Managing Employees with Mental Health Issues in the Return to Work Process: Focus on the Role of Line-Managers and Co-Workers

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Need For Intervention

In the words of Henry & Lucca (2004), persons with "mental impairments" comprise the fastest growing and most enduring group of people receiving Supplemental Security Insurance Income and Social Security Disability Insurance benefits. Therefore, it is not surprising, that in many parts of the world, policy developments in the field of mental health are stimulating interest in the employment and accommodation for mental health service users as means of mental health promotion, cost savings and social justice (Secker & Membrey, 2003). In the same vein, many organizations have discovered that actively promoting the health of employees serves the health of the business (Evans & Jasper, 2006). Other evidence from research and literature (Evans & Jasper, 2000; Novack & Bernard 1985; Rapee, Kennedy, Ingram, Edwards, and Sweeney, 2005; Shaw & Feuerstein 2004; Carling 1993) has continuously supported the value of an effective Disability Management Program (DMP) for individuals with mental health issues as well as other forms of illnesses and injuries in the workplace.

Additionally, front-line disability managers are beginning to realize that mental health issues are increasingly becoming a regular factor in case loads. Therefore, they are eager to find the best ways to adequately address and ameliorate the incidence of inadequate support and reintegration of individuals with mental health issues in the workplace. Furthermore, various progressive governments are committed to reducing the number of people already on incapacity benefits, and prevent the flow of people into the pool. An effective and comprehensive DM

intervention is also the model forward-thinking case managers, companies, private treatment providers as well as some Health providers are eager to adopt (Brading, 2007).

Over and above the need for urgent intervention, there is evidence that people with mental illness want to work, but also that very few of them has the opportunity to do so(Huxley & Thornicroft, 2003). So that we can understand this discrepancy and develop strategies to reduce it, it is important to know what barriers to work, people with mental illness face, and what factors are associated with them getting and keeping jobs so as to be able to assist in their RTW after an episode of mental illness.

Obstacles to People with Mental Health Issues in the Workplace

Research over the last three decades has demonstrated that a substantial minority of both professional and lay people have negative and rejecting attitudes towards the mentally ill (Levey & Howells, 1994). According to Brading (2007) these attitudes may in part be the result of the perception that the mentally ill are inherently dangerous and prone to violence. Attitudes have both a cognitive (i. e. knowledge and beliefs) and an emotional-motivational component. The relationship between attitude and behaviour is a complex one. Fazio (1990) suggests that attitudes spontaneously guide behaviour unless people have both the opportunity and the motivation to engage in more reasoned reflection and planned behaviour (Levy & Howells, 1994). Negative attitudes towards the mentally ill are, therefore, likely to find expression not just in the behaviour of the public and mental health workers, but also in those of policy makers with regard to RTW process (Jonstone, 2001).

Previous Research

Return to work after a long-term disability leave has been studied extensively in the medical rehabilitation literature in terms of clinical factors such as severity of injury, treatment factors (e.g. pain management), person (objective) factors (e.g. age and gender), and the physical characteristics of the work (Shaw et al, 2002). However, the phenomenon of return to work remains poorly understood due partly to the lack of theoretical base research and the exclusion of personal (subjective) and environmental factors in the study of return to work (Shaw et al, 2002).

Overall, the study of workplace factors in the RTW process has primarily focused on the physical nature of the work and only a few studies have looked at the social characteristics of the workplace, such as stress, degree of autonomy and degree of control that individuals with mental health issues have over their reintegration. Thus, the lack of knowledge about the complex interaction of factors that account for the variations in RTW behaviours presents a challenge and a professional vulnerability for workplace rehabilitation professionals. According to Veer et al (2006), monitoring and describing the nature and levels of social rejection has its purpose, but many of these public studies teach us little of the underlying aspects that determine negative behaviour towards the mentally ill.

