

# Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice

## *Administrative Report*



MONASH  
University

**Citation**

Mazza, D., Brijnath, B., Chakraborty, S.P. and the Guideline Development Group. 2019. *Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice – Administrative Report*. Melbourne: Monash University.

**Date**

March 2019.

**Source of funding**

Development of the clinical guideline was supported by the Australian Government Department of Employment and Comcare, Office of Industrial Relations - Queensland Government, State Insurance Regulatory Authority (NSW), ReturntoWorkSA and WorkCover WA. The development of the final recommendations has not been influenced by the views or interests of the funding bodies.

# Table of Contents

1.	Background .....	3
2.	Funding .....	4
3.	Governance .....	4
1.1	Guideline Steering Group.....	4
1.2	Guideline Development Group .....	5
1.3	Guideline Project Team .....	6
4.	Managing conflicts of interest .....	6
5.	Consumer involvement.....	6
6.	Potential endorsing organisations .....	8
7.	Recommendations and practice points.....	8
8.	Independent review using the AGREE II instrument .....	10
9.	Public consultation.....	10
10.	Appendices.....	12
	Appendix A. Guideline Development Group Conflicts of Interest .....	12
	Appendix B. Organisations invited to comment on the draft guideline and implementation plan .....	14
11.	References .....	19

# 1. Background

The *Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice* (the guideline) has been developed in response to a call-to-action by Australian general practitioners (GPs) for a diagnosis and management pathway for patients with work-related mental health conditions. In the only pre-existing Australian study of GP perceptions about sickness certification, members of the guideline development project team found that numerous GPs encountered knowledge barriers with regards to facilitating return to work, as well as certifying and managing patients with work-related mental health conditions<sup>1</sup>. In this study, GPs declared that it would be useful to have guidance in this area to enhance their management of patients with work-related mental health conditions including adjustment disorders, depression, post-traumatic stress disorders, stress and anxiety.

Development of the guideline has also been informed by learnings in implementation science to increase the usefulness and usability of the guideline. Some of the methods that we used to develop this guideline include:

- a) utilising interviews with GPs and key informants to identify the key clinical dilemmas faced by GPs when diagnosing and managing patients, and using these dilemmas to formulate the key clinical questions that are addressed in the guideline;
- b) using a clinical reasoning framework as a blueprint for the structure of the guideline document – thus replicating the nature of consultations in a clinical setting; and
- c) developing an evidence-based implementation and dissemination plan that can be employed following publication of the guideline.

To date, there are no clinical practice guidelines that exist to address the clinical complexities associated with diagnosing and managing potentially compensable work-related mental health conditions in the Australian general practice setting<sup>2</sup>.

The Chief Executive Office of the National Health and Medical Research Council (NHMRC) agreed to consider this guideline for NHMRC approval on the 9<sup>th</sup> August 2016. This guideline has been developed according to the National Health and Medical Research Council's Standard for Clinical Practice Guidelines<sup>3</sup>; Guideline Development and Conflicts of Interest: Identifying and Managing Conflicts of Interest of Prospective Members and Members of the NHMRC Committees and Working Groups Developing Guidelines; and Section 14A of the National Health and Medical Research Council Act 1992.

This Administrative report details the information required by the NHMRC in accordance with the requirements of the *NHMRC Standards for Clinical Practice Guidelines 2011*<sup>3</sup>.

## 2. Funding

Financial support to enable development of the development of the guideline and dissemination was provided by the following agencies:

- Department of Employment – \$272,000
- Queensland Government - Department of Industrial Relations – \$150,000
- State Insurance Regulatory Authority (NSW) – \$150,000
- ReturntoWorkSA – \$150,000
- WorkCover WA – \$150,000

## 3. Governance

### 1.1 Guideline Steering Group

A Steering Group (Table 1) comprised representatives from each of the afore-listed agencies and members of the Guideline Project Team (Monash University). The role of the Steering Group members was to ensure completion of the project according to milestones. In addition, members were involved in the scoping study by drawing upon their existing networks to invite participation from psychiatrists and compensation scheme workers to the study. The Steering Group also had a key role in the public consultation process, where they again drew upon existing networks to disseminate notice of the draft guideline to their networks.

