

COVID matters

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The ongoing impact of COVID-19 in, and on, the workplaces of Australia

“ As scientists and physicians work to treat and cure the physical symptoms of long-haul Covid, many people are struggling with the emotional long-haul of the pandemic.

ADAM GRANT
NEW YORK TIMES
19 April 2021

Welcome to the newsletter we don't enjoy needing to send to you... COVID Matters.

We know keeping up with the latest evidence-based information on all matters COVID can be time-consuming and even mentally tiring. It's hard enough keeping up with state-based news and differences, let alone research papers, editorials and medical evidence.

The good news is that we can do it for you. Our Research & Innovation team track COVID-related studies and pull out the information kernels for you; reading through the evidence to ascertain what Australian workplaces most need to know. We largely focus on 'Long COVID' and the mental health implications of COVID-19 in this issue.

The team has also partnered with MedHealth's Chief Medical Officer, Professor Peter Steadman and Professor Ian Freckelton QC to write and publish a paper on virtual independent medical examinations (i.e. telehealth assessments) in the ANZ Journal of Surgery. The paper found that the 'virtual IME' setting is appropriate for the majority of permanent impairment assessments when the examiner is assisted by a musculoskeletal trained allied health practitioner at the 'patient end'.

As the pandemic hit, we were in the unique position of being able to bring the two sets of professional expertise together (medical specialists and allied health professionals) to continue to provide high quality services to our customers throughout lockdowns around Australia. Thus, the assisted or hybrid vIME was born.

Across MedHealth, we delivered over 8,000 of these 'hybrid' telehealth assessments in 2020.

This research allows us to share what we learnt in this time; and explore all the practical applications of this alternative delivery method - pandemic or not. Telehealth makes IMEs for physical impairment more accessible, able to be conducted faster and for more people; thereby providing clarity on the best way forward for a person who is injured.

What's more, we now have this useful delivery method available for any reason that doctor and client cannot be in the same room. It's particularly useful for people who live in regional and remote areas, who for various reasons may be unable to travel, or when for ease for the customer it is deemed appropriate by the medical specialist, that a telehealth assessment is an appropriate medium to utilise. In these cases your customers will now not necessarily have to travel for an independent medical examination.

As always, if you have any questions or issues we can support you with, please get in touch.



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Returning to the Office: Four F's to Facilitate Re-Entry Online discussion: Centre for Transformative Work Design

BY ARC Laureate Professor Sharon Parker

Discussion in a nutshell

This discussion presents the notion that returning to the workplace after the COVID-19 pandemic requires new considerations with a mental health focus. As the title suggests, the four F's to consider are presented in written and video format:

1. Fears and other feelings

Feelings of returning to the office may likely include worry, anxiety, fear and even anger if they feel that their health status is being compromised. Loss may even be experienced by some workers, as they spend time away from people, pets and other comforts and freedoms that they have had available while working from home. Some may dread a backlog of tasks that may have built up and now need addressing.

2. Fantasies and reverse culture shock

This is in contrast to the negative feelings described above, and similar to the feelings commonly experienced by repatriated employees (expats) on their return to home land. Some employees may feel excited at the prospect of returning to the workplace and 'getting back to normal'. The glamorised beliefs of how great it will be again and then recognising that expectations may have been unrealistic or that things may have changed, may lead to 'reverse culture shock' and range of associated negative feelings.

3. Flexibility and preserving what we've learnt

It is important to use what we have all learned through the COVID-19 pandemic. Things could change rapidly again, and so flexibility should continue to be encouraged. Additionally, flexibility has benefits.

Beneficial effects of flexibility found in research include job satisfaction, role stress, and job performance, and working from home can improve workers' ability to concentrate and reduce their need for recovery. Whilst working in the office provides improved collaborations, portions of continuing to work from home should be considered where possible

4. Fun

Feelings of trepidation relating to returning to the workplace can be eased by arranging some enjoyable activities to bring people together when they return.

In summary the author notes that whenever change occurs, we experience emotional reactions to that change, and this is entirely normal. The advantage lies in how we recognise, try to understand and respond to these emotions by supporting employees as they return to the workplace and help them adjust back to the new situation.

