LOUISE ST-ARNAUD and **MARIÈVE PELLETIER**
Université Laval

GUIDE

TO AN INTEGRATED PRACTICES PROGRAM FOR SUPPORTING A RETURN TO WORK AND PROMOTING JOB RETENTION

Facilitating an employee's return to work following an absence for a mental health problem

RG-813

A SIMPLE PROCESS TO FOLLOW

UNIVERSITÉ LAVAL

irsst
Institut de recherche Robert-Sauvé en santé et en sécurité du travail

FOR MORE INFORMATION

This guide was produced as the result of a study funded by the Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST). The process it describes can be adapted to the structure and practices of each workplace. Employers can draw inspiration from the authors' recommendations to either introduce the process as it stands or modify their current practices in whole or in part. However, before implementing such a process for supporting recovery and a return to work, it is important that all the stakeholders involved have a common vision of the process and its objectives.

The guide was presented to the members of a committee composed of worker and employer representatives. Their input helped improve its content and make the process more user-friendly.

The complete report on the study can be found on the IRSST's Web site:

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GUIDE

TO AN INTEGRATED PRACTICES PROGRAM FOR SUPPORTING A RETURN TO WORK AND PROMOTING JOB RETENTION

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INTRODUCTION

This guide was designed to help you develop a process for assisting and supporting the return to work of employees who have been absent from work for mental health reasons, ultimately to facilitate their recovery and return to work.

It is a practical guide that spells out both individual support strategies and organizational changes that can be made. It is intended for company executives and managers, human resources departments, and union groups concerned about workers' health and job retention, but also for practitioners in the workplace, particularly physicians, occupational health professionals, company psychologists, and rehabilitation counsellors.

Before implementing this process in your workplace, you are advised to send relevant information to all stakeholders concerned to ensure that they understand the responsibilities and limitations associated with their respective roles. In addition, it is important to remember at all times that respecting the confidentiality of the information exchanged throughout the return-to-work process is a key component.

The 7 steps in the process

1. Begin the process as soon as the first administrative procedures are initiated
2. Make the first contact with the worker
3. Assist the worker in his recovery
4. Prepare for the meeting with the direct supervisor
5. Develop and draft a return-to-work plan
6. Facilitate the return to work by implementing the plan
7. Do follow-up on the return to work and make any necessary adjustments

THE IMPORTANCE OF SUPPORT AND ASSISTANCE

PART ONE

The first part of this guide describes the various factors that must be taken into account before implementing the support process.

The Role of Work and the Return-to-Work Process

Mental health problems currently represent one of the main causes of work absence. We have witnessed a startling increase in this phenomenon over the past 20 years and it now constitutes a major problem (9, 11, 14, 16, 17, 37, 38)*. It can also lead to long periods of disability (21) and a high risk of relapse (4, 12, 15, 21, 23). Many company executives and managers, union groups, and other stakeholders are eager to take action to promote the return to work and job retention of workers who have been absent for a mental health problem. There appears to be an urgent need to adopt more comprehensive, better integrated approaches at the level of both worker rehabilitation and prevention of such health problems. The merit and originality of the process proposed here lies in the importance it places on analysis of the actual work and on the shift from a rehabilitation to prevention approach in order to foster mental health in the workplace.

The central role of work in mental health

Stressful events in workers' personal lives, such as the death of a loved one, caring for a parent or a sick child, and marital or financial problems, can undermine their health and lead to mental disorders (30, 32). However, a number of studies have shown that a large proportion of employees who are absent for mental health problems are in actual fact absent due to problems experienced in the context of their work (10, 32, 38).

Over the past few years, workplaces have undergone major transformations that have repercussions on workers' mental health and their ability to retain their jobs (1, 2, 3, 5, 6, 19, 22, 24, 27, 29, 36). Some studies have shown a direct link between certain aspects of the way in which work is organized and people's mental health (20, 38). Work demands that put mental health at greater risk appear to be associated with tasks involving a heavy mental component (e.g. work pace demands, work overload), low recognition, little support from supervisors and co-workers, and the absence of job decision latitude (13, 18, 26). Conversely, feeling supported in difficult situations, having some influence over one's work, and knowing that one is respected and recognized are factors that serve a preventive function.

Taking work situations into account

Due to the central role of work in mental health, it is particularly important to adopt the necessary mechanisms for taking into account the work situations that may have contributed to the deterioration in the person's state of health and his withdrawal from work (25, 31, 33). The process described in this guide involves going beyond individual-based interventions focused on psychopathology and medical treatment and moving toward an integrated occupational health process that reflects the complexity of the human being at work and the need to take action at both the work and personal levels.

The first principle underlying this process is that the workplace should introduce practices focused on the main mental health protection factors, namely, ensuring that workers feel supported in difficult situations, have some influence over their work, and know that they are respected and recognized in their work. **This implies listening actively and attentively to workers who are experiencing mental health problems, primarily by offering them a forum in which they can speak openly about their work and their concerns and by assisting them in looking for means of**

* *The numbers in parentheses refer to the numbers of the corresponding references listed in the bibliography on pages 37 and 38.*

acting on their work situation, ultimately to facilitate both their return to work and their job retention. Based on these practices, the support process turns risk factors into protection and prevention factors. These practices act as an antidote whose effects are felt not only in the recovery and return-to-work process but also in efforts aimed at preventing mental health problems in the workplace (25).

Points to remember

- Mental health problems are one of the main causes of work absence.
- A direct link exists between certain aspects of the way in which work is organized and workers' mental health.
- Due to the central role of work in mental health, any approach aimed at supporting a worker's recovery and return to work must take into account the work situations that may have contributed to a deterioration in his state of health and eventually led to his withdrawal from work.

The Basic Principles Underlying the Process

Two main principles form the foundation for the development of a recovery/return-to-work support process. The first principle concerns worker mobilization and the importance placed on a constructive vision of the person at work. The second concerns recognition of the role of work in mental health.

Work is always a factor in mental health. Although it may not be a risk factor for health per se, work plays a decisive role in mental health inasmuch as it contributes to its development. This principle points to the importance of holding a work "clinic" where work and its central role in mental health can be discussed.

The worker at the heart of the process

The proposed process is based on the premise that work is highly valued in our society, that workers are initially mobilized by their work, and that they do not wish to be absent from it other than for major reasons. Some studies have shown that a work absence, particularly for mental health reasons, is a difficult experience in which the worker's self-confidence and the employer's confidence in the worker are often put to a harsh test (30, 33, 34).

The support process described here is therefore based on a constructive vision of the person at work, a vision that necessarily involves the worker's participation at all stages. Supported by his workplace, the worker takes charge of his recovery and return to work at a pace that suits his capacities. This approach allows him to develop a stronger feeling of self-efficacy and gradually to manage the situation effectively.

A work "clinic"

The support process involves setting up a type of work "clinic," meaning a mechanism whereby the actual work can be taken into account, reflected on, and possibly transformed. This work clinic involves providing a forum where the worker on sick leave can talk openly about his work, what he does, the difficulties he encounters, and his concerns, but also about what is important to him and what makes his work meaningful for him. When mental health problems concern work, they generally relate back to a personal experience that can be linked to specific situations and practices (7). **Work clinics are also highly pertinent for people who have not experienced any particular work demands but who are absent for mental**

health reasons, because the very fact of reflecting on their work allows specific return procedures to be defined and their capacity to take action at work to be rebuilt.

In this support process, the worker, assisted by a process coordinator, is therefore asked to express himself freely about his work. This is the challenge of the work clinic.

The process also offers the direct supervisor a forum where he can hear the worker express his thoughts about his work and in particular, his fears regarding a return to work. The supervisor must therefore listen closely, be open-minded about the other person's reality, and relinquish any prejudices. During this "clinic," work-related aspects are discussed by the worker and his supervisor. Its purpose is not to look for solutions, but rather to provide an opportunity for real dialogue about the work and a cooperative process that enables them to identify together the conditions most conducive to a return to work and job retention. The process allows the worker not only to recover his work capacities and rebuild a positive relationship with his workplace, but also to launch a genuine discussion about the work and how it is organized.

These exchanges and discussions about the work constitute in themselves a form of recognition in the workplace, thus helping to create a work environment conducive to mental health right from the outset. The concept of recognition in the workplace takes on its full meaning when the worker feels supported in his ways of doing things, and above all, in his desire to perform his tasks well.