Research findings

Public views on mental illness and the mentally ill have been examined extensively in many Western and non –Western societies (Veer et al 2006). Results from the various reviews

indicate that these views and attitudes are unfavourable and that the social rejection resulting from public attitude may handicap the mentally ill even further. To date, there is a small but significant literature on the barriers to employment, which document problems, stigma, discrimination, and concerns over benefits, and services not geared for supporting people in their RTW efforts. Additionally, much of the previous research on RTW and rehabilitation in the decision making process of employers has focused mainly on global concerns i.e. determining whether employers react negatively to the mental illness label. However, little is known about the precise nature of their concerns and sources of their hesitation about hiring, retaining and assisting people with mental illness to RTW.

According to Marwaha & Johnson (2004) there has been very little change in the last 10 years in the proportion of adults with a mental illness participating in the workforce. This contrasts with the increases in the employment, accommodation and RTW rate in the general population as well as for those with physical disabilities (Social Exclusion Unit, 2003). Furthermore, a wide range of negative stereotypical beliefs has been reported about the personal and behavioural characteristics of mentally ill persons. Most evidently, the public overestimates the level of deviant behaviour of individuals with mental illness, including violence, unpredictable and criminal behaviour. These beliefs about individuals with mental illness are a well-established explanation for the rejecting attitude of the public (Veer et al., 2006). In addition, there is research evidence (Corrigan & Kleinein, 2005; Link & Phelan, 2001; Page, 1995; Wahl, 1999) suggesting that mentally ill people are unable to attain work, housing, and other independent life goals because of the stigma and discrimination and that they are often seen as generally less competent, (e. g., less intelligent, less capable for work and/or less reliable). Overall, less effort is made in examining the extent to which stereotypical beliefs concerning

patient's competence may influence attitudes. Furthermore, some studies found that beliefs about the causes of mental illness influence the level of negative behaviour towards mentally ill individuals. Martin et al (2002) found that people who attribute mental health problem to 'structural factors' (i.e. external attributed causes, such as stressful circumstances or genetic/biological causes) are more willing to interact with the mentally ill than those who tend to see 'individual's factors' (i.e. internal attributed causes like bad character) as the main cause.

Martin and his associates argue that social distance will increase when people believe that mentally ill individuals can be held responsible (i.e. an internally oriented attribution) for their condition. These results, suggest that the belief that people with mental illness can be held accountable for their illness negatively influence peoples' willingness for social engagement.

The Need to Review Contemporary Research Focus

While certain barriers are commonly acknowledged, few studies have investigated the perspectives of those on the "front-line" of services; namely consumers themselves and direct employment service providers (Henry & Lucca, 2004). In particular, a consumer perspective and focus on co-workers and line managers as barriers has not been fully explored regarding employment and RTW for this segment of the population.

Asch (1987) argues that without a change in beliefs there can be no corresponding change of attitude. Given the understanding that fearful rejection of people with mental illness depends in large measure on the belief that mental illness is synonymous with violent and dangerous behaviour, it behoves disability management professionals to seek to challenge these beliefs through a review of contemporary research. Reducing or minimizing prejudice against

people with mental illness in the workplace will, thus, require employers to avoid stereotyped judgements when assessing qualifications and desirable work attributes in a particular applicant who might need to work directly with returning employee who have experienced mental illness. Given the inherent benefits of employment, an individual with mental illness, as member of the general population has a need to work.

Importance of Work and Continued Employment

There is no satisfactory unifying theory on why work is important, but Freud claimed that work ties us to reality (Smith, 1985). Work participation provides most adults with daily structure, economic stability, and social opportunities (Henry & Lucca, 2004). In the words of one consumer, "*if you have a mental illness and you can work, it decreases the stigma a lot, because this society [put] a great value on work*". This evidence leads one to suppose that to be unemployed is to be cut off from an important social role.

The importance of work to human existence, including individuals with mental health issues, cannot be over emphasized. According to Berry & Meyer (1995), "There is no shortage of evidence that individuals with mental health issues want and are able to work or that employment can benefit their mental health." Surveys have found that aspirations to work are widespread, even amongst those who have lost touch with the labour market over an extended period of time (Bates, 1996; Rinaldi and Hill, 2000). Similarly, several other studies have demonstrated strong links between unemployment and mental illness and between meaningful occupation, clinical improvement and decrease levels of service use (Wing and Brown, 1970; Warr, 1998).

