regionally distinct industries, and a high prevalence of small, remote, seasonal, and even moving workplace settings. This is particularly true with regard to supporting return-to-work for the two most common types of work-related injuries or illnesses—musculoskeletal injuries and mental health conditions.

The “What makes return-to-work work?” Leadership Roundtable was held on September 23, 2019. Over 40 key NL stakeholders joined in day-long presentations and discussions focused on what is currently being done for return to work (RTW) in NL and what could be done to improve outcomes in key sectors of our provincial economy.

## What we heard

- ❖ There is a newfound awareness that early and safe return to work (ESRTW) regulations exist and that there is a legal responsibility for employers to accommodate. There is also an identified need for improved communication of *context-specific* knowledge and understandings of:
  - how the ‘system works’; especially in terms of roles and responsibilities of workplaces parties, the compensation system, and available external supports and expertise
  - the limitations and potential that workplaces and workers have in terms of influencing RTW processes
  - workplace/industry- and workforce-specific resources, information, and innovative and creative tools for successful RTW - and stay at work
- ❖ An acknowledgement that RTW strategies must take into consideration that work-related injury and illness consequences likely go beyond the injury itself.
  - Reluctance to report and normalization of injuries because of risk of losing income, professional status (and possible lack of respect from co-workers)
  - The increasingly prevalent interconnections between injury, mental health, and addictions

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- ❖ Mental health concerns in the workplace are pervasive, less understood, and important to recognize and address
  - stigmas surrounding mental health illness and wellbeing persist
  - acknowledgement of the differences and relationships between work-related mental health concerns and mental health concerns arising from circumstances that are unrelated to work but that still impact ability to work
  - mental illness is often invisible and accommodation challenging
- ❖ Workplace injuries and illnesses are often underreported especially when there is a lack of understanding of the compensation system including rights, responsibilities, and available resources
- ❖ Acknowledgement of the longer process of educating and changing culture, ideas, and attitudes
  - not just knowing what to do when, but creating safe and healthy workplaces, preventing injuries/promoting good health, and designing a system that facilitates return to, and staying at work
  - needs to be tailored to specific contexts while acknowledging and utilizing expertise within the context

## Identified needs and opportunities

- Education towards changing culture, ideas, attitudes, recognizing the different contexts in which RTW happens
  - particular industries / occupations
  - from small businesses to large enterprises
  - urban, rural, remote settings
- Education / awareness on knowing about the issues, expectations and responsibilities in the compensation system
- Better understandings between key players in the system
  - doctors to tour/visit workplaces to understand the nature of work
  - workers to understand how system works (as above)
  - supervisors/managers to know process or have the ability to assign to delegate to an in-house expert
  - Employers, including senior and middle management, to better understand roles and responsibilities and to support workers, providing safe and health work environments
- Continued awareness of prevention and early intervention strategies especially in terms of proactive approaches to health and healthy workplaces
- Having disability consultants (including 'mental health first aid responders') in workplaces to help injured workers navigate the system, and identify context specific solutions
- Improved tracking and monitoring systems to reflect current environment
- Improved tools to communicate the above

## Specific resources, ideas, opportunities

- Having a “disability consultant” to assist workers through the RTW process
- Training designate employees, in each site (if more than one), in mental health first aid (see <https://mhfa.ca/en/home>)
- Offering quiet rooms for psychological, mental health breaks
- Make ESRTW part of training and orientation at the outset
- “Mental health Mondays” as a regular lunch and learn topic.
- Assign injured workers as mentors for other workers i.e., to guide, train, educate them in the job.
- Potential for injured worker to act as RTW “guides” to assist other parties with the process
- Develop ‘reference cards’ that describe the process in simple form for the managers and supervisors to consult.
- Fact sheets for workers to give their doctor explaining that their workplace has an ESRTW program and what it entails, what it requires of the doctor.
- Strategy to address skill gaps in modified/accommodated work: be proactive by rotating workers through jobs – cross training them in different roles so they have more range and can more easily move into other tasks if needed.
- WorkplaceNL strategy to invite doctors to tour workplace(s) in community so they can see in-person the work-related issues. Can have “aha” moments for doctors where they can clearly see implications for the medical report they provide.
- “Working Minds Suicide Prevention Program” (<https://www.coloradodepressioncenter.org/workingminds/>)
- Increase opportunities for virtual treatments to address lack of access to treatment / providers (e.g. virtual physiotherapy)
- Develop workplace specific approaches that build on experience and knowledge within, while paying attention with what works elsewhere
  - E.g. ESRTW is a part of training and orientation with NL Construction Safety Association’s Certificate of Recognition™ (COR™) program. Would this work in other contexts? How?

## Next steps

With this successful Leadership Roundtable, we have begun the process of building and strengthening important connections between the university and the local OHS community. We have also begun the process of facilitating multi-stakeholder dialogue aimed at a greater understanding of what we can do to help support RTW for musculoskeletal and mental health conditions.

More importantly, the Roundtable provided a venue for stakeholders to have a voice in establishing ongoing locally-focused OHS research priorities. The biggest impacts of this project include the development of a network of key OHS stakeholders, in multiple economic sectors in NL and with an interest in engaging in important and context-specific issues related to return-to-work facing NL’s working population.

We are currently identifying new collaborative projects and research directions - and funding opportunities to support this future work. This network has already identified areas to further explore knowledge translation and exchange opportunities.

If you would like to join this network, or have ideas on specific areas of focus, we'd love to hear from you.

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**Want more details on what was shared?**  
**Need more information on effective strategies for RTW?**  
**Know of other helpful resources to share?**  
**Have a suggestion for future research?**

**Contact** Dr. Kim Cullen, kcullen@mun.ca or 709-864-6936

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## Resources

The following resources were noted and/or shared during Roundtable presentations (these are also linked on the roundtable webpage, [www.mun.ca/safetynet/RTWRoundtable.php](http://www.mun.ca/safetynet/RTWRoundtable.php)):

### **Effectiveness of Workplace Interventions in Return-to-Work for Musculoskeletal, Pain-Related and Mental Health Conditions: An Update of the Evidence and Messages for Practitioners**

Cullen, K.L., Irvin, E., Collie, A. et al. *J Occup Rehabil* 28, 1–15 (2018).

<https://doi.org/10.1007/s10926-016-9690-x> (open access)

### **Evidence-informed guide to supporting people with depression in the workplace**

Institute for Work & Health Tool

<https://iwh.on.ca/tools-and-guides/evidence-informed-guide-to-supporting-people-with-depression-in-workplace>

### **Supporting return to work among employees with musculoskeletal or mental health conditions: an evidence-based practical resource**

Institute for Work & Health Tool

<https://iwh.on.ca/tools-and-guides/supporting-return-to-work-among-employees-with-musculoskeletal-or-mental-health-conditions-evidence-based-practical-resource>

### **Return to Work on Employment-related Geographic Mobility (video)**

Dana Howse presentation to the National Symposium on Return to Work in a Changing World of Work, May 16 & 17, 2019

<https://www.youtube.com/watch?v=DMx3wDIhAy4>

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