a SUSTAINABLE **RETURN** *to*WORK *is* MANAGEABLE!

SUPPORT | CONSIDERATION | RESPECT | ADAPTED WORK

OHS   **SD**   *APTS*

a SUSTAINABLE RETURN *to* WORK *is* MANAGEABLE!

Our annual OHS campaign,
A sustainable return to work is manageable!,
encourages the returning employee's entourage
to take a preventive approach to help ensure a
suitable and welcoming return to work.

There is still a widespread lack
of understanding of pain or suffering
that's not visible, particularly when it
comes to musculoskeletal disorders
and mental health problems.

CAMPAIGN OBJECTIVE

To promote a return-to-work
process in which a member
is supported, listened to and
respected and has the benefit
of adapted conditions.

Staff shortages and the costs engendered by absenteeism are spurring a number of employers in the health and social services system to hasten the reintegration process of members returning to work after an absence. The MSSS is nonetheless aware of the yearly statistics on absenteeism in the health sector and is encouraging managers to take "preventive administrative measures and invest in structural measures to improve healthcare personnel's health and well-being".[1] Unfortunately, the MSSS principles are not translating into concrete actions despite publication of this directive.

A return to work involves prevention. This brochure includes strategies recommended by recognized organizations in the field of occupational health and safety research to encourage a sustainable return to work, based on processes put forward in the sphere of rehabilitation for musculoskeletal disorders.

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1 Link: http://publications.msss.gouv.qc.ca/acrobat/f/documenta-tion/2013/13-502-01W.pdf, page 5

ALARMING portrait of ABSENCES DUE to MENTAL disorders

The complexity of mental health disorders and their impact on the workplace is a reality now recognized in all industrialized countries. In Québec, half of all long-term absences (lasting more than 6 months) can be attributed to transient mental disorders. In the United States, no less than $200 billion is spent annually for absenteeism associated with transient mental disorders, while in Great Britain, 40 million work days are reportedly lost.[2]

The 2013 annual report for the health and social services system on absence management gives the following assessment: mental disorders account for one third of employee absences[3] while musculoskeletal disorders account for more than one quarter. Poor working conditions are not foreign to this pessimistic portrait.

Transient mental disorders and serious mental disorders

Transient mental disorders are temporary or sporadic. To give an analogy, they are akin to a sprain or fracture. Serious mental disorders are equivalent to chronic or permanent conditions such as diabetes or to a severe handicap with disabilities and permanent limitations.[4]

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2 Rapport R-674 - *Les facteurs reliés aux absences prolongées du travail en raison d'un trouble mental transitoire,* IRSST, page 1.
Note: You can also consult the data in the APTS brochure entitled Psychological distress can be defused!, prepared by the OHS-SD sector, page 9.
3 Link: http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2013/13-502-01W.pdf, page 56.
4 Corbière, Durand, *Du trouble mental à l'incapacité au travail – Une perspective transdisciplinaire qui vise à mieux saisir cette problématique et à offrir des pistes d'intervention,* pages 86 - 87.

According to the *Diagnostic and Statistical Manual of Mental Disorders,* transient mental disorders are classified in three categories:

• adjustment disorders;
• mood disorders (major depression);
• anxiety disorders. [5]

REINTEGRATION *or* NON-REINTEGRATION

Disabilities associated with mental disorders are caused by a number of factors. Some are linked to traits or characteristics associated with the individual, but we will focus on factors more specifically associated with work:

• environmental factors and work-related activities;
• factors associated with the healthcare system and the disability management system.

Environmental factors and work-related activities
These factors correspond to the quality of support provided by the immediate supervisor and co-workers, the persistence of unresolved problems at work, interactions between the parties involved in managing the health problem, work overload, and demands that exceed the individual's skills and abilities.

The factors associated with the healthcare system and disability management include early intervention and support, the duration of insurance coverage and the policy on indemnification.[6]
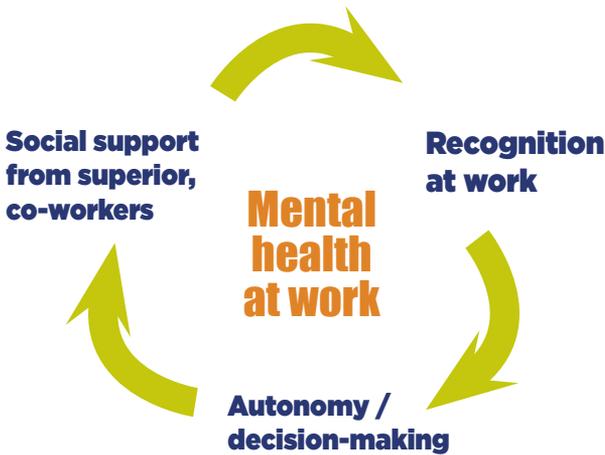
5 Rapport R-674 – *Les facteurs reliés aux absences prolongées du travail en raison d'un trouble mental transitoire,* IRSST, page 10.
6 Rapport R-674 – *Les facteurs reliés aux absences prolongées du travail en raison d'un trouble mental transitoire,* IRSST, page 3.