Points to remember

- The worker's active participation in all steps of the process is essential for him to be able to manage the situation effectively.
- The work clinic provides the employee with a forum for talking freely about his work and analyzing its various aspects.
- Active listening on the part of the direct supervisor—when he is able to actually hear what the worker has to say and to take action to change the situation—triggers the recognition process.
- The process promotes a return to work under conditions conducive to job retention.

The Prerequisites

Generally speaking, the main principles underlying the process represent a radical shift in perspective regarding organizational practices in the area of absence management. A number of prerequisites must therefore be established before going down this road.

Debating the issues involved in the process

The quality and sustainability of the process depend on the commitment and participation of the various workplace stakeholders, i.e. senior management, unions, and supervisors. The concept of collaboration among them and their knowledge of each party's objectives and roles must be discussed. Organizational structures often make up a complex system comprised of groups with varying practices and values. Prior to process implementation, it is therefore important to examine the presence of contradictory issues among the various stakeholders, sometimes even within the same group, such as the fact of putting a support process in place while maintaining coercive absenteeism management practices. The risk here is that of wanting to implement such a process without first having debated the real issues involved and what it implies in terms of understanding the work and its role in a person's life. Failure to take this first prerequisite into account may lead to practices where some people's actions run counter to those of others.

Clear position taken by senior management

Process implementation requires senior management to adopt a clear position with regard to its values and goals concerning both supporting people and absence-management and return-to-work practices. The process can only succeed if senior management clearly commits to taking into account the role played by work in mental health. This perspective will influence the direction given to the recovery/return-to-work support practices that are put in place, but also the ability to see the process through to the end, that is, making the shift from a rehabilitation approach to a prevention approach. This commitment must translate into actions such as adopting and disseminating a reference framework, training the people involved in the return-to-work process, and adopting practices focused on work situation analysis and workplace interventions.

Ongoing support from the union

The quality of the relationship between management and the union has major impact on a return-to-work program. The program may be difficult to implement if the union is not directly involved, if it is imposed by management, or if certain provisions of the collective agreements are not respected. The union will subscribe more readily to the proposed return-to-work measures if it participates and if these measures meet the workers' expectations and adhere to the union agreements. A company's ability to involve union stakeholders in the development and follow-up of the process will ensure the shift from a rehabilitation to prevention mentality. These stakeholders can also provide invaluable help in building a relationship of trust with the workers. Some unions will have developed mutual support programs for workers and therefore have relevant experience in active listening and support.

Coordination of practices

The fourth prerequisite for success is coordination of the practices adopted by the various teams involved in the recovery/return-to-work process. This coordination allows coherent practices to be developed that adhere to the main principles underlying the process. It requires that good collaboration be established among the various stakeholders, both internal and external, and that the role of each party be clearly defined.

Prerequisites for success

- Senior management must clearly commit to a process that takes the role of work in mental health into account as well as the need to be open to support practices.
- This vision must be shared by all personnel and the union once the issues involved in the process have been clearly defined.
- The practices of the people involved in the process must be coordinated, and the role of each person clearly spelled out if the common support objective is to be pursued effectively.

IMPLEMENTING THE PROCESS IN THE WORKPLACE

PART TWO

This second part of the guide presents the various measures to be taken to implement the recovery/return-to-work support process. During this step, good intentions are translated into actions. These measures will allow you to adapt the process to your workplace and its particular circumstances, and to clarify and communicate expectations regarding support for the return-to-work.

Creating an Implementation Committee

The function of the committee responsible for introducing the recovery/return-to-work support process is to ensure its implementation in the company or organization. It must first reach a common understanding of what is meant by such a process and then spell it out in a reference framework in order to define the vision that must be adopted and shared by all company personnel. It must also ensure the coherence of the process by adapting each step to the particularities of the company and specifying the roles and responsibilities of the various participants. These roles and responsibilities must be established with the collaboration of each team involved in the return to work as they know the realities of their departments better than anyone. It is therefore important that the committee include representatives of each team having a role to play. Lastly, the committee must develop a communication and training plan to ensure understanding and assimilation of the reference framework, of each party's roles and responsibilities, and of the steps in the process.

The task facing the members of the implementation committee is that of deliberation, which takes time. Members must be fully committed right from the outset to ensuring that the committee functions smoothly throughout the process.

The committee's composition and mandate

Depending on the company's size and structure, the implementation committee may include one or two representatives each of:

- senior management,
- the human resources department,
- the union(s),
- the occupational health department,
- direct supervisor(s),
- clinical support resources,
- the parties responsible for the process.

The committee's mandate could, for example, include the following:

- developing a common understanding and vision of mental health in the workplace and of the mechanisms to be implemented to support the return to work and job retention of individuals who have been absent for this type of problem;
- supporting and ensuring coherence among the various actions taken with regard to work attendance in the establishment;
- agreeing on appropriate strategies for promoting all personnel's active involvement in this issue.

Developing a Reference Framework

The members of the implementation committee should meet often to clearly define the vision they intend to put forward and the underlying values. The committee clarifies and defines these values and the common goals of the support process in the reference framework. It specifies its vision of "support" and the implications in terms of workplace practices. This reference framework also allows for the clear delineation of the roles and responsibilities of each person involved in the process. All members of the implementation committee must work together to develop the reference framework to ensure that due consideration is given to the different viewpoints in the company and that each viewpoint is reflected in the vision retained. The following sections illustrate some of the points that can be developed in the reference framework.

The usefulness of the reference framework

- It clarifies the company's vision and goals and attests to senior management's firm commitment to a support approach to recovery and return to work.
- It ensures a common understanding of this vision.
- It defines the roles and responsibilities of each person involved in the support process (the "Defining Roles and Responsibilities" section below provides examples of these various roles).

Defining Roles and Responsibilities

One of the challenges faced in implementing a recovery/return-to-work support process in a company is that of ensuring that all stakeholders act in a coordinated manner in pursuit of a common objective. Each workplace is made up of groups with their own particular issues and practices. Successful process implementation requires a degree of coherence in and coordination of the various groups' practices. Direct supervisors, unions, senior management, the human resources department, clinicians, and insurers must work together and act consistently at each step. For this to happen, it is essential that each person's role and responsibilities be clearly defined.

One possible approach that could be used by committee members would be to confer with the individuals represented about their vision and expectations. This approach is demanding, but by its very nature keeps personnel informed as to the existence of the process undertaken. Each of these different visions is then presented to the committee and discussed by all members. Such discussions among the different representatives foster the development of common knowledge and of practices congruent with the values underlying the process.

A word of caution

To ensure process credibility, it is crucial that the roles and responsibilities be defined in collaboration with each group concerned. **If contradictory roles are maintained in the company, it will generate confusion and undermine confidence in senior management's intentions.** For example, when an employer implements support practices yet retains practices designed to sanction absenteeism, it jeopardizes the credibility of the entire process.

There are no standard roles applicable to all companies or organizations. Each workplace has to define relevant roles and responsibilities in light of the support vision it has adopted and taking into account existing practices and mechanisms. The next section outlines some of the roles and responsibilities that could be assigned to specific groups.

Senior management

The main roles played by senior management are those of upholding the support vision and its underlying values and of promoting both the process itself and coherence between decisions and actions. Senior management staff could therefore assume the following roles and responsibilities:

- Promoting the reference framework among all-personnel and applying it in their own management practices;
- Ensuring that the human resources department is a stakeholder in the process;
- Appointing a resource person to coordinate the process and worker follow-up;
- Maintaining a clear position on management's values and goals concerning mental health in the workplace and support for recovery and the return to work;
- Supporting and promoting implementation of a prevention action plan specific to mental health in the workplace, in collaboration with the individuals involved in supporting the workers;
- Informing managers of senior management's expectations regarding the support practices to be adopted;
- Putting in place training and follow-up mechanisms to assist managers in their workplace interventions; and
- Deploying the necessary human and physical resources to support prevention and rehabilitation practices regarding mental health in the workplace, including process coordination and worker follow-up.

Process coordinator

The role of the person responsible for coordinating the process in the workplace and for following up on the workers who are on sick leave may be played by two different individuals or by one person. Regardless, this person must have the workers' trust as well as that of the managers and other parties involved. He must also be fully cognizant of the link between work and mental health.

