Gradual Return to Work Trajectories among Employees with Mental Health Problems:

The i-STEP Project

Dr. Margot Joosen

m.c.w.joosen@tilburguniversity.edu
@margotjoos
Margot Joosen

Tilburg University

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GRADUAL RTW

- Promising component of succesful RTW interventions
- Focus on RTW itself (yes or no), little known about *RTW process*
- Increasingly common in various European countries

→ **In practice, there may be beneficial and less beneficial gradual RTW trajectories**

OBJECTIVES

1) Investigate which trajectories of RTW can be identified among employees with MHP

2) Provide a description of the different trajectories (demographics, personal and work characteristics)

3) Assess the implications of our findings for practice

METHODS

Collaboration with OHS

Retrospective longitudinal absence data

Latent class transition analyses

- Identify groups
- differences in sustainable work resumption

Stakeholder meeting

Reflection on results

9517 employees
62.938 data lines

occupational health physicians,
case manager,
occupational social worker,
employer,
HR manager,
psychologists,
employees with lived experience

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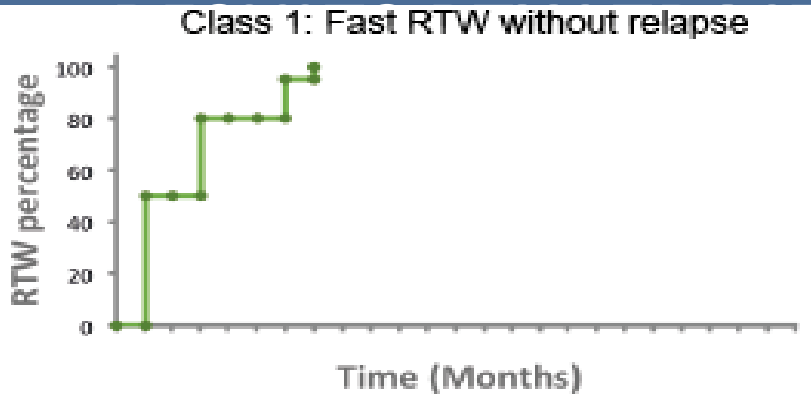
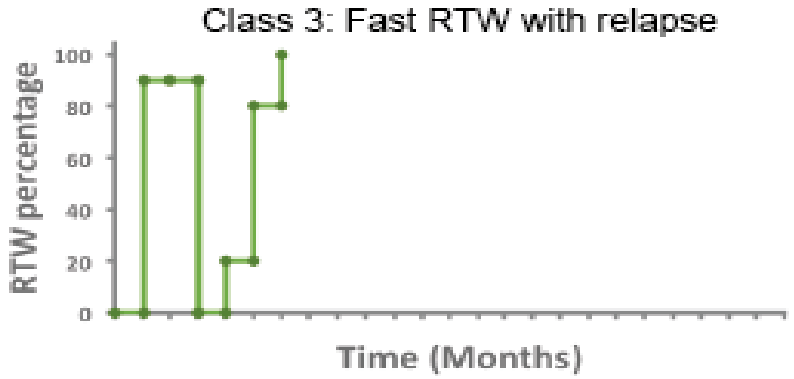
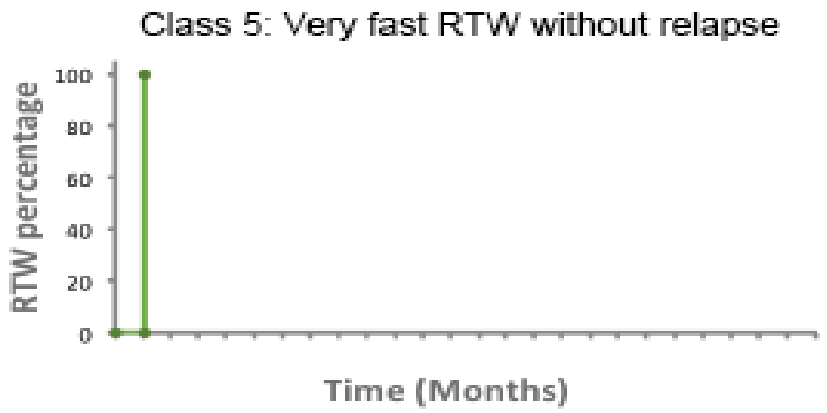
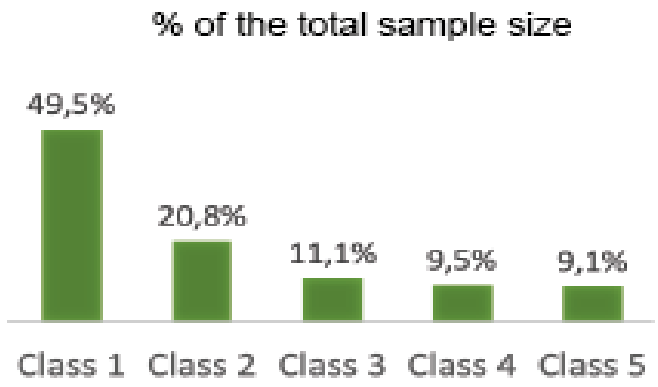
RESULTS RTW TRAJECTORIES

- 5 distinct trajectories identified with Latent class transition analyses
- Differed in RTW duration (fast and slow RTW) and relapse occurrence (small or large chance of relapse)









