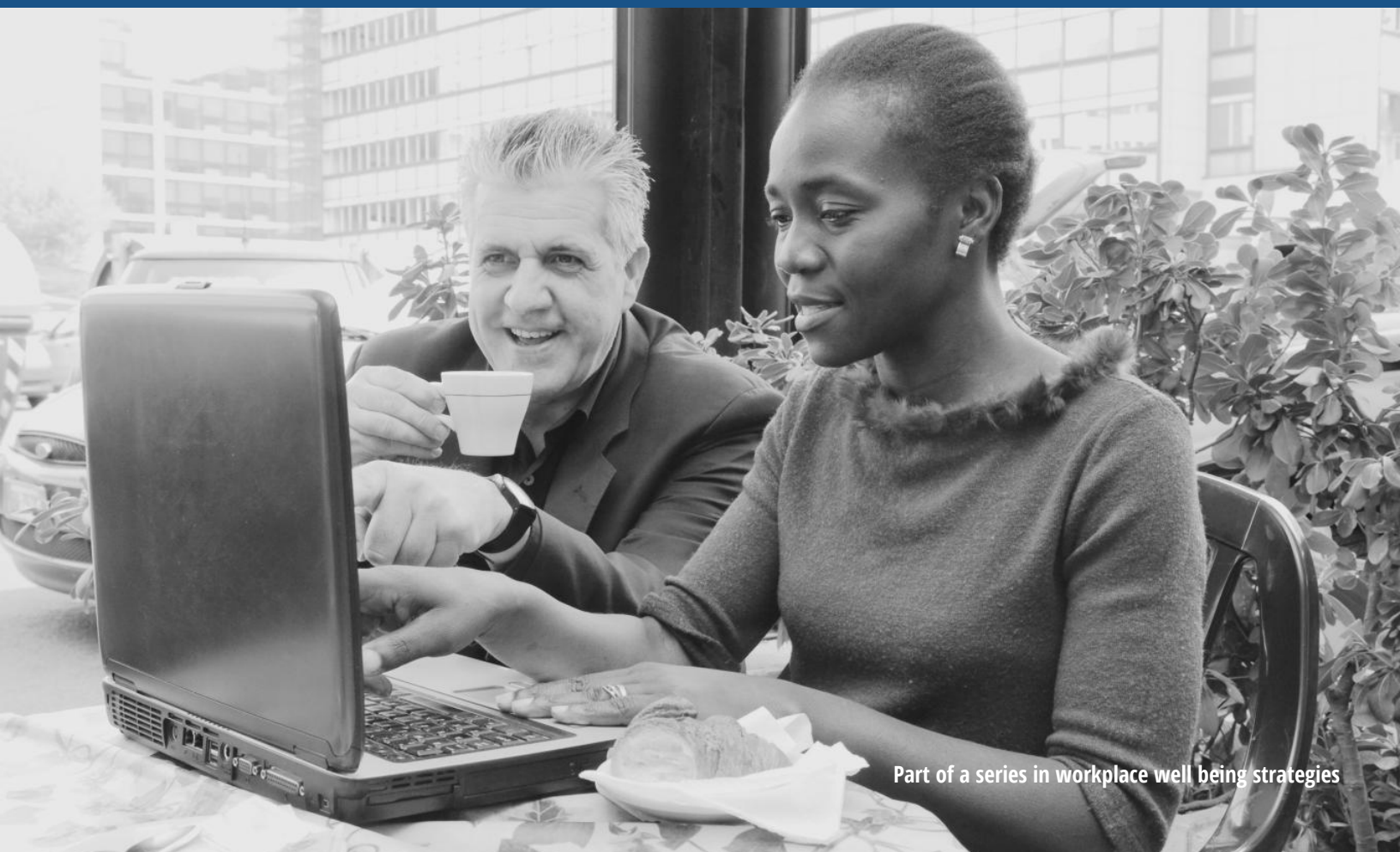
DEPRESSION and isolation do not mix in successful return-to-work planning

The integration of the RTW goal into the treatment goal right from the start of sick leave is essential.

