



Return to work after common mental disorders

Perspectives of workers, mental health professionals, occupational health professionals, general physicians and managers

Summary report 2017

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In this document, you'll find a summary of the independent study we commissioned from Tilburg University, entitled 'Barriers to and facilitators of return to work after sick leave in workers with common mental disorders: perspectives of workers, mental health professionals, occupational health professionals, general physicians and managers'.



What's the problem?

Employment has been shown to be beneficial for health, including for depression and general mental health. Common mental disorders (CMDs), such as depression, anxiety, adjustment disorders and stress-related complaints, are the most common cause of sickness absence and work disability. As such, they're associated with high costs and pose a problem for society, employers and workers. At any moment, about 20 per cent of working-age people in OECD countries suffer from a mental health problem, which has a major impact in terms of reduced productivity at work, sickness absence and work disability.¹ Also, CMDs negatively affect the quality of life of the worker, and prolonged absenteeism may put the worker at risk of becoming unemployed. So it's important to understand if and how productivity loss in workers with CMDs can be reduced and preferably prevented.

The current body of knowledge on this important question has some limitations. As yet, a fair amount of intervention studies have been conducted aimed at speeding up the return to work (RTW) of this group of workers, but mostly without success. This underlines the importance of exploring the RTW process more closely, especially to find out which factors act as barriers to RTW and which act as facilitators. It's also important to explore the issue from the perspective of key stakeholders.

So, we commissioned Dr Margot Joosen and her team at Tilburg University, The Netherlands, to investigate the following:

- What do mental health professionals, occupational health professionals, general practitioners and managers perceive as barriers to and facilitators of the RTW process for workers on sick leave with CMDs?
- What are the factors that lead to sickness absence, according to workers on sick leave with CMDs, and how do these differ between workers on short-, medium- and long-term sickness absence?
- What do workers on sick leave with CMDs perceive as RTW barriers and facilitators, and how do these differ between workers on short-, medium- and long-term sickness absence?

The research was conducted solely in the context of the Dutch social security system.

¹ Organisation for Economic Co-operation and Development. Sick on the job. Myths and realities about mental health and work. Paris: OECD Publishing, 2012; Eaton W W, Martins S S, Nestadt G, Bienvenu O J, Clarke D, Alexandre P. The burden of mental disorders. Epidemiologic Reviews 2008; 30 (1): 1–14.

What did our researchers do?

The study used qualitative research techniques, which have a more exploratory nature and are helpful in complex situations where little is known about how and why things happen.

The research was carried out in two separate studies: a focus group study exploring the perspectives of four different stakeholder groups; and an interview study with a group of workers on sick leave with CMDs.

In the focus group study, the research team explored the perspectives of four categories of professionals who regularly encounter workers with CMDs and who are involved in their RTW. These were:

- mental health professionals
- occupational health professionals
- general practitioners
- managers.

In two-hour focus group meetings, the research team extensively explored the perspectives of these groups regarding barriers to and facilitators of work resumption in workers with CMDs. During the meetings, the stakeholders also discussed what they perceived to be their roles and responsibilities in the RTW process of workers on sick leave with CMDs.

With the interview part of the study, 34 workers with CMDs were extensively interviewed on what they perceived had led to their sickness absence, as well as the barriers to and facilitators of returning to work. The face-to-face interviews were usually held at the workers' own homes, and they were interviewed twice to capture the nature of the RTW process.

A total of 68 extensive in-depth interviews were held with three sub-groups of workers: those with CMDs on short (up to 3 months), medium (between 3 to 6 months) and long-term sickness absence (6 months or more). The first interviews were conducted shortly after workers called in sick. The second interviews were conducted shortly after work resumed, or after 6 months if the worker was still on sick leave.

What did our researchers find out?

Focus groups on stakeholders' perspectives

A key finding was that the views of different groups of stakeholder were very similar regarding the need for a swift RTW for workers with CMDs. However, this raises the question that if all stakeholders know what to do, then why are so many workers with CMDs on sick leave for a long time? This finding suggests that putting this

knowledge into practice is difficult. From the list of RTW barriers and facilitators, five themes were identified as central to a successful RTW process according to the four stakeholder groups:

- workers' motivation to return versus workers' emotions, cognitions and coping
- the type of work one returns to, fulfilling and motivating activities
- a safe, welcoming and stigma-free work environment
- personalised RTW support
- collaboration between (health care) professionals.