Neutrality and trust

One of the biggest challenges faced by the process coordinator is that of earning and retaining the worker's trust, while at the same time establishing his own credibility with managers and other involved parties. In order for such a relationship of trust to be possible, the coordinator must maintain a position of neutrality and independence. **This means that he must not be involved in the medicolegal and administrative issues usually related to absence management and that his independence must be officially recognized by assigning him a neutral position in the hierarchy.** His status must give him enough power to ensure his autonomy within the company. The coordinator's neutrality can be ensured by focusing on the characteristics of the job profile and selecting appropriate candidates in collaboration with the

implementation committee. It is strongly recommended that the process coordinator position be placed under the committee's direction.

The advantages of neutrality

- The process coordinator can establish a relationship of trust with the worker that enables the latter to express his work-related concerns freely and openly;
- The worker can express himself freely about both personal and organizational matters throughout the recovery process because he is assured that what he says will remain confidential.

The process coordinator's profile

A number of studies have looked into the type of skills associated with the role of process coordinator. They have shown that the success of the interventions carried out depended more on work, communication, mediation, and conflict-resolution skills than on training in health sciences (37, 39). The coordinator does not actually have to evaluate the worker's state of health or to do psychotherapy.

The coordinator's role

- Promoting the reference framework based on a support approach and applying it in his practices;
- Acting as a resource person for workers, direct supervisors, and the union with regard to supporting recovery and the return to work;
- Ensuring coherent practices among the various stakeholders (supervisors, union, occupational health physician, health department) in matters concerning support for recovery and the return to work;
- Coordinating the communication and training activities related to the process.

Follow-up of the worker

- Meeting with the employee on sick leave to help him identify the factors hindering and facilitating his recovery and return to work;
- Informing the worker about the assistance and clinical support resources available to him, depending on his needs;
- Offering support to the employee during his recovery while respecting the periods of sick leave prescribed by the attending physician;
- Planning meetings for preparing the return-to-work plan at the worker's pace and in keeping with his capacities;
- Drafting the return-to-work plan in collaboration with the worker and his direct supervisor;
- Doing follow-up of the return-to-work plan and the job-retention conditions with the employee and his direct supervisor;
- Collaborating with the parties involved for the purpose of promoting the worker's recovery, return to work, and job retention;
- Facilitating communication among the various individuals who play a role in the return to work or job retention of the worker concerned.

Follow-up of the organizational assistance program

- Compiling information on the aspects of the work likely to hinder or foster the mental health of other workers after discussion with the worker and his supervisor, and preparing a summary thereof while ensuring the anonymity of the persons consulted;
- Collaborating in the development of an organizational assistance program (OAP).

Direct supervisors

Direct supervisors are required to play a key role in the process. They will need support and training to do a good job. During the process, the direct supervisor of the employee on sick leave will have to meet with the employee and give him the opportunity to talk about his work and his concerns about returning to work. The openness shown by the direct supervisor at this meeting, his ability to listen without judging or feeling the need to justify himself, and his efforts to understand the other person's work can make all the difference in the success of the process. Active listening is itself a skill that is learned. The direct supervisor is also responsible for looking, together with the worker, for possible courses of action that will promote his return to work and job retention, and for taking all possible measures to implement the strategies they agree on. The direct supervisor's responsibilities can be described as follows:

- Promoting the reference framework among the workers on his team and applying it is his management practices;
- Collaborating with the process coordinator;
- Participating in the drafting of a return-to-work plan together with the worker, process coordinator, and if need be, a union representative;
- Putting in place the conditions defined in the return-to-work plan and ensuring follow-up;
- Preparing personnel for their co-worker's return and ensuring that the latter receives a warm welcome;
- Planning follow-up meetings with the worker and making sure that any necessary adjustments are made to the conditions required for him to retain his job;
- Participating in efforts to prevent mental health problems in the workplace by identifying risk factors present and introducing preventive measures;
- Collaborating in the development of an organizational assistance program (OAP).

Union or worker representatives

This group represents the various trade unions recognized within the company, or the workers' representatives if there is no union. The roles and responsibilities of these representatives can be described as follows:

- Promoting the reference framework among the workers and putting it into practice;
- Collaborating with the process coordinator and promoting his role among the workers;
- Helping develop measures to prevent mental health problems in the workplace;
- Participating in the analysis of return-to-work plans in order to glean preventive practices from them;
- Collaborating in the development of an organizational assistance program (OAP).

The main responsibility of union representatives is to support the employee during his sick leave and upon his return, while ensuring that all other workers are also protected. Their duties range therefore from providing individual support to collective representation:

- At the individual level, they support the employee who is on sick leave, hear his complaints, assist him in his processes, play the role of intermediary between him and the occupational health department, and inform him of his rights, responsibilities, and obligations;
- On the collective level, they may have to negotiate with the occupational health and human resources departments regarding special arrangements needed for the return to work of certain workers, while ensuring compliance with the collective agreement in order to protect the interests of all workers.

The occupational health department

In terms of support, depending on the case, the parties involved from the occupational health department serve as resource persons for the direct supervisors, workers, and the union. They must collaborate with the process coordinator and promote the reference framework designed to prevent mental health problems in the workplace.

More specifically, they may have the following responsibilities:

- Developing strategies to promote the integration of support practices into the medico-administrative management of work absences;
- Offering their support to all stakeholders in the company in the task of identifying the risks to mental health that are present in the workplace and the preventive measures to be adopted.

Clinical assistance resources

It is important to offer workers specialized services that meet their clinical and social needs. During their recovery, they may be offered the services of resource persons such as social stewards and occupational therapy or ergonomics service providers, available through the employee assistance program (EAP) and the trade union network.

The insurance company

Some companies have negotiated insurance contracts to cover workers who are on sick leave due to health problems. In such instances, the interventions provided for by the insurance company must be updated and efforts made to ensure that they do not conflict with the support process.

The human resources (HR) department

The human resources department will be involved at various levels throughout the process. In particular, it will have to put support, accommodation, and prevention measures in place. It has a crucial role to play in the return to work and job retention of absent workers. It is therefore important that it be involved in the process, starting with implementation, to ensure that the entire organization is coherent in its interventions.

Developing and Disseminating a Communication and Training Plan

In concrete terms, the communication and training plan serves to inform all personnel of the meaning of the support vision and its implications. Having a clear commitment from senior management or a collectively defined support vision is not enough. Everyone in the workplace must be informed of this vision to ensure a common perspective that fosters mental health in the workplace and personal support. The aim of this fourth measure is to facilitate the active involvement of personnel and the adoption of the process, with all its ramifications.

Possible components of the communication and training plan:

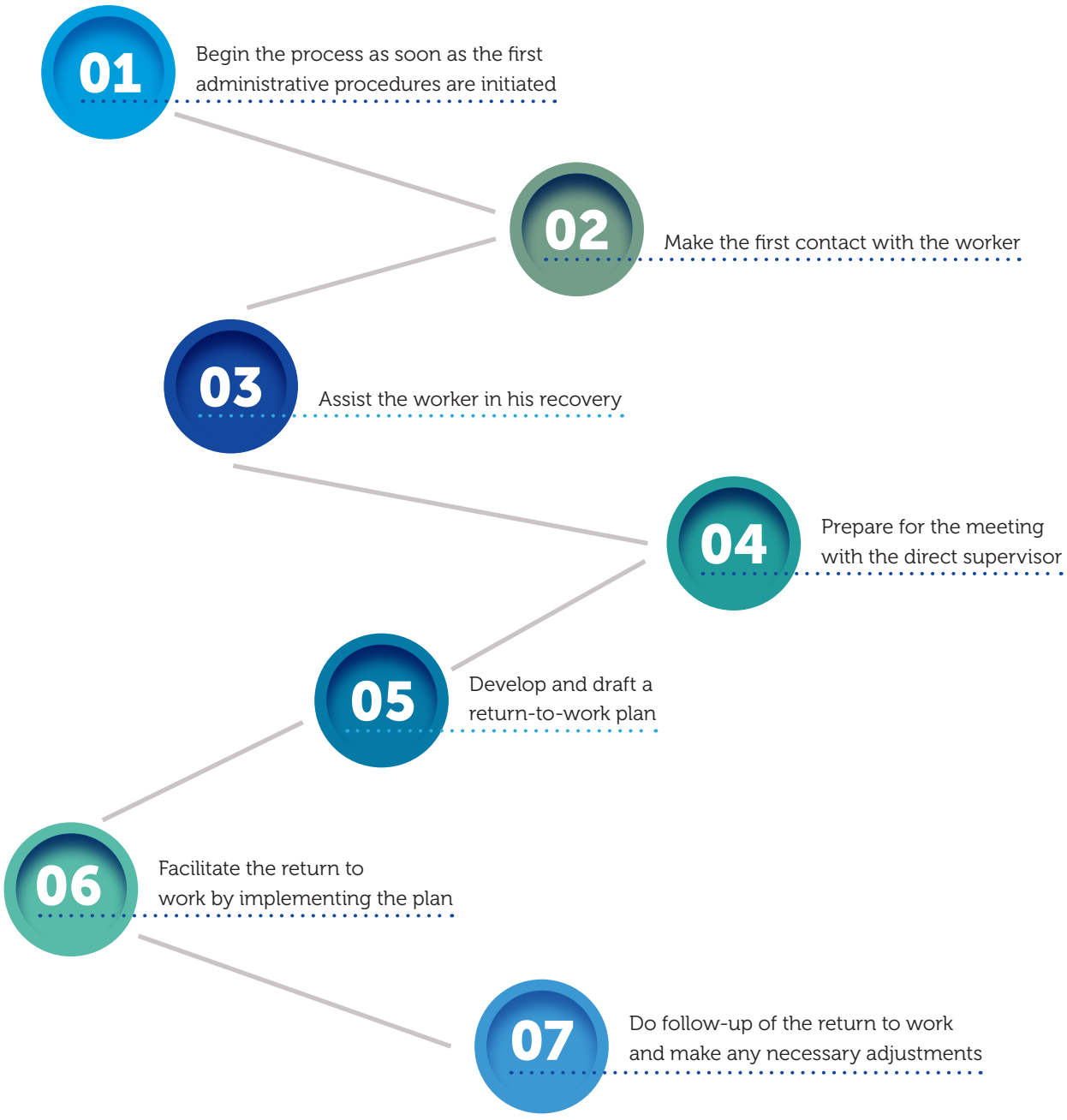
- An explanatory pamphlet on the process, to be distributed to all personnel and, more specifically, to workers on sick leave;
- Information sessions for all personnel on the process and related procedures and challenges;
- Training sessions designed for direct supervisors, union representatives, and occupational health professionals due to their central role in the process and covering the relationship between work and mental health as well as active listening and the associated challenges.

THE SEVEN STEPS IN THE SUPPORT PROCESS FOR WORKERS ON SICK LEAVE

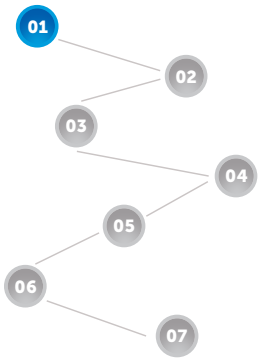
PART THREE

Part Three provides a detailed breakdown of the various steps in the recovery/return-to-work support process. Based on a support vision and a reference framework developed within the company or organization, this process can be adapted to the structure and practices of each workplace. The process coordinator will assist the employees from the time they stop working through to the follow-up stage after they have returned to work.

The Process at a Glance



01 Begin the Process as soon as the First Administrative Procedures Are Initiated



This step ensures that the administrative absence file is transferred to the coordinator of the recovery/return-to-work support process offered in the company. It is his responsibility to invite the worker to participate in the process.

Open an absence file and forward it to the process coordinator

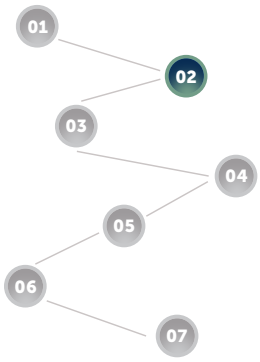
The administrative procedures in place within a company usually stipulate that a worker must be given disability forms as soon as he goes on sick leave. He must then have his physician complete the forms and send them to the insurer. A person responsible for administrative follow-up within the company then opens an absence file in which he records the pertinent information: date of the first day on which the worker is absent, name and contact information of the direct supervisor, and any other objective information collected through normal administrative procedures.

This absence file is forwarded to the process coordinator, who then takes over with regard to communication, follow-up, and application of the process. He must have a secure location where he can store the files under lock and key to ensure confidentiality. From the time when the absence file is forwarded to the process coordinator, no one must contact the worker without the coordinator's knowledge. He must also make sure that the terms and conditions stipulated in the insurance contract do not conflict with the process.

Invite the worker to participate in the process

The process coordinator takes the necessary steps to contact the worker. To fully respect the recovery period, the coordinator may first send a letter to the worker stating the objectives of the support process, along with a pamphlet detailing each step involved. At the same time, the worker is informed that the process coordinator will be contacting him by phone within ten or so days to invite him to participate in the process.

02 Make the First Contact with the Worker



By this stage, the worker knows that the process coordinator will be contacting him. It is now time to specify how the first contact will be made and the topics that may be discussed. The direct supervisor should also be informed of the worker's participation in the process.

The first telephone call to the worker on sick leave

It is the process coordinator's responsibility to make the first phone contact with the absent worker. He must also ensure that there is no overlap with the services of the human resources department and that all contacts with the worker are managed within the process context.

During this first call to the worker, the coordinator takes the time to describe the steps in the process, answer the worker's questions, and reassure him about process confidentiality. Workers who opt to participate are invited to identify the best time, from their point of view, for meeting with the coordinator. The situation may vary from one worker to another. The worker is also informed that his participation remains voluntary and that he may withdraw at any time with no repercussions.

The first call is particularly important for establishing a relationship of trust with the worker. In some cases, the worker's state of health is such that he is unable to make a decision to participate or not in such a process or even to decide whether he wants to participate. It is important to respect the worker's recovery process and to adapt to each individual's situation. If the worker does not feel ready to propose a date for a meeting, he and the coordinator should agree on the best time for their next conversation. The coordinator will contact the worker at the agreed-upon time and again invite him to participate in the process or to set a date for a meeting.

At the end of the call, if the worker has expressed a desire to participate, the coordinator asks whether the worker would like to be in contact with his direct supervisor. If so, the coordinator informs the direct supervisor and asks him to contact the worker directly.

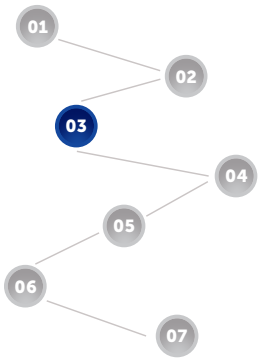
Should the direct supervisor call the worker on sick leave?

It frequently happens that direct supervisors do not know if they should contact their employee who is on sick leave. Some of them feel uncomfortable about doing so, wondering if the gesture will be properly interpreted by the worker. Because there is a unique story behind each sick leave and the relationship with the direct supervisor was sometimes tense or undermined when the worker went on leave, it is best to leave this decision up to the worker. When the process coordinator phones the worker, he can ask him whether he is interested in being contacted by his direct supervisor. If the worker agrees, it is up to the supervisor to take the initiative to contact the worker.

Passing information on to the direct supervisor

If and when the worker agrees to participate in the process, the coordinator phones the direct supervisor to inform him. He takes advantage of this first contact with the supervisor to go over the steps in the process and the role that the latter will have to play. If applicable, the coordinator also informs the supervisor that the worker has agreed to being contacted by him. Again, it is important to remember that the information collected by the coordinator during his conversation with the worker must remain confidential and not be discussed with the direct supervisor, even if the supervisor would like it. The training offered to management staff is of the utmost importance to ensure that they thoroughly understand the objectives of the process and the measures implemented.

03 Assist the Worker in His Recovery



The time has now come for talks between the process coordinator and the worker. They begin with a first meeting and continue in the form of regular follow-ups by phone or in person, in order to assist the worker in his recovery process.

A forum for talking about work

Ideally, the meeting between the process coordinator and the worker should be held at a relatively neutral location, away from the employee's usual work premises. This first meeting is intended to give the worker an opportunity to express his thoughts about his work and to talk about his experience and concerns. It is not a time for trying to ascertain what is true and false, but rather for allowing the worker to voice what he is experiencing and what he sees as factors that may hinder or foster his recovery and return to work.

The discussion begins with a brief look at the employee's work trajectory up to the time when he went on sick leave. The worker is asked to talk about this trajectory and to describe the types of jobs he has held and how he came to hold his current job. He is then asked to talk about his state of health and sick leave and to go over the events that signalled a deterioration in his health and his withdrawal from work, as well as how he has experienced all this, his concerns regarding work, and so forth.