Dr. Liz R. Scott, PHD, MENG, MBA, MSC, BSC, RN, COHN-S, CRSP, CDMP
Principal / CEO
Organizational Solutions Inc., Burlington, Ontario



Part of a series in workplace well being strategies

DEPRESSION AND ISOLATION DO NOT MIX by Liz R. Scott

The increase in mental health conditions has caused us to pause and assess the importance of diagnosis, treatment, and return-to-work. There is certainty that depression and isolation do not mix. Work provides a strong sense of self and social connection. Mental health claims represent approximately 20-30% of all disability claims. There is a significant human and financial cost to absence due to mental health conditions. Traditional disability management strategies are not suitable or sufficient for mental health claims. The propensity to longer duration is directly tied inadequate treatment and not having a plan to return-to-work (RTW).

There are a few barriers to consider and distinct steps to ensure individuals with depression are able to return-to-work. It is essential to have an appropriate diagnosis, a strong treatment plan, minimization of iatrogenic effects, positive employee attitude, and return-to-work that supports transition to regular work.

> The integration of the RTW goal into the treatment goal right from the start of sick leave is essential.

Diagnosing and Treatment Planning

Once an appropriate diagnosis is confirmed, individual work-focused cognitive behavioral therapy (CBT) with optimal workplace intervention will ensure positive progression (Dalgaard et al., 2017). A common concern that has been demonstrated to have detrimental effects is over-diagnosing and medicalization. Medicalization is frequently defined as, a process by which some non-medical aspects of human life become considered as medical problems. Over-diagnosis, on the other hand, is most often defined as diagnosing a biomedical condition that, in the absence of testing, would not cause symptoms or death in the person's lifetime. Medicalization and over-diagnosis are related concepts as both expand or extend the concept of disease and should be avoided (Hofmann, 2016).

The lack of support for return-to-work and the over-diagnosing in the health care system is known as an iatrogenic ('side-') effects.

The research is clear that isolation, and reduced activity levels could exacerbate mental health problems. Therefore, the negative impact of medicalization, and over-diagnosed sick leave needs to be mitigated by treatment and return-to-work support for individuals with depression. In order to maintain worker identity, and orientation, the sustained routine, activities, and social contacts of the workplace are key (Cameron, 2016). Treating practitioners and treatment should include a solid care plan.

Workplace Support

The integration of the RTW goal into the treatment goal right from the start of sick leave is essential. Interventions that include the workplace, albeit indirectly, have been shown to have success. Lack of early RTW oriented action has detrimental effects. Additionally, the availability of dedicated mental health practitioners, and the regular provision of clinical information by a specialist is essential. General Practitioners have a significant role and impact in the prevention of long-term work disability. Promotion of work as a healthy part of recovery will assist with recovery from mental health conditions. There is need for support through the health care delivery of mental health services including the primary care level (Sylvain, 2016).

The lack of early RTW-oriented action results in a loss of occupational capital. Interventions that include workplace involvement can make a significant difference. Regardless of the practice profile, actions intended to improve collaboration with key stakeholders remain the exception. Two characteristics of the work context appear to have an impact: the availability of dedicated mental health resources, and the regular provision of capability information by counsellors and psychotherapists (Sylvain, 2016).

Employee Focus

The research is clear that expectations of recovery and return-to-work, pain and disability levels, depression, workplace factors, and access to multidisciplinary resources, make a difference in return-to-work. The factors that are known as important include modifiable factors in progressive back to work (Cancel-

liere et al., 2016; Hogg-Johnson & Cole, 2003; Lagerveld et al., 2012; Lagerveld et al., 2016;2016). Employees sick-listed with self-reported stress or burnout returned to work faster than those with self-reported depression (HR=0.76), and other mental health problems (MHP) (HR=0.56). A positive RTW expectancy of the sick-listed person (HR=1.27) and no prior absence with MHPs (HR=1.29) were associated with a shorter time to RTW. Sickness absence due to self-reported stress or burnout, a positive RTW expectancy, and no prior absence with MHPs predicted a shorter time to RTW. These findings could help treating physicians, return-to-work coordinators, mental health practitioners, and other rehabilitation professionals to identify groups at high risk for prolonged absence, and modify their techniques (Neilson et al., 2010; Netterstron, Nannat, & Barrite, 2015).

