Supplementary Figure 3: ROWTATE Logic Model

Resources

Inputs



Mechanisms

Outcomes

- Skilled, knowledgeable clinical psychologist.
- Skilled, knowledgeable OT.
- Patient with a job & employer willing to continue employment
- Stakeholders involved & willing to communicate
- List of mental health support services (IAPT, charities) and signposting leaflets for patients meeting level 2 criteria.
- List of mental health services and referral processes for patients meeting level 4 criteria – support for complex cases.

RTW = Return to Work CP = Clinical Psychologist QoL = Quality of Life IAPT = Improving Access to Psychological Therapies MDT = Multidisciplinary Team

- Trauma patients consent to take part and referred to OT.
- OT assesses impact of injury on ability to RTW, screens for mental health issues and refers to CP if necessary.
- CP conducts psychological assessment and decides whether participant requires level 3 ROWTATE CP intervention, level 2 'watchful wait' monitored by OT/CP or level 4 refers on to other services.
- OT provides ongoing mental health monitoring and liaises with CP when needed.
- · OT and CP set goals in line with patient needs.
- OT/CP develop a case formulation.
- OT and CP communicate throughout intervention period where necessary.
- OT/CP deliver flexible individually tailored rehabilitation to support RTW, including work preparation, RtW planning, negotiating phased RTW and workplace adjustments.
- OT/CP provides ongoing education, advice to patient, family and employer. Employer engagement
- OT communicates openly in writing with stakeholders about work performance during RTW process.
- OT case coordinates patient's RTW rehabilitation across all sectors
- OT provides feedback on performance and monitors RTW to ensure stability. Supported by CP where necessary.
- CP/OT monitor participant's mental health throughout intervention delivery where needed.
- Patient can re-access OT/CP support as trauma related or employment needs change over time

- Multi-disciplinary working between OT and clinical psychologist and with larger MDT
- Employer engagement.
 Negotiation to facilitate RTW.
 Expectations of patient, family members and employer managed.
- Vocational Goal setting. Patient motivated and hope optimised for a successful RTW.
- Collective Understanding Work needs recognised by Trauma teams; Patient & employer.
 Stakeholders aware of residual problems & recognise RTW as goal. Patient aware of available support & how to access it
- Timely and accessible psychological support
- Identifying Injury Impact; Patient and employer understand impact of injury on work and make informed RTW decisions
- Case coordination- Stakeholders report to one key contact (i.e. OT), aware of parties involved, work towards RTW
- Accommodating Injury at work Employer aware of injury impact on work ability, implements workplace accommodations if needed
- Multi-disciplinary working, integrated Treatment- Context and system in which OT operates (e.g. barriers and facilitators to intervention delivery)

- Individual goal attainment
- Greater sense of purpose in life
- Patient, family and employer satisfaction
- Patient able to selfmanage and feels more independent.
- Employer confident and empowered
- Improved emotional wellbeing and QoL
- Optimal financial wellbeing
- Patient in sustainable work, improved productivity
- Contributes to economy and reduced health resource use

Level 1 = OT only intervention

Level 2 = watchful wait, OT intervention & CP in liaison role, mental health monitoring

Level 3 = mental health needs identified, CP intervention, to run alongside OT intervention

Level 4 = severe mental health needs, onwards referral to psych services, to run alongside OT intervention.