The fact of talking about his job and revealing what he does at work also exposes the worker to the risk of showing what he does not do and of disclosing both his failures and impasses and those of the employer. Yet trust is only established if there is equality between the speakers, that is, when the risk the worker takes by talking also exists for the person listening (7). The risk for the listener consists of hearing comments that may be destabilizing or threatening to himself or his own work and of then having to take them into account in subsequent actions. Only if this equality exists will the worker become genuinely engaged in the process and talk about what he really does at work, his failures, and his doubts. Little by little, the fact of talking makes it possible to establish a discussion point around the question of work, which may be broached with the direct supervisor in order to plan return-to-work conditions that will ensure support for the worker and promote his job retention. However, when this meeting brings to light a major conflict between the worker and his supervisor, other measures will have to be taken (see the "What should be done if there is a major conflict between the worker and his direct supervisor?" section on page 24).

Several topics may be raised by the worker during this discussion. Questions about his eventual return to work may be discussed at a later date if the worker appears unable to discuss this topic at the first meeting. For some workers, thinking too soon about work and the events that preceded their sick leave can be trying. It is only when a worker feels able to talk about his work that he will be asked to go over his work experience and talk about his relationship with his supervisor and co-workers as well as his concerns about his return to work. This step may require more than one meeting in order to respect the worker's pace of recovery and particular situation.

Depending on the case, the process coordinator may again review with the worker the various clinical resources available to him during his sick leave and invite him to use the company's employee assistance services, the union support network, or other more specialized clinical services (e.g. psychologist, physician, occupational therapist). The use of specialized clinical support is meant to assist the

worker's attending physician. The aim is not to re-evaluate the validity of the diagnosis, as is often the case in the medicolegal evaluations requested by some employers, but rather to ensure a better treatment plan for the worker and his physician through access to specialized resources. This process must be carried out with the consent of both the worker and his physician, or at the request of the physician, who may be informed of the clinical resources available to the worker through his employer.

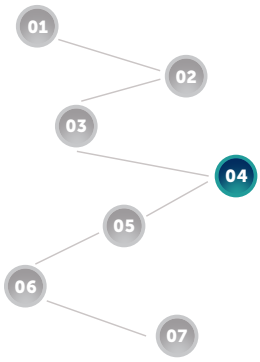
Perform regular follow-up during the sick leave

Between the first meeting and the time when the employee is ready to return to work, the process coordinator must perform regular follow-up at an interval agreed upon with the worker. This follow-up can be done by phone or in meetings. **It is important to ensure that the worker sees the follow-up as a support measure and not as pressure to return to work faster**. These discussions allow the coordinator to assist the worker on his road to recovery. The coordinator takes advantage of these contacts to adjust the support given in light of the employee's needs. The follow-up meetings also give him the opportunity to listen to the worker's concerns about his return to work and to check how things are going when he is actually resuming activities. They provide indicators about the worker's recovery and a chance to inform him of events and changes occurring in the workplace when he is ready and able to hear about them.

What should be done if there is a major conflict between the worker and his direct supervisor?

When there is a major conflict between the worker and his supervisor, it is recommended that a mediation process be put in place to clarify the situation. Mediation is a formal mechanism that must be carried out in tandem with the support process and provided for in the program. In some cases, this service may be offered through the company's employee assistance program. During this step, the worker is invited to stay in touch with the coordinator. Ultimately, different approaches can be taken, such as requesting a reassignment to another team. In this case, the return-to-work support process will continue and include a meeting with the new direct supervisor when the worker returns to work (see the "Identify the topics to be discussed at the meeting with the direct supervisor" section on page 25).

04 Prepare for the Meeting with the Direct Supervisor



The purpose of this step is to help the worker prepare for the meeting with his direct supervisor. It provides an opportunity to identify the topics that will be discussed and the worker's concerns.

Identify the topics to be discussed at the meeting with the direct supervisor

When the worker feels ready to return to work and his attending physician has set an official date for his return, the process coordinator must propose a meeting designed to help the worker identify the different topics he would like to discuss with his direct supervisor. Together, the coordinator and worker reflect on and summarize possible topics and the worker's main concerns regarding his work and how the return to work will be carried out.

The conditions under which an employee stops working have repercussions on the way he foresees his return. It will be difficult for him to feel ready to return if he knows that the working conditions that contributed to the deterioration in his mental health remain unchanged. The way he thinks about his work during his sick leave is a determining factor. Identifying the difficulties experienced at work and having the chance to discuss them with his direct supervisor are key points in the support process. **Giving the worker the opportunity to talk about his work and discuss what worries him regarding his return positions him as the main actor in his recovery**. This exercise allows him to take back control over his work and empowers him to have an influence on the way his work is organized and the conditions of his return.

During this meeting, the coordinator mentions the concerns the worker has raised about his return. Sometimes these concerns are still present, but they may also have changed in the interim and some may even have disappeared completely. It is then a question of helping the worker identify what is important for him and of specifying the topics he wishes to raise with his direct supervisor to facilitate his return. There are as many possible concerns as there are situations. Some may have to do with the need to revisit a specific experience or clarify certain events; others may target changes in workload, ways of working, or the type of support offered by the direct supervisor. Other concerns may pertain to relational conflicts with the direct supervisor or co-workers, or the need to clarify roles, for example. This step requires the worker to embark on a process of reflection so that he can not only express his apprehensions but also formulate his ideas, specify his needs, and establish his priorities. Not all concerns can be addressed at the same time. **During this meeting, the worker is also asked to give thought to the aspects of the work likely to have an impact on the mental health of his work team. These points will be compiled by the process coordinator who, with the worker's consent, will raise them for discussion purposes during activities aimed at preventing mental health problems.**

This step may require more than one meeting. At the end of the process, the coordinator summarizes the concerns raised, validates them with the employee, and makes sure he agrees to discuss them with his direct supervisor. The coordinator sometimes has to reassure the worker about the support and assistance role he will play during the meeting with the direct supervisor.

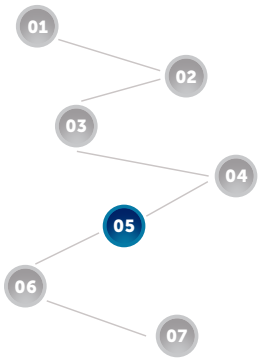
Once the worker's concerns have been clearly identified, the coordinator prepares a tentative return-to-work plan that briefly summarizes the topics that will be discussed at this meeting. No courses of action are written down at this stage.

The process coordinator then contacts the direct supervisor to schedule the employee's return-to-work planning meeting. At that time he may, if need be, reassure the direct supervisor as to his role and the meeting procedure. **However, he must not discuss the worker's concerns with the supervisor ahead of time. It is also important to reassure the supervisor about the fact at that this stage, the worker's concerns have simply been identified and that the search for possible courses of action to promote his return to work will be carried out jointly.**

Why not discuss the worker's concerns with the direct supervisor before the meeting?

Many direct supervisors are anxious to know the worker's concerns prior to the return-to-work planning meeting in order to prepare better for the meeting and give some thought to possible courses of action. However, it is not the process coordinator's role to voice the worker's concerns in his stead. It must be remembered that the worker remains at the heart of the process and that it is he who must take charge of his own return-to-work process. It is up to the worker to explain his concerns to his direct supervisor in his own words, and only on this condition that the process will have the desired effect.

05 Develop and Draft a Return-to-Work Plan



The return-to-work plan is developed at the meeting between the employee and his direct supervisor in the presence of the process coordinator. This meeting is important to facilitate a return to work under conditions that will promote job retention. It is therefore crucial that the direct supervisor thoroughly understand the role he is to play in this step.

The return to work is a key moment that must be planned well ahead of the actual day. The planning process is not a one-way street. It must be based on the worker's specific needs and the company's ability to meet them. The process coordinator organizes a meeting with the worker and direct supervisor which he too will attend in order to assist them in developing an action plan for the return to work.

First, the coordinator points out the objectives of the meeting and specifies the focus of the discussion. Everyone must agree that the idea is to allow for free and open dialogue between the supervisor and the worker about the worker's concerns. Second, the coordinator asks the worker to take the floor. The supervisor must adopt an open-minded stance based on active listening and aimed at looking for possible courses of action. Both the worker and the supervisor are encouraged to talk and exchange their points for the purpose of formulating courses of action that will support the worker during his return and help him retain his job. Various courses of action are explored, and gradually, concrete solutions are found.