Table 1. Membership of the Steering Group

Organisation	Member	Position
Monash University – Department of General Practice	Prof Danielle Mazza	Project Lead (Chair)
	Dr Bianca Brijnath	Co-Investigator
	Dr Samantha Chakraborty	Project Manager
Monash University – Institute for Safety Compensation and Recovery Research	Andrea de Silva (until April 2018)	Acting CEO
Department of Employment	Monica Sapra (until Jan 2018)	Director, Workers' Compensation Policy
	Henry Jones	Director, Framework Policy Branch
Comcare	Rebecca Parton (until Feb 2018)	Director (A/g), Health Benefits of Work
	Kym Connolly	Director, Mental Health Program, Strategic Research & Innovation
State Insurance Regulatory Authority (NSW)	Henry Ko	Manager, Applied Research and Provider Education Strategy, Injury Prevention and Rehabilitation
	Liane Steele	Manager, Treatment and Recovery, Claimant Outcomes, Workers and Home Building Compensation Regulation
ReturntoWorkSA (SA)	Marcia Vernon (until July 2017)	Director, Health and Return to Work Services
	Julianne Flower	Leader, Scheme Support
Office of Industrial Relations – Queensland Government	Rachel Hawkins	Director, Engagement, Insurer and Tribunal Services
	Allicia Cross	Manager, Engagement Services
WorkCover (WA)	Chris White	Chief Executive Officer

## 1.2 Guideline Development Group

The Guideline Project Team invited professional healthcare organisations and one consumer organisation to nominate a representative to participate on a Guideline Development Group (GDG) (Table 2). In addition, a representative offering a national policy perspective was invited from Comcare, and a representative offering a state-based policy perspective was invited from the Office of Industrial Relations - Queensland Government. Each organisation assessed and approved its nominated member.

The GDG was responsible for overseeing development of the guideline. This included:

- Refining the guideline scope and key clinical questions based on in-depth consideration of the research-evidence.
- Reviewing the research-evidence and determining need for further evidence searching, strength of each research-based recommendation using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) categories: High, Medium and Low
- Making consensus statements or recommendations for future research where there was insufficient research evidence to formulate a recommendation.
- Reviewing the evidence and first draft of the guideline and implementation plan
- Ratifying the draft guideline and implementation plan
- Reviewing the draft guideline following feedback from the public consultation
- Finalising the draft guideline and implementation plan for NHMRC approval
- Ratifying responses prepared for NHMRC reviewers and/or NHMRC council members

Table 2. Membership of the Guideline Development Group

Affiliation	Member	Role
Monash University, Department of General Practice / General Practitioner	Prof Danielle Mazza	Content expert and General practitioner (Chair)
Monash University / National Aging Research Institute	Dr Bianca Brijnath	Content expert
Mental Health Australia	Ms Heather Nowak	Consumer with a lived experience of a work-related mental health condition
Royal Australian College of General Practitioners	Dr Cate Howell	General practitioner with content expertise
Private general practitioner	Dr Trevor Brott	General practitioner with expertise in occupational health
Royal Australian College of Physicians (Australasian Faculty of Occupational and Environmental Medicine)	Dr David Gras	Occupational physician
Royal Australian and New Zealand College of Psychiatrists	Dr Michelle Atchison	Psychiatrist
Australian Psychological Society	Prof Justin Kenardy	Psychologist
Office of Industrial Relations – Queensland Government	Ms Fiona Emery (meetings 1, 2) Mr Richard Buchanan (meeting 3 onwards)	State-based policy maker
Comcare	Mr Seyram Tawia	National workers compensation scheme representative

### 1.3 Guideline Project Team

- Professor Danielle Mazza, Project Lead
- Dr Bianca Brijnath, Co-Lead
- Dr Samantha Chakraborty, Project Manager
- Tshepo Rasekaba, Evidence Reviewer
- Jacinta Dermentzis, Project Officer
- Brooke Vandenberg, Project Officer

An Implementation Working Group (Table 3), comprising elected members of the Guideline Development Group, oversaw development of the Implementation and Dissemination Plan.

Table 3. Membership of the Implementation Working Group

Affiliation	Member	Role
Monash University, Department of General Practice / General Practitioner	Prof Danielle Mazza	Content expert (Chair)
Mental Health Australia	Ms Heather Nowak	Consumer with a lived experience of a work-related mental health condition
Royal Australian College of General Practitioners	Dr Cate Howell	General practitioner
Australian Psychological Society	Prof Justin Kenardy	Psychologist
Office of Industrial Relations – Queensland Government	Ms Fiona Emery / Mr Richard Buchanan	State-based policy maker

## 4. Managing conflicts of interest

All members of the GDG completed a declaration of interest form, which was adapted from the World Health Organization Declaration of Interests For WHO Experts, prior to commencing their membership on the GDG. A collation of declared interests is given in [Appendix A](#). In addition, the Chair asked members at the beginning of each meeting to advise if any new conflicts of interest had emerged since the previous meeting. Where a member declared a conflict of interest, the member left the room for the duration of the discussion that involved the said conflict.

The majority of GDG meetings were held face to face with discussion directed by the Chair. The Chair ensured that all members contributed to the discussions.

## 5. Consumer involvement

This work arose following an initial qualitative study (conducted in 2012) in which 93 participants were interviewed face-to-face. Participants included injured persons (n=17), GPs (n=25), compensation scheme representatives (n=26) and employers (n=25). In this study, Australian primary care patients valued the continuity of care offered through their relationship with their GP and the advocacy role their GP had played in their recovery<sup>2</sup>. This work, using qualitative and quantitative measures also identified numerous challenges that impeded effective diagnosis and management of work-related mental health conditions<sup>2</sup>. For instance, all of the four cohorts who were interviewed in this study (i.e. patients, GPs, employers and compensation scheme representatives) raised concerns about the clinical management of mental health conditions by GPs<sup>3</sup>. Since this study was undertaken, our team has conducted further qualitative and quantitative analyses to further describe the challenges in clinical practice<sup>4,5</sup>. These clinical concerns were used as the foundational elements of the guideline scope.

A consumer with a lived experience of a work-related mental health condition was invited through Mental Health Australia to participate on the GDG. After responding to an initial expression of interest that was coordinated and assessed by Mental Health Australia to its members, Ms Heather Nowak was sent a formal written invitation by the Project Lead to join the GDG. The purpose of this position on the Guideline Development Group was to assist the group in formulating content for the guideline by drawing on their experience of living with a work-related mental health condition within the past five years.

Thirdly, a targeted approach was used in the public consultation process to identify and obtain feedback from key consumer representative organisations, particularly organisations that represent populations who are at a greater risk of adverse outcomes or who might be negatively affected by the recommendations in the guideline. Specifically, feedback was requested from the following organisations:

- **Care organisations:**
  - Health Issues Centre
  - National Mental Health Consumer and Carer Forum
  - Consumers Health Forum Australia
- **Professional organisations and associations:**
  - The Federation of Ethnic Communities' Councils of Australia
  - The Australian College of Rural and Remote Medicine
- **Aboriginal and Torres Strait Islander representative organisations:**
  - The Indigenous Health Division of the Australian Government
  - Department of Health
  - Lowitja Institute
  - Australian Indigenous Health *InfoNet*
  - National Aboriginal Community Controlled Health Organisation
  - Aboriginal Health & Medical Research Council of New South Wales
  - Aboriginal Health Council of Western Australia
  - Queensland Aboriginal and Islander Health Council
  - Victorian Aboriginal Community Controlled Health Organisation
  - Aboriginal Medical Services Alliance Northern Territory
  - Aboriginal Health Council of South Australia Inc.
  - Tasmanian Aboriginal Corporation
  - Winnunga Nimmityjah Aboriginal Health Service
  - RACGP Aboriginal and Torres Strait Islander Health

Comprehensive feedback was received from the following organisations:

- **Care organisations:**
  - Health Issues Centre (feedback included a report prepared by the Health Issues Centre that highlighted the results of a study using social media. In this study the Health Issues Centre sought comment from the community on the draft guideline; 39 community members responded.)
  - National Mental Health Consumer and Carer Forum
- **Professional organisations and associations:**
  - The Federation of Ethnic Communities' Councils of Australia
  - The Australian College of Rural and Remote Medicine

Feedback was also received from the following individual consumers:

- Psychiatrist
- General Practitioner
- Carer of an individual with a work-related mental health condition

Recognising the importance of Aboriginal and Torres Strait Islander (ATSI) issues and issues faced by disadvantage or vulnerable groups, we employed a broad and inclusive search strategy when undertaking the literature reviews which included evidence from ATSI, rural and remote and culturally and linguistically diverse populations. We also invited consumer representative organisations and the Indigenous Health Division of the Australian Government to provide feedback on the draft guideline.

## 6. Potential endorsing organisations

Upon receiving approval from the NHMRC, we intend to seek endorsement of the *Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice* from The Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine.

## 7. Recommendations and practice points

### Types of recommendations

This guideline consists of the following types of recommendations:

**Strong FOR recommendations** are where we are certain that benefits of implementing the evidence-based recommendation will outweigh risks to produce desirable outcomes.

**Weak FOR recommendations** are where we are less certain that the benefits of implementing the evidence-based recommendation will outweigh risks to produce desirable outcomes.

**Consensus-based recommendations** are provided where we did not find suitable evidence to answer a question. These statements are made based on expert opinion and formulated by a consensus process.

**Recommendations for future research** are provided where we did not find suitable evidence for inclusion in a recommendation, and the Guideline Development Group considered that the existence of such evidence would be very beneficial for clinical practice.

**Practice points** are provided where a recommendation has been made on a topic outside the scope of the search strategy of the systematic literature review. These recommendations are made based on expert opinion and were formulated by a consensus process.