Implications in workplaces

With multiple lockdowns of differing lengths in different states, many employees are experiencing a return to the workplace – or have another return to the workplace ahead of them.

Employers and employees need to be aware that a variety of emotions are likely to be experienced when returning to the workplace, and as much adjustment as moving to working from home should be made to reintegrate employees back into the workplace. Employers should focus efforts on supporting people back into the workplace, including acknowledgment, empathy and acceptance to legitimate employees' emotional responses. Employers will find value in workplace relationships and productivity if they spend time finding solutions with employees.

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Date published: May 2020

The author is the Director of the Centre for Transformative Work Design, she leads a team concerned with improving the quality of work. She is an Australian Research Council Laureate Fellow; a Chief Investigator in the Centre of Excellence in Population Ageing, and a 2019 Highly Cited Researcher.

Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey

BY Jane RW Fisher, Thach D Tran, Karin Hammarberg, Jayagowri Sastry, Hau Nguyen, Heather Rowe, Sally Popplestone, Ruby Stocker, Claire Stubber & Maggie Kirkman

Medical Journal of Australia

The findings in a nutshell

This article presents the rationale and findings from a national mental health survey conducted in Australia at the beginning of the COVID-19 pandemic. The study is a response to an international expert opinion position paper (Lancet) on multidisciplinary approaches by Holmes and colleagues (2020) that recommended studies gather high quality population level data on the mental health impact of the pandemic. The aim of the study was to assess the mental health of people in Australia during the first month of COVID-19-related restrictions.

Mental health symptoms were widespread, including clinically significant symptoms of depression were reported by 3,791 respondents (27.6%) and mild symptoms by 3,440 (26.5%), clinically significant symptoms of generalised anxiety by 3,661 respondents (21.0%) and mild symptoms by 2,774 (24.5%). A total of 1,075 people (8.9%) reported having thoughts of being better off dead or self-harm on several days and 617 (5.7%) that they had such thoughts more frequently; 5,277 (35.5%) reported increased irritability on several days, and 3,058 (23.7%) more frequently. On the other hand, high optimism was reported by 4,075 respondents (28.3%).

Associations between COVID-19 experiences and mental health symptoms were explored.

The authors highlight the need to address these mental health consequences for occupational and social functioning for national recovery.

Implications in workplaces

Psychologically informed and tailored mental health strategies are needed to improve the mental health impacts from the COVID-19 pandemic. Impacts vary and range from direct COVID-19 experiences (diagnosis, testing, job loss) to those that were impacted by the worry of infection and associated consequences and the restrictive public health measures. Employers should be aware of the potential mental health impacts from the COVID-19 pandemic on the Australian workforce population and provide support and referrals to assistance to aid in the national recovery to a motivated and healthy workforce.

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Date published: November 2020

The authors are from Monash University, Melbourne, VIC. Jane Fisher, Professor of Global Health, is Director of Global and Women's Health, School of Public Health and Preventive Medicine. This investigation was supported by an untied philanthropic donation from John McBain and Penny Foster.

Mental health and COVID-19: are we really all in this together?

BY **Patrick McGorry**

Medical Journal of Australia 213(10)

In a nutshell

This editorial is written by Professor Patrick McGorry, a Psychiatrist who is best known as the recipient of the Australian of the Year in 2010 for his work in youth mental health. He is a founder of HeadSpace, and Executive Director of Orygen – a world leading research and advocacy organisation for the identification, early treatment and prevention of youth mental health.

This is a sombre piece, describing how the pandemic caused by COVID-19 will have mental health impacts on society which are significantly more severe and long-lasting than other historical traumatic events which are focal and time-limited. His view is that the mental health impacts related to COVID-19 “have been severe, and worse may be coming.” The challenge with COVID-19 is that there is “no end in sight, producing chronic stress, disruption, and multiple losses.”

In the nine months from February to October 2020, 886 Australians died of COVID-19, yet over 2,000 Australians died of suicide. His strong view is that the majority did not access appropriate mental health care.

His title “are we really in this together” refers to the likely increased impact and particular risk to specific groups in our community, namely those who are already marginalised and disadvantaged. He also refers specifically to the higher risk in younger people who are likely to incur the negative impacts on their mental health and a struggling economy for many years to come. He acknowledges Federal Government interventions but predicts that Australia is extremely ill-prepared for the mental health impacts and levels of support for mental health interventions that are necessary. He is complimentary of providers trialling new modes for the delivery of mental health treatment, such as tele and digital health but expresses concern over the ability for the current health system to cope with the complex, ongoing and increasing mental health demands due to the pandemic and its ongoing repercussions.

He advocates the need for a new approach and presents the urgency to provide mental health support to ‘all’ Australians, moving away from inpatient, hospital care and towards integrated care hub within communities. He refers to the new level of mental health demands as an opportunity to dramatically reform and strengthen the struggling current mental health care system so that it can be accessed by local communities and that no one is treated like ‘second class citizens’.

Implications in workplaces

Working with partners to innovate services delivery and amplify efforts, employers have an opportunity to provide more efficient and flexible access to mental health services, with a particular emphasis for those who need it most. Consider tailoring services particularly vulnerable cohorts across your workforce.

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Date published: November 2020

High rate of persistent symptoms up to 4 months after community and hospital-managed SARS-CoV2 infection

BY **David R Darley, Gregory J Dore, Lucette Cysique et al**

The Medical Journal of Australia, December 2020

The findings in a nutshell

This paper describes a study conducted by researchers from St Vincent's Hospital Sydney and the University of New South Wales. It covers a group of 78 patients who all tested positive for COVID-19 at a St Vincent's Hospital testing clinic. The intention of the study is to follow this group of patients over 12 months to better understand long-term disease impacts and whether there is an association with the initial severity of the disease.

The paper, which is the first update at four-months post-COVID-19 infection, concludes that there are significant gaps in our knowledge about the longer-term impacts of the virus. Studies like this, where a cohort is followed and observed at various intervals will increase our knowledge and understanding of expected recovery and longer-term health impacts.

The assessments will be repeated at milestones, ending at 12-months post infection. We will continue to track this local study with interest.



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Implications for Australian workplaces

If employees have tested positive for COVID-19, it is important for employers to understand that their expected recovery trajectory is not known. As a result, they may require support several months, or even a year, after they appear to have recovered to attend medical appointments, or to rest and recover. Through studies such as this we hope to build our understanding of COVID-19 which will enable us to be able to predict long-term health and functional impacts on work and plan accordingly.

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An integrated multidisciplinary model of COVID-19 recovery care

BY **Helen O'Brien, Michael J. Tracey, Ciara Ottewill, Michael E. O'Brien, Ross K. Morgan, Richard W. Costello, Cedric Gunaratnam, Daniel Ryan, Noel G. McElvaney, Samuel J. McConkey, Cora McNally, Gerard F. Curley, Siobhan MacHale, Diane Gillan, Niall Pender, Helen Barry, Eoghan de Barra, Fiona M. Kiernan, Imran Sulaiman & Killian Hurley**

Irish Journal of Medical Science

Findings in a nutshell

This article demonstrates the implementation of an integrated multidisciplinary assessment and treatment system that was established to provide a COVID-19 recovery service in Ireland. Evidence suggests that long-term and persistent impairments such as respiratory and functional limitations are likely health characteristics of COVID-19 survivors. In addition, intensive care unit (ICU) admission is associated with long term physical and psychological dysfunction, with particularly high rates of mental health complications. The model was developed to cater for the surge of COVID-19 presentations while delivering high quality care, reducing duplication of services and reducing wait times for patients after COVID-19 diagnosis.

To achieve this, a hybrid model, consisting of virtual and in-person clinics was supported by a multidisciplinary team of respiratory, intensive care medicine, infectious diseases, psychiatry and psychology services. In congruence with British Thoracic Society Guidelines on post COVID-19 care, the aim of the service was to create a safe, effective and multidisciplinary approach for patient follow-up after diagnosis of COVID-19. By offering virtual assessments, the model optimised the usage of outpatient services, reduced use of emergency services and minimised the impact on hospital outpatient departments.

The study includes 174 patients that were discharged from Beaumont Hospital between 15 March 2020 and 30 June 2020 after treatment for COVID-19. All patients had follow-up from a virtual clinic that included medical tests and assessment of symptoms, mental health status and quality of life. The aim of the virtual clinic was to determine a patient's residual symptoms after COVID-19.

Patients were then reviewed by health professionals in a multidisciplinary meeting (MDM). Patients that had been admitted to ICU or received non-invasive ventilation (NIV) were referred to in an in-person clinic (12 weeks post-discharge) with those with greater needs also being referred to a COVID Survivorship Clinic for 12 months. Those patients that did not receive ICU or NIV treatment were referred directly to the virtual follow-up pathway and discharged into integrated community care consisting of GP, psychology and physiotherapy services.

At the time of publication, 50 patients had been reviewed at the MDM; 26 discharged into integrated community care and 24 requiring follow-up in person at the COVID recovery clinic. While it is too early to draw conclusions on the benefits of this timely and comprehensive approach, research supports the improved outcomes of inter-disciplinary teams and the association with longitudinal improvements from ICU patients post-discharge.

Implications in workplaces

Health professionals should consider multidisciplinary and novel methods to ensure health systems can provide timely, tailored and comprehensive post-COVID care. Employers can provide recovery support by understanding that COVID-19 residual symptoms; physiological and psychological can impair patients post-discharge and often for the longer term. Flexibility in workplaces can encourage recovery of a productive and sustainable workforce.

[READ MORE](#)

Date published: August 2020

The authors are multidisciplinary and are from the Department of Respiratory Medicine, Beaumont Hospital, Ireland; Department of Infectious Disease, Beaumont Hospital, Ireland; Department of Medicine, Royal College of Surgeons in Ireland; Department of International Health and Tropical Medicine, Royal College of Surgeons in Ireland; Department of Anaesthesia and Critical Care, Beaumont Hospital, Ireland; Department of Liaison, Beaumont Hospital, Ireland; Department of Psychiatry, Royal College of Surgeons in Ireland; and Department of Psychology, Beaumont Hospital, Ireland.

As we grapple with a prolonged lockdown in Greater Sydney, the Delta variant and a slower-than-ideal vaccination rollout, it's fair to say that fortunes are mixed across Australian businesses. Your challenges in managing the latest iteration of the pandemic are heavily influenced by your geography, the industry you are in and your interdependencies on other states and industries.

From absenteeism to anxiety; from vulnerable cohorts to risk mitigation; from fitness and wellbeing to work-from-home ergonomics; from proactive mental health management to hybrid work models; the workforce management implications from the pandemic are broad and many.

Some of these changes may be for the better and some are just plain challenging. All need to be proactively managed.

Despite these differences, every single Australian business has COVID-19 related issues to grapple with.

Your COVID coverage

As medical, allied health and occupational health and rehabilitation specialists, the teams at **mlcoa** and **IPAR** already provide the types of services that support Australian businesses to make informed decisions and reduce risks, all while improving health and employment outcomes for people.

Please talk with us about the issues you are managing. We'll either have a service that can support you and your people; or we'll draw on our diverse capabilities to help you solve any issues and create better outcomes.

Staying across what matters

Our experts are engaging in regular reviews of journal articles and the latest research and thinking around COVID-19. This newsletter will come out regularly until a sharp focus on COVID is no longer as relevant. To ensure we cover the angles that matter most to you, please let us know your challenges in managing COVID-19 related change in your workforce.

JOIN US FOR OUR INTERACTIVE WEBINAR

Life after trauma: supporting people through mental illness

For some people, exposure to trauma can result in the development of mental health issues.

mlcoa and IPAR invite you to an online event 'Life after trauma: supporting people through mental illness' with Dr Frank Chow, Psychiatrist from mlcoa, Stephanie Srbinovska, Psychologist from IPAR and Dorothy Frost, MedHealth's Research & Innovation General Manager.



Join us for insights into how injury managers can best support someone who is experiencing post-traumatic stress reactions, plus we will cover resources such as health and mindset coaching that can assist recovery.

This webinar is a live national event, is free of charge, and will be on:

Date:
Wednesday, 25 August 2021

Time:

- 10.00am to 11.30am – Western Australia
- 11.30am to 1.00pm – Northern Territory and South Australia
- 12.00pm to 1.30pm – Australian Capital Territory, New South Wales, Queensland, Tasmania and Victoria

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