The strategic role of the direct supervisor

It may be difficult for the worker to express himself in front of his supervisor at this meeting. Fear of being misunderstood, judged, or subject to reprisals may inhibit him from speaking freely. The supervisor must therefore assume an active-listening role and a supportive stance if the process is to succeed.

Active listening first means being able to let your own prejudices go and opening up to the idea that the person before you has suffered and needs support to return to work. It is not always easy to adopt this stance, sometimes because of what has transpired between the supervisor and the employee or events that occurred before the sick leave. However, the direct supervisor must remember that a closed or confrontational mindset will only hinder the worker's return. One of his responsibilities is therefore to come to the planning meeting with a genuine desire to hear the employee's concerns and to actively look for possible courses of action. To adopt this stance, the supervisor absolutely needs senior management's support. He also requires training if he is to properly understand his role as well as the effects of work and management practices on employees' mental health.

The direct supervisor needs time and recognition in order to play this role. It requires him to become involved in a process that may well bring some of his own management practices into question and possibly oblige him to identify problems in the ways the work is organized and to make changes that demand effort and compromise. Generally speaking, however, the mere fact of listening to the worker, taking the time to better understand his situation, and showing respect for the employee combined with a genuine willingness to look for possible courses of action facilitates the return to work without necessitating radical changes. In this context, the direct supervisor acts directly within the support and recognition dynamic: he recognizes that what the person experiences at work is important and he trusts him.

Some of the major challenges facing direct supervisors

- Recognizing the role of work and the fundamental impact of management practices on people's health;
- Shifting from an absence-control to a personal-support paradigm;
- Adopting a supportive position based on the premise that the employee was initially motivated by his work and does not wish to be absent;
- Setting prejudices aside;
- Preparing co-workers to lend their support to the employee who is returning to work when the situation (before or during his absence) caused disruptions in work relations;
- Being heard by management and supported in their return-to-work support practices and in the implementation of prevention measures.

The content of the return-to-work plan

The return-to-work plan constitutes a contract between the worker concerned and his direct supervisor. It may take different forms, but essentially must clearly express the worker's concerns and the planned actions for addressing them. If applicable, one section may be set aside for questions that the supervisor has to validate before committing himself.

Different types of interventions may be envisaged to promote the worker's return, always in light of his particular situation and taking the collective agreement into account (if there is one):

- procedures for a gradual return to work;
- conflict-resolution or mediation activities;
- changes in the way the work is organized;
- specific assistance measures;
- reassignment to another job or unit;
- accommodation measures or permanent adjustments to the work;
- other.

Possible actions that could be included in the return-to-work plan are:

- proposing regular meetings and team meetings;
- clarifying roles and responsibilities;
- identifying certain tasks, changing or modifying them in light of other employees' work, proposing new tasks, etc.;
- reorganizing the work schedule;
- organizing a reassignment to another department;
- determining when training content and procedures should be updated;
- pairing the employee with a co-worker to update him on work-related matters or to lighten his workload for a certain amount of time;
- planning the procedures for welcoming the employee back;
- drawing up a plan for studying certain problems in greater depth and looking for courses of action for problems that can be resolved in the short term;
- providing additional resources;
- providing a mediation service for conflict resolution.

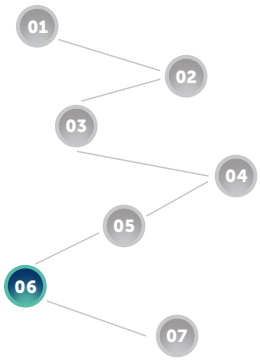
A gradual return to work and resumption of tasks

A gradual return to work appears to be an essential measure for ensuring the worker's recovery of his health and functional capacities. In fact, this measure is frequently prescribed by attending physicians. However, it also appears to be ineffective if the nature of the work and the conditions under which it is performed are not taken into account: maintenance of the same pathogenic conditions will simply undermine the benefits. **In addition, the fact of returning to work gradually while co-workers are obliged to assume a work overload may place the worker in a delicate position.** Co-workers sometimes react negatively to the conditions granted to workers who are returning to work, because they see them as privileges. The gradual return to work is a measure that is particularly beneficial when combined with the gradual resumption of tasks.

Preparing the team for their co-worker's return

The direct supervisor is responsible for taking into account the repercussions of the conditions associated with the absent worker's return to work on his co-workers' and other stakeholders' work. They must be informed of the date of the worker's return and efforts must be made to ensure that they are ready to welcome him back as planned. The process coordinator and the union can play a key role at this stage. They may take initiatives, with the absent person's permission, to plan a welcome-back procedure with his co-workers.

06 Facilitate the Return to Work by Implementing the Plan



The crucial time has come for the worker-that of returning to his job. The following points must be borne in mind:

- **the first days following the return are often characterized by a feeling of vulnerability and a fear of relapse;**
- **only gradually does the worker regain his confidence in his work capacities and the feeling that he can once again perform his job well;**
- **the welcome and support he receives from his supervisor and co-workers are crucial during this period.**

Implementing the return-to-work plan

Before the worker's return, the supervisor must make sure that the measures provided for in the return-to-work plan have been at least partially put in place, depending on the case. As previously agreed, the worker may resume some activities soon after his return and others at a later date. The credibility of the process depends on close adherence to the conditions set out in the plan, which is why the direct supervisor must honour his commitments.

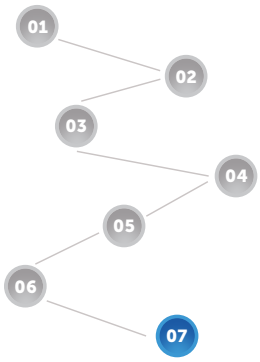
Welcome-back procedures

On the day of the worker's return, the welcome-back procedures specified in the return-to-work plan must be followed. Some workers may not want to receive any special welcome from their co-workers, while others may appreciate a shared coffee break or an organized lunch. The main thing is to respect the worker's wishes before planning any particular procedures. Preferably, the direct supervisor rather than someone mandated by him will greet the worker when he arrives. If the worker feels the need, the process coordinator may also accompany him.

To prepare properly for the return to work

- The welcome and support received from the supervisor and co-workers remain critical during the worker's return, and they must be informed and participate accordingly.
- Work demands can easily overshadow the gradual return-to-work procedures; the direct supervisor must remain vigilant in this regard if he is to promote job retention.
- It is strongly recommended that the employee who was replacing the absent worker be kept in place to ensure the efficiency of the gradual return to work and resumption of tasks. The worker thus has a resource person to turn to with his questions about changes that might have taken place since he left.
- By way of support, the direct supervisor must be ready, if need be, to readjust the return-to-work procedures in light of any particular situations encountered by the employee concerned.

07 Do Follow-Up on the Return to Work and Make Any Necessary Adjustments



This last step rounds off the support process and ensures that the return goes smoothly and the worker retains his job. This may entail:

- **making changes to the plan, if need be, so that it fits better with the employee's work reality;**
- **identifying which measures were successful and significantly helped the worker regain his work capacities.**

From the outset, the worker and his direct supervisor are encouraged to contact the process coordinator at any time after the worker's return to discuss specific concerns or verify certain points. For his part, the coordinator must do follow-up with both the worker and the direct supervisor.

During this follow-up, the process coordinator asks the supervisor to give thought to aspects of the work that could hinder or foster the mental health of other workers. This information will be compiled by the coordinator and raised during a broader discussion with the implementation committee with regard to the organizational assistance program (OAP).

Following up on the return to work

From one to three weeks after the worker has returned, the process coordinator calls him and his direct supervisor to find out whether the return-to-work plan has been adhered to and if any adjustments are needed. At this time he should inquire about the following points:

- Were the planned interventions regarding the organization of the work actually carried out and maintained? Adjustments may prove necessary in light of the progression in the worker's state of health or the many changes likely to occur in the company.
- Are the procedures specified in the return-to-work plan fostering the worker's recovery of his capacities and his job retention?
- On the mental level, does the worker feel that he has again found meaningfulness in his work and does he feel satisfied to be working?

The credibility of the process hinges on close adherence to the return-to-work plan

The return-to-work plan must be adhered to if the worker's and supervisor's expectations are to be met. It is also important that senior management support process implementation. And there must be coherence in the messages exchanged between the various stakeholders. However, some of the measures set out in the plan may no longer be possible. If changes then have to be made to the plan, the process coordinator may help the direct supervisor and the worker resume their search for other courses of action while preserving the essential aspects of the process, namely trust, respect, and active listening.

SHIFTING FROM REHABILITATION TO PREVENTION: AN ORGANIZATIONAL ASSISTANCE PROGRAM (OAP)

PART FOUR

This fourth section describes how the return-to-work support process is brought full circle, as well as actions that can be taken to prevent mental health problems.

Taken individually, each work-related intervention specified in the plan promotes the return to work and job retention of people who have been absent for a mental health problem. However, these practices are limited to case-by-case management. This fourth section proposes shifting from an individual-based rehabilitation approach to an organization-based prevention approach. The main idea is to adopt mechanisms for taking into account aspects of the work that have affected the mental health of individuals on sick leave and that are also likely to affect the health of others. Conversely, it is important to identify factors that have fostered the mental health of workers on sick leave and determine which of these might also be helpful to others. For example, if the creation of a discussion forum was beneficial, this practice could be introduced within work teams. The following sections discuss the basics of a process aimed at preventing mental health problems.

For such a process to be operational in a workplace and to bear fruit, it is essential to develop an organizational assistance program (OAP). This aim of this type of program is to identify aspects of the work likely to hinder or foster mental health. The OAP involves joint effort and collaboration among the members of the implementation committee, who seek to promote workers' mental health and job retention.

The figure below shows the integration of the OAP into the stakeholders' process.

Figure 1 — Shifting from an individual-based to an organization-based intervention: the organizational assistance program

Role of the Implementation Committee

Based on its initial findings, the implementation committee is asked to draw up and implement an action plan aimed at preventing mental health problems in the workplace. When the plan is developed from this perspective, the committee shifts from an individual-based rehabilitation approach to an organization-based prevention approach.

Identifying Aspects of the Way the Work Is Organized that Are Likely to Hinder or Foster Mental Health in the Workplace

The significance of adopting such an approach is that it signals a shift from a case-by-case approach to the identification of the work organization factors likely to affect other workers and to the implementation of interventions aimed at the primary prevention of mental health problems.

In the preceding section, we saw that the worker and his direct supervisor were asked to define aspects of the work likely to hinder or foster the mental health of other workers. This information was compiled by the process coordinator and serves as the basis for a discussion among the committee members. It involves initiating a process of reflection and discussion about the workplace and its effects on mental health. This process will allow certain topics to be identified that will serve to trigger reflection on possible actions for preventing mental health problems. For example, our earlier studies showed that some direct supervisors based themselves on their absent employee's work overload situation to reassess the tasks performed by other team members or to hire additional help. Some supervisors also continued looking for courses of action to reduce the workload within their team after a return-to-work planning meeting with a worker. Lastly, our earlier studies on the return to work also showed that the active listening and trust dynamic between the worker, his co-workers, and the direct supervisor was a mainstay of the process of preventing mental health problems.

Consent and confidential treatment of information collected

The process coordinator must ensure that the information collected does not allow a particular person or department to be identified unless their consent is obtained.

Developing Courses of Action Aimed at Preventing Mental Health Problems in the Workplace

The step described in the previous section involved identifying topics that will be the focus of discussion for the purpose of defining courses of action. The topics retained may concern how the work is organized, as well as methods of cooperating, coordinating, and collaborating within and between work teams and with management.

Supporting the Creation of Team-Based Discussion Forums for Talking about Work

Among the various courses of action possible, we have seen the importance of having a forum for talking about work. Allowing workers to meet to discuss their work, the problems they encounter, and their ways of working can have an impact on how the work is organized. Of course, talking about one's work also means talking about tasks that one does not do, no longer does, or would like to have done but was unable to do. Moreover, if each person performs his job in his own way without taking other people and their ways of doing things into account, this can cause discrepancies, misunderstandings, lack of understanding, and disorder. The realities of the work may therefore require interventions that should be the subject of arbitration and agreements if these interventions are to be coherently integrated into smooth work operations. These agreements derive from a process of discussion and debate that focuses not only on the technical and efficiency aspects of the work, but also on the ethical aspects. Ethical aspects determine what is fair or unfair and acceptable or unacceptable in interpersonal relations. The agreements are also defined on the basis of the prevailing values and beliefs among the people concerned. Work does not relate solely to production and efficiency: it is also a place where we exercise our "group living" skills and where our social life is regulated. Taking workers' discourse into account therefore means creating a forum where they can rediscover a sense of meaningfulness in work, strive for self-fulfilment, and acquire a sense of identify through their work. If work opens the doorway to self-fulfilment and to the building of a sense of identity, it becomes a central pivot in the development and strengthening of mental health in the workplace.

CONCLUSION

Managing absences related to mental health problems in the workplace poses a major challenge for companies and organizations in terms of both prevention and the measures required to promote a return to work and job retention. The recovery/return-to-work assistance and support process described in this guide is based on the principles of trust, respect, and active listening and is intended to counterbalance more traditional practices involving the medico-administrative management of absences.

The worker is seen as the key player at the heart of this process. The company offers assistance and support to enable him to participate actively in his recovery and return to work, which in turn empowers him to act on his own situation. The originality of the process lies in the fact that it puts work centre stage in order to gain insight into the factors that led to the worker's absence and those that may promote his return to work and job retention.

A number of prerequisites are essential to making such a process possible. One is a clear commitment from senior management to an individual support process, reflected mainly in measures that support and offer recognition to direct supervisors, who in turn play a strategic role in the return-to-work process and the implementation of plans developed in this regard. The voluntary participation of direct supervisors in the process may be jeopardized if they do not feel supported, particularly if they receive contradictory messages from senior management. However, even a commitment from senior management is not enough to guide the practices of all the stakeholders; communication and training activities are also essential to consolidating a common vision. Enlisting the participation of each of the various groups in the task of defining the different roles and responsibilities adds greater coherence to the practices adopted.

The process outlined here includes seven steps along the individual trajectory of a worker from the time he begins his work absence to the follow-up conducted after he has returned to work. Another important aspect of this process is that it represents a shift from an individual-based rehabilitation process to an organization-based process aimed at preventing mental health problems. This shift is made possible through the development of an organizational assistance program (OAP), whose purpose is first to determine, based on the situations of workers on sick leave, which aspects of the way in which the work is organized are likely to hinder or foster the mental health of other workers, and second, to ensure implementation of preventive actions at the organizational level. In addition, an OAP, as presented in this guide, should provide for the creation of discussion forums for workers where they can discuss their work and share their thoughts about what is going well and what is not.

This process can only be fully understood if work is viewed as a vehicle for achieving health and fulfilment. Through work, people can realize their potential, feel useful and unique thanks to their achievements and discussions with others, and find their place in society, which in turn contributes to the formation of their identity. An organization that supports its workers by recognizing their contributions, listening to their problems, and placing trust in them helps them feel respected and valued, thereby promoting mental health in the workplace.

Bibliography

1. BOURBONNAIS, R., C. BRISSON, A. VINET, M. VÉZINA and A. LOWER. (2006a). "Development and implementation of a participative intervention to improve the psychosocial work environment and mental health in an acute care hospital," *Occupational and Environmental Medicine*, vol. 63, no. 5, pp. 326-334.

2. BOURBONNAIS, R., C. BRISSON, A. VINET, M. VÉZINA, B. ABDOUS and M. GAUDET. (2006b). "Effectiveness of a participative intervention on psychosocial work factors to prevent mental health problems in a hospital setting," *Occupational and Environmental Medicine*, vol. 63, no. 5, pp. 335-342.

3. BRISSON, C., B. LAROCQUE and R. BOURBONNAIS. (2001). "Les contraintes psychosociales au travail chez les Canadiennes et les Canadiens," *Revue canadienne de santé publique*, 92(6), 460-467.

4. CONTI, D.J., and W.N. BURTON. (1994). "The economic impact of depression in the workplace," *Journal of Occupational and Environmental Medicine*, vol. 36, no. 9, pp. 983-988.

5. DEJOURS, C. (1993). *Travail et usure mentale. De la psychopathologie à la psychodynamique du travail*, Paris, Bayard. Éditions, new expanded edition, 298 p.

6. DEJOURS, C. (1995). "Comment formuler une problématique de la santé en ergonomie et en médecine du travail," *Le Travail humain*, vol. 58, no. 1, pp. 1-15.

7. DEJOURS, C. and I. GERNET. (2012). "Travail, subjectivité et confiance," *Nouvelle revue de psychosociologie*, vol. 1, no. 13, pp. 75-91.

8. DE LANGE, A.H., T.W. TARIS and M.A.J. KOMPIER (2003). "The very best of the millennium: longitudinal research and the demand-control-(support) model," *Journal of Occupational Health Psychology*, vol. 8, no. 4, pp. 282-305.

9. DEWA, C.S., P. GOERING, E. LIN and M. PATERSON. (2002). "Depression-Related Short-Term Disability in an Employed Population," *Journal of Occupational and Environmental Health*, vol. 44, no. 7, pp. 628-633.

10. DEWA, C.S., A. LESAGE, P. GOERING and M. CAVEEN. (2004). "Nature and prevalence of mental illness in the workplace," *Healthcare Papers*, vol. 5, no. 2, pp.12-25.

11. DEWA, C.S., D. McDAID and S.L. ETTNER. (2007). "An international perspective on worker mental health problems: Who bears the burden and how are costs addressed?," *Canadian Journal of Psychiatry*, vol. 52, no. 6, pp. 346-356.

12. DRUSS, B.G., M. SCHLESINGER and H.M. ALLEN. (2001). "Depressive Symptoms, Satisfaction with Health Care, and 2-Year Work Outcomes in an Employed Population," *The American Journal of Psychiatry*, vol. 158, pp. 731-734.

13. DURAND, M.-J. and P. LOISEL. (2001). "La transformation de la réadaptation au travail d'une perspective parcellaire à une perspective systémique," *Pistes*, vol. 3, no. 2, pp. 1-16.

14. GABRIEL, P. and M.-R. LIIMATAINEN. (2000). *Mental Health in the Workplace*. Geneva, International Labour Office.

15. GJESDAL, S. and E. BRATBERG. (2003). "Diagnosis and duration of sickness absence as predictors for disability pension: Results from a three-year, multi-register based and prospective study," *Scandinavian Journal of Public Health*, vol. 31, pp. 246-254.

16. HENDERSON, M., N. GLOZIER and K.H. ELLIOT. (2005). "Long Term Sickness Absence," *British Medicine Journal*, vol. 330, pp. 802-803.

17. HOUTMAN, I.L.D. (2007). *Work-related stress*, Dublin, European Foundation for the Improvement of Living and Working Conditions, 19 p.

18. JOHNSON, J.V. and E.M. HALL. (1988). "Job Strain, Work Place Social Support, and Cardiovascular Disease: A Cross-Sectional Study of a Random Sample of the Swedish Working Population," *American Journal of Public Health*, vol. 78, no.10, pp. 1336-1342.

19. KARASEK, R. A. (1979). "Job demands, job decision latitude, and mental strain: Implications for job redesign," *Administrative Science Quarterly*, vol. 24, no. 2, pp. 285-308.

20. KARASEK, R.A., and T. THEORELL. (1990). *Healthy work: stress, productivity and the reconstruction of working life*. New York, Basic Books, 381 p.

21. KOOPSMANS, P.C., C.A.M. ROELEN and J.W. GROOTHOFF. (2008). "Sickness absence due to depressive symptoms," *International Archives of Occupational and Environmental Health*, vol. 81, pp. 711-719.

22. NIEDHAMMER, I., M. GOLDBERG, A. LECLERC, I. BUGEL and S. DAVID. (1998). "Psychosocial factors at work and subsequent depressive symptoms in the Gazel cohort," *Scandinavian Journal of Work, Environment & Health*, vol. 24, no.3, pp. 197-205.

23. NIEUWENHUIJSEN, K., J.H.A.M. VERBEEK, A.G.E.M. DE BOER, R.W.B. BLONK and J.H. VAN DIJK. (2006). "Predicting the duration of sickness absence for patients with common mental disorder in occupational health care," *Scandinavian Journal of Work, Environment and Health*, vol. 32, no. 1, pp. 67-74.

24. RUGULIES, R., U. BULTMANN, B. AUST and H. BURR. (2006). "Psychosocial work environment and incidence of severe depressive symptoms: Prospective findings from a 5-year follow-up of the Danish work environment cohort study," *American Journal of Epidemiology*, vol. 163, no. 10, pp. 877-887.

25. SHAW, W., Q. HONG, G. PRANSKY and P. LOISEL. (2008). "A literature review describing the role of return-to-work coordinators in trial program and interventions designed to prevent workplace disability," *Journal of Occupational Rehabilitation*, vol. 18, pp. 2-15.

26. SIEGRIST, J. (1996). "Adverse health effects of high effort low-reward conditions," *Journal of Occupational Health. Psychology*, vol. 1, pp. 27-41.

27. SIEGRIST, J. and M. MARMOT. (2004). "Health inequalities and the psychosocial environment—two scientific challenges," *Social Science & Medicine*, vol. 58, no. 8, pp. 1463-1473.

28. SROUJIAN, C. (2003). "Mental health is the number one cause of disability in Canada," *Insurance Journal*, vol. 7, p. 8.

29. STANSFELD, S.A., F. FUHRER, M.J. SHIPLEY and M.G. MARMOT. (1999). "Work characteristics predict psychiatric disorder: prospective results from the Whitehall II study," *Occupational and Environmental Medicine*, vol. 56, pp. 302-307.

30. ST-ARNAUD, L., M. SAINT-JEAN and J. RHÉAUME. (2003). "De la désinsertion à la réinsertion professionnelle à la suite d'un arrêt de travail pour un problème de santé mentale," *Santé mentale au Québec*, vol. 28, no. 1, pp. 193-211.

31. ST-ARNAUD, L., M. SAINT-JEAN and J. DAMASSE. (2004). *La réintégration au travail à la suite d'un problème de santé mentale.* Québec, Centre d'expertise en gestion des ressources humaines du Secrétariat du Conseil du trésor, Gouvernement du Québec, 165 p.

32. ST-ARNAUD, L., R. BOURBONNAIS, M. SAINT-JEAN and J. RHÉAUME. (2007). "Determinants of Return-to-Work Among Employees Absent Due to Mental Health Problems," *Industrial Relations Journal*, vol. 62, no. 4, pp. 690-713.

33. ST-ARNAUD, L., M. PELLETIER, C. BRIAND, M. SAINT-JEAN, M.-J. DURAND, M. CORBIÈRE and E. KEDL. (2011). "Mental health and return to work: A support-based approach to rehabilitation and return to work," in *Occupational Health and Safety: Psychological and Behavioral Aspects of Risk*, published under the direction of Sharon Clarke, Ronald J. Burke and Cary L. Cooper, England, Gower Publishing Ltd., chapter 15, pp. 342-359.

34. ST-ARNAUD, L., C. BRIAND, M. CORBIÈRE, M-J. DURAND, R. BOURBONNAIS, M. SAINT-JEAN, M. PELLETIER, S. DELISLE and E. KEDL. (2014). *Supporting a Return to Work after an Absence for a Mental Health Problem: Design, Implementation, and Evaluation of an Integrated Practices Program*, Studies and Research/Report R-823, Montreal, IRSST, 114 p.

35. STEPHEN, T. and N. JOUBERT. (2001). "The economic burden of mental health problems in Canada," *Chronic Diseases in Canada*, vol. 22, no. 1, pp. 18-23.

36. VAN DER DOEF, M. and S. MAES. (1999). "The job demand-control (-support) model and psychological well-being: a review of 20 years of empirical research," *Work and Stress*, vol. 13, no. 2, pp. 87-114.

37. VÉZINA, M. and R. BOURBONNAIS. (2001). "Incapacité de travail pour des raisons de santé mentale," *Portrait social du Québec — Données et analyses*, Québec, Institut de la statistique du Québec, pp. 279-288.

38. VÉZINA, M., L. ST-ARNAUD , S. STOCK , K. LIPPEL and A. FUNES (2011). "Santé mentale," in *Enquête québécoise sur des conditions de travail, d'emploi, de santé et de sécurité du travail 2007-2008* (EQCOTESST), Institut de la statistique du Québec, Institut national de santé publique du Québec, Institut de la statistique du Québec and Institut de recherche Robert-Sauvé en santé et sécurité du travail, pp. 591-646.

39. WATSON WYATT WORLDWIDE. (2005). "Managing Health Care Costs in a New Era," *Tenth Annual National Business Group on Health/Watson Wyatt Survey Report*, Washington.

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