Some differences between perspectives were also found, especially between managers and the other groups. For instance, managers didn't speak about the effect of conflict between the worker and manager. Also, the health care professionals emphasised the importance of providing the worker with psycho-education – ie interventions to understand and cope with illness – although the managers did not mention this.

Interviews with workers with CMDs

Three conclusions emerged in what workers with CMDs saw as causes of their sickness absence:

- perceived high workload/work pressure was the primary cause
- mental health conditions were not regarded as the origin of their sickness absence (but rather as a consequence of it)
- in the group with long-term sickness absence, a recurrent theme was that they disliked the content of their work.

Regarding barriers and facilitators, workers with CMDs reported a number of factors influencing the RTW process. According to workers, central to a successful RTW was:

- gaining self-awareness and learning to set limits
- having a supportive and understanding manager
- regaining control by engaging in recovery-enhancing behaviour
- doing work one values.

A difference between workers on short- versus long-term sick leave was that the latter often indicated they did not enjoy their work content and work tasks any more and were less satisfied with their jobs. In contrast, workers on short-term sickness absence often valued their work content and had a pleasant working environment with an understanding manager. Another difference between short- and long-term absentees was that the former seemed to engage more in recovery-enhancing behaviour, eg keeping a daily structure and continuing to be active. Workers on long-

term sick leave generally seemed to be more reactive as opposed to proactive, and to be more in need of professional support, especially to help them gain self-awareness about their own wishes and needs regarding work-related choices.

In conclusion, the results from both the stakeholder and interview study reveal a wide range of factors that, according to the four stakeholder groups and the workers themselves, have an impact on the onset of sickness absence and influence the RTW of workers with CMDs. The study findings suggest that the lack of self-evaluation plays a key role in these workers and that more focus on supporting these workers in gaining self-awareness and regaining control, discussing the value of work, and reducing work pressure may not only speed up RTW, but can also be important for the prevention of sick leave.

What does the research mean?

The following recommendations will help to incorporate the findings of this study into practice.

Improve managers' knowledge and skills in guiding workers with CMDs

All three groups of health care professionals agreed on the importance of managers' behaviour in the RTW process. The manager plays a crucial role, and so improving their knowledge and skills on how to support workers with mental health problems in the workplace is not only recommended after sick leave, but also before it to prevent sickness absence. Further research and resources can provide support to managers when carrying out their responsibilities.

Support workers in gaining self-awareness and regaining control

As an RTW intervention, it is key that workers are supported in gaining more self-awareness and insight into their personal needs and wishes. This support should:

- open their eyes to the fact that their way of dealing with their work situation is not helpful to themselves
- make them aware of their own work-related needs
- empower and support them in being more assertive and influential in adapting their work tasks where possible.

In addition, workers on long-term sick leave seemed to be more passive and reactive in their behaviour, which could hinder their RTW. Although no 'one size fits all' advice can be given, it's important to keep in touch with workers and for occupational health professionals to be able to identify stagnation at an early stage so that they can intervene.

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

A personalised approach by managers and (occupational) health care professionals – consisting of good communication and an assessment of what the worker's values, views and needs are – is recommended. Based on this study, experiencing work pressure and a mismatch between the worker and the job itself are issues that can have an impact on the onset of sickness absence and RTW. The adverse effects of high work pressure should be taken seriously by managers, as this was seen as the main cause of sickness absence by almost all respondents. Managers and (occupational) health care professionals need to understand that each worker perceives concepts like 'work pressure' and 'rest' differently and has different work-related needs. Furthermore, the topic of value of work should be addressed more often in the work context and greater effort should be made to improve the fit between one's job and personal strengths and interests.

