

Return to work following depression, anxiety or a related mental health problem

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Mental disorders in the workplace

- Estimates of the 1-month prevalence of mental disorders in employees range from 10.5% to 18.5%.
- Most are high prevalence disorders such as anxiety and depression.

Lim et al. 2000. Kessler et al, 1997.



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Mental disorders in the workplace

- Work Outcomes Research Cost-benefit (WORC)
Project involving 60 000 Australian employees.
- In any given month, 4.5% of full-time employees had high levels of psychological distress.
- Hilton et al. 2008a



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Mental disorders in the workplace

- Of these:
 - 22% in treatment
 - 78% not in active treatment:
 - 31% did not recognise that they have a mental health problem
 - 29% with a condition but had never sought treatment
 - 19% previously in treatment and should re-enter treatment due to current symptoms

- Hilton et al. 2008a.



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Mental disorders in the workplace

- Factors increasing risk of high psychological distress:
 - not married/cohabiting
 - lower level of education
 - clerical/admin, sales and service job categories
 - communications and finance industries
 - being expected to work 60+ hours per week (or 1-5 hours per week)
 - females in traditionally male roles and vice-versa
 - jobs that involve interacting with the public

- Hilton et al. 2008a 2008b; Hilton and Whiteford 2010b



Effects on productivity

- High psychological distress led to:
 - 18% increase in absenteeism in blue collar workers but not white collar workers (equates to an annualised loss of 8.8 weeks)
 - 6% increase in presenteeism in both blue and white collar workers
- Hilton et al. 2008b.



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Effects on productivity

- Mental health conditions (including drug and alcohol problems and psychological distress) have a greater impact on productivity than other chronic health conditions.
- Loss of employee productivity of \$5.9 billion (based on 2009 figures).
- Holden et al. 2010.



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Effects on work performance

- However, many workers with high psychological distress work *longer* hours to complete tasks.
- May affect balance between work and other areas of life and potentially worsen mental health.
- Increased risk of workplace accidents and workplace failure.
- Decreased risk of workplace success.
- Hilton et al. 2009. Hilton and Whiteford 2010a.

Effects of treatment

- Treatment of mental disorders that results in improvement of symptoms restored productivity (absenteeism and presenteeism) to levels similar to those of employees with no history of mental disorder.
- However, clinical treatment alone may not be sufficient to reduce the impact of mental disorders in workplace settings.
- Hilton et al. 2009; Sanderson and Andrews 2006; Nieuwenhuijsen et al 2008.

Mental health in the workplace

Phase	Interventions	Examples
Development of mental health problems	Address the risk factors (1 ^o /indicated intervention)	Job redesign, workload Reduction, skills development
Transition from reduced working capacity to full or partial absence	Minimise the impact on employees (2 ^o /indicated or selective intervention)	counselling, stress management, health education
Absence (sick leave)		Medical treatments
Full or partial return to work	Rehabilitation and return to work (RTW) programs (3 ^o intervention)	RTW programs

Return to work after mental illness

- Very little research evidence on what works:
 - provision of alternative jobs
 - management support and concern
 - collaborative care
 - social support from family and friends
 - work-focused treatment

Helping employees return to work following depression, anxiety or a related mental health problem: Guidelines for organisations



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Guidelines on helping employees return to work

- Delphi consultation process
 - recruitment of expert panel
 - survey development
 - data collection
 - guideline development

Guidelines on helping employees return to work

- Expert panel
 - 66 health professionals
 - 30 employers
 - 80 consumers



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Guidelines on helping employees return to work

- Survey development
- Data collection
 - participants rate strategies they consider most important (three rounds)
- Guideline development



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Helping employees successfully return to work following depression, anxiety or a related mental health problem

GUIDELINES FOR ORGANISATIONS

These guidelines consist of actions organisations can take to facilitate return to work for employees following an episode of depression, anxiety or a related disorder. They were produced using the Delphi method, which is a systematic way of assessing the consensus of a panel of experts. The actions have been rated as important or essential by expert panels of consumers, employers and health professionals. It is hoped that the guidelines will be used to improve the practices of organisations as they support those returning to work after mental health problems.

Organisational policy and procedures around return to work

As part of a broader health and wellbeing policy, the organisation should have a specific policy around return to work for employees with a mental health problem. This return to work policy should be formalised and written in plain language, to ensure that it is clear who is responsible for carrying out any actions or procedures.

The organisation should promote awareness and a clear understanding of the policy to all employees, and should ensure that it is implemented, supported and promoted by all stakeholders. The organisation should also ensure that everyone understands their responsibilities relating to return to work, that everyone has the skills and knowledge to put their responsibilities into practice, and that the policy is implemented consistently for all affected employees.

An ideal return-to-work policy should include at least the following:

- a commitment to helping employees return to work after sick leave due to a mental health problem, and encouraging their return to work through adjustments rather than prolonging sickness absence 'to play it safe'
- expectations, roles and responsibilities of all parties involved in the return-to-work process
- what should happen when someone discloses a mental health problem, with a commitment to ensuring that employees who have experienced a mental health problem are treated fairly, equally and consistently

Guidelines - Sections

- Policy
- The organisational environment
- Role of supervisors and/or RTW coordinators in:
 - managing absence
 - managing return to work
- Awareness – what staff need to know
- Employee responsibilities
- What colleagues can do
- What trade union representatives can do
- What friends and family can do

Have a policy

- As part of a broader health and wellbeing policy, the organisation should have a specific policy around return to work for employees with a mental health problem.
- The organisation should promote awareness and a clear understanding of the policy to all employees, and should ensure that it is implemented, supported and promoted by all stakeholders.
- The organisation should also ensure that everyone understands their responsibilities relating to return to work, that everyone has the skills and knowledge to put their responsibilities into practice, and that the policy is implemented consistently for all affected employees.

Foster an environment that supports mental health

- The organisation should be committed to reintegrating all workers with a mental health problem and should make this known to both employees and supervisors.
- Mental health training should be provided for supervisors and colleagues to ensure a supportive work environment and decrease stigma surrounding mental health problems, while providing further training for supervisors to enable them to support employees with a mental health problem to remain in or return to work.
- The organisation should never assume that an employee diagnosed with a mental health problem needs to take leave to recover and should support employees with a mental health problem to stay in work and prevent long-term sickness absence.
- The organisation should encourage employees with a mental health problem to obtain treatment.

Actively manage absence

- The organisation should maintain an appropriate level of regular contact with the employee.
- The organisation should make sure that the employee understands their responsibility to keep it informed of the reasons why they are absent from work and, when known, how long the absence is likely to last.

Actively manage return to work

- The organisation should have a coordinator who facilitates employees' return to work. This person should be someone who is acceptable to the employee.
- The return-to-work coordinator should consider the approach to managing return to work that they would take if an employee had a physical illness, as many of the principles will be the same for a mental health problem.
- The return-to-work coordinator should agree with the employee exactly who else, if anyone, might need to know about their mental health problem, and what information they need to be provided with.
- With written consent from the employee, the return-to-work coordinator should also contact the employee's healthcare provider.

Actively manage return to work

- The supervisor should make reasonable adjustments for the employee in the workplace. These should remove any barriers that prevent an employee from fulfilling their role to the best of their ability.
- The supervisor should examine the employee's work role to determine whether there are any factors in the workplace that may have contributed to their mental health problem. This includes thinking about how the workplace or the person's workload may be contributing to the problem and considering if any changes can be made.
- A return-to-work assessment of both the job and the employee's mental health should take place.
- If there are signs of a relapse, the supervisor should review options for making further adjustments and talk realistically with the employee about the best way to move forward.

Develop a return-to-work plan

- A clear written return-to-work plan should be developed by the return-to-work coordinator in discussion with the employee.
- The plan should be agreed to by everyone affected by it, should be flexible and adjustable and should last for a sufficient time period to allow the employee to recover.
- The plan should be monitored to ensure that tasks and hours remain appropriate and sufficient supports and resources are available.

Involve the employee

The employee should:

- talk to their supervisor and raise any concerns they might have about their return to work.
- learn the symptoms and triggers of their mental health problem.
- identify perceived barriers and prioritise solutions for a safe and early return to work.
- discuss with a healthcare professional about how to approach their return to work and manage their mental health problem in the workplace.
- ask for support when they need it, whether from family, colleagues or supervisors, and should have an agreed plan with their supervisor to manage the possibility of relapse.

Encourage support from others

- Colleagues should welcome back the employee who is returning after sick leave due to a mental health problem and should not avoid talking with the person for fear of saying the wrong thing.
- Colleagues should be respectful of a fellow employee's confidential mental health history and should not pry for details about it.
- Family and friends should be aware that positive emotional and practical support can assist the employee's recovery and return to work, while negative interactions outside the workplace can affect the employee's ability to return to or remain at work.

Some differences between panels

- Health professionals (vs consumers) **more** likely to rate:
 - remaining in work
 - maintaining contact with employers during absence
- Employers **less** likely to rate:
 - working with trade union representatives
 - remaining in work
 - communication about keeping the position open
 - phased RTW
- Employers **more** likely to rate:
 - monitoring working performance and health
 - offering on-the-job support and mentoring schemes
 - maintaining contact with employees on sick leave
 - explaining absence and RTW procedures
 - discussing treatment issues

Implementing best-practice guidelines for return to work after an episode of anxiety or depression



Consultation on barriers to RTW

Face-to-face or telephone interviews with:

- 11 employers/ employer representatives
- 14 health professionals (including 5 occupational physicians)
- 13 others (including 6 workplace mental health promotion providers)



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Main barriers/areas of difficulty - employers

- Lack of capacity in organisations
 - lack of confidence in dealing with the issues (managing RTW, reasonable adjustments)
 - Lack of awareness of mental health issues, discomfort, stigma (HR and supervisors)
- Lack of a supportive culture/interpersonal environment/lack of trust
- Fear of liability
- Blurring of mental health and other (interpersonal/underperformance/personality) issues

Main barriers/areas of difficulty (cont.)

- Difficulties communicating with worker
 - Contact when they are absent/who/when etc.
 - Having the first conversation/first RTW meeting
- Managing the risk of relapse
- Liaison with GPs/ GPs often not 'work-focused'
- Resentment around claims
- Liaison with rehabilitation providers/selecting providers
- What to tell/managing colleagues
- Getting employees that need it into treatment

Main barriers/ areas of difficulty – employees and colleagues

- Colleagues don't know what to say/how to approach the returning person
- Employees anxieties – being a burden, nor knowing how much they can cope with



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Preventing depression and anxiety in the workplace - a systems approach



Workplace-based prevention of mental health problems

- Most research evidence in the area focuses on:
 - job strain
 - effort-reward imbalance
 - high psychological demands
 - stressful experiences
 - job insecurity
 - social support from supervisor and co-workers



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Workplace-based prevention of mental health problems

- Strategy for the prevention of mental health problems includes:
- Creating a positive work environment
- Balancing job demands with job control
- Rewarding employees efforts
- Creating a fair and just workplace
- Developing a mental health and wellbeing policy
- Developing leadership and management skills
- Managing staff during times of organisational change
- Managing underperformance
- Mental health education
- Employee responsibilities



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Workplace-based prevention of mental health problems

We are still looking for participants for the employer panel

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