

Checklist – Returning to Work After a Mental Health Injury

	Component	Status	Notes
Pre-meeting	Has the employer arranged for the Return-to-Work (RTW) meeting to be in a quiet, confidential, and relaxed environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	Has the employer provided you with adequate notice of the meeting date, allowing you to prepare beforehand, both practically and psychologically?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	Do you feel the employer representative assigned to the meeting is free from biases or prejudices with regards to mental health injuries? If not, consider requesting an alternate person.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	If comfortable, do you have a wellness/recovery plan you'd like to share with your manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	Have you provided the employer with an updated list of support persons who may be called in case of an emergency? What would constitute an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	Have you identified the union representative accompanying you to the meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	

	<p>Have you retrieved from the employer a list of all alternate positions available and detailed information on what it entails, so you may discuss this with your treating health-care professional? This will help the professional in making an informed decision about recovery timelines.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	<p>Have you ensured that your treating health-care professional prescribed clear functional limitations, which will minimize the opportunity for subjective interpretation by your employer when arranging accommodations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	<p>Have you prepared a list of your worries or concerns regarding your RTW, for which you seek reassurance from the employer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
RTW Plan	<p>If you have a wellness/recovery plan, are any components of it applicable to the workplace? Work with the employer to determine any practical steps that should be established. For example, procedures such as:</p> <ul style="list-style-type: none"> • Taking medication. • Check-ins for support. • Identifying early warning signs or trigger points, and subsequently applying corrective measures. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	<p>Have you fully abided by the functional limitations currently assigned to you by the treating health-care professional?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<input type="checkbox"/> In Progress	
<p>Will the proposed work accommodations be reasonably expected to assist in your recovery? Sample accommodations may include:</p> <ul style="list-style-type: none"> • Flexible scheduling to allow for more frequent breaks or gradual working hours. • Altering your workspace to consider factors such as lighting, spacing, and noise which may affect your concentration and mental wellbeing. • Assistance for you with the prioritization of activities, such as partitioning your work into small, achievable tasks. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
<p>Does the RTW plan identify a "time-out" space for you, where you can get away for a few moments during psychologically demanding circumstances?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
<p>Does the RTW plan include the flexibility needed for you to attend medical appointments?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
<p>Does the RTW plan outline how confidentiality will be maintained to protect your privacy and safety?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
<p>Does the RTW plan indicate how and what information will be shared with your colleagues, as well as how your manager should respond to</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	<p>questions about your health, absence, or accommodations?</p>	<input type="checkbox"/> In Progress	
	<p>Does the plan identify a person in the workplace who is aware of the accommodation plan and has the authority to implement corrective actions as needed (e.g., providing the worker with the rest of the shift off)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	<p>If your sick-leave allocation has been exhausted, does the plan indicate how any further time off will be handled?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	<p>To foster an inclusive workplace as you return to the workplace, does the plan indicate how mental health awareness will be increased within your team and organization? Examples may include:</p> <ul style="list-style-type: none"> • Wellbeing discussion during shift huddles. • Posters in break rooms. • Education resources available through EAP. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	<p>To mitigate stress, does the plan identify any need for refresher training on job tasks (e.g., preventative workplace violence procedures)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	<p>Do you have a list of who to contact if the plan is not working or you feel that they are regressing (i.e., union rep(s), employer rep, manager or delegate, etc.)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	

	Have you received a copy of the RTW plan (usually provided during or shortly after each RTW meeting)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	Is there a process of ensuring the RTW plan is being put into practice, and have subsequent review dates been established?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
Follow-up	Have you been welcomed back to the workplace in a supportive fashion, eliminating the presence of uncomfortable silence or speculation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	Have you been granted the opportunity to explain the absence to co-workers in your own words?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	Have you kept your treating health-care professional informed during the RTW process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	Has it been transparent what work is required from you, and to what standard? Do you feel the process in place to monitor this has been supportive thus far?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	

	<p>Have you identified any additional psychological health & safety hazards that should be considered in your RTW plan?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
	<p>Have follow-up meetings taken place, allowing you to share any difficulties or successes that have arisen, with potential adjustments as needed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	

Notes
