Gradual Return to Work Trajectories among Employees with Mental Health Problems: The i-STEP Project

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GRADUAL RTW

• Promising component of successful 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
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
More employees from profit sector and larger organizations in faster trajectories.

No significant differences regarding work hours per week.

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

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

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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
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
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’.*
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
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
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

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Evidence for work adjustments for mental health

Dr Jo Yarker
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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

Quality Assessment using the Nesta Standards of Evidence:
- Level 1: Describe and give account of impact
- Level 2: Data shows some change among those using the intervention
- Level 3: Demonstrate intervention is causing the impact, but showing less impact among those who don’t receive the intervention
- Level 4: Able to explain why and how the intervention is having the impact
- Level 5: Able to use intervention consistently and reliably while continuing to positively and directly impact on the outcome

Quality Assessment using the AGREE framework:
1. Scope and purpose
2. Stakeholder involvement
3. Rigour of development
4. Clarity of presentation,
5. Applicability
6. Editorial independence

Synthesis of findings and conclusions
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.
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?

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

* 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.
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
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**

- Unsatisfied 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

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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
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
Your IGLOo for returning to work following mental ill-health

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

<table>
<thead>
<tr>
<th>At home, the following actions help returning employees</th>
<th>Resources</th>
<th>At work, the following help returning employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prioritising self-care</td>
<td>Individual</td>
<td>Creating structure in the working day</td>
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<tr>
<td>Establishing clear boundaries between work and leisure</td>
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<tr>
<td>Understanding from others</td>
<td>Group</td>
<td>Receiving feedback on tasks from colleagues</td>
</tr>
<tr>
<td>Receiving non-judgmental support</td>
<td></td>
<td>Getting help when doing challenging tasks</td>
</tr>
<tr>
<td>Having a consistent point of contact</td>
<td>Leader</td>
<td>Being treated as you did before not as someone with mental ill-health</td>
</tr>
<tr>
<td>Facilitating of links to external services and treatment</td>
<td></td>
<td>Agreeing what information about the absence and return is communicated to colleagues</td>
</tr>
<tr>
<td>Accessing work-focused counselling</td>
<td>Organisation</td>
<td>Providing flexible working practices and leave policies</td>
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</tbody>
</table>

Dr Joanna Yarker | E: jo@affinityhealthatwork.com | www.affinityhealthatwork.co.uk
# Practical Resource for supporting return to work

<table>
<thead>
<tr>
<th>Resources</th>
<th>Location</th>
<th>Do's</th>
<th>Don'ts</th>
<th>I need...</th>
<th>I should...</th>
<th>I can make this happen...</th>
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<td>[Image]</td>
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**Guides for employee, colleague, line manager and HR guides**

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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....
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


• If you would like to know more about our work or get involved in our research please contact us!