### Process to reach consensus

#### *Development of evidence based recommendations*

GDG members used GRADE<sup>3</sup> to review evidence base and assign a strength to each recommendation. The body of evidence for each question was assessed first by the project team and given a preliminary certainty of evidence (HIGH, MODERATE, LOW or VERY LOW) rating following the GRADE criteria<sup>3</sup>. For each question, the GDG was presented with a table outlining the strength of the evidence, and an accompanying draft recommendation, at a face-to-face meeting. The GDG reviewed the evidence and adjusted the rating. The GDG also confirmed the wording of each recommendation and assigned a strength to the recommendation using GRADE<sup>3</sup>. The strength assigned to each recommendation reflects both our confidence in the evidence, as well as the desirable and undesirable consequences of implementing each recommendation<sup>3</sup>.

Table 1 Quality of evidence GRADEs

Evidence rating	Definition
High	We are very confident that the true effect lies close to that of the estimate of the effect.
Moderate	We are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low	Our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.
Very Low	We have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of the effect.

#### *Development of consensus-based recommendations*

Where a systematic review was conducted and no high-quality evidence was identified, the GDG devised a consensus-based recommendation based on their clinical, consumer, policy and content expertise. Where high-quality clinical guidelines offered relevant consensus statements to address a clinical question, the GDG considered the applicability of these consensus statements before adapting or adopting these into this guideline.

#### *Development of practice points*

Where the GDG or feedback from the public consultation recommended including advice on a topic outside the scope of the search strategy, the GDG devised a practice point based on their clinical, consumer, policy and content expertise.

#### *Formulating evidence-based recommendations, consensus statements and practice points*

The GDG formulated evidence-based recommendations, consensus statements and practice points over four face to face meetings and three teleconference meetings. At each meeting, the discussion was facilitated by the Chair, who ensured that all members contributed to the discussions. Decisions were made through group discussion until the GDG reached consensus.

In some instances, queries were raised by GDG members about the quality or limited amount of evidence available for recommendations for specific questions. To address this issue, the project team revisited search strategies for questions that were queried, made adjustments where appropriate, and conducted a further review of the evidence. The implications of the updated search results on the draft recommendations were discussed with the GDG via teleconference. Members were then given the opportunity to make further edits to the draft recommendations in light of any new findings.

Following a decision from the GDG about the clinical questions in meeting one and an initial systematic review, the GDG convened a second time to review the outcomes of this review. The project team developed a list of draft recommendations pertaining to each of the ten key clinical questions, based on available evidence that arose from systematic literature reviews and recommendations adapted from existing high-quality guidelines. At this meeting, the GDG recommended adjustments to the review questions and eligibility criteria, and extending the search criteria to identify potentially relevant clinical guidelines and systematic reviews.

A revised literature review was undertaken and presented to the GDG at a third face to face meeting. The GDG recommended adjustments to the recommendations, consensus statements and practice points and discussed any potential harms and benefits of each recommendation.

At the fourth face to face GDG meeting all draft recommendations were presented to GDG members via round table discussion for final review. After assessing all of the evidence, the GDG members were asked to discuss and finalise the wording for each recommendation.

Phrases such as 'recommend' or 'should' were used when the evidence underpinning the recommendation was strong and where the GDG judged that the benefits of implementing the recommendation outweighed the harms. Phrases such as 'suggest' or 'may' were used when the evidence base was weaker and where the balance of benefits over harms was less clear.

The draft Implementation and Dissemination Plan was also ratified at this meeting, and the draft guideline was ratified by teleconference shortly thereafter and distributed for National public consultation.

A fifth GDG meeting was convened to discuss the feedback received from the public consultation process and revise the guideline in response to this feedback.

#### *Note about the supporting discussion for each recommendation*

For each recommendation, a supporting discussion is included. The purpose of this discussion is to (a) provide detail about the nature and quality of the evidence that was used to develop a recommendation, (b) outline how the evidence was used by the GDG when creating a recommendation, and (c) provide detail about factors that might influence the implementability of the recommendation in practice.

## 8. Independent review using the AGREE II instrument

In accordance with the NHMRC requirement, the draft clinical guideline and associated documents were appraised using the AGREE II instrument. This appraisal was undertaken by two Australian guideline methodologists who were independent of the guideline development process. The overall quality of the guideline was assessed as having high overall AGREE II scores; 7/7 and 6/7 by Appraisers 1 and 2, respectively. A summary of each of the independent AGREE II appraisal is provided below.

AGREE II Appraiser 1 stated that the guideline and associated documents *"represent an excellent set of recommendations that have been rigorously and thoroughly prepared. All documents are clearly presented, and highlight a clearly transparent, unbiased, systematic process of development. Careful consideration of each aspect of development is clear and accessible. The implementation plan is thorough and feasible. I congratulate the developers on such a professional, thorough, and rigorous set of guidelines, which will no doubt be used and implemented to the significant benefit of the community at large."*

AGREE II Appraiser 2, likewise stated that *"This Guideline is very strong at following the best practice guideline development process where a solid evidence base exists....I expect the full Guideline and supporting documents will be a very valuable resource for GPs, and in turn individuals experiencing work related mental health conditions, along with their families, employers, and workers compensation insurers / schemes. Well done on filling this gap."* The appraiser offered suggestions on ways to provide clarity through revised structure and content. The draft guideline and associated documents have been modified to address these concerns.

## 9. Public consultation

The draft Guideline, Technical Report and Implementation Plan were released for public consultation between 15 January 2018 and 15 March 2018 in accordance with Section 14A of the Commonwealth National Health and Medical Research Council Act 1992 and accompanying regulations. Specified individuals and organisations were notified of the public consultation through electronic mail (e-mail) and followed-up with two email reminders prior to 15 March 2018. A total of 101 organisations and 39 individuals were invited to provide a submission. The complete list of invited individuals and organisations is available in [Appendix B](#).

Links to the public consultation submission template were also made available via the Monash University, Department of General Practice and NHMRC webpages. In addition, Steering Group members further distributed notices of the public consultation amongst their networks.

We received 32 responses over the two months of public consultation. Of those, four were individuals (12.5%), and 28 were organisations (87.5%). Of the individuals, one was a guideline methodologist, one was a general practitioner, one was a former psychologist and carer for and individual with a work-related mental health condition and one was a psychiatrist. Responses were received from the following organisations.

- **Care organisations:**
  - Health Issues Centre
  - National Mental Health Commission
- **Employer/Employee/legal groups:**
  - National Bank Australia
  - Independent Education Union of Australia – Queensland and Northern Territory Branch
  - The Actuaries Institute
- **Professional organisations and associations:**
  - Australasian Faculty of Occupational and Environmental Medicine of the Royal Australasian College of physicians
  - Federation of Ethnic Communities' Councils of Australia
  - Dieticians Association of Australia
  - Exercise & Sports Science Australia
  - Australian Society of Rehabilitation Counsellors
  - Australian Rehabilitation Providers Association
  - Australian College of Rural and Remote Medicine
  - The Royal Australian and New Zealand College of Psychiatrists
  - The Royal Australian College of General Practitioners

- Australian Nursing and Midwifery Federation (Victorian Branch)
- Australian Psychological Society
- **Regulatory groups / Worker's compensation authorities:**
  - QBE Insurance
  - iCare
  - WorkCover Queensland
  - Department of Jobs and Small Business and Comcare
  - Society for Industrial and Organisational Psychology Australia
  - WorkSafe QLD
  - Insurance Commission of WA
  - State Insurance Regulation Authority
  - Safe Work Australia
  - WorkSafe Western Australian Commissioner
  - SafeWork SA

A summary of the responses received during the period of public consultation and the GDG responses to these responses is available in the associated document Public Consultation Submissions Summary, which can be obtained from <https://www.monash.edu/medicine/spahc/general-practice/research-projects/compensable-injury> .

## 10. Appendices

### Appendix A. Guideline Development Group Conflicts of Interest

Member	Position	Affiliation	Conflict of Interest
Prof Danielle Mazza	Content expert (Chair)	Monash University, Department of General Practice / General Practitioner	Research support (monetary support) – Research grant awarded by Steering Group member organisation ISCRR. The project ceased in 2016.
Dr Bianca Brijnath	Content expert	Monash University / National Aging Research Institute	<p>Research support (monetary and non-monetary support) – Research grant awarded by Steering Group member organisation ISCRR. The project ceased 2016.</p> <p>Paid work with WorkCover WA. Work ceased in 2015.</p> <p>Intellectual property – Published paper with Work Safe Victoria, TAC and ISCRR. A potential conflict of interest was declared at Guideline Development Group Meeting #3 where this paper was discussed. The COI was managed with Dr Brijnath stepping out of the meeting room for the duration of the discussion.</p>
Dr Samantha Chakraborty	Methodologist/ Project Manager	Monash University, Department of General Practice	None declared.
Ms Heather Nowak	Consumer	Mental Health Australia	None declared.
Dr Cate Howell	General practitioner	Royal Australian College of General Practitioners	None declared.
Dr Trevor Brott	General practitioner, content expert	Practicing General Practitioner	None declared.
Dr David Gras	Occupational physician	Royal Australian College of Physicians (Australasian Faculty of Occupational and Environmental Medicine) / Occupational Physician	Employment and consulting – Referral of cases for independent specialist medical assessment with Work Life Well. This position receives minor financial income <\$5,000.
Dr Michelle Atchison	Psychiatrist	Royal Australian and New Zealand College of Psychiatrists	Employment and consulting – Chair of the South Australian Ministerial Advisory Committee reviewing the function and implementation of the new Return to Work Act. This is a gazetted position with remuneration.

Member	Position	Affiliation	Conflict of Interest
Prof Justin Kenardy	Psychologist	Australian Psychological Society	<p>Employment and Consulting – Consulted on the NHMRC PTSD Guidelines with Phoenix Australia.</p> <p>Research support (monetary support) – Received Motor Accident Insurance Commission funding for the RECOVER project. The project continues to be undertaken by Prof Kenardy at the RECOVER Research Centre at University of Queensland.</p>
Ms Fiona Emery (meetings 1 and 2) Mr Richard Buchanan (meeting 3 onwards)	State-based policy maker	Office of Industrial Relations – Queensland Government	<p>None declared.</p> <p>None declared.</p>
Mr Seyram Tawia	National workers compensation scheme representative	Comcare	None declared.

## Appendix B. Organisations invited to comment on the draft guideline and implementation plan

### *Professional Organisations and Associations*

<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Dr Zena Burgess	Chief Executive Officer	The Royal Australian College of General Practitioners
A/Prof Morton Rawlins	Chair	The Royal Australian College of General Practitioners, GP Mental Health Standards Collaboration
Dr Evan Ackerman	Chair, RACGP Expert Committee - Quality Care	The Royal Australian College of General Practitioners, Mental Health Professional Association
Ms Marita Cowie	Chief Executive Officer	The Australian College of Rural and Remote Medicine
Ms Linda Smith	Chief Executive Officer	The Royal Australasian College of Physicians
A/Prof Peter Connaughton	President and Chair	The Australasian Faculty of Occupational and Environmental Medicine
Mr Andrew Peters	Chief Executive Officer	The Royal Australian and New Zealand College of Psychiatrists
Ms Rachel Norris	Chief Executive Officer	Occupational Therapy Australia
Ms Anne Trimmer	Secretary General (CEO)	The Australian Medical Association
Mr David Hallinan	First Assistant Secretary	The Australian General Practice Training, Health Workforce Division
Dr Nadeem Siddiqui	President	The Australian Society of Psychology Medicine
Prof Christine Duffield FACN	President	The Australian College of Nursing
Mr Phil Calvert APAM	President	The Australian College of Physiotherapists
Associate Prof Chris Dennis	Associate Dean	The Northern Clinical School Rehabilitation Studies Unit, University of Sydney
Professor Andrew Wilson	Chair	The Pharmaceutical Benefits Advisory Committee
Professor Robyn Ward AM	Chair	The Medical Services Advisory Committee
Professor Tim Greenaway	Chief Medical Adviser	The Therapeutic Goods Administration
Ms Kitty Novo	Secretary	The Australian Association for Academic Primary Care (AAAPC)
Mr Anthony Cichello	President	The Australian Psychological Society (APS)
Ms Tamara Cavenett	Chair	The College of Clinical Psychologists
Ms Annie Buttler	Federal Secretary	The Australian Nursing and Midwifery Federation
Mr Phil Calvert	President	The Australian Physiotherapy Association (APA)

#### Aboriginal and Torres Strait Islander Organisations

Name	Role	Organisation
Ms Jill Gallagher	Chief Executive Officer	The Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
Ms Patricia Turner	Chief Executive Officer	The National Aboriginal Community Controlled Health Organisation (NACCHO)
Mr Romlie Mokak	Chief Executive Officer	The Lowitja Institute
Ms Kristine Garret	Chief Executive Officer	The Aboriginal Health & Medical Research Council of New South Wales (AH&MRC)
Mr Des Martin	Chief Executive Officer	The Aboriginal Health Council of Western Australia (AHCWA)
Mr Neil Willmet	Chief Executive Officer	The Queensland Aboriginal and Islander Health Council (QAIHC)
Mr John Paterson	Chief Executive Officer	The Aboriginal Medical Services Alliance Northern Territory (AMSANT)
Mr Shane Mohor	Chief Executive Officer	The Aboriginal Health Council of South Australia Inc. (AHCSA), Business Management Group
Ms Elaine Govern	Chief Executive Officer	The Tasmanian Aboriginal Corporation (TAC)
Mr Neil Drew	Director	Australian Indigenous Health/InfoNet
Associate Prof Peter O'Mara	Chair	The Royal Australian College of General Practitioners Aboriginal and Torres Strait Islander Health
Ms Kiki Korpinen	Deputy Chief Executive Officer	The Australian Capital Territory Winnunga Nimmityjah Aboriginal Health Service (AHS)

#### Care Organisations

Name	Role	Organisation
Ms Christine Callaghan	Health Engagement	iCare
Mr Chris Colquhoun	Chief Medical Officer	iCare
Ms Kathryn Sequoia	Executive Officer	The National Mental Health Consumer and Carer Forum
Mr Danny Vadasz	Chief Executive Officer	The Health Issues Centre
Ms Leanne Wells	Chief Executive Officer	The Consumers Health Forum Australia
Dr Gerry Naughtin	Chief Executive	Mind Australia

