

Returning to work

Most participants recovering from cancer were more worried about telling their employer about their depression than they were about telling their employer about their cancer.

This document is a short summary of the findings published in the Returning to work report which is available in full from the Mental Health Foundation website at www.mentalhealth.org.uk/publications. The report highlights the importance of people's mental wellbeing as they go back to work after an illness.

"...after the cancer, it wasn't so bad... but I think I was much more frightened going back after last year's bout of depression, than I was after the cancer. I think at the back of my mind... that maybe my overall boss wouldn't be very sympathetic if I took time off"

Female, non-manual occupation

Background

Return to work is a vital social indicator of recovery and rehabilitation leading to better health outcomes and quality of life. However, evidence suggests that those with depression and anxiety returning to work still present with levels of depressive symptoms that may affect work and well-being. There is also growing evidence to suggest that those with physical illnesses such as heart disease, back pain or cancer may present with mild to moderate symptoms of depression. This can also affect their work and well-being upon returning to work after long term sickness absence. Thus, regaining work after a period of sickness absence is not always followed by full work recovery and there is currently limited evidence about the impact of return to work on people with mild to moderate mental health problems and on those with common chronic illnesses.

The purpose of this study was to examine the role of depression in returning to work after a period of sickness absence. By comparing the return to work experiences of individuals with depression and anxiety to individuals with heart disease, back pain and cancer, this study examined the complex relationship between depression and the design and management of return to work, capacity to function at work and the overall quality of working life.

Methods

This study was carried out in five phases over a one year period using quantitative and qualitative research methods. Phase 1 involved *recruiting* four organisations to participate in the research. Phase 2 involved *qualitative interviews* with 19 key organisational stakeholders. The participating staff from each organisation worked within human resources, line management and occupational health roles. Phase 3 involved the distribution and return of a *questionnaire* by employees who had returned to work following long-term sick leave from each organisation. Phase 4 concerned an *online* survey sent to participants via relevant charities and support groups. The online survey was the same questionnaire sent to employees in organisations. A total of 264 completed questionnaires were returned from organisations and online survey. Phase 5 consisted of *in-depth interviews* with 30 employees showing symptoms of depression as identified from the questionnaire. Individual structured interviews were carried out with this group to obtain in-depth information on the role of depression following return to work.

Findings

Evidence from questionnaire data showed that three-quarters of responding employees who had returned to work with depression and forty-five percent of those with a physical illness (back pain, cancer and heart disease) reported mild to moderate symptoms of depression (measured by the BDI-II). Over sixty percent of participants with a physical illness had not received a diagnosis of depression despite reporting symptoms. Those who had returned to work less than six months ago were more likely to report depression than those who returned more than six months ago.

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Impact of return to work processes on general health, well-being and depression

Most organisations had poor long-term sickness absence recording systems where data was not organised by illness type or length of sick leave, making records difficult to access and monitor.

Cancer and heart disease were thought of as illnesses that generated most sympathy and leniency in the return to work process. Those with depression and anxiety were more difficult to adjust back to work from the employers' perspective, than workers with physical illnesses because problems were inter-twined with work-related stress, perceptions of bullying or poor working relations. Additional difficulties with all illnesses lay with insufficient information from GPs and healthcare services on the effects of health on work and work on health.

Return to work procedures were not always consistent within the same organisation. There was evidence of both good and poor return to work management throughout the study. Good return to work management was facilitated by good communication between line manager, occupational health and the employee, holding case conferences, planning individual return to work packages; and a positive employee attitude towards the workplace. The organisation who provided fast-track health services to their employees (physiotherapy and cognitive behaviour therapy) noted an increase in early return to work.

"The level of ignorance at management level is shocking. The lack of education with regards to depression and its various forms and various telltale signs, is very low"

Male, non-manual occupation, depression

Poor return to work management was due to inadequate implementation of return to work policies, minimal resources, lack of communication between stakeholders, inadequate tailored training and lack of skill/competence of line managers in return to work process (despite being key in this process). Unclear and inconsistent absence referral and management procedures meant there was a lack of ownership over employees on long-term sick leave. Evidence from stakeholder and employee interviews suggests both line managers and employees were often unaware of the support occupational health and human resources can provide to employees on sick leave.

Line managers with little medical knowledge were unsure of how to establish contact and provide support for employees on sick leave due to perception of harassment and litigation. However, lack of line manager contact left employees feeling unsupported and not valued by their organisation.