Self-efficacy (SE) also known as self-belief is a key factor in the enhancement of work ability and RTW. Improving employees' SE and collaborating with employers to enhance work ability may help to facilitate RTW (Nigatu et al., 2015). Common themes across all types of disability included work being a source of identity, feelings of normality, financial support, and socialization. These meanings were found to be both motivating for return-to-work and health promoting (Modini, Joyce, Mykletun, Christensen, Bryant, Mitchell, & Harvey, 2016; Saunders, 2013).

Return-to-work Success

Healthcare providers, employers, and other stakeholders can use this information to facilitate return-to-work (Cancelliere et al., 2016). Workers' problems with extended claims were linked to RTW policies that did not easily accommodate conflict or power imbalances among RTW parties. Social relations and processes can impede communication about RTW plans. Avenues for intervention require a shift to a critical lens to the RTW process that addresses differences of knowledge, resources, and interests among different parties (MacEachen, Kosny, Ferrier, & Chambers, 2010). The content and flow of the return-to-work discussion is of high importance and influences employee behaviour and return-to-work outcomes (Cohen, Allen, Rhydderch, & Aylward, 2012).

In a systematic review of articles on mental health claims the authors all agreed there are key factors in return-to-work from mental health disability: 1) well-described organizational policies and procedures for the roles and

responsibilities of all stakeholders, 2) a disability leave plan, and 3) availability of work accommodations (Dewa et al., 2016; McDowell & Fossey, 2015).

According to Haveraaen, et al. (2017), prolonged disability can be attributed to any or all of the following:

- Self-reported high demands
- Low decision authority
- Low reward
- Low support from leaders and colleagues
- High global symptom index
- Length of sick leave at baseline
- Stressful negative life events during the year before baseline

Return-to-work coordinated and planned, work accommodation, access to mental health treatment leave that is coordinated, and proper assessment of disability are considered best practices in the facilitation of return to work (Dewa et al., 2016).

Conclusion

As mental health continues to receive increased attention in the media and society, it is important to recognize elements that influence success in recovery. Depression and isolation do not mix. Having a proper diagnosis, strong treatment plan, solid workplace programs, and a positive attitude toward return-to-work, are key in the improvement of outcomes on mental health conditions.

Dr. Liz R. Scott, CEO of Organizational Solutions Inc., a management company / third party administrator, is an accomplished leader and Disability Management Professional recognized for award winning cost reduction results, "best practice" program designs, and ability to solve a complex variety of internal and external workers' compensation, and disability concerns. E: lscott@orgsoln.com

References

Cameron, J., Sadlo, G., Hart, A., & Walker, C. (2016). Return-to-work support for employees with mental health problems: Identifying and responding to key challenges of sick leave. *British Journal of Occupational Therapy*, 79: 5, 275-283. https://journals.sagepub.com/doi/abs/10.1177/0308022615627176

Cancelliere, C., Donovan, J., Mette, J. S., Biscardi, M., Ammendolia, C., Myburgh, C., & Cassidy, J. D. (2016). Factors affecting return-to-work after injury or illness: Best evidence synthesis of systematic reviews. *Chiropractic & Manual Therapies,* 24

Cohen, D., Allen, J., Rhydderch, M., & Aylward, M. (2012). The return-to-work discussion: a qualitative study of the line manager conversation about return-to-work and the development of an educational programme. *Journal of rehabilitation medicine, 44*(8), 677-683. https://europepmc.org/article/med/22729796

Dalgaard, V. L., Aschbacher, K., Andersen, J. H., Glasscock, D. J., Willert, M. V., Carstensen, O., & Biering, K. (2017). Return-to-work after work-related stress: A randomized controlled trial of a work-focused cognitive behavioral intervention. *Scandinavian Journal of Work, Environment & Health, 43*(5), 436-446. https://www.sjweh.fi/article/3655

