



Return to the workplace after experiencing a mental health problem

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Who am I? – T:@profngreenberg

- Psychiatrist and Professor at King's College London
- RC Psychiatrists Chair of Occupational Psychiatry SIG
- Served in the Royal Navy for 23+ years
- Managing Director of March on Stress Ltd
- Provide psychological clinical support, advice, training and assessments for organisations such as:
 - FCO
 - BBC,
 - Emergency Services,
 - PSCs



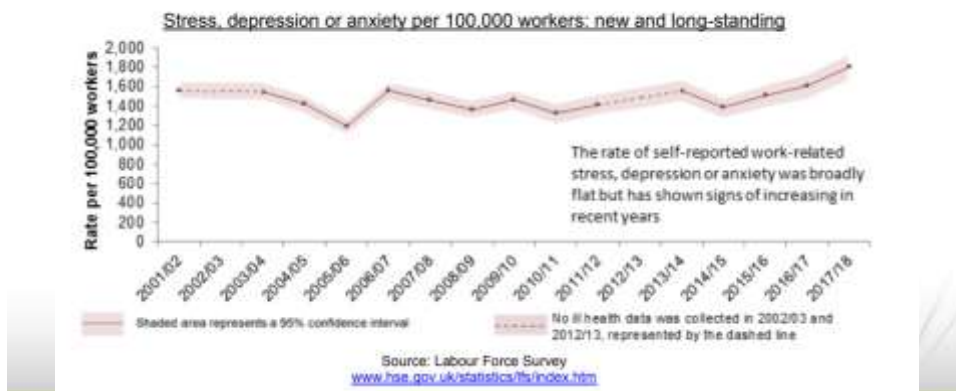
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Workplace stress



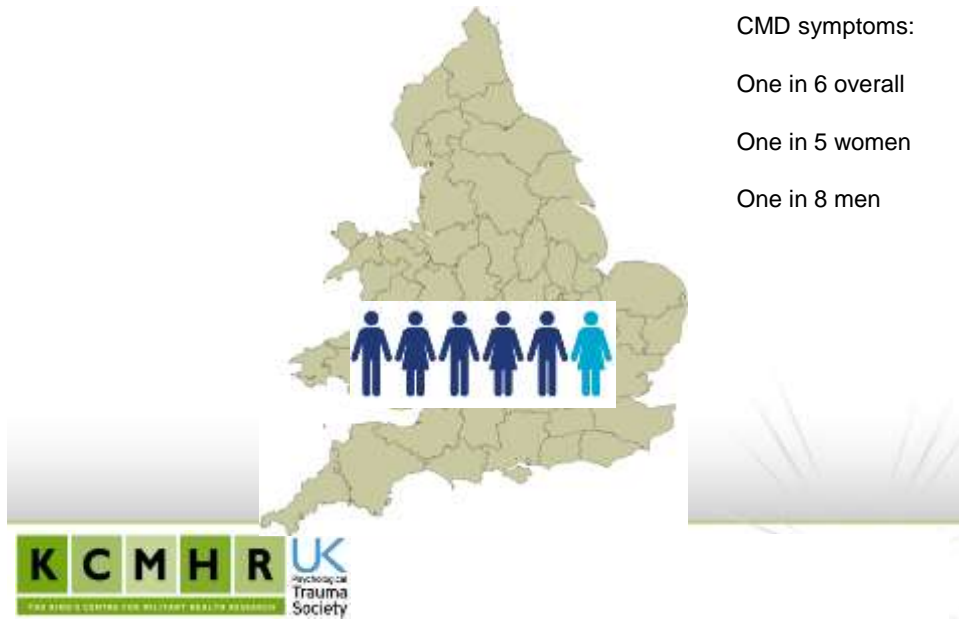
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Workplace stress is on the up



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Adult Psychiatric Morbidity Survey: 2014

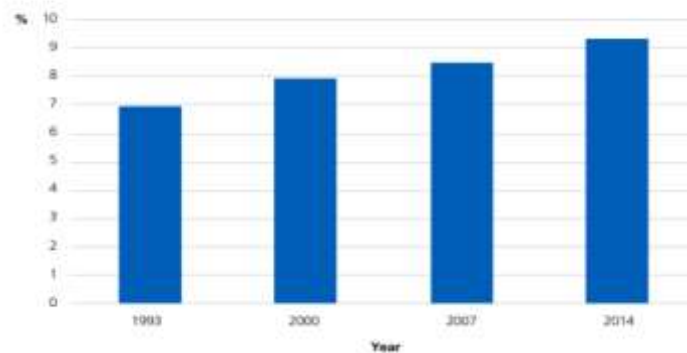


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And so are cases of significant mental ill health (APMS)

Severe CMD symptoms in past week (CIS-R score 18+), 1993 to 2014

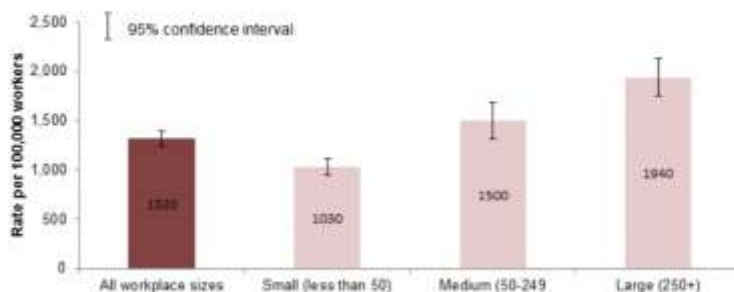
Base: adults aged 16–64



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Bigger organisations appear more stressful

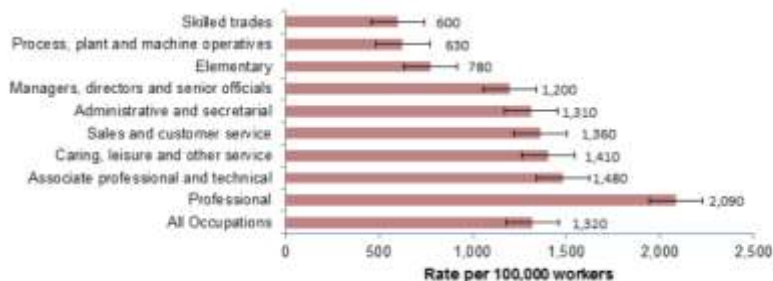
Prevalence rates of self-reported work-related stress, depression or anxiety in Great Britain, by workplace size per 100,000 workers, averaged over the period 2015/16-2017/18



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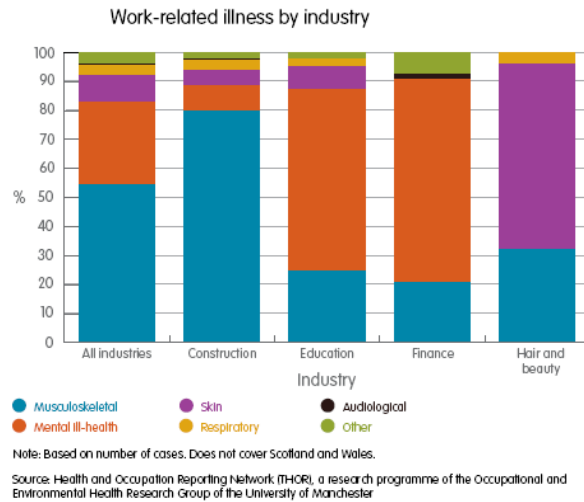
Professional workers report most stress

Prevalence rate of work-related stress, depression or anxiety in Great Britain, by broad occupational category, per 100,000 people employed in the last twelve months, averaged over the period 2015/16-2017/18



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Not all industries are the same



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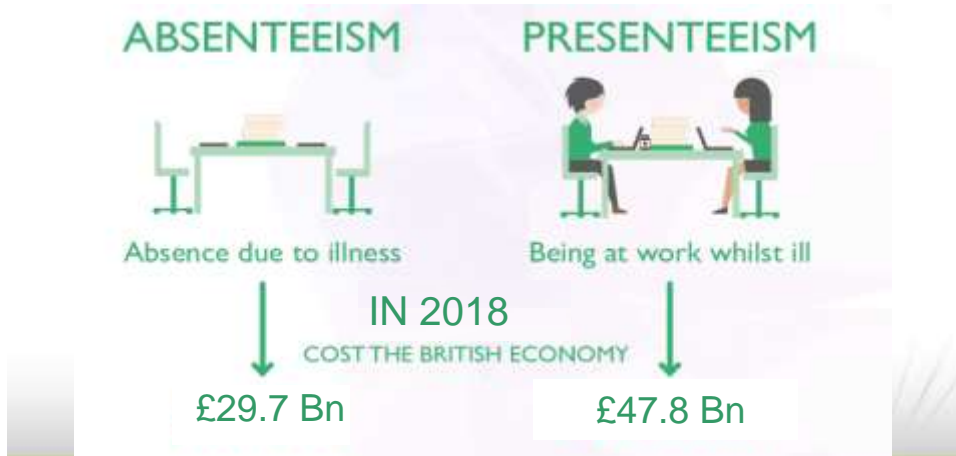
Presenteeism

The practice of coming to work despite illness, often resulting in reduced productivity



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Impact of poor mental health at work



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Very bad outcomes

Call to review murder sentence of Sergeant Alexander Blackman

JetBlue Airways Flight 191

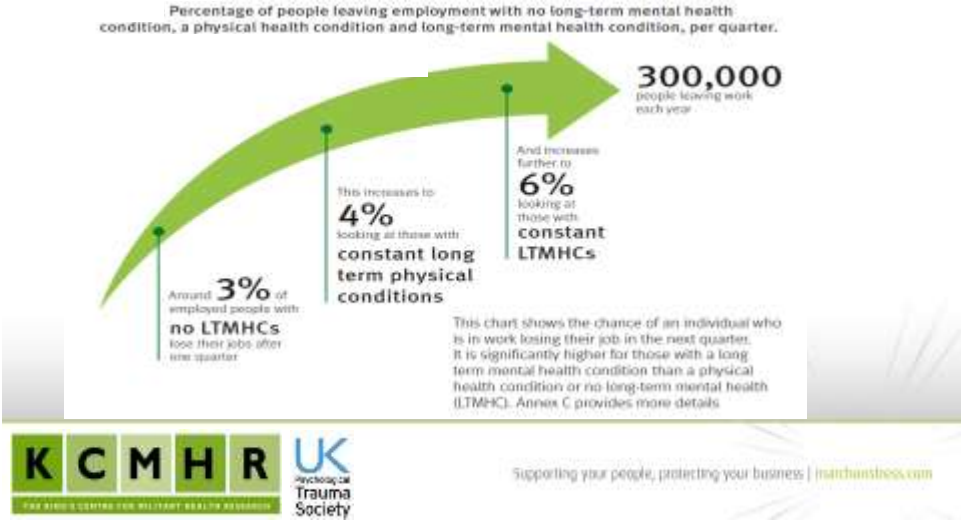
Germanwings plane crash: Andreas Lubitz 'reborn' 2015
French report

Biston Denny Fitzsimons jailed in Iraq for contractors' murders 2012



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Impact of MH on leaving the workforce



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Sources of 'Stress'



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What are 'Common' Mental Health Disorders

- Anxiety
- Depression
- Adjustment Disorders
- Post Traumatic Stress Disorder
- Alcohol misuse



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Anxiety Disorders

- A disorder when
 - more than 'normal anxiety'
 - interferes with everyday function
 - Last for weeks rather than days
 - Types include: Phobias, Obsessive Compulsive Disorder and Generalised Anxiety Disorder (GAD)
 - Severe feelings of tension, fear, agitation
 - Panic attacks often manifest as physical ill health
- Note: anxiety disorders can be 'infectious' or cause colleagues considerable irritation



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Depression



- A disorder when
 - Last for more than 2 weeks
 - Affects day to day function
- Three key symptoms:
 - Low mood
 - (Tiredness)
 - Lack of enjoyment
 - and poor sleep, concentration, appetite & sex-drive; negative views of the future; worthlessness
- Depression is importantly a risk factor for self-harm and suicide especially when associated with hopelessness



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Adjustment Disorders (AD)

- Relatively common; usually short-lived.
- Disturbance of
 - Thoughts
 - Emotions
 - Behaviours
 - Impairs day to day function
- Represent the 'extreme ends of the normal spectrum
- Once stressor removed ADs tend to improve
- LT problems may result from 'unhelpful' behaviour whilst distressed
- People who have a AD may well act "out of character"



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Traumatic Stress Disorders

TRAUMA



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What is a Potentially Traumatic Event (PTE)?

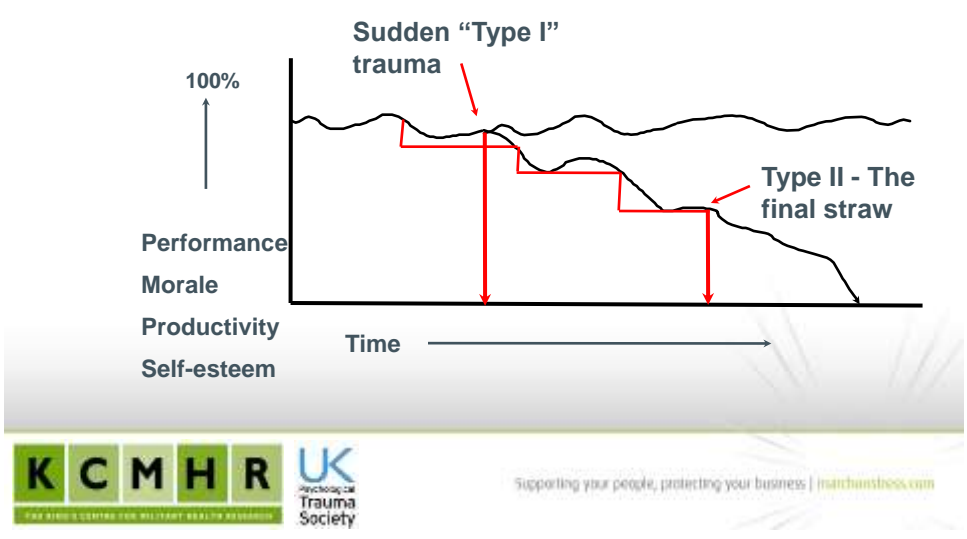
- Being exposed to:
 - Death
 - Threatened death
 - Actual or threatened serious injury
 - Actual or threatened sexual violence
- By
 - Direct exposure
 - Witnessing in person
 - Indirectly learning of a close relative/friend's trauma
 - Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties



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Type 1 and type 2 traumas



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Stigma



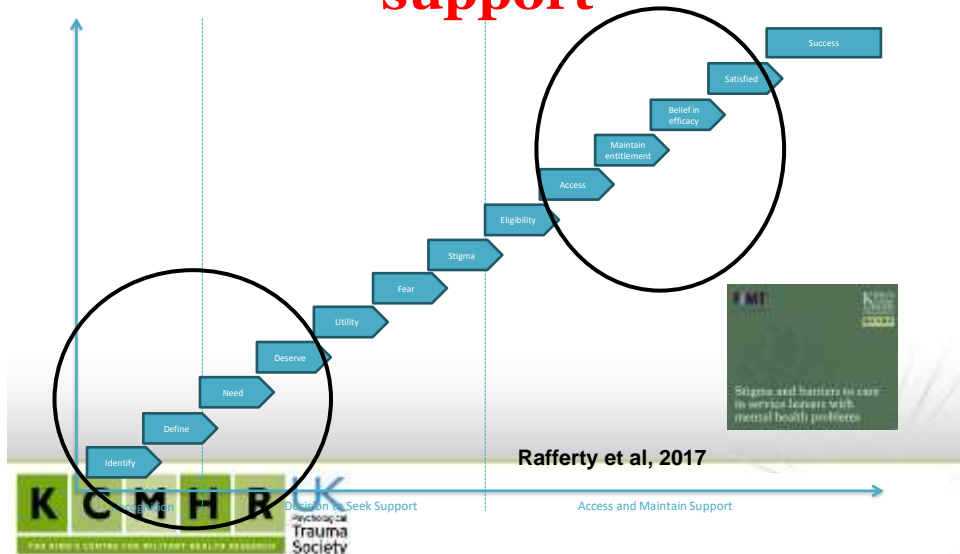
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What is stigma?



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Journey to mental health support



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A smorgasbord of evidence

??????

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J Occup Rehabil (2009) 19:225–232
DOI 10.1007/s10926-009-9159-8

Predicting Return to Work in Employees Sick-Listed Due to Minor Mental Disorders

Kristien F. M. Brouwers · Barend Terhuis ·
Bos G. Tiemens · Peter F. M. Verhaak

Published online: 18 September 2009
© The Author(s) 2009. This article is published with open access at springerlink.com

- Predictors of RTW
 - Primarily - severity of the problem
 - Duration of the problem before sick leave
 - Duration of sick leave before seeking help
 - High baseline somatisation and anxiety
 - High depression remaining 3 months after the onset of illness
- Recommendation for supervisors to keep in touch with employees on sick leave



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> Eur J Public Health. 2011 Dec;21(6):806-11. doi: 10.1093/eurpub/ckq171. Epub 2010 Dec 1.

Predictors of return to work in employees sick-listed with mental health problems: findings from a longitudinal study

Maj Britt D Nielsen¹, Ida E H Madsen, Ute Bültmann, Ulla Christensen, Finn Diderichsen, Reiner Rugulies

- Self-reported stressed/burned out staff returned to work quicker than self-reported depression (HR = 0.76) or other MHPs (HR = 0.56).
- A positive RTW expectancy of the sick-listed person (HR = 1.27)
- No prior absence with MHPs (HR = 1.29) were associated with a shorter time to RTW



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Research Papers

Health, work, and personal-related predictors of time to return to work among employees with mental health problems

Maj Britt D. Nielsen ✉, Ute Bültmann, Ida E.H. Madsen, Marie Martin, Ulla Christensen, Finn Diderichsen & ...show all

Pages 1311-1316 | Received 01 Jul 2011, Accepted 14 Nov 2011, Published online 26 Dec 2011

Download citation | <https://doi.org/10.3109/09638288.2011.641664>

Mean time to RTW was 25 weeks (median = 21) and at the end of follow-up (52 weeks) 85% had returned to work (n~300)

DSM-IV for depression predicted a longer time to RTW (HR: 0.61)

Better self-rated health predicted a shorter time to RTW (HR: 1.18), CI: 1.03-1.34)

Employees working in the local council (HR: 0.62) and private sector (HR: 0.65) returned to work slower compared to the government staff



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Summary of key RTW risk factors

- Severe MH problems (esp. depression) have a worse outcome
- The longer that a condition goes on without treatment, the worse the outcome
- Positive employee views of RTW suggest a better outcome



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What sort of treatment



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Article Selected

Work-focused treatment of common mental disorders and return to work: A comparative outcome study.

By Lagerveld, Suzanne E, Blonk, Roland W. B., Brennikmeijer, Veerle, Wjngaards-de Meij, Leoniek, Schaufeli, Wilmar B.
Journal of Occupational Health Psychology, Vol 17(2), Apr 2012, 220-234

Abstract

The aim of this study was to compare the effectiveness of two individual-level psychotherapy interventions: (a) treatment as usual consisting of cognitive-behavioral therapy (CBT) and (b) work-focused CBT (W-CBT) that integrated work aspects early into the treatment. Both interventions were carried out by psychotherapists with employees on sick leave because of common mental disorders (depression, anxiety, or adjustment disorder). In a quasi-experimental design, 12-month follow-up data of 166 employees were collected. The CBT group consisted of 79 clients, the W-CBT group of 89. Outcome measures were duration until return to work (RTW), mental health problems, and costs to the employer. We found significant effects on duration until RTW in favor of the W-CBT group: full RTW occurred 66 days earlier. Partial RTW occurred 12 days earlier. A significant decrease in mental health problems was equally present in both conditions. The average financial advantage for the employer of an employee in the W-CBT group was estimated at \$5,275 U.S. dollars compared with the CBT group. These results show that through focusing more and earlier on work-related aspects and RTW, functional recovery in work can be substantially speeded up within a regular psychotherapeutic setting. This result was achieved without negative side effects on psychological complaints over the course of 1 year. Integrating work-related aspects into CBT is, therefore, a fruitful approach with benefits for employees and employers alike. (Psycho Database Record (c) 2020 APA, all rights reserved)



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Original Articles

Return to work: A comparison of two cognitive behavioural interventions in cases of work-related psychological complaints among the self-employed

Roland W. B. Blonk, Veerle Brennikmeijer, Suzanne E. Lagerveld & Irene L. D. Houtman

Pages 129-144 | Published online: 23 Feb 2017

Download citation | <https://doi.org/10.1080/02678370600856615>

Results from a RCT (n=122) showed that a brief CBT-derived intervention combined with both individual-focused and workplace interventions was superior to standard CBT 10 months after applying for sickness benefit.

Partial return occurred 17 - 30 days earlier and full return to work occurred 200 days earlier



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What outcome can you expect?

Gould et al. Military department of community mental health patients

Psychiatric Bulletin (2008), 32, 99-102. doi: 10.1192/pb.bp.107.016337

MATTHEW GOULD, JOHN SHARPLEY AND NEIL GREENBERG

Patient characteristics and clinical activities at a British military department of community mental health



original
papers

AIMS AND METHOD

To describe patient characteristics and clinical activities at a British military department of community mental health (DCMH). Data were drawn from a clinical database over a 1-year period (n=409).

RESULTS

Mean age was 29 years, 50% were single and 76% were from the junior

ranks. Women were over-represented compared with the wider military population. Mean length of service prior to presentation was 5 years. The main presenting problem was alcohol misuse (33%) followed by depression (19%). Twenty-five per cent were referred for psychotherapy and 68% returned to full employment after treatment.

CLINICAL IMPLICATIONS

Patient characteristics of those treated at a DCMH differ from those in the wider military. An out-patient occupational mental health service returns a substantial number of patients to occupational fitness within the Armed Forces.



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What might help with RTW (post MH problems)



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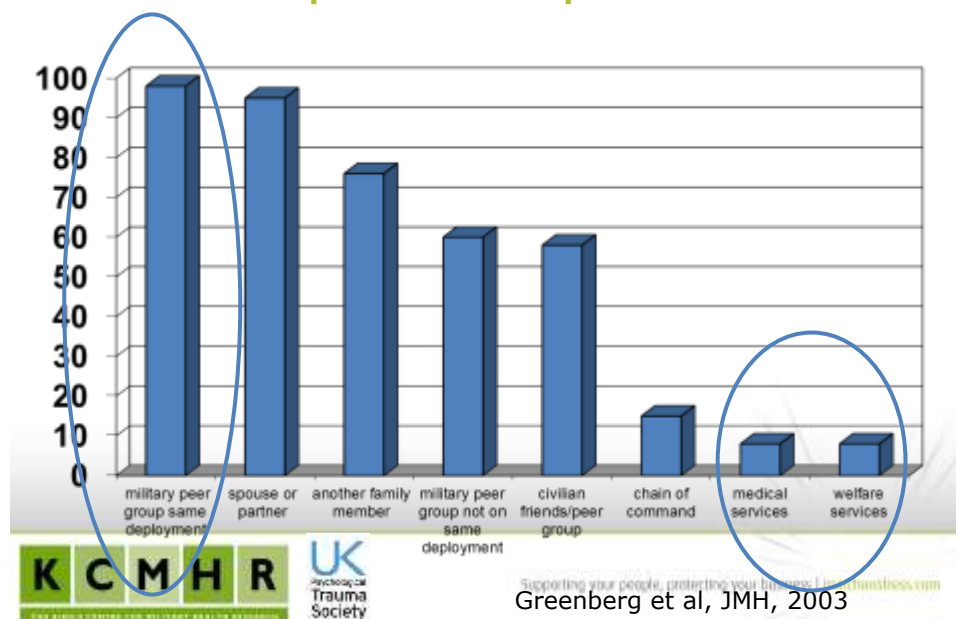
Social Support – How does it work?

- Stress Buffering: There when you need
 - Support from those around you
- Main effect: There all the time
 - Peer pressure, “resilient organisation”



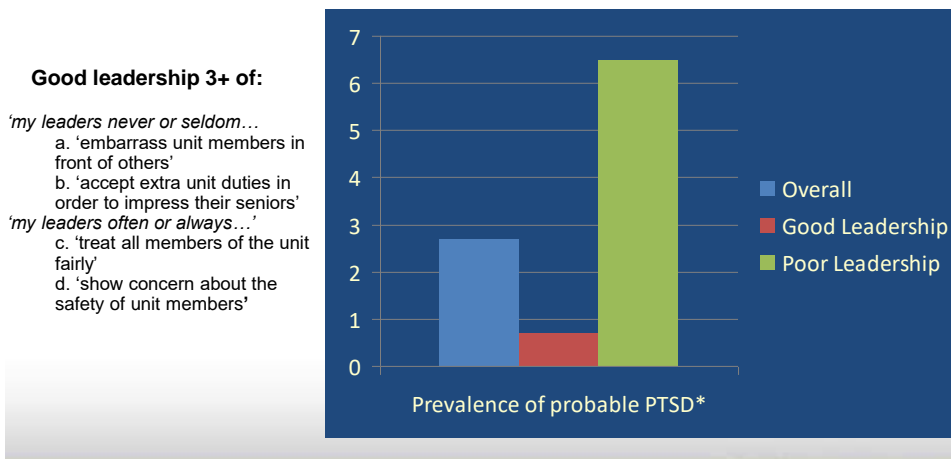
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Who did peacekeepers talk to?



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Supervisory leadership and PTSD – Afghanistan 2010



Jones et al, Psychiatry, 2011

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Psychologically Savvy Supervisors

- Evidence from FRNSW on benefits of training supervisors



- Confidence to discuss MH was key
- ½ day training (but shorter also possible)
- Benefits from training managers (£1 for £10; Milligan-Saville,

Lancet Psychiatry, 2017)



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REACT_{MH} – active listening skills training

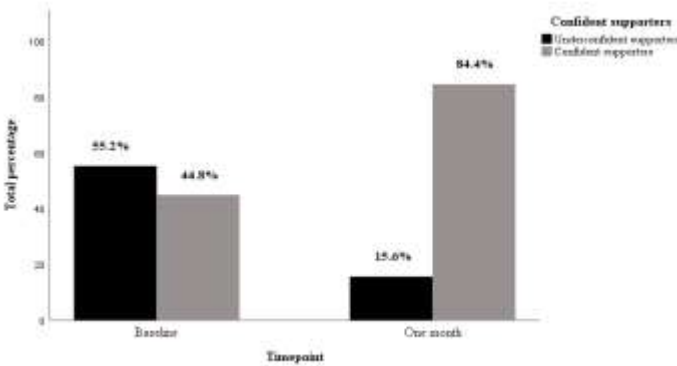


One hour's remote active listening skills training led to a substantial improvement in supervisor's confidence to recognise, speak with and support distressed colleagues which was still evident one month after the training



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REACT_{MH} evaluation



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Workplace factors to consider

(HSE Management Standards)

- [Demands](#) – e.g. workload, work patterns and the work environment
- [Control](#) – choice over the way someone works
- [Support](#) – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- [Relationships](#) – e.g. promoting positive working to avoid conflict and dealing with unacceptable behaviour
- [Role](#) – clarity, role conflict and change
- [Change](#) – the management and communication of organisational change



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Practical considerations

- Treatment progression (when to restart work)
- Flexibility (hours, tasks inc. trauma exposure)
- Supervisor and colleagues support (what can they know)
- Occupational health oversight (+/- Occ Psych)
- Risk management (inc to self & others)
- Responsibility (not too much or little)
- Persistent work stressors (esp. relationships)
- Other life stressors



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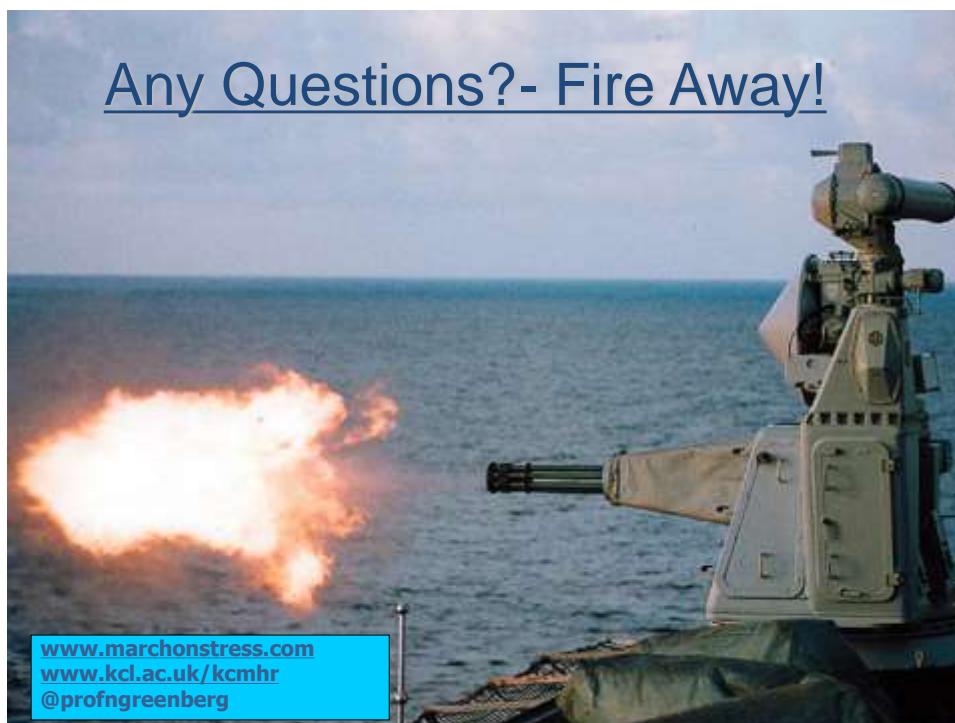
Summary

- Workplace stress and frank MH problems are on the increase
- They can lead to loss of employment and productivity
- Especially important in safety critical roles
- Longer, more severe illness leads to worse outcomes
- Work focused treatment has a better outcome
- Adjustments (reasonable) can make a big difference
- So can social support (esp. supervisors)
- Risks need to be actively managed
- Expect a good outcome if RTW handled proper and employee is motivated to return



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Any Questions?- Fire Away!



www.marchonstress.com
www.kcl.ac.uk/kcmhr
 @profngreenberg

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