

Early Psychiatric Functional Assessment – Why Timing Matters More Than Diagnosis

Mental ill-health remains one of the most complex challenges in workers' compensation and life insurance, but the biggest problem is no longer awareness. It is precision. **Diagnosis alone does not predict return-to-work (RTW) or claim duration; functional capacity and trajectory do.**

Why early needs to mean early functional

Functional direction

Focusing on a clear path towards improved function rather than solely on symptoms.

Engagement

Proactive involvement of the individual in their recovery and return-to-work plan.

Context

Understanding the personal, social, and occupational factors influencing recovery.

❑ Early Functional Warning Signs

- Significant change in daily routine or self-care.
- Increasing social withdrawal or isolation.
- Difficulty maintaining concentration or completing tasks.
- Avoidance of work-related discussions or activities.
- Exacerbation of symptoms with low functional demands.

Diagnosis is not the trigger

- Diagnosis provides a label, but not always a roadmap for recovery.
- Two individuals with the same diagnosis can have vastly different functional capacities.
- Focusing too heavily on diagnosis can delay functional rehabilitation.
- Early intervention based on functional deficits can prevent chronicity.

The functional approach asks:

- What can the person still do?
- What are the specific barriers to improved function?
- What are their goals and motivations for recovery?
- What supports and resources are available?

When to refer for a Psychiatric Functional Assessment

01

Early identification

As soon as functional impairment is noted, regardless of diagnosis.

02

Unclear trajectory

If return-to-work progress is stalled or unpredictable.

03

Complex comorbidities

When multiple health issues complicate recovery efforts.

04

Risk of chronicity

To mitigate long-term disability and prevent secondary conditions.

The key principle is to intervene functionally early to prevent psychosocial and vocational decline.

What Dokotela offers

- **Timely Assessments:** Rapid access to psychiatric functional assessments to guide early intervention.
- **Actionable Insights:** Clear, practical recommendations focused on improving functional capacity and return-to-work outcomes.
- **Expert Panel:** Access to experienced psychiatrists specializing in work-related mental health.
- **Collaborative Approach:** Working closely with all stakeholders to create integrated recovery plans.
- **Evidence-Based:** Utilizing best practices and research to deliver effective functional assessment services.

When to Refer for a Psychiatric Functional Assessment?

At a Glance



Best window

Weeks 2–8 post injury, before avoidance, identity loss and administrative complexity consolidate.



Refer early if ANY of these are present

- Persistent distress without functional improvement
- Low confidence in RTW or future work prospects
- Withdrawal from employer contact or suitable duties
- Increasing symptom focus with shrinking activity
- Maladaptive routines (isolation, sleep inversion, alcohol use)
- Growing frustration or perceived injustice about the claim
- Unresolved workplace factors (conflict, unclear role, unsafe duties)



Key principle

- Do not wait for diagnostic certainty.
- Refer when function and trajectory start to drift.

Built for the early phase window

Dokotela's Psychiatric Functional Assessment service is built around this early phase window. It provides scheme managers and medical advisors with the functional clarity needed to **keep claims on a recovery pathway rather than an escalation pathway.**