



# **Return to work trajectories among employees with mental health problems**

Summary report 2020

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In this document, you'll find a summary of the independent study we commissioned from Tilburg University, entitled Return to Work Trajectories among Employees with Mental Health Problems: Insights from Longitudinal Sickness Absence Data and a Multi-Stakeholder Expert Meeting.



## What's the problem?

More than 20 per cent of the working-age population suffers from mental health problems (MHPs) such as depression, anxiety, adjustment disorders and stress-related complaints. Mental ill-health is not only burdensome for individuals; it is also associated with major societal costs. The majority of these costs (60 to 80 per cent) are not due to healthcare expenses, but due to increased absenteeism, presenteeism and unemployment.

It is important to gain insight into return to work (RTW) among employees on sick leave due to MHPs, in view of the associated costs. In this study, we were particularly interested in gradual RTW arrangements. Gradual RTW means that employees resume their work step-by-step after a period of sickness absence, until they have fully returned to work.

While returning to work gradually after a period of sickness absence is becoming increasingly common in several European countries, little is known about individual variation in the gradual RTW process and its relationship with sustainable work resumption. So IOSH commissioned Dr Margot Joosen and her team at Tilburg University, The Netherlands, to gain a better understanding of this.

### The researchers had four main objectives:

- to investigate which trajectories of RTW occur in practice among employees with MHPs
- to provide a description of the different trajectories (that is, the characteristics of the employees and the work environment)
- to investigate how different trajectories are related to sustainable work resumption
- to assess the implications of our findings for practice.

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

## What did our researchers do?

The objectives were realised in two phases, using a mixed-methods approach. In the first phase of the project, longitudinal absence registry data from employees with MHPs were analysed to investigate different RTW trajectories. In the second phase, a multi-stakeholder expert meeting was organised to describe the RTW trajectories and assess the implications of the findings for practice.

In the first phase, longitudinal sickness absence data were acquired from the largest Dutch occupational health service (OHS). These were anonymised sickness absence files of employees who were on sick leave due to an MHP in the year 2014. A broad

variety of sectors and organisation sizes were represented in this dataset. For this project, data from 9,517 employees were used.

Within these files, data were retrieved on sickness absence duration and RTW percentage over a period of two years, demographic characteristics (gender, age), type of MHP and work information (sector, organisation size). To identify distinct RTW patterns in the data, a latent class transition analysis (LCTA)<sup>1</sup> was used. This novel and complex analysis technique allowed the research team to identify groups of employees, or latent classes, which showed different trajectories of RTW. Follow-up analyses were carried out to investigate whether the trajectories were differentially related to recurrent sickness absence after full RTW.

In the second phase, the opinions and experiences of various independent stakeholders involved in the RTW process were explored in a multi-stakeholder expert meeting. The meeting consisted of two occupational health physicians, a case manager, an occupational social worker, an employer, an HR manager, two psychologists, and two employees with lived experience of MHPs.

In the two-hour expert meeting, the different RTW trajectories identified were presented and stakeholders were asked to reflect on whether they recognised the trajectories from practice, what characterises them and what is needed to prevent (unnecessarily) long trajectories and relapse. The research team extensively explored the perspectives of the different stakeholders. Importantly, this method involved interactions between different stakeholders, which enriches the conversation and provides valuable insight into complex problems.