Support measures for successful reintegration at work

The success of a sustainable return to work depends on actions to ensure that the employee receives support,[7] respect and a sympathetic ear, as well as accommodation measures. Failure to take such action has ramifications for the person's ability to reintegrate the workplace and may result in a relapse or cause the person's initial condition to become aggravated.

Chart illustrating support for recovery and a sustainable return to work

Social support from superior, co-workers

Recognition at work

Mental health at work

Autonomy / decision-making

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7 Note: Union organizations are demanding that accommodation measures arising from the charters be incorporated in the rehabilitation section of the *Act respecting industrial accidents and occupational diseases.* See the SISP brief on the subject, dated July 2012, concerning the *Projet de loi no 60 visant la modernisation du régime de santé et de sécurité du travail…)*, page 52.

Factors associated with non-reintegration

The main factors are:

- work overload
- demands associated with performance, competition and high output
- high degree of job dissatisfaction
- little participation in decision-making
- professional autonomy undermined or called into question
- reorganization at work and rapid changes
- a tense work atmosphere
- lack of recognition
- pressure by the employer to return to work quickly
- fears and dread about negative situations experienced before the leave of absence
- lack of communication with the immediate supervisor
- impact of a gradual return to work on colleagues' workload.[8]

INDISPENSABLE ACTORS *at the* **MANAGEMENT** level

Executive management: two approaches

One approach is for executive management to acknowledge staff motivation when an absent employee tries to return to work as promptly as possible. It views the state of the employee's health as a central concern that has to be shared by all actors in the organization. From this perspective, executive management sees difficult working conditions as a factor that undermines the state of employees' health.

8 Rapport R-674 – *Les facteurs reliés aux absences prolongées du travail en raison d'un trouble mental transitoire,* IRSST, pages 13 - 14.

Other senior management teams have a different approach. They think that employees are duty-bound to report to work and are the only ones responsible for consolidating their injury. This traditional view relies on systematic mechanisms for managing and controlling absences.

Immediate supervisors

Immediate supervisors should set up practices to foster winning conditions for a successful return to work. Their priority should be based on the person at work and her or his well-being, satisfaction, recognition and mental health. But the reality is another story. A number of immediate supervisors don't see this as their role and feel overwhelmed by the complexity of the situation.

In our view, they are more interested in work performance and productivity.

Health office

The health office manages absences using medical administrative management practices, and endeavours to reduce absenteeism in disability insurance resulting from poor working conditions (e.g., work overload, lack of recognition). The targets set by government agencies are unreasonable to attain, and the resulting tendency is for health offices to increase pressure on absent employees and assert more control. This leaves much to be desired.[9]

Recovery and return-to-work support officer: a new indispensable resource for a sustainable return to work

The role of a recovery and return-to-work support officer is rarely assumed by specifically designated resources. These indispensable officers are the cornerstone of a sustainable support process, yet managers in our institutions are unlikely to consider it a priority to rely on them unless there is a clear province-wide directive to do so.

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9 Rapport R-706 – *Retour au travail après une absence pour un problème de santé mentale – Conception, implantation et évaluation d'un programme intégré des pratiques de soutien,* Annexe F.

WINNING CONDITIONS

A sustainable return to work is based on four key premises:

• The worker plays the leading role in a successful return to work and continues to be at the centre of the various stages in the rehabilitation process and in taking charge of her or his return to work.

• A worker who is absent for a transient mental health disorder is in a vulnerable state. Practices to ensure her or his support and encouragement based on a positive outlook facilitate a successful return to work.

• Consideration of psychosocial factors at work (recognition, social support, autonomy and decision-making powers) has a central role in employees' mental health, return to work and ability to continue working.

• The involvement of executive management and various actors is essential to ensure coherent support practices for a sustainable return to work.[10]

It is important to note that medical information can only be accessed by authorized parties and is strictly confidential. The employee concerned can withdraw from the process at any time and ask for the union's assistance.

10 Rapport R-706 – *Retour au travail après une absence pour un problème de santé mentale – Conception, implantation et évaluation d'un programme intégré des pratiques de soutien,* page 20.

7 STEP SUPPORT PROCESS

Major conflict with the immediate supervisor

A mediation process should be initiated if there is a major conflict between the worker and her or his immediate supervisor.

The recovery and return-to-work support officer is responsible for co-ordinating the various actors and is the key resource person in charge of an employee's sustainable return to work.

This officer is the one responsible for bringing the support process for absent employees to fruition, until these employees are in the adjustment phase after returning to work. That process involves 7 steps[11]:

1 **Initiating the process and making sure the health office is no longer involved**
The health office transfers the administrative file pertaining to the employee's absence to the recovery and return-to-work support officer. From that point on, only this officer can communicate with the person by mail, explaining the objectives of the various steps in the process.

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11 Guide: *Soutenir le retour au travail et favoriser le maintien en emploi – Faciliter le retour au travail d'un employé à la suite d'une absence liée à un problème de santé psychologique,* Collaboration IRSST et Université Laval, pages 20-31.

2 **Making initial contact with the person returning to work**
This first contact is to bring the person returning to work on-side with the process, and to find out whether the person is interested in being contacted by her or his immediate supervisor.

3 **Supporting the person's recovery process**
There is an exchange between the recovery and return-to-work support officer and the person returning to work, and an initial meeting. On-going follow-up is designed to provide support throughout the recovery process.

4 **Preparing for the meeting with the immediate supervisor**
The aim of this step is to prepare for the meeting between the immediate supervisor and the employee. The latter shares her or his main work-related concerns. Workplace irritants are identified at this point.

5 **Planning and developing a sustainable return-to-work plan**
The person returning to work, the recovery and return-to-work support officer and the immediate supervisor have to assess support strategies for an eventual return to work.

6 **Facilitating and implementing a sustainable return-to-work plan**
It is important to check with the employee what activity would be suitable for welcoming her or him back with the work team. This is a crucial moment, as the person is vulnerable. For optimal adjustment to any changes that have occurred during the person's absence, it is also recommended that the replacement person remain on duty.

7 **Following up on the return to work and making any necessary adjustments**
The idea is to check whether the sustainable return-to-work plan is properly suited to the employee's realities. Does the plan enable the employee to gradually recover and regain her or his abilities? Does the employee find that her or his work has meaning once again? Is there a sense of job satisfaction for the employee?

ASSISTANCE programs for HEALTH and SOCIAL SERVICES ORGANIZATIONS

Musculoskeletal disorders: PRATA and PRATA+ programs in the Lower St. Lawrence

About fifteen years ago, the *Agence de la santé et des services sociaux du Bas-St-Laurent* set up a program for an adapted return to work (*Programme de retour au travail adapté* - PRATA) to facilitate the process for people with musculoskeletal disorders. The success rate was evaluated at 90%, no less! A subsequent program entitled "PRATA+"[12] targeted people returning to work after taking sick leave for transient mental disorders. This program was based in large part on a number of studies and recommendations from the *Institut de recherche Robert-Sauvé en santé et en sécurité du travail* (IRSST).

PROGRAMME D'AIDE À L'ORGANISATION

The *Programme d'aide à l'organisation* (PAO) evaluates the facets of work that are likely to be detrimental or conducive to the psychological health of a work team. It is aimed at preventing psychological problems at work, not on an individual basis but at the organizational level. This approach's strategy is

12 Link:
http://www.asstsas.qc.ca/documents/Publications/Repertoire%20de%20nos%20publications/Autres/Colloque2012_S5_Prata_Plus.pdf

to help take into account organizational facets that have affected employees who had to stop working.[13]

Return-to-work programs

In addition to PRATA+ experiences, health and social services facilities have adopted return-to-work programs targeting a sustainable return to work.[14]

CAPRIT: assistance for health and social services institutions

The *Centre d'action en prévention et réadaptation de l'incapacité au travail* (CAPRIT) affiliated with the *Université de Sherbrooke* offers training sessions to raise managers' awareness of new approaches to promote a sustainable return to work.[15]

13 Guide: *Soutenir le retour au travail et favoriser le maintien en emploi – Faciliter le retour au travail d'un employé à la suite d'une absence liée à un problème de santé psychologique,* Collaboration IRSST et Université Laval, page 33. Aussi disponible en ligne sur : http://www.irsst.qc.ca/media/documents/PubIRSST/RG-758.pdf
14 Link: http://www.douglas.qc.ca/publications/214/file_fr/print_prog.travail_fr_lowres.pdf
15 Link: http://www.usherbrooke.ca/caprit/formation-et-etudiants/formations-offertes/

[CONCLUSION]

Major changes have to be made with the current actors in the public system. Healthcare institutions need to use innovative solutions to ensure a sustainable return to work for employees who are absent due to transient mental health disorders. As well, the process suggested in this document must be built on principles of respect, attentive listening and trust with the employees concerned, to counterbalance the various traditional methods of managing and controlling absences.

For more information, contact the APTS occupational health and safety and sustainable development sector or your union counsellor.

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