Work has economic, psychological and social benefits to people. Every member of society, therefore, strives to remain gainfully employed. According to Frese & Mohr,1987, Winefield etal 1991; as cited by Harder & Scott (2006, p.25), "within the goals of disability management model there is the basic understanding that humans have an occupational nature, that 'work' is an essential part of human life and that the centrality of work is an essential part of human welfare." People with mental health issues are no exception to this rule. Therefore, to be given far fewer opportunities to work, as is currently the situation, than the general population because of the many misconceptions and prejudices about their abilities and needs, is most unfortunate and unfair (Evans & Jasper, 2000). Evans & Jasper (2000) further observed that lack of work for mentally ill individuals serves to further perpetuate the prevalent negative stereotypes and social exclusion associated with mental health problems.

Over and above financial benefits, work provides a sense of purpose and belonging, opportunity to share goals, a social forum, status and recognition of our efforts and achievements (Evans & Jasper, 2000). Dyck (2002) recognizes the therapeutic benefits that work could have on both physical and mental health of employees, and further explained that 'employment is nature's best physician' (p.15) and is essential to human happiness. Therefore, every member of the population, normal or with any disability strives to remain gainfully employed or integrated into the workplace. For people with psychiatric disorders, achieving and maintaining employment remains a significant challenge in spite of this reality.

In a recent study, Tsang et al (2007) reiterated that competitive employment represents an important component of RTW process because it provides a window into many other avenues of community integration, such as the experience of being a valued, contributing citizen in the

context of societies for which paid work is a normative expectation for adults. This far reaching evidence suggests that unemployment could be detrimental to the general well-being of those with or without mental health issues.

Cost-effectiveness of an Effective DM Approach

According to Dyke (2003) Disability Management refers to employer-directed programs and practices aimed at the prevention of disability and a rapid return to work post illness or injury. A particular strength of DM is its potential to support labour-management relations by balancing economic and productivity needs with the sustained health and well-being of the workforce (Jodoin & Harder, 2002). Dyke (2003 p.7), further stressed that an ideal DMP should be proactive and incorporate stakeholder's involvement and accountability. Given this perspective, an effective DMP can enhance the costs associated with illness or injury-related absences by:

- Reducing human and financial cost of disability
- Ensuring timely and safe return to work
- Promoting and protecting the employability of the disabled
- Decreasing litigation and conflict
- Ensuring retention of valuable and productive workers
- Lowering employee turn over
- Lowering recruitment and training cost of replacing employee

- Increasing productivity
- Reducing short and long term disability and worker compensation cost

An effective rehabilitation for individuals with mental health issues should, therefore, be a concern to employers as it affects overall organizational costs. Experience has shown that most successful companies recognize the capabilities and potential contributions that injured employees (including individuals with mental health issues) can make to the company. According to Dyke (2002) organizations recognize that it is good business to have a comprehensive DM Program that includes; involvement of the employee in his her rehabilitation process from the onset of the illness or injury; enlisting the cooperation of their unions as early as possible; and obtaining endorsement, support and involvement from all stakeholders, to reduce cost related to disabilities.

With the inherent benefits associated with an effective DMP, which encompasses RTW, it is imperative and timely that organizations recognize the need for employees to have equals opportunities at employment and rehabilitation to better guide research intervention and guarantee best practice policies in an era of global competition.

Organizational DMP

My practicum experience at The Northern Health Authority (NHA) provided me with a broader insight into organizational Disability Management programs. As a large health organization many of its employees experiences various forms of injury and illness, caused or affected by their working environment. Many of these illnesses include musculoskeletal injuries, symptoms of illness related to chemical, physical and biological exposure; injuries due to

aggressive behaviour; and mental health issues, leading to work absences and lost time. To minimize cost and maximize production, the organization manages its employees' RTW after a prolonged absence by: Workplace Health Assessment Information, Absence Prevention Intervention and Absence Management through support at work (SAW)/graduated return to work (GRTW) processes.

An analysis of the above organizational DMP, and the most important role we as DM professionals can play in this environment to dispel some of the misconceptions that fuels fear, is given below to better conceptualize how it impacts individuals with mental health issues.