Average **age** lower in faster trajectories

More **men** in fastest trajectory

More **stress complaints and adjustment disorder** in faster trajectories

More **burn-out and mood disorder** in slower trajectories

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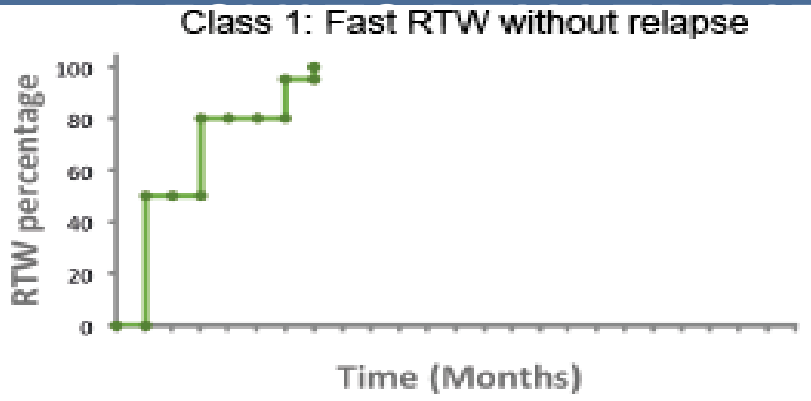

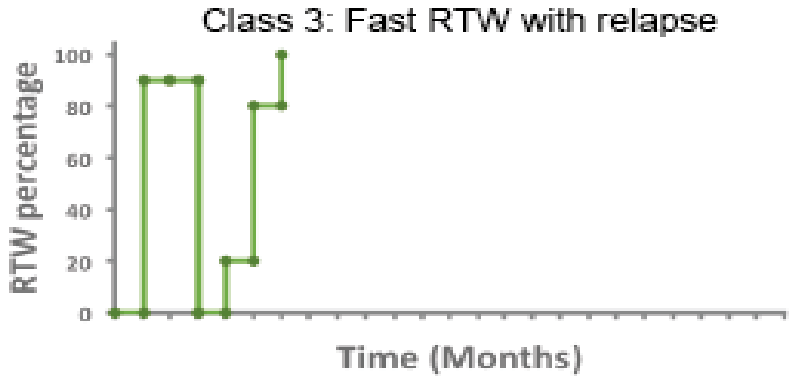

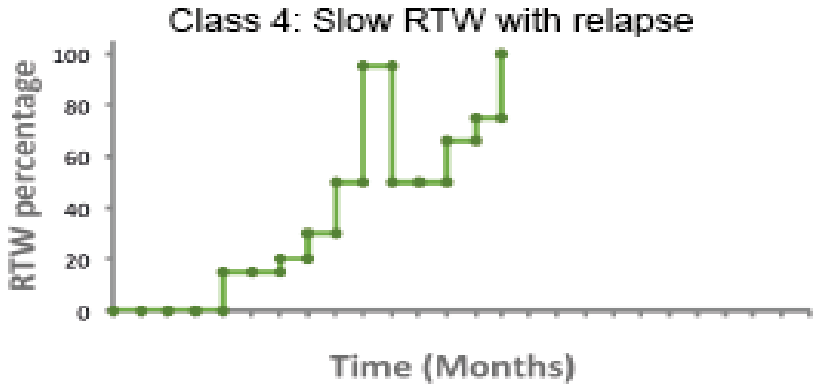

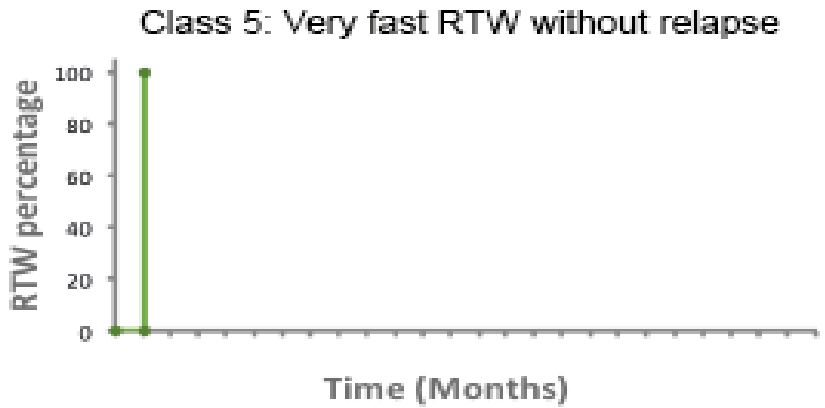

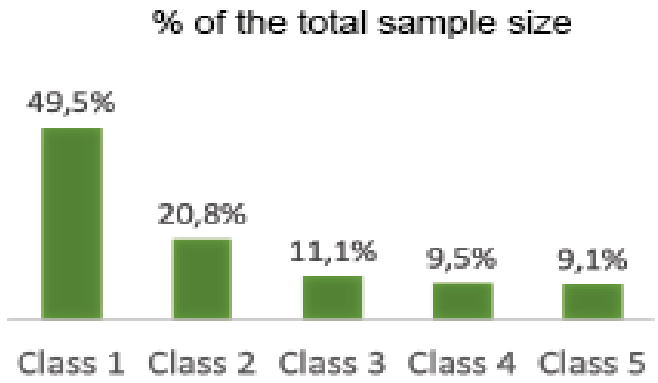

No significant differences regarding **work hours per week**

More employees from **profit sector** and **larger organizations** in faster trajectories

No differences between the five trajectories on **sustainable work resumption** in the two years following a full RTW

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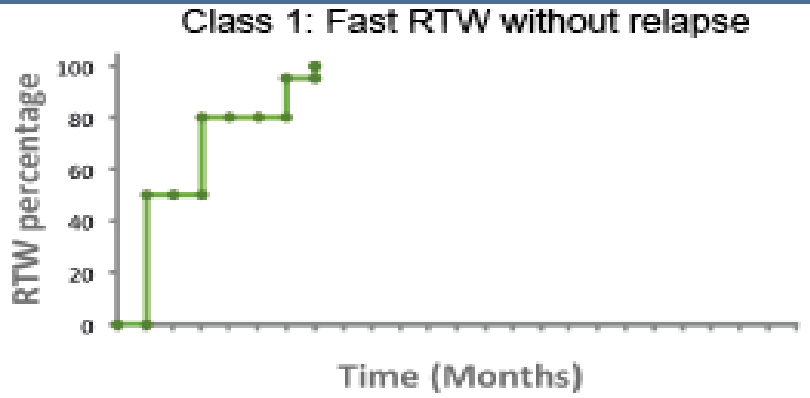

