



**Returning to work after sick leave:  
two studies on common mental disorders**

**Prof Evelien P.M. Brouwers, PhD**

Tranzo/Tilburg University, The Netherlands

## Two studies:

What are barriers and facilitators to return to work after common mental disorders:

1. According to employees with common mental disorders on sick leave themselves
2. According to professionals who work with employees on sick leave (e.g. employers, psychologists)

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# Outline

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## Take home messages:

1. Improve managers' knowledge and skills in guiding workers with mental health issues/illness
2. Support workers in gaining self-awareness and regaining control
3. Personalise return to work support by focusing on values, views and needs
4. Collaboration between professionals is needed

# Background

- 20% of working-age population suffers from mental health issues/illness (OECD, 2012)
- Costs for the employer: continued payment, decreased productivity
- Estimated costs for UK around 70 billion every year (OECD, 2014)
- Work is good for health, particularly for depression and general mental health (Van der Noordt 2014)

# How can sickness absence be reduced and/or prevented?

Current research has some limitations:

- Fair amount of intervention studies conducted, however...
- Focus has primarily been on outcome rather than process
- Little research from perspective of stakeholders

## Qualitative approach

Exploring the return to work process more closely using qualitative research:

- Exploratory technique, complex situations where little is known on why things happen
- Generalisability is not purpose, findings need to be confirmed in future quantitative studies

## Focus of the two studies:

What are barriers and facilitators for return to work after sick leave of workers with common mental disorders?

1. What is the perspective of the workers? – face-to-face interviews
2. What is the perspective of four expert groups? – 4 focus groups



## Study context: The Netherlands

- Employer is financially responsible for the RTW during the first two years of sick leave
- Employer compensates at least 70% of the worker's income
- Employer is obligated by law to provide access to an occupational physician for certification of the sickness absence within six weeks
- The occupational physician has a central role in the Dutch social security system, and is the link between workers' health and the work situation

# Study 1: The perspective of workers with common mental disorders on sick leave

- Research questions:
  - What were the factors leading to sickness absence?
  - What were barriers and facilitating factors to return to work?

## Study 1: The perspective of workers

- Face-to-face interviews with workers on sick leave at 2 moments:
  1. Shortly after the start of their sick leave period
  2. Shortly after they returned to work, OR
  3. After 6 months if the worker was still on sick leave

## Study 1: The perspective of workers

- 3 groups of workers:

12 on short-term sick leave: (returned within 3 months)

11 on medium-term sick leave: (returned between 3-6 months)

11 on long-term sick leave: (after 6 months still not returned)

- Workers had various mental health problems, most prevalent were major depressive disorder (n=19) and generalised anxiety disorder (n=11)

# Study 1: The perspective of workers: 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

# Study 1: The perspective of workers: main findings

## 2. Crucial role of self evaluation in RTW

- Lack of self evaluation skills
- Gaining self-awareness and learning to set limits

Quote:  
Woman, 56 years,  
department director

# Study 1: The perspective of workers: 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

# Study 1: The perspective of workers: main findings

## 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

Quote:  
Woman, 44 years,  
team leader in finance



# Study 1: The perspective of workers: main findings

## 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

Quote:  
Woman, 44 years,  
manager in health  
care

# Study 1: The perspective of workers: main findings

## 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

Quote:  
Woman, 44 years,  
co-ordinator

## Study 1: The perspective of workers: conclusions

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

## Study 1: The perspective of professionals

- The perspective of professionals who often work with employees with common mental disorders (e.g. psychologists, employers)
- Research questions:
  1. What are barriers and facilitators for a quick return to work?
  2. What are differences and similarities between the perspectives?

# Focus group study: Combining knowledge and expertise

Mental health  
professionals

Occupational  
health  
professionals

General  
practitioners

Managers

## Results of study 1: Five themes central to successful return to work

1. Workers' motivation to return versus emotions, cognitions and coping
2. The type of work one returns to
3. A safe, welcoming and stigma-free work environment
4. A personalised approach to return to work support
5. Collaboration between (health care) professionals

## Differences and similarities between the groups:

- Views of different groups were highly similar:
  - Agreement confirms that these themes are really important
  - Is there is an implementation problem?
- In 3 out of 5 main themes managers play a key role
  - Educate and facilitate managers

## Recommendations for practice from both studies:

1. Improve managers' knowledge and skills in guiding workers with mental health issues/illness
2. Support workers in gaining self-awareness and regaining control
3. Personalise return to work support by focusing on values, views and needs
4. Collaboration between professionals is needed



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Return to work after common mental disorders

Perspectives of workers, mental health professionals, occupational health professionals, general physicians and managers

Common mental disorders (CMDs), such as anxiety, stress and depression, are among the leading causes of disability worldwide and have a major impact in terms of lost productivity and sickness absence. Returning to work is a complex process in which different stakeholders may be involved and have to co-operate.

This report discusses the return-to-work process of workers on sick leave with CMDs, and the barriers and facilitators from a multi-stakeholder perspective, ie workers, managers, mental health professionals, occupational health professionals and general physicians. This research was undertaken by Tilburg University.

Return to work after common mental disorders – [full research report](#)

Return to work after common mental disorders – [summary report](#)

Barriers, facilitators and roles in the return-to-work process – [tables](#)

Support for employees with mental health problems

Tranzo: Support em...

IOSH YouTube channel

Return to work after common mental disorders

Return to work after common mental disorders study

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# Thank you for your attention

Want to read the full report? [www.iosh.co.uk/rtwmentalhealth](http://www.iosh.co.uk/rtwmentalhealth)

Margot Joosen, PhD, Senior researcher Tranzo, Tilburg University



m.c.w.joosen@tilburguniversity.edu



@margotjoos



Margot Joosen



Evelien Brouwers, PhD Professor Tranzo, Tilburg University



e.p.m.brouwers@tilburguniversity.edu



@evelienbrouwers



Evelien Brouwers



Project team: Hanneke van Gestel, Iris Arends, Lian Snoeijen, Marjolein Lugtenberg, Benedikte Schaapveld, Berend Terluin, Jaap van Weeghel, Jac van der Klink