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State Insurance Regulatory Authority
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Submitted via email: VBHC@sira.nsw.gov.au

Dear [redacted]

APS feedback on the SIRA Model of Care for the Management of Low Back Pain (the model)

The Australian Psychological Society (APS) welcomes the opportunity to provide a submission to the SIRA consultation on the Model of Care for the Management of Low Back Pain (the model).

The APS and SIRA have a long history of working collaboratively to achieve the best psychological outcomes for people in NSW who have experienced a motor accident or work-related injury. The APS is supportive of the SIRA compulsory third party (CTP) and workers compensation (WC) schemes and their aim to deliver expert and quality care to injured people.

The APS understands that the model aims *to improve the health, quality of life and social outcomes of people with low back pain by providing best practice recommendations for health professionals delivering care.*

Specifically, the model is intended to:

- *support people to receive value-based healthcare through the early assessment, management, review and appropriate referral of people with back injuries in the NSW personal injury schemes.*
- *encourage self-management, return to work and usual activity by the injured person, empowering the person in their recovery journey, and*
- *direct access to the right care at the right time and is anticipated to shorten time spent in schemes.*

Evidence shows that acute and chronic low back pain, experienced by more than four million Australians yearly, is associated with a range of psychological dysfunction, including anxiety and depression, even when symptoms are short-term in nature.[a, b] It is, therefore, essential that those who are experiencing low back pain and are assessed as being in the medium to high-risk category, are provided with the appropriate psychological treatment from qualified psychologists.

Please find our recommendations below regarding references to psychological treatment in the current version as compared to the previous version from May 2023. We are particularly keen to ensure that appropriate language is consistently used throughout the document when referring to our profession, so that psychologists who use this model in practice can clearly identify the correct referral pathway based on risk assessments undertaken at specified visits. While we have previously provided this information, we thought it was important to present it here again as part of our feedback to the current consultation.

[a] https://www.healthdirect.gov.au/back-pain
[b] https://www.iasp-pain.org/resources/fact-sheets/psychology-of-back-pain/#:~:text=Both%20acute%20and%20chronic%20back,not%20medically%20serious%20%5B35%5D.

APS RECOMMENDATIONS - Model of care for the management of low back pain.

	CURRENT LANGUAGE (July 2023 version)	RECOMMENDED LANGUAGE (for July 2023 version)
Pathway A: Non-specific acute low back pain		
Visit 1 High Risk	As above plus targeted management of obstacles to recovery identified in risk screening tool, e.g., evidence-based physical therapies and/or *a cognitive behavioural approach.*	Please retain wording from May 2023 version currently on the web for Visit 2 High risk i.e., "*psychological treatment using a cognitive behavioural approach*". **Reason for retaining:** his terminology is well understood by health professionals who will use this model and ensures consistency throughout the document – providing clarity across both visits and risk categories.
Visit 2 No Improvement - High risk	As per medium risk group plus continue targeted management of obstacles to recovery identified in risk screening tool, e.g., evidence-based physical therapies and/or *a cognitive behavioural approach*.	As above, to ensure consistency throughout the document, please use the same wording as Visit 2 High Risk from May 2023 version, i.e., "*psychological treatment using a cognitive behavioural approach*" for both Visit 2 and Visit 3.
Visit 3 No Improvement - Medium and high Risk	Continue analgesia and evidence-based physical therapies and/or *a cognitive behavioural approach* until normal function resumes and/or pain is managed. Provide additional educational resources.	
Pathway C: Acute low back pain and leg pain		
Visit 1 - High risk	As above plus targeted management of obstacles to recovery identified in risk screening tool, e.g., evidence-based physical therapies and/or *a cognitive behavioural approach*.	As above, please retain wording from May 2023 version currently on the web for Visit 2 High risk i.e., "*psychological treatment using a cognitive behavioural approach*" here.
Visit 2 – No Improvement - Medium and high risk	As per above plus continue targeted management of obstacles to recovery identified in risk screening tool, e.g., evidence-based physical therapies and/or *a cognitive behavioural approach*.	As above, please retain wording from May 2023 version currently on the web for Visit 2 High risk i.e., "*psychological treatment using a cognitive behavioural approach*" here.
Visit 3 – Persisting pain without neurological loss of function - Medium and high risk	Continue evidence-based physical therapies and/or *a cognitive behavioural approach* until normal function resumes and/or pain is managed. Consider weaning pharmacological therapies as appropriate.	As above, to ensure consistency throughout the document, please use the same wording as Visit 2 High risk from May 2023 version, i.e., "*psychological treatment using a cognitive behavioural approach*" here.

APS RECOMMENDATIONS - Model of care for the management of low back pain.

Visit 3 – Persisting pain with neurological loss of function (Improvement)	NOTE: No reference to psychological treatment.	As above, to ensure consistency throughout the document, please use the same wording as Visit 2 High Risk from May 2023 version, i.e., "*psychological treatment using a cognitive behavioural approach*" here. **Reason for retaining:** It is inconsistent to suggest psychological treatment at Visit 4 but not at Visit 3 for Persisting pain with neurological loss of function (Improvement). Psychological treatment will also offer significant benefit to impacted clients.
Visit 4 – Persisting pain with neurological loss of function (Improvement)	Continue evidence-based physical therapies and/or *a cognitive behavioural approach* until normal function resumes and/or pain is managed.	As above, to ensure consistency throughout the document, please use the same wording as Visit 2 High risk from May 2023, i.e., "*psychological treatment using a cognitive behavioural approach*" here.
Glossary		
Musculoskeletal Specialist	Cognitive behaviour therapy trained physiotherapist and/or *clinical psychologist* may also be considered for those with medium or high risk.	Please change "Cognitive therapy trained physiotherapist and/or psychologist may also be considered for those with medium or high risk". **Reason for change:** All psychologists with the relevant training, experience and competencies can provide cognitive behavioural therapy-based pain management for back pain.

In addition, this submission speaks to the need to ensure adequate psychological care for people experiencing low back pain by psychologists, along with considerations around how to best promote and encourage the use of the model by treating practitioners in the schemes.

Overall, our recommendations are designed to ensure that those who are experiencing low back pain are provided with the high-quality psychological treatment they need at the right time from the right health practitioner.

Psychological intervention

Low back pain can be challenging to treat. Pain levels can be particularly high, especially when sustained in a traumatic event such as a motor vehicle crash (MVC) or work-related accident. In addition, low back pain is often accompanied by low moods.[1] When unable to work due to their injury and associated pain, people often feel a sense of helplessness and hopelessness. These factors, plus others, will significantly influence outcomes.[1]

Given the challenges associated with the treatment of low back pain, the APS commends the SIRA model of care for the management of low back pain and its focus on appropriate treatment pathways. Effective treatment is evidenced based and psychologically informed with consideration of the psychosocial aspects of injury and associated pain, not just the medical aspects. For this reason, it is critical for psychologists to be involved in the assessment, treatment, and management of low back pain from an early stage to prevent ongoing concerns.

- In cases where a person sustains a psychological injury (e.g., depression/ PTSD) in addition to a musculoskeletal injury (e.g., low back injury) in a traumatic event like a road crash and engages in compensation, settlement is likely to take four to five months longer with a concomitant increase in insurance costs.[2]
- Depression and PTSD can be significant barriers following a traumatic low back injury and require early management and treatment.[3] Surgical procedures likewise can induce setbacks in recovery from low back injury and associated pain.
- Therefore, early assessment/screening and referral for psychological distress in the management of low back pain is crucial. This can be done effectively in emergency departments/hospitals using basic screening for psychological vulnerability with discharge for people at risk including follow up with their GP who can then refer them to an appropriate psychologist for early intervention and treatment.[4]
- Self-management is also a central component of effective treatment for back injury with mental health impacts. The APS is pleased to see this emphasised in the model with patient education to inform and support self-management being a key principle.

Promoting and encouraging use of the model by treatment providers working in the schemes

The APS strongly recommends specific training in the model for psychologists who work in the schemes to promote and encourage its use, and to ensure that it is applied as intended.

As previously discussed with SIRA, the APS can develop and undertake training to ensure that psychologists who work in the Compulsory Third Party (CTP) and workers compensation schemes in NSW have knowledge around:

- CTP and workers compensation schemes in NSW,
- The important contribution of psychologists in supporting injured people in the CTP and workers' compensation schemes, and particularly those with low back pain, and
- An understanding of the low back pain model of care and the role of psychologists in ensuring that people with low back pain receive the right level of care at the right time.

This is an important and necessary step to promote awareness of the model amongst psychologists working in the schemes, and to encourage appropriate and timely use of the model.

Implementation and evaluation

Ultimately, the effectiveness of the model will largely be determined by the way in which it is implemented and its associated uptake, along with improved outcomes for people experiencing low back pain in terms of their health, quality of life and social indicators. Other key factors include improved return to work rates and shorter periods of time spent in the schemes. To ensure effective implementation of the model, an evaluation of outcomes will need to be undertaken.

Building in outcome measures as an inherent aspect of the model's implementation will assist with monitoring its effectiveness and provide insight into how it can be improved over time.

We would like to thank SIRA for the invitation to provide a peer review of the model earlier this month and the opportunity to provide further feedback to this consultation. Should any further information be required, please do not hesitate to contact me on [redacted] or [redacted]

Yours sincerely,

[redacted]

[redacted]

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience, and evidence-based research to this submission.

References

[1] Craig, A., Tran, Y., Guest, R., Gopinath, B., Jagnoor, J., Bryant, R.A., Collie, A., Tate, R., Kenardy, J., Middleton, J.W., & Cameron, I. (2016). The psychological impact of injuries sustained in motor vehicle crashes: Systematic review and meta-analysis. *BMJ Open*, 6, e011993.

[2] Guest, R., Tran, Y., Gopinath, B., Cameron, I., & Craig, A. (2017). Psychological distress following a motor vehicle crash: evidence from a state-wide retrospective study examining settlement times and costs of compensation claims. *BMJ Open*. 7, e017515.

[3] Guest, R., Tran, Y., Gopinath, B., Cameron, I., & Craig, A. (2018). Psychological distress following a motor vehicle crash: Preliminary results of a randomized controlled trial investigating brief psychological interventions. *Trials*, 19, 343.

[4] Pozzato, I., Tran, Y., Gopinath, B., Cameron, I. D., & Craig, A. (2021). The contribution of pre-injury vulnerability to risk of psychiatric morbidity in adults injured in a traumatic road traffic crash: comparisons with non-injury controls. *Journal of Psychiatric Research*, 140, 77-86.