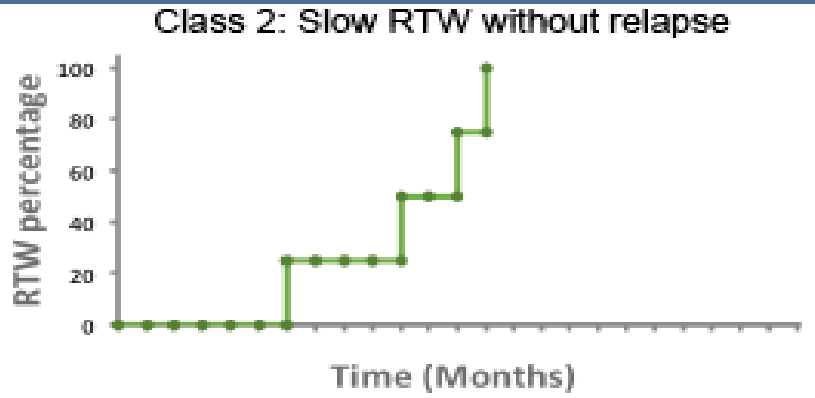

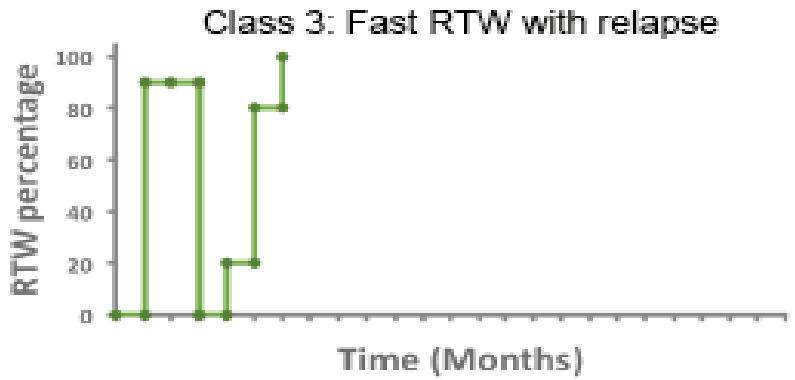

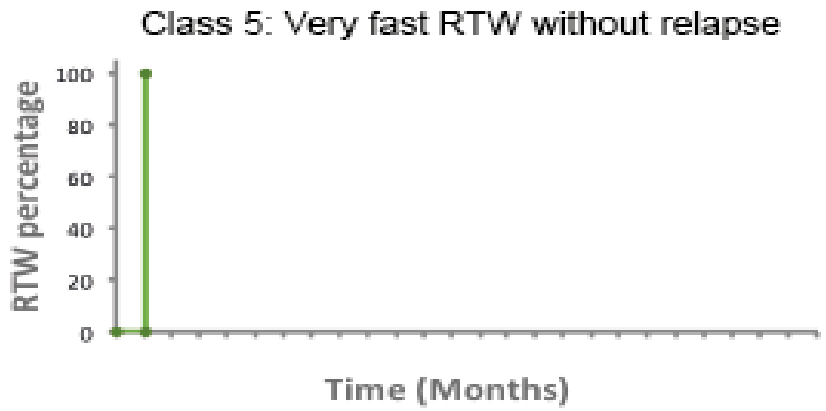

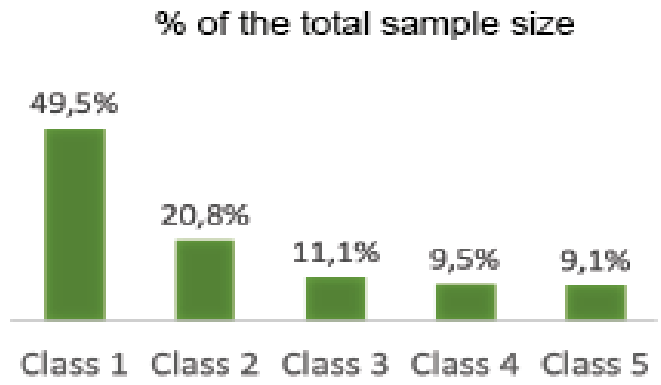

Stakeholders recognized all trajectories

Possible causes for slow trajectories and relapse:
Sub-optimal communication
(self-) stigma

Preventing problematic trajectories, e.g.:
supportive communication,
de-stigmatization,
providing hope and perspective

CONCLUSION

- Identify five distinct RTW trajectories, varying on RTW duration and relapse occurrence
- Large individual variability and differences between personal/medical and work characteristics
- Observed differences especially between slower and faster trajectories, not related to relapse

KNOWLEDGE FOR PRACTICE

- Provide insight into ‘normal’ RTW trajectories for employees with MHP and increase awareness
- Help to develop personalised RTW interventions, tailored to specific individuals and organisations
- More focus needed on the process of RTW and not only on the start of RTW
- Recording OHS data systematically and collaborating with researchers to provide valuable insight to improve RTW support

THANK YOU!

