Box 1. *Case vignette A* – A female patient who has experienced workplace bullying and has sought help from her GP for a primary work-related MHC.

Name: Sarah (Pseudonym) Gender: Female Age: 48yo

Injury type: Psychological injury (workplace bullying and harassment)

Nature of work: Administrative, computer based

Injury duration: >6 months

Back at work: No

Onset of injury (initial appointment)

Sarah (pseudonym) is a woman in her late 40's, working in an administration role in a large institution. At her GP appointment Sarah (pseudonym) is tearful. She says she feels depressed and cannot sleep. She says that her work is very stressful, that her new boss is making excessive demands on her. She feels he treats her differently from other staff. She feels bullied and says that she cannot cope.

This has been going on for six-months and Sarah (pseudonym) says that she cannot see anything changing in the near future. She fears it will only get worse. She feels very anxious at the thought of being in the office and is adamant that she can't RTW.

6 months after injury

It has been six-months since Sarah (pseudonym) first talked to her GP about her mental health. After the first consultation the GP did a certificate of capacity stating Sarah (pseudonym) was unfit for any duties. The firm she works for did not investigate the claim but instead handed her claim over to the insurer.

Sarah (pseudonym) was sent for an independent review by a psychiatrist and the insurer accepted the claim. Her GP referred her to a psychologist for counselling, whom she has been attending as well as attending the GP for her monthly certificate of capacity. She currently does not feel like she has any capacity for work. She was also assigned an occupational rehabilitation provider by the insurer who advised that she should be retrained. Sarah (pseudonym) agrees but is informed that she is only eligible for the program if she is unemployed for at least 12 months.

12 months after injury

After nearly 12 months Sarah (pseudonym) is contacted by her employer to have a meeting. Sarah (pseudonym) is asked at the meeting whether she has any jobs in mind that she thinks she can undertake on her RTW. Sarah (pseudonym) is upset that her employer has asked her this later rather than sooner. By this time she has lost trust in her employer and her workplace and she states that she will never be able to RTW with that employer.

Meanwhile the occupational rehabilitation provider she was assigned has left. Sarah (pseudonym) is also informed that she is no longer eligible for the retraining program and that she should start looking for work. She is frustrated and feels that her time has been wasted through dealing with the bureaucracy of the system.

Box 2. *Case vignette B* – A male patient who experienced a physical injury at work and subsequently displayed symptoms of a secondary MHC during his recovery.

Name: Robert (Pseudonym)   Gender: Male   Age: early 50's
Injury type: Musculoskeletal
Nature of work: Manual
Injury duration: 10 months
Back at work: No

Background

Nearly five months ago Robert (pseudonym) injured his right shoulder after falling off a large box at work. He was sent to imaging which demonstrated no fracture or dislocation but ultrasound showed a supraspinatus tear. For the injury Rob (pseudonym) has been receiving care from his GP and a physiotherapist. Communication between these health providers is good and they often exchange notes about Rob's (pseudonym) recovery. The GP has certified Rob's (pseudonym) work capacity as 'unfit' and typically writes on his certificate, "patient moving shoulder better but pain and restriction is still present and he still needs physio." Several work colleagues have phoned and visited Rob (pseudonym) so he still feels connected and a part of his workplace.

5 months after injury

Five months after his injury Rob (pseudonym) comes in complaining of a flare in his shoulder pain; the nature of his original injuries prevents him from lying flat for long periods of time and so he has taken to sleeping on his couch. This has exacerbated his shoulder pain and adversely affected his sleep. The GP had prescribed a regular dose of Panadol Osteo to help manage the pain but Rob (pseudonym) has been using some panadeine forte he had in the cupboard and wants a repeat script. The GP refers Rob (pseudonym) to a specialist who recommends that Rob (pseudonym) have shoulder surgery.

10 months after injury

Rob (pseudonym) had arthroscopic rotator cuff repair surgery 8 weeks ago. The surgery was successful. However Rob's (pseudonym) recovery is slow and he complains of ongoing pain in his shoulder. At his GP appointment Rob (pseudonym) asks for a repeat prescription of opioids to help manage the pain. He says that he is feeling down because recovery is taking longer than he expected. He has become lethargic, spending most of his time on the couch at home and is not motivated to do much. He also feels guilty about not being able to contribute at home because of his injury.

Rob (pseudonym) wants to RTW only when he is 100% fit because of fear of re-injury.

Disclaimer – The two cases described above are only fictional and not pertaining in the real life situations.