## What did our researchers find out?

### Longitudinal sickness absence data

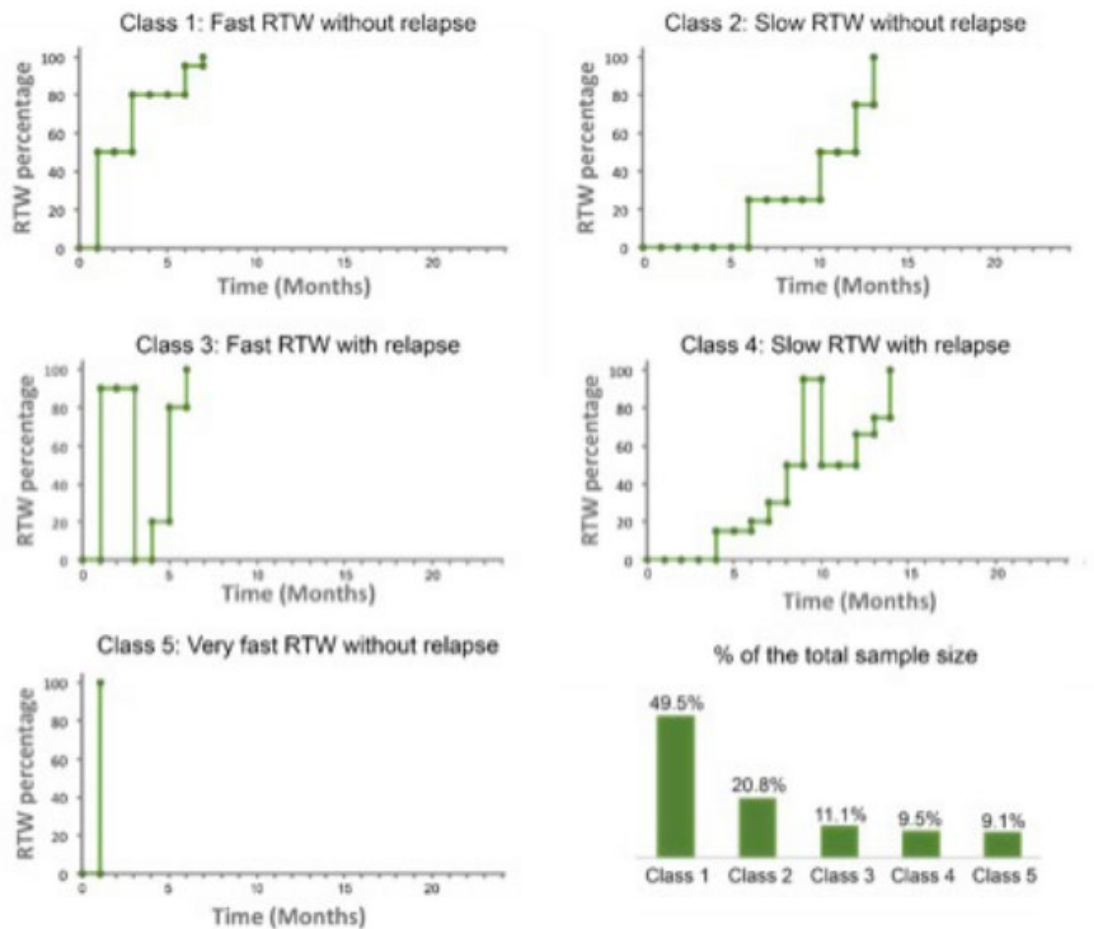
Within the data of 9,517 employees who had experienced MHPs, five distinct RTW trajectories were identified:

- Fast RTW without relapse during the RTW process (class 1)
- Slow RTW without relapse during the RTW process (class 2)
- Fast RTW with relapse during the RTW process (class 3)
- Slow RTW with relapse during the RTW process (class 4)
- Very fast RTW without relapse during the RTW process (class 5).

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<sup>1</sup> Latent Class Analysis is “a mixture model that posits that there is an underlying unobserved categorical variable that divides a population into mutually exclusive and exhaustive latent classes.” Lanza S and Rhoades B, Latent Class Analysis: An Alternative Perspective on Subgroup Analysis in Prevention and Treatment. Prev Sci 2013; 14 (2): 157-168.

Figure 1 One example of a typical RTW trajectory per latent class of the five-class model (x-axis shows 24 months).



Employees in the faster trajectories (classes 1, 3 and 5) were more likely to have suffered from stress complaints and adjustment disorders, whereas employees in the slower trajectories (classes 2 and 4) more frequently had experienced depression and burn-out. Regarding personal characteristics, older employees and females showed slower RTW trajectories (classes 2 and 4). With regard to work characteristics, employees working in the profit sector showed faster trajectories (classes 1, 3 and 5). Interestingly, part-time employees were no more prevalent in faster trajectories than full-time employees.

No differences between the five trajectories were found on sustainable work resumption in the two years following a full RTW. In total, 7,054 employees (74.1 per cent) stayed with their employer in the two years following full work resumption. Of this group, 808 employees (11.5 per cent) had a recurrent sickness absence record due to MHPs and 6,246 employees (88.5 per cent) remained at work.

## Multi-stakeholder meeting

Stakeholders indicated that they recognised all identified trajectories. Furthermore, they agreed that the trajectories were characterised by a combination of diverse MHPs, work-related factors and non-work-related factors. In line with the findings from the first phase of the study, faster trajectories were said to be characterised by less severe MHPs and slower trajectories by more severe MHPs. Moreover, co-morbidity was mentioned as a characteristic of slower trajectories.

According to the stakeholders, relapse during the RTW process often seems to be caused by pressure to resume work, either from employees themselves or from their work environment. Furthermore, they mentioned that sub-optimal communication and stigma (self-stigma and stigma from others in the work environment) can lead to both slower trajectories and relapse.

Participants at the meeting indicated that problematic trajectories may be prevented by providing hope and perspective, more frequent communication and better alignment between stakeholders, communication with the employee, social support, autonomy for employees, de-stigmatisation and system changes.