Thanks to the project team and collaborators:

Maitta Spronken, Evelien Brouwers, Jac van der Klink, Jeroen Vermunt, Iris Arends, Cathelijne Joling, Monique Caubo, Ilona van Beek, Wido Oerlemans, Niels Verlage

m.c.w.joosen@tilburguniversity.edu
@margotjoos
Margot Joosen

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To Disclose or Not to Disclose: A Multi-stakeholder Focus Group Study on Mental Health Issues in the Work Environment

E. P. M. Brouwers[1] · M. C. W. Joosen[1,2] · C. van Zelst[3] · J. Van Weeghel[1,4,5]

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Abstract

Purpose Whether or not to disclose mental illness or mental health issues in the work environment is a highly sensitive dilemma. It can facilitate keeping or finding paid employment, but can also lead to losing employment or to not being hired, because of discrimination and stigma. Research questions were: (1) what do stakeholders see as advantages and disadvantages of disclosing mental illness or mental health issues in the work environment?; (2) what factors are of influence on a positive outcome of disclosure? *Methods* A focus group study was conducted with five different stakeholder groups: people with mental illness, Human Resources professionals, employers, work reintegration professionals, and mental health advocates. Sessions were audio-taped and transcribed verbatim. Thematic content analysis was performed by two researchers using AtlasTi-7.5. Results were visually represented in a diagram to form a theoretical model. *Results* Concerning (dis-)advantages of disclosure, six themes emerged as advantages (*improved relationships, authenticity, work environment support, friendly culture)* and two as disadvantages *(discrimination and stigma).* Of influence on the disclosure outcome were: Aspects of the *disclosure process, workplace factors, financial factors, and employee factors*. Stakeholders generally agreed, although distinct differences were also found and discussed in the paper. *Conclusion* As shown from the theoretical model, the (non-) disclosure process is complex, and the outcome is influenced by many factors, most of which cannot be influenced by the individual with mental illness. However, the theme 'Aspects of the disclosure process', including subthemes: *who to disclose to, timing, preparation, message content* and *communication style* is promising for improving work participation of people with mental illness or mental health issues, because disclosers can positively influence these aspects themselves.

Research questions

1. Advantages and disadvantages (for the worker) of disclosure in the work environment?

2. Factors of influence on a good outcome of disclosure (for the worker)?

Aim: explore stakeholder views on disclosure

Five stakeholder focus groups (N=27):

1. People with mental health problems
2. Mental health advocates
3. Employers
4. HR managers
5. Reintegration professionals

Findings

Research question 1: Advantages and disadvantages of disclosure in work environment?

Advantages: 4 themes

1. Improved relationships at work
2. Workplace support
3. Friendly workplace culture
4. Authenticity

Findings

Research question 1: Advantages and disadvantages of disclosure in work environment?

Disadvantages of disclosure: 2 themes

1. Discrimination
2. Stigma

Findings

Employer, on discrimination:

If you disclose during the hiring period… …I think that's a 'no go'. Then the employer will say: 'thanks for warning us'."

Findings

HR manager, on stigma:

“The moment I hear a (mental health) condition during a job interview, it is stored in my memory….. After that, the job applicant can talk all he wants, but I have already heard it”.

Findings

Research question 2: Factors of influence on a good outcome: 4 themes

1. Work(place) factors:
low job responsibility level, good workplace climate, type of industry

2. Financial factors:
Good economy, financial incentives for employers

Findings

Research question 2: Factors of influence on a good outcome: 4 themes

3. Employee factors:
type of mental health problem, low symptom severity, high self-esteem & good negotiation skills

4. Aspects of the disclosure process: who, when, style, content and preparation

Preparation can positively influence the outcome!

- Who to disclose to?
- When?
- How to disclose
- What is the content of my disclosure message
- What style/tone to use

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Conclusions

- Advantages, but also discrimination and stigma
- Many factors of influence: disclosure is complex and personal process
- Many factors cannot be influenced, however…
- Disclosers can positively influence outcome of disclosure and employment!

Thank you for your attention


e.p.m.brouwers@tilburguniversity.edu


@evelienbrouwers


Evelien Brouwers

Evidence for work adjustments for mental health

Dr Jo Yarker
Affinity Health at Work and Birkbeck, University of London

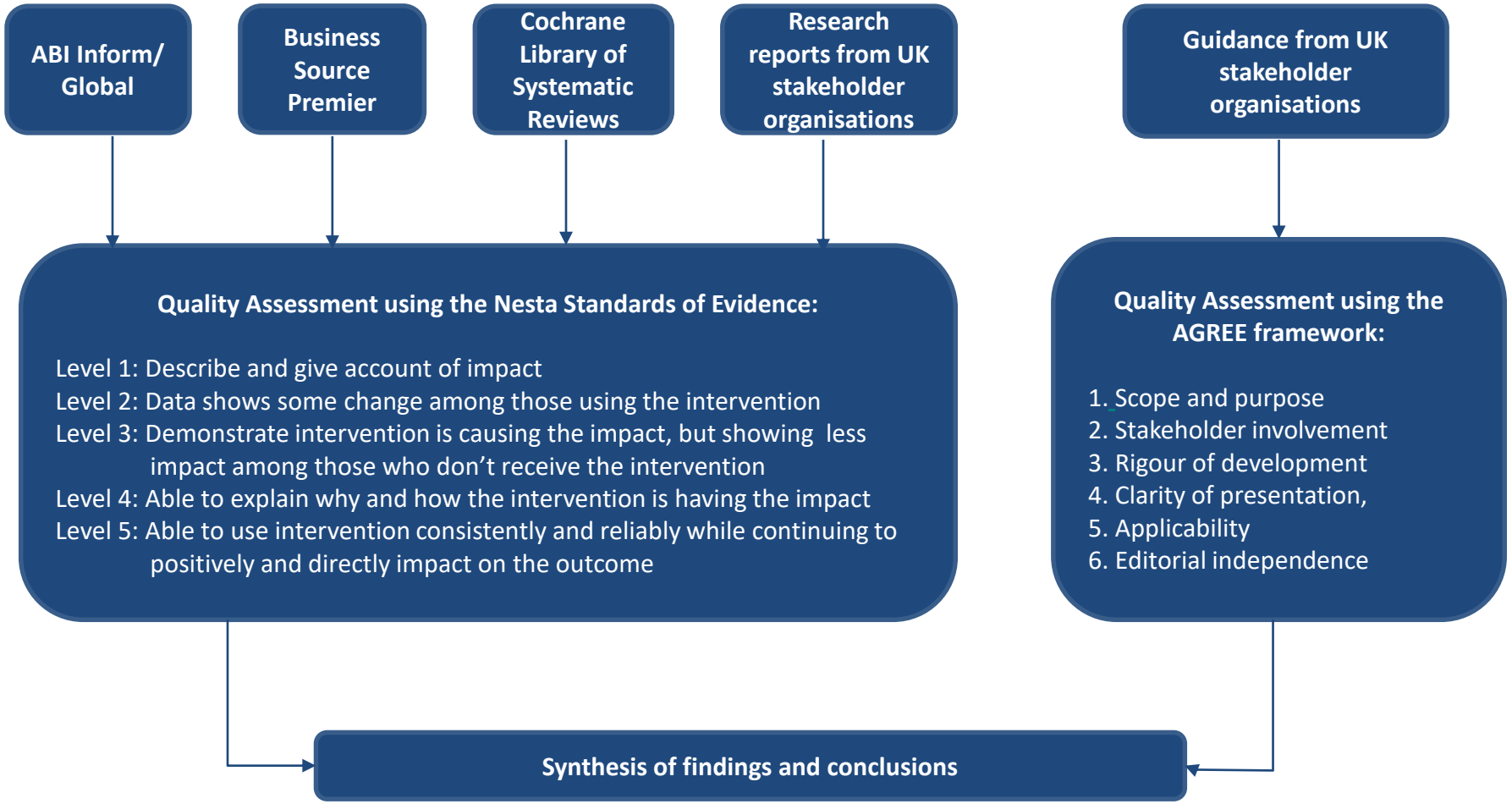
With Dr Rachel Lewis, Dr Emma Donaldson-Feilder and Alice Sinclair

Acas commissioned Affinity Health at Work to conduct a review of the evidence for work adjustments

This review aimed to answer three key questions:

1. What is going on in practice?
2. What does the guidance recommend?
3. What is the evidence?

Our approach: A rapid evidence review



1. What is going on in practice?

41% of employees experiencing a mental health problem achieve no changes (BITC, 2019)

61% of organisations reported that phased or gradual return is the most commonly taken action in relation to mental health (CIPD, 2019)

8% of managers reported that they had received training on adjustments and rehabilitation (BITC, 2019)

Work adjustments are encouraged as a core standard in the Stevenson/Farmer review

Much is going on, but there is no clear information about what works, for whom or in what circumstances.

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2. What does the guidance recommend?

19 different pieces of guidance were identified including Acas, BITC, CIPD, Mind, Rethink and MHFA

Of which:

- 6 were specifically focused on adjustments, 13 management of mental health at work
- 7 referred to the broad spectrum of MH, yet only light touch / no specific implications noted
- 4 were specific to return to work following absence, 14 included 'at work' adjustments or did not specify
- 2 were employee focused, 9 employer, 5 manager, 2 employer and employee, 1 unspecified
- All but two referred to the Equality Act

3. What is the evidence?

We identified

- 7 systematic reviews
- 3 longitudinal studies (1 controlled trial)
- 6 cross-sectional studies
- 5 qualitative / interview studies
- 8 research reports

Key findings:

- **Employees perceive the adjustments to be effective**
- **The evidence for effectiveness is less clear**
- **Notably, few studies have been conducted in the UK**

3. What is the evidence?

Type of adjustment	Recommended in the guidance? (No recommending)	Evidence in Research Reports	Evidence in Academic Journals
Work schedule	Breaks (4), Leave for appointments (8), Flexible hours (9)	*	**
Role and responsibilities	Review workload (3), Temp change in duties (5),	*	*
Work environment	Home working (7), relocation of desk (6), light box (2)	*	*
Policy changes	E.g. additional leave (2)		
Additional support and assistance	Buddy or mentor (5) Modified supervision (3), additional training on skills and duties (7)	**	**
Redeployment	(3)	*	

* Described ** Association reported ***Causal relationship/ efficacy reported

There is no evidence for the effectiveness of specific work adjustments. Longitudinal studies show mixed findings while survey and interview studies suggest a range of adjustments are useful. The lack of evidence does not mean they do not work, it just means we do not have evidence that they work.

3. What is the evidence?

Barriers and facilitators

- **Multicomponent** interventions appear to be more successful – work adjustment with therapeutic/ CBT
- Encouraging **disclosure** is important – those who disclose are more likely to access adjustments but stigma is a concern
- **Supervisor support** is important – those who report support also report feeling safe and able to access adjustments
- **Co-worker support** is important – interestingly, co-workers see flexible hours and time off for counselling as more acceptable than more frequent breaks
- **HR/ Employers focus on work** aspects (e.g. job modifications) while **employees focus on the relational aspects** (support, good relationships)

3. What is the evidence?

We found no evidence for:

Differences in adjustments recommended / accessed:

- Relating to the severity of mental ill-health e.g. for transitory ‘every day’ anxiety to severe mental ill health
- While at work or at the point of return
- Under the Equality Act and those that fall outside it
- As recommended by OH, HR or supervisors (i.e. different disciplines seem to be saying the same thing)

The effectiveness of adjustments as measured by longitudinal, controlled studies.

What does this mean?

- A wide range of adjustments are being recommended and accessed in the workplace
- But we do not yet have a clear understanding of who is accessing what, for how long, and with what effect on mental health or work ability
- There is need for a more granular understanding of effectiveness to steer guidance by role, sector and adjustment
- There is need to develop guidance to bring together the current evidence and practice, particularly for employees

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Thank you!