Dewa, C. Trojanowski, L., Joosen, M., & Bonato, S. (2016). Employer best practice guidelines for the return-to-work of workers on mental disorder-related disability leave: A systematic Review/Lignes directrices des pratiques exemplaires des employeurs pour le retour au travail des travailleurs en congé d'invalidité lié à un trouble mental : Une revue systématique. *Canadian Journal of Psychiatry, 61*(3), 176-185. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4813421/

Haveraaen, L. A., Skarpaas, L. S., & Aas, R. W. (2017). Job demands and decision control predicted return to work: The rapid-RTW cohort study. BMC Public Health, 17(1), 154-154. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3942-8

Hogg-Johnson, S., & Cole, D. C. (2003). Early prognostic factors for duration on temporary total benefits in the first year among workers with compensated occupational soft tissue injuries. *Occupational and Environmental Medicine, 60*(4), 244. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1740514/

Lagerveld, S. E., Blonk, R. B., Brenninkmeijer, V., Wijngaards-de Meij, L., & Schaufeli, W. B. (2012). Work-focused treatment of common mental disorders and return-to-work: A comparative outcome study. J*ournal of Occupational Health Psychology, 17*(2), 220-234. https://www.apa.org/pubs/journals/releases/ocp-17-2-220.pdf

Lagerveld, S. E., Brenninkmeijer, V., Blonk, R. W. B., Twisk, J., & Schaufeli, W. B. (2017;2016;). Predictive value of work-related self-efficacy change on RTW for employees with common mental disorders. *Occupational and Environmental Medicine*, 74(5), 381-383. https://oem.bmj.com/content/74/5/381.short

Maceachen, E., Kosny, A., Ferrier, S., & Chambers, L. (2010). The "toxic dose" of system problems: Why some injured workers don't return-to-work as expected. *Journal of Occupational Rehabilitation, 20*(3), 349-66. https://pubmed.ncbi.nlm.nih.gov/20140752/

McDowell, C., & Fossey, E. (2015). Workplace accommodations for people with mental illness: A scoping review. J*ournal of Occupational Rehabilitation, 25*(1), 197-206. https://pubmed.ncbi.nlm.nih.gov/20140752/

Modini, M., Joyce, S., Mykletun, A., Christensen, H., Bryant, R. A., Mitchell, P. B., & Harvey, S. B. (2016). The mental health benefits of employment: Results of a systematic meta-review. *Australasian Psychiatry, 24*(4), 331-336.

Netterstrøm, B., Nanna, H. E., & Borritz, M. (2015). Prognostic factors of returning to work after sick leave due to work-related common mental disorders: A one-and three-year follow-up study. *BioMed Research International, 1*(1). https://pubmed.ncbi.nlm.nih.gov/26557678/

Nielson, M. B. D., Madsen, E. H., Bultmann, U., Christensent, U., Diderichsen, F., & Rugulies, R. (2010). Predictors of return-to-work in employees sick-listed with mental health problems: finding from a longitudinal study. *European Journal of Public Health, 21*(6), 806-811. https://europepmc.org/article/med/21126986

Nigatu, Y. T., Liu, Y., Uppal, M., McKinney, S., Rao, S., Gillis, K., & Wang, J. (2016). Interventions for enhancing return-to-work in individuals with a common mental illness: Systematic review and meta-analysis of randomized controlled trials. *Psychological Medicine, 46*(16), 1-12. https://pubmed.ncbi.nlm.nih.gov/27609709/

Saunders, S. L., & Nedelec, B. (2014). What work means to people with work disability: A scoping review. *Journal of Occupational Rehabilitation, 24*(1), 100-10. https://pubmed.ncbi.nlm.nih.gov/23519737/

Sylvain, C., Durand, M., Maillette, P., & Lamothe, L. (2016). How do general practitioners contribute to preventing long-term work disability of their patients suffering from depressive disorders? A qualitative study. BMC Family Practice, 17 https://pubmed.ncbi.nlm.nih.gov/27267763/