In conclusion, the present research enhances our knowledge of different RTW trajectories among employees with MHPs. We identified five distinct RTW trajectories, varying in RTW duration and relapse occurrence. These trajectories were characterised by large individual variability and differences between personal/medical and work characteristics. Interestingly, the most notable differences were found between slower and faster trajectories, but not between trajectories with and without relapse.

Both our quantitative and qualitative research demonstrated what characterises employees in different RTW trajectories. Heterogeneity in the RTW process among employees with MHPs has received limited attention in previous research. The identified trajectories can be used to identify which employees are at risk of a slow RTW and/or relapse. Subsequently, it can help to develop personalised RTW interventions.

It is important to take this heterogeneity into account in future research and not treat employees with MHPs as a homogeneous group. Trajectories with and without relapse did not vary in terms of the classifications included in our sickness absence data. Moreover, stakeholders mentioned various characteristics of faster versus slower trajectories that were not included in our data. The findings from the expert meeting also suggested that trajectories differ in terms of circumstantial (work and private) and psychological factors, neither of which are measured by OHSs.

## What does the research mean?

Our findings have several implications...

### For stakeholders:

- Presenting the different identified RTW trajectories to occupational physicians, employees with MHPs, employers and other stakeholders can increase awareness regarding the diversity of trajectories employees with MHPs pass through before reaching a full RTW.
- Awareness can stimulate reflection and discussion regarding risk factors for more problematic trajectories, as well as for tailored interventions. It is important when creating such awareness, however, to avoid further stigmatisation of the sub-groups in slower trajectories, and to emphasise that sickness absence duration can also decrease in trajectories with more tailored treatments.
- The finding that faster trajectories contain more employees with stress complaints and adjustment disorders, while slower trajectories contain more employees with burn-out, suggests that timely interventions may prevent more severe MHPs and long RTW trajectories.
- Both our sickness absence data and the multi-stakeholder expert meeting suggest that trajectories with and without relapse did not vary on the type of MHP, objective work characteristics (eg size of organisation), or demographic factors. Based on the findings from the meeting, it appears that relapse is likely to depend on potentially modifiable circumstantial and psychological factors, meaning that it may be possible to prevent relapse trajectories.
- The expert meeting pointed towards several needs of employees with MHPs. In particular, the importance of providing hope and perspective has received limited attention in previous literature on RTW among employees with MHPs. The needs identified in this study should be taken into account when designing RTW interventions.

### For researchers:

- To obtain more quantitative insight into predictors of problematic RTW trajectories, it is important that researchers, alongside OHSs, gather data on circumstantial and psychological factors such as the frequency, timing and quality of communication between stakeholders; psychosocial characteristics of the work environment; employees' perception of autonomy regarding RTW; and RTW self-efficacy.
- To relate different RTW trajectories to long-term outcomes, better measures of recurrent sickness absence after a full RTW are needed.

- More focus is needed on the ongoing process of RTW and not only on the start of RTW. It would be very interesting to investigate the relationship between different trajectories and employees' productivity and wellbeing both during and after the RTW process. This may provide more insight into the long-term advantages and disadvantages of different trajectories.
- Recording OHS data systematically and collaborating with researchers would provide valuable insights to improve RTW support.

## Don't forget

This study has some limitations that should be taken into account. First, the sickness absence data used in our research were gathered for administrative reasons rather than for research purposes. Consequently, no information was available on factors such as co-morbidity, interventions an employee was exposed to, psycho-social work environment and psychological variables (eg self-efficacy).

Furthermore, some occupational physicians only reported a broader diagnosis (eg adjustment disorder) and did not register a specific diagnosis (eg burn-out). While sickness absence information had to be reported thoroughly and accurately for administrative purposes, it is possible that mistakes occurred in sickness absence registrations (eg late reporting of a change in RTW percentage). Although the expert meeting provided ample context to our findings, we do not know to what extent the findings of the expert meeting can be generalised. As we recruited participants directly and indirectly via our own network, we may have selected stakeholders who are particularly interested in evidence-based methods to guide the RTW process of employees with MHPs.

## Other IOSH resources

We have a range of resources on some of the topics covered in this research, which can be found at [iosh.com/research](https://www.iosh.com/research), including:

- Return to work after common mental disorders
- Mental health first aid in the workplace
- Return to work after cancer
- Seafarers' mental health and wellbeing

## Other resources

- Developing managers for engagement and wellbeing  
([www.cipd.co.uk/knowledge/culture/well-being/developing-managers-report](https://www.cipd.co.uk/knowledge/culture/well-being/developing-managers-report))

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