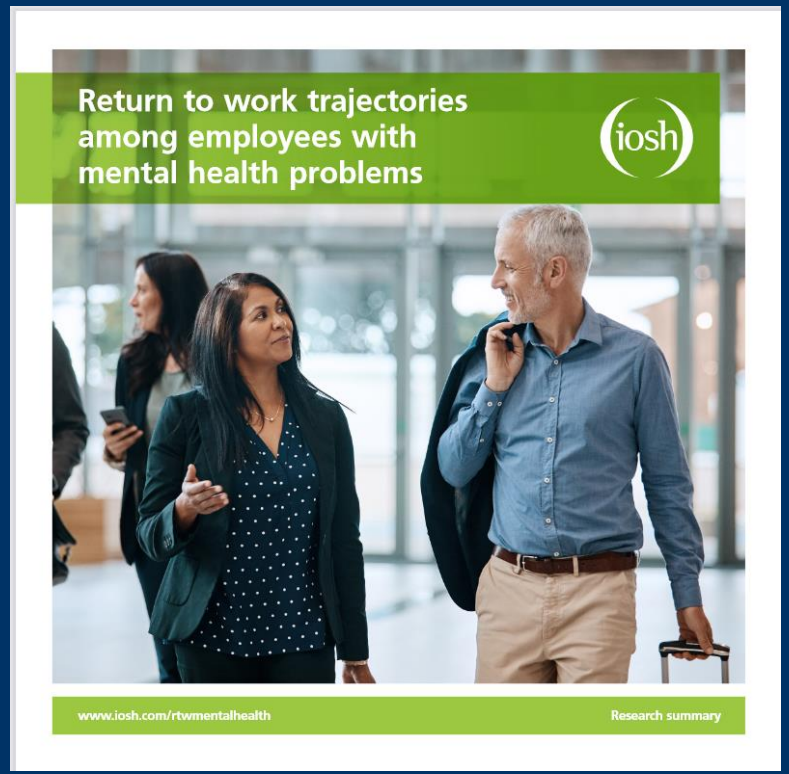
To find out more about our research:

- To read the full report visit: : https://www.acas.org.uk/work-adjustments-for-mental-health-a-review-of-the-evidence-and-guidance-html
- Research and consultancy at affinity health at work: www.affinityhealthatwork.co.uk/our_research
- If you would like to know more about our work or get involved in our research please contact us!

Barriers and Facilitators for return to work of workers with mental health problems: a worker perspective

Margot Joosen (PhD)
Tilburg University, The Netherlands

m.c.w.joosen@tilburguniversity.edu
@margotjoos
Margot Joosen



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Face to face interviews

- Interviews with workers on sick leave at 2 moments:
  1. at the start of their sick leave period
  2. when they resumed work or after 6 months if the worker still on sick leave

- Interview questions:
  - What were the factors leading to sickness absence?
  - What are barriers and facilitating factors for RTW?

Interviews with workers

- 3 groups of workers:

  Short-term sick leave (n=12): up to 3 months

  Medium-term sick leave (n-11): between 3-6 months

  Long-term sick leave (n=11): 6 months or more

- Workers had various mental health problems, most prevalent were major depressive disorder (n=19) and generalised anxiety disorder (n=11).

Main findings

1. **Perceived high workload** was the primary cause of sickness absence
    - characteristic of the work environment
    - often self-imposed
    - high sense of responsibility

Main findings

2. Crucial role of self evaluation in RTW

- Lack of self evaluation skills

- Gaining self-awareness and learning to set limits

Main findings

3. Mental health conditions were **not regarded** as the origin of sickness absence

- Mental health problems were seen as consequences not as the cause
- Suggests that not the condition itself but non-disease-related factors play part in sickness absence

Main results

4. The importance of **a supportive manager** for successful RTW

- Workers didn’t feel heard by their manager
- Showing interest vs putting pressure
- Personalised guidance

Main findings: Short-term vs long-term sick leave

5. The ability to regain **control**

- Workers on short term sick leave seemed more pro-active / recovery-enhancing behavior
- Workers on long term sick leave seemed more in need of professional support

Main findings: Short- vs long-term sick leave

6. The importance of **the value of work**

- Unsatistied with the work content
- Mismatch between person and the job
- Important topic to discuss prior to sickness absence and during the RTW

Conclusions from the interview study

1. Mostly similarities were found between the three sub-groups
2. Mental health disorders were not seen as the main cause for sickness absence
3. Decreasing the perceived workload AND increasing self-reflection seems important
4. The importance of valuing one's work