#### Regulatory Groups and Worker's Compensation Authorities

Name	Role	Organisation
Ms Michelle Baxter	Chief Executive Officer	Safe Work Australia
Mr Bruce Watson	Chief Executive Officer	Workplace Health and Safety Queensland
Mr Henry Ko	Manager	The State Insurance Regulatory Authority, Applied Research & Provider Education Strategy in Injury Prevention & Rehabilitation
Ms Liane Steele	Manager	The State Insurance Regulatory Authority, Treatment & Recovery
Mr Peter Dunphy	Executive Director	SafeWork NSW
Mr Greg Jones	ACT Work Safety Commissioner and Director	WorkSafe ACT, Construction, Environment and Workplace Protection Division
Ms Debora Markelis	Project Coordinator, Health Strategy	WorkSafe Victoria

Mr Greg Shanahan	Chief Executive Officer	The Northern Territory Government, Department of the Attorney-General and Justice
Ms Kathrine Morgan-Wicks	Acting Secretary	The Tasmanian Government, Department of Justice
Mr John Rau SC	Attorney General	The Government of South Australia, Attorney-General's Department
Ms Lex McCulloch	Commissioner	WorkSafe WA
A/Prof Mark Nolan	Secretary	The Australian and New Zealand Association of Psychology and Law
Mr Paul Barker	Chairman	WorkSafe Victoria
Ms Megan Buick	Lead Stakeholder Partnerships - Health Disability Strategy Group	WorkSafe Victoria
Mr Simon Lewis PSM	Secretary	The Department of Veterans Affairs (DVA)
Mrs Fiona McLeod SC	President	The Law Council of Australia

#### *Mental Health Organisations*

<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Mr Frank Quinlan	Chief Executive Officer	The Mental Health Council of Australia
Mr Jim Goodin	Chairperson, Board of Directors	The Mental Health Foundation Australia
Prof Allan Fels	Chair	The National Mental Health Commission
Ms Georgie Harman	Chief Executive Officer	HeadsUp
Ms Georgie Harman	Chief Executive Officer	beyondblue
Mr Nick Arvanitis	Head of Workplace Research & Resources	beyondblue
Mr Stephen Carbone	Research, Policy & Evaluation Leader	beyondblue
Prof Helen Christensen	Director and Chief Scientist	The Blackdog Institute
Mr Jason Trethowan	Chief Executive Officer	headspace
Mr Jack Heath	Chief Executive Officer	SANE Australia
Ms Sharon Leadbetter	WayAhead Workplaces Co-ordinator	The Mental Health Association
Ms Jenny Lyon	President	The Actuaries Institute
Mr Chris Gibbs	Chief Executive Officer	The Mental Health Professionals Network (MHPN)

#### *Rehabilitation Professional Organisations and Associations*

<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Mr John Brogden AM	Chairman	Lifeline
Mr Shaun Lane	President	Australian Rehabilitation Providers Association
Mr Nathan Clarke	Chief Executive Officer	Australian Rehabilitation Providers Association
Ms Deidre Widdall	National President	Australasian Rehabilitation Nurses' Association
Ms Julie Prior	Editor	Australasian Rehabilitation Nurses' Association
Ms Lynne Brown	President	Rehabilitation Counselling Association of Australasia

Ms Christina Schwenke	Chief Executive Officer	Australian Society of Rehabilitation Counsellors Ltd.
-----------------------	-------------------------	---

*Employer Groups*

Name	Role	Organisation
Ms Sally McManus	Secretary	The Australian Council of Trade Unions
Mr James Pearson	Chief Executive Officer	The Australian Chamber of Commerce and Industry
Mr Innes Willox	Chief Executive Officer	The Australian Industry Group
Prof Allan Fels	Chair	The Mentally Healthy Workplace Alliance
Mr Alex White	Secretary	Unions ACT