Workplace Health Assessment Information

The goal of Workplace Health Assessment Information program is to ensure prompt assistance to employees with a disability and enhance access to organization's DMP. There is recognition in this program that early rehabilitation after an illness or injury helps to restore individuals to their maximum ability. Regardless of whether an employee incurs an injury, had an exposure of concern at work, or is concerned about a workplace hazard, or wondering if anything at the workplace may be causing or contributing to their illness, they are encouraged to report all such information to their supervisors or employee services professionals. The information collected are then analyzed and used to initiate appropriate referral. The key benefit of this reporting process is to provide assessment and follow-up on identified risks, with the goal of preventing deterioration, safe and early return to work.

Recognizing that employees have the right to confidential advice and care, several avenues (i.e. phone contact, emails) are opened to contact the program officials. All personal

information collected, used, disclosed, retained, and destroyed in any form is handled in compliance with all applicable legislation. This program regards the protection of personal information as a shared responsibility amongst all staff and any third party to or from whom they transfer and/or receive information. This approach has implications for an individual with a mental health issue who might shy away from RTW or reporting the nature of their illness due to perceived negative attitudes of co-workers and line-managers.

Absence Prevention Intervention Program

The Absence Prevention program is based on the premise that employees who feel valued, safe and healthy, and who are able to use their strengths in their jobs are motivated towards continued improvement in their own roles and in the organization as a whole. The program strives to provide efficient and timely services, which will benefit individual employees and the organization as a whole.

The program encourages all Health Services Delivery Areas to educate employees on safety practices, ergonomics, and provide necessary employee training to minimize workplace hazards, and assist in the prevention of needless incidents in the workplace. The program also encourages healthy life style through health promotion and education on personal nutrition, adequate exercise, not smoking, drinking moderately and dealing promptly with health issues as they arise to decrease incidents of disability.

Laudable as the objectives of this program are, an individual with mental health issues is often wary of the intentions of people in the workplace. Such mistrust can affect self confidence

and consequently negatively impact their desire to RTW after a prolonged absence following an episode of mental illness.

Absence Management-SAW/GRTW Program

In this program, management and employee unions are committed to a safe and healthy workplace for the entire staff. Progressive SAW/RTW programs assist employees with illnesses or injuries to realize their specific personal and professional goals. In this program, realistic work opportunities are offered in a supportive work environment, which enables employees to remain at work or RTW safely. While this is true for individuals with physical illness, those with mental health issues might experience same work opportunities differently.

DMP: Policy Implication for the Mentally Ill

Workplace research studies have provided new areas for consideration in the study of the complex phenomenon of the RTW process (Shaw et al, 2002). Some of these findings include the internal and external elements in the workplace environment and the dynamic interplay between these elements that hinders reintegration. However, to ensure successful DMP outcomes clarity of roles and expectation of all stakeholders is imperative. Clear policies aimed at meeting the needs of the employees must be in place. The development of clear policies encourages binding commitment and stability in an organization (Dyck, 2003). With clear and inclusive policies, employees are confident about how to approach the issues of accommodation and reintegration of any employee returning to work after a long absence.

Information obtained by interacting with employees, line-managers , and co-workers, reveals that, employees who were returning to the workplace after experiencing a mental illness

were not transitioning back to work successfully, when compared with those with a physical illness. This contrast suggests that the transition process is hampered and therefore, necessitates program framework adjustment with regards to the roles expectations of all stakeholders. For an inclusive absence prevention program to work, organizations must show concern and respect for the unique needs of individuals with mental health issues while paying attention to staff productivity and efficiency. Applying the same policy to the mentally and physically ill, without making clear to employees their roles and expectations towards the individuals returning to work after an episode of mental illness, can create some concerns for adequate reintegration.