Recommendations for practice

1. Improve managers knowledge and skills in guiding workers with MHP

2. Support workers in gaining self-awareness and regaining control

3. Personalise workers' RTW support by focusing on their values, views and needs

Thank you for your attention

Margot Joosen, PhD

Tranzo, Tilburg University,
The Netherlands

m.c.w.joosen@tilburguniversity.edu
@margotjoos
Margot Joosen

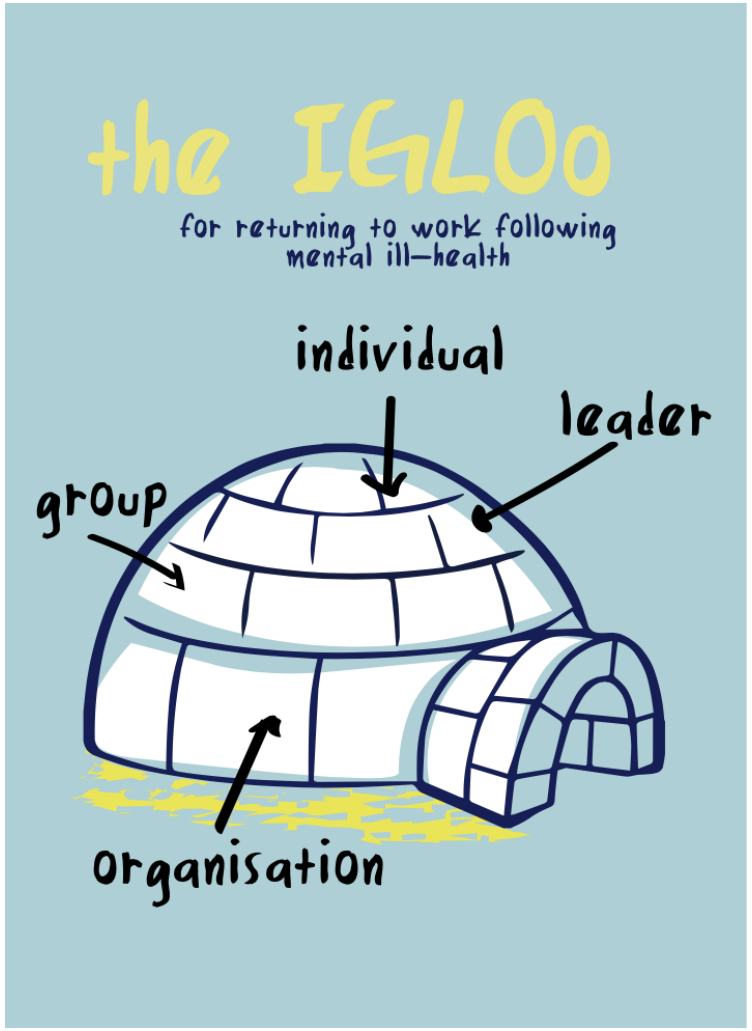
Project team: Margot Joosen, Evelien Brouwers, Hanneke van Gestel, Iris Arends, Lian Snoeijen, Marjolein Lugtenberg, Benedikte Schaapveld, Berend Terluin, Jaap van Weeghel, Jac van der Klink

Thriving at Work

The resources required to support employees returning to work following mental ill-health absence

Dr Jo Yarker
Affinity Health at Work and Birkbeck, University of London

Collaboration with Professor Karina Nielsen, University of Sheffield



productivity insights network

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affinity health at work

E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL

Our research

Background:

- Mental health is now the most prevalent reason for short and long term sickness absence, 57% of lost work days and significant numbers of returning employees relapse or subsequently exit work.

Research question:

- What are the resources needed to return to, and stay at, work following sickness absence due to mental ill-health

What we did:

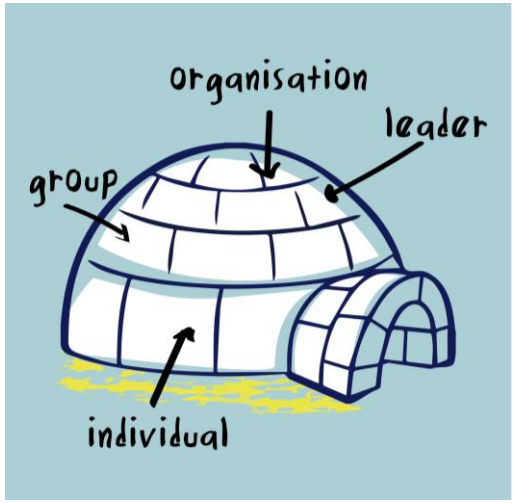
- Interviews with 38 employees and 20 managers at multiple time points over a four month period
- Used our recently developed the IGLOO Framework to explore the resources that help returning workers stay at work

Dr Joanna Yarker | E: jo@affinityhealthatwork.com | www.affinityhealthatwork.co.uk

Your IGLOo for returning to work following mental ill-health

The IGLOo for returning to work following mental ill-health includes:

At home the following actions help returning employees	Resources	At work, the following help returning employees
• Prioritising self-care • Establishing clear boundaries between work and leisure	**Individual**	• Creating structure in the working day
• Understanding from others • Receiving non-judgmental support	**Group**	• Receiving feedback on tasks from colleagues • Getting help when doing challenging tasks • Being treated as you did before not as someone with mental ill-health
• Having a consistent point of contact • Facilitating of links to external services and treatment	**Leader**	• Agreeing what information about the absence and return is communicated to colleagues • Continuing to provide support and work adjustments • Being available but not intrusive
• Accessing work-focused counselling	**Organisation**	• Providing flexible working practices and leave policies • Providing work-focused counselling • Demonstrating care through support • Establishing a culture where mental health is not stigmatised



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Practical Resource for supporting return to work

How can you help your colleague strengthen their IGLOo?