*Departments of General Practice*

Name	Role	Organisation
Dr Jane Smith	Head of the Discipline of General Practice	Bond University, Faculty of Health Sciences and Medicine
Prof Imogen Mitchell	Dean	The Australian National University, Medical School
Prof Kirsty Douglas	Head of Unit	The Australian National University, Academic Unit of General Practice
Prof Jon Watson	Dean	Deakin University, School of Medicine
Prof Richard Reed	Director	Flinders University, Discipline of General Practice
Ms Liz Larkin	General Practice Academic Coordinator	Flinders University, Discipline of General Practice
Prof David Ellwood	Head of School	Griffith University, School of Medicine
Prof Richard Murray	Dean	James Cook University, College of Medicine & Dentistry
Mrs Ciara Ross	Associate Professor	James Cook University, Discipline of General Practice and Rural Medicine
Prof Nigel Stocks	Head of Discipline	The University of Adelaide, Discipline of General Practice
Prof Jane Gunn	Head of Department	The University of Melbourne, Department of General Practice
Prof John Hall	Convenor	The University of New South Wales, School of Public Health and Community Medicine - Primary Health Care
Prof Rodney Phillips	Dean	The University of New South Wales, School of Medicine
Prof Brian Kelly	Head of School	The University of Newcastle, School of Medicine and Public Health
Prof Tom Brett	Director	The University of Notre Dame Australia, General Practice and Primary Health Care Research Unit
Prof Christine Bennett AO	Dean	The University of Notre Dame Australia, School of Medicine
Prof Mieke van Driel	Head	The University of Queensland, Primary Care Clinical Unit, Discipline of General Practice
Prof Lyndal Trevena	Co-Head	The University of Sydney, Discipline of General Practice
Dr Narelle Shadbolt	Co-Head	The University of Sydney, Discipline of General Practice
Prof Ben Canny	Head	The University of Tasmania, School of Medicine
Prof Wendy Erber	Pro Vice-Chancellor and Executive Dean	The University of Western Australia, Faculty of Health and Medical Sciences
Prof Jenny Reath	Peter Brennan Chair of General Practice	The University of Western Sydney, Department of General Practice, School of Medicine

Prof Andrew Bonney	Roberta Williams Chair of General Practice	The University of Wollongong, General Practice Academic Unit
Prof Nicholas Zwar	Dean of Medicine	The University of Wollongong, School of Medicine

*Steering Group*

Name	Role	Organisation
Ms Rebecca Parton	A/g Director	Comcare, Health Benefits of Work, Strategic Planning & Innovation
Mr Alan Piira	Director	The Department of Jobs and Small Business, Workers' Compensation Policy Branch
Ms Julianne Flower	Leader	Return to Work (SA), Scheme Support
Ms Alicia Cross	Manager	The Department of Justice QLD, Engagement & Insurer Services, Workers' Compensation Regulator
Ms Rachel Hawkins	Director	The Department of Justice QLD, Engagement & Insurer Services
Mr Chris White	A/Chief Executive Officer	Workcover WA
Prof Andrea De Silva	Chief Executive Officer	The Institute for Safety, Compensation and Recovery Research
Ms Corine Ness		The Department of Employment

*Guideline Development Group*

Name	Role	Organisation
Prof Justin Kenardy	Clinical Psychologist	The University of Queensland
Dr Trevor Brott	General Practitioner	The Western Industrial Screening & Accident Clinic
Ms Heather Nowak	Mental Health Consumer Representative	
Dr Cate Howell	General Practitioner	The Royal Australian College of General Practitioners
Dr Michelle Atchison	Psychiatrist	The Royal Australian and New Zealand College of Psychiatrists
Dr David Gras	Occupational physician	The Royal Australasian College of Physicians (AFOEM)
Mr Seyram Tawia	Policy Maker	Comcare
Mr Richard Buchanan	Senior Policy Officer	The Office of Industrial Relations QLD
Dr Bianca Brijnath	Senior Research Fellow	The National Ageing Research Institute (NARI) Ltd.
Ms Fiona Emery	Senior Policy Adviser	The Office of Industrial Relations QLD

*Individuals with a potential interest in the Guideline:*

39 individuals listed on the project mailing list, not elsewhere specified.

## 11. References

1. Mazza D, Brijnath B, Singh N, Kosny A, Ruseckaite R, Collie A. General practitioners and sickness certification for injury in Australia. *BMC Fam Pract* 2015;16:100.
2. Brijnath B, Mazza D, Singh N, Kosny A, Ruseckaite R, Collie A. Mental health claims management and return to work: qualitative insights from Melbourne, Australia. *J Occup Rehabil* 2014;24(4):766-76.
3. Schunemann H, Brozek J, Guyatt G, Oxman A. GRADE Handbook. Introduction to GRADE Handbook. Handbook for grading the quality of evidence and the strength of recommendations using the GRADE approach. 2013 [cited 2017 January]; Available from: <http://gdt.guidelinedevelopment.org/app/handbook/handbook.html>.
4. Bunzil S, Singh N, Mazza D, Collie A, Kosny A, Ruseckaite R, et al. Fear of (re)injury and return to work following compensable injury: qualitative insights from key stakeholders in Victoria, Australia. *BMC Public Health* 17(1):313
5. Brijnath B, Singh N, Mazza D. Stakeholder perspectives on the new sickness certificate in Victoria: results from a mixed-methods qualitative study. *Aust Health Rev* 40(1):27-32