Collaboration between professionals

The four stakeholder groups all mentioned good collaboration between different healthcare professionals as an important facilitator to returning to work. The list of barriers and facilitators that emerged from the stakeholder focus groups can provide input for developing checklists of topics to take into account when guiding RTW. It can be used for the development of tools for the different stakeholders.

Don't forget...

The study also has limitations that should be taken into account. First, as a qualitative study, the main limitation of this research relates to generalisability. For example, in the interview study, more female workers and more (moderately) highly educated workers participated. The research also focused on the Dutch social security system exclusively; however, generalisability was not the purpose of the study. As with other qualitative studies, the aim here was to generate insight into a complex condition where little current evidence exists, and where more knowledge is urgently needed. The interview study approach provides a multifaceted picture that would not have been available using survey or other observational methods. Nevertheless, subsequent large-scale, quantitative studies are needed to confirm the exploratory findings of the present study.

Other IOSH resources

Other resources on some of the topics covered in this research can be found at [iosh.com/research](https://www.iosh.com/research) and include:

- Return to work after cancer - occupational safety and health considerations

Good practice in action – managing the return to work after CMDs

In this study, focus groups recommended what should be done to support workers with CMDs as part of the RTW process. These recommendations are shown in the table below.²

Table 1 RTW facilitating factors, according to stakeholders

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
Ways to support the worker	- Pay attention to the worker: show appreciation of their condition - Attention to both recovery of health and work - Early involvement of a psychologist - Medication in case of severe problems	- Pay attention to the worker: listen; show support; take their condition seriously - A caseworker/coach in the recovery and RTW process - Provide perspective: take away fear; provide confidence in the future	- Pay attention to the worker: listen; show appreciation of their condition - A caseworker/coach in the recovery and RTW process - Provide structure and clarity - Courses: assertiveness; development skills for the job - Support from home - Legal regulations, such as financial incentive to work	- Pay attention to the worker: listen; show recognition of their condition - Provide structure and clarity

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
What the worker can do	- Explore motivation for work: what is satisfying?; sources of energy; value of work - Keep in contact with work; know what to tell colleagues - Build self-confidence; perspective; realise successes; resilience - Keep a daily structure	- Explore motivation for work: what suits you? - Keep in contact with work - Learn from the crisis - Undertake activities for daily structure and relaxation - Guard limits and regain/remain in control	- Explore motivation for work: what is enjoyable?; what do you want? - Learn from the crisis - Build self-confidence	- Keep being active - Build self-confidence; realise successes; feel useful - Recognise signals - Take responsibility for recovery: arrange support; make choices - Self-reflection

² The full list of RTW barriers and facilitators can be found at [iosh.com/research](https://www.iosh.com/research) on the 'Return to work after common mental disorders' research page.

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
What the work environment can do	▪ Role of manager: be involved; create a safe culture; be proactive; focus on work ▪ Manage expectations about what the worker can and cannot do ▪ Substitute work activities: creativity in work accommodations; discuss which tasks are still possible ▪ Occupational physician supports the worker ▪ Focus on the worker's professional role ▪ Support relationships with colleagues: involvement; team stability ▪ Pay attention to the person behind the worker	▪ Role of manager: recognise barriers ▪ Provide worker with authority in making RTW decisions ▪ No pressure on the RTW ▪ Possibility to return without much job strain	▪ Role of manager: understanding; focus on work; positive approach ▪ Provide worker with decision authority in the RTW process ▪ No pressure on the return ▪ An active RTW policy ▪ Evaluate the RTW process with the worker ▪ Positive contact between the worker, manager and colleagues: show interest; regular contact	▪ Role of the manager: keep in contact; be open about signals; create a safe culture ▪ Provide worker with decision authority in the RTW process ▪ No pressure on the return ▪ Manage expectations about what the worker can and cannot do ▪ Early opportunity to do other work activities ▪ Develop a personalised RTW plan with the worker ▪ Professional support in the RTW for the worker and manager, such as an occupational psychologist

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
Collaboration between professionals	▪ Good collaboration	▪ Good collaboration	▪ General practitioner and occupational physician work together to support the worker	▪ Good relationship between occupational physician and manager ▪ Worker provides permission for contact with treatment provider

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