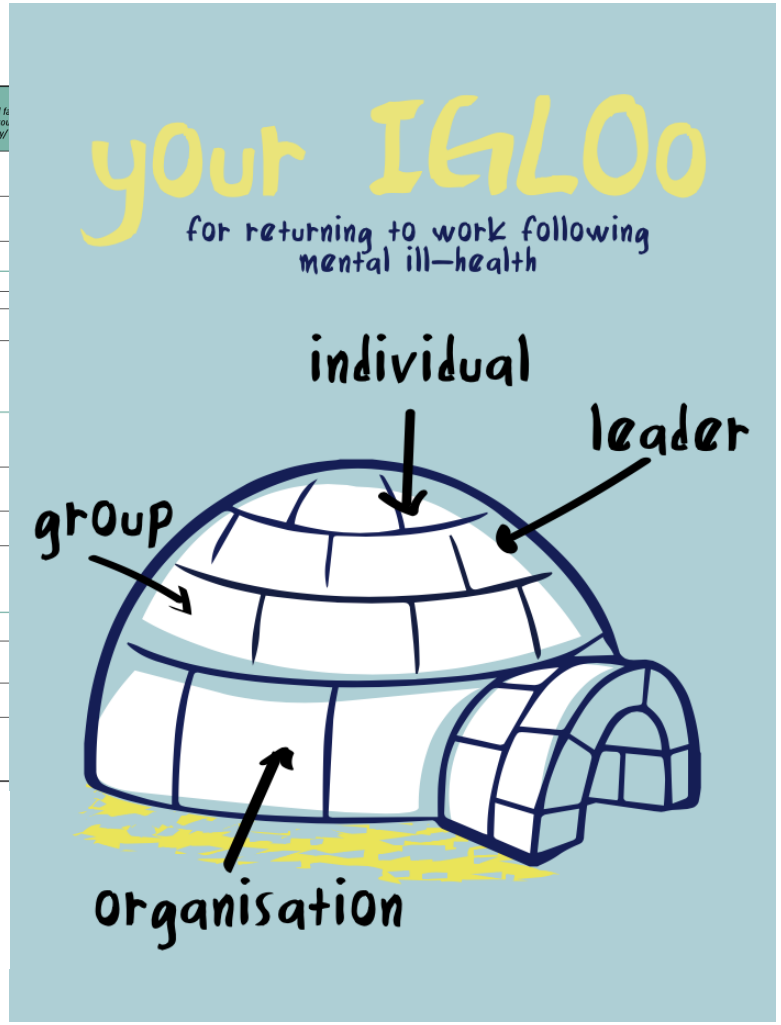
Use the checklist here to see what you can do to help your colleague build their **IGLOo**.

1. Look at the checklist. Read the statements in the 'Do I...' column. Answer 'yes', 'no' or 'sometimes'. Mark your answer in the column.
2. Use the checklist here to test the strength of your contribution to your colleagues' **IGLOo**. If you answer yes to these questions, you help your colleague build a strong **IGLOo**. If you answer 'sometimes' or 'no' think about whether they might like your help.
3. What else could you do to help? If you answer 'sometimes' or 'no' what could you do to make this part of their **IGLOo** stronger? It may be something you need to do, you need someone else to help you do, or you need to ask for.
4. How do you make this happen? Think about what you can do to make this happen. Need help and advice? Ask friends and family, colleagues, Line manager, GP, Human Resources, Occupational Health, charities/ support groups, union reps

Remember...

Returning to work is not always easy, but having support can make a huge difference. If you are not sure what your colleague would find helpful, ask them. Talk through the checklist with them and identify some concrete actions that you can take to help them build their **IGLOo**.

Resources	Location	Do I...?	Do I... Yes, No, Sometimes	I need to... *If you answered "sometimes" or "no", what else would be helpful?*	I can make this happen by... *Need help and advice? Ask friends and fa... Need help and advice? Ask Human Resou... Occupational Health, colleagues, charity/ support groups, union reps;*
Individual	Work	Help the employee create structure in the working day? E.g. divide up tasks in to smaller components, diarise meetings.			
	Home	Enable the employee to prioritise self-care by ensuring the employee leaves work on time and by allowing flexibility for exercise, appointments etc?			
		Ensure the employee has clear boundaries between work and home?			
Group	Work	Provide feedback on tasks to build confidence?			
		Help out when doing challenging tasks?			
		Treat the employee the same as before, not someone different or who is experiencing mental ill-health			
	Home	** While you can't influence how friends and families behave, if you know that the returning employee is experiencing difficulties outside work, this could make the group support in work even more important for them.			
Leader	Work	Check in with my line manager about what the employee wants us to know, and accept that they may not want me to know everything about their absence?			
		Accept that my line manager may put in place support and work adjustments, even beyond the first month, to help the returning employee?			
		Look out to ensure that my returning colleague has access to our line manager?			
	Home	** While you cannot influence the support the employee is able to access from their GP, if you know that the employee is finding access to support difficult it might be appropriate to direct them to occupational health support.			
Organisational	Work	Know what the policies are for flexible working and absence so that I can share them if needed?			
		Support the employee to access flexible working and work adjustments that are outlined in the organisations policy?			
		Know if the organisation offers work-focused counselling, and if so, do I know where they can find it?			
	Home	** While you cannot influence the support offered to the employee outside of work, if you know they want but are not able to access support it may be appropriate to direct them to Occupational Health, HR or your workplace EAP.			



Guides for employee, colleague, line manager and HR guides

Dr Joanna Yarker | E: jo@affinityhealthatwork.com | www.affinityhealthatwork.co.uk

Implications for research and practice

Urgent call for action: The impact of the pandemic on mental health across the globe means this is no longer a problem that can be ignored and overlooked.

- Individuals need to be equipped with the knowledge and support to sustain their mental health on their return.
- Groups, line managers, organisations and overarching government and social structures have a significant role to play. None of us can do it on our own.
- We need to evaluate using longitudinal approaches, particularly in a UK context to understand what works, for whom, under what circumstances.
- We need to remember it all starts with prevention and good work….

Dr Joanna Yarker | E: jo@affinityhealthatwork.com | www.affinityhealthatwork.co.uk

Thank you!

To find out more about our research:

- To read the full report and guidance visit: https://productivityinsightsnetwork.co.uk
- Research and consultancy at affinity health at work: www.affinityhealthatwork.co.uk/our_research
- To read the conceptual paper: Nielsen, K., Yarker, J., Munir, F., & Bültmann, U. (2018). IGLOO: An integrated framework for sustainable return to work in workers with common mental disorders. *Work & Stress*, *32*(4), 400-417.
- If you would like to know more about our work or get involved in our research please contact us!

Dr Joanna Yarker | E: jo@affinityhealthatwork.com | www.affinityhealthatwork.co.uk