"Cognitive therapy really helped. You can see how it changed you, your thoughts at the time. I couldn't fault it really ... I can honestly say now that I use some of those tools everyday unconsciously, and I feel it's a very, very strong and powerful tool."

Male, manual occupation, heart failure

Post-return to work adjustments and support: impact on general health, well-being and depression

There was a consistent lack of follow-up by occupational health, line managers and human resources on employees' general health and psychological well-being, after returning to work. Evidence from this study suggests that although there is awareness and understanding of depression, neither occupational health, human resources or line managers are adequately trained in dealing with psychological issues.

Standard phased returns and work adjustments were offered to many employees. These consisted of either short working hours, reduced job tasks or reduced workload for those with major illnesses. While these were beneficial to those who received adjustments, those who did not receive any adjustments or were offered unsuitable adjustment without prior involvement in discussions, felt this was detrimental to their psychological health and well-being

"Managers in some areas believe that people need to be 100% able to return to work, they are not open to alternatives or to meeting people half way as they could be... Often its not until the person is in the scenario themselves that they realise how much a person can do even if they are not 100%."

Occupational health staff

Preferences were shown in implementing return to work processes and work adjustments for those with cancer and heart disease over those with depression, despite the latter group reporting high job strain and the cause of their illness to be work-related. For those receiving adjustments, these often did not last beyond the phased return period which meant that for most participants, the first six months back at work were difficult and impacted negatively on their well-being.

A combination of untailored work adjustments and lack of early tertiary psychological intervention appeared to have a significant impact with employees reporting mild to moderate depression and poor work ability. Employees were left with low self-esteem and confidence, feeling unable to cope with the workplace and with negative attitude towards their organisation and their job. For those returning with depression and anxiety, less than a quarter were offered stress management. For those who received stress management, evidence suggests this was beneficial in reducing symptoms of depression in the long-term.

Evidence also showed that those with depression and anxiety and those with back pain who received some support from their line managers were more likely to report moderate work ability (in contrast to poor work ability). For most participants interviewed, support from colleagues was instrumental in improving low psychological well-being.

Nearly all participants had re-occurring episodes of sick-leave associated with symptoms of depression. Interviews with participants revealed this was largely due to either prematurely returning to work, inappropriate work adjustments, struggling to adjust back to work or lack of line management support.

Return to work, depression and stigma

Participants returning to work following an episode of depression, found it more difficult to adjust back to work than other illness groups. From the interviews, it was evident that there was negative support from line managers and colleagues. Both line managers and colleagues had little understanding about depression, often stigmatising and over generalising as a result.

One thing I feel very, very passionate about because as I say, if I've got a broken leg, they're very sympathetic, when I've got cancer they're very sympathetic, but when they've got mental health problems it simply tends to wind them up.

Occupational health staff

Upon returning to work, three quarters of participants recovering from cancer developed symptoms of depression which they believed was related to both their cancer and adjusting back to work. Most line managers were initially supportive when participants returned to work, but failed to recognise or understand the impact of late effects of treatment upon participants work and well-being. With minimal work adjustments being made and no long-term support provided, participants were left feeling isolated in dealing with their side effect symptoms and their work. Most participants recovering from cancer were more worried about telling their employer about their depression than they were about telling their employer about their cancer.

Participants with heart problems experienced symptoms of depression and fatigue after surgery and upon returning to work. Both depression and fatigue impacted on their well-being and ability to function at work but most felt unable to tell their line managers about their depression. Those who had support from their colleagues found it easier to admit to having bouts of depression.

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Key Recommendations

The three key recommendations are:

- 1 There is an urgent need to develop a more integrated multidisciplinary approach to pre and post return to work management involving improved understanding and communication between the many stakeholders and the returning employee.
- 2 The period of monitoring, communication and support available to a returning employee, needs to be lengthened particularly in the first six months of their return.
- 3 A better understanding of depression as a primary and secondary illness among employers must be engendered to move the situation positively forward.

The fact remains that employees are returning to work with symptoms of depression modulated by unregulated return to work practices, limited work adjustments and poor interactions with line managers and occupational health.

Both depression and the design and management of return to work impact on work ability and overall quality of working life.

The risks of failing to address these issues may impact on employees, organisations and healthcare providers, and have wider implications that exist with reference to governmental policy and social inclusion.

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