Intervention

The World Health Organization (WHO) International Classification of Functioning (ICF) views disability as multi-dimensional, resulting from health, personal, and environmental conditions (Henry & Lucca 2004). Thus, while a health condition may be associated with impairment and limitations that restrict participation in a valued role such as work, characteristics of the person and environmental factors unrelated to the illness, may moderate these effects, acting either as facilitators or barriers. This view suggests that employment, accommodation and RTW processes are influenced by myriad of factors, only some of which are addressed by current rehabilitation practices. For the individual with mental health issues, any form of RTW and/or rehabilitation model which does not support the individual's autonomy is most likely to hamper RTW outcome (Krupa, 2007).

According to Tsang et al (2007) many forms of rehabilitation and RTW models have been put forward, and some have argued that the main components of an effective rehabilitation and RTW process include hope, success orientation, responsibility, industriousness,

empowerment, re-establishment of identity, and satisfaction in life. With the increasing interest in the subject of work amongst people with mental illness partly fuelled by the appearance of newer service models (Marwaha & Johnson 2007), it is hard not to agree that the newer practice models, intended to help individuals get and keep their chosen job can enhance contemporary RTW intervention.

Contemporary intervention

Contemporary employment interventions are grounded in assessment and planning processes that are characterized as client-centered, comprehensive, ecologic, and dynamic (Krupa, 2007). Client-centred practice is based on the assumption that individuals with mental illness must be actively involved in identifying their unique employment and RTW strengths and needs, as well as in the selection, implementation, and ongoing evaluation of work-related interventions. Through client-centred assessment and planning, a comprehensive range of factors influencing employment can be identified as significant in reintegration and RTW. Also, with a client-centred approach, factors that might be overlooked in standardized assessment protocol and policies, can easily be identified and utilized to enhance RTW process.

Carling (1993) found that employers need to be educated regarding what would be considered reasonable accommodation in the workplace for persons with mental illnesses to better serve and retain their employees. According to The Job Accommodation Network (2005) the following is a list of considerations that could be beneficial for reintegration of employees with mental health issues in the workplace:

- Having additional time to learn new responsibilities

- Having self-paced work load
- Having time off for counselling
- Use of supportive employment and job coaches
- Having a graduated work schedules
- Reducing distractions in the workplace

Additionally, for an organization to be effective in reintegrating employees into the workplace, greater support from all stakeholders is necessary. Those who have to deal directly with the returning individuals such as the co-workers and the line-managers need to have enough information concerning the returning employee to be able to deal with their concerns appropriately. Line-managers most often do not have the training to manage returning employees with mental illness as such knowledge is usually not part of their job preparation or training. For reintegration to be successfully implemented, line-managers as well as other stakeholders directly involved in RTW and accommodation processes need to be brought aboard with respect to contemporary intervention practices of RTW.

Other forms of intervention

Other forms of intervention that could potentially enhance rehabilitation, accommodation, and RTW processes for individual with mental health issues in the workplace have been identified and addressed in the literature (Brading, 2007; Carling, 1993; Krupa, 2007, Shaw et al 2002). Some of these interventions include: disability theory, motivational interviewing, and supported employment amongst others.

Disability Theory: According to Shaw et al (2002), an example of a theory that may be used to drive research on return to work is 'disability theory' as proposed by Priestley (1998). Disability theory has the potential to support understanding of the issues and dimensions that impact upon work disability. For example, the paradigms within disability theory suggest that work disability is a social phenomenon shaped by individual and societal issues. An understanding of the biological determinants and subjective personal attitudes and beliefs are both needed to account for the individual issues associated with disability. Societal issues require an understanding of external factors such as the political, economic and structural components that create disability and the social values and culture that construct disability viewpoints. As such, disability theory has the potential to be used as a foundation to understand what is currently known about return to work and to advance the content, method and process of return to work.

Motivational Interviewing: Motivational interviewing is another form of intervention that could enhance the process of RTW. Motivational interviewing is an evidenced based technique that can be used to overcome the ambivalence that people feel about making behaviour to change. Originally used in the field of addictions, motivational interviewing has proved successful in a number of areas including RTW scenario (Brading 2007).

Supported employment: Across several studies, research shows that when people with mental illness are enrolled in specific employment-focused services, they achieve employment outcomes that are superior to those achieved by people receiving standard services Henry & Lucca (2004). Supported Employment is widely recognized as the most effective approach to increase work opportunities for people with severe mental illness (Becker et al 2007). With Supported Employment, people are placed in real-world environment and subsequently provided with

training and support to address problems as they emerge, thereby helping an individual to maintain a regular job. Supported Employment does not try to protect people with disabilities from the world; instead, providers offer direct support in vivo. Some of the core principle of supported employment includes the followings:

1. *"In vivo" learning, i.e. site-base learning*
2. *Onsite support*
3. *Zero reject policy, i.e., a presumption of suitability for services*
4. *Integration into the workforce*
5. *New definition of success i. e., extra support is an obligation for the service system to address (Becker, et al, 2007).*

Employer level intervention

Employer level intervention should embrace zero tolerance for unsafe and non-discriminatory behaviour by all stakeholders in the management and RTW of individuals with mental illness. This should include education and awareness training and use of structures that facilitate workplace health and productivity as wide range of workplace features have been associated with mental illness, accommodation and RTW processes. Further, employers can also improve administrative practices and staffing patterns for mental health and vocational rehabilitation services. The employers can also use appropriate dissemination of necessary information to enhance positive RTW outcome by promoting supported employment using the media, different training technologies, improving access to benefits counselling, teaching

outcome-based supervision, and building the capacity for supported employment (Becker et al, 2007).

Individual level intervention

The concept of disability in respect of certain illnesses and injuries is subjective and therefore often difficult to objectively evaluate. Alcoholism, drug addiction and mental illness fall under this category. Thoughtful consideration, therefore, needs to be applied in the policies and practices necessary to manage people with these kinds of disabilities in order to facilitate a fair and equitable measurable standard with an overall aim of treatment programme adherence that will subsequently lead to safe and early RTW. Besides, one has to acknowledge the importance of new standard approaches that create conducive environment that enhances RTW for the individual with mental health issues. Some of which include the followings: self-awareness counselling, coping skill training, disclosure training and social net work development amongst others.

Self-awareness counselling: Through self-awareness counselling, the individual develops an understanding of illness and disability. Personal strengths and limitations, and how these are experienced in the context of work should be addressed as an aspect of RTW.

Coping skill training: Here the focus is on enhancing the individual's personal management of emotions in response to difficult situations that might arise in the workplace, and developing a repertoire of effective behavioural skills. These skills are also meant to support a personal attitude of hope and control and subsequently, the individual's active involvement in employment efforts.

Disclosure training: This entails the development of competencies that support an individual's ability to reveal aspects of his/her illness experiences in the work context. This can be done on a group basis using strategies such as role play in which situational encounters are stimulated and feelings freely shared.

Social Network Development: This includes structuring the work environment to facilitate an individual's employment success. With proper support, for the individual with and without disabilities, the actual experience of working together with people may have the most positive impact on attitude as well as on interactions which in turn positively impacts the desire to RTW.

Natural supports, such as acquaintances that are not paid service providers but who have an investment in the individual's success in sustaining employment, can enhance the individual's own efforts at coping by providing guidance and advice, practical and material supports, as well as respect and esteem. Veer et al, (2006) suggest that an individual's social network within the workplace requires careful consideration as negative perceptions and attitudes towards an individual can contribute a disability status.

Bornstein (1995) suggests that returning employees who have experienced mental illness fear whether their co-workers will accept them. They are concerned about what their co-workers think about their absence, how much their fellow employees know about their illness and how they will treat them. They fear stigmatization and ostracism as individuals with mental illness and not gaining acceptance into the group. According to Borinstein, they fear whether they will be able to continue to work in the same way they had done before their illness. They are particularly anxious about the expectations their line-managers would have of them. If they could not work at the same pace, they are afraid that the line-managers will push beyond their

capabilities and possibly trigger a relapse of their illness. They also worry that their line-manager will demand more of them because they have been absent from work.

Addressing the concerns of Line-Managers

The quality of training provided to line-managers, the nature of interpersonal relationships in the workplace and workplace culture influence the line-managers concern reintegrating the returning employees (Krupa, 2007). Line-managers that combines, genuine interest in employees' welfare, clear boundaries in relation to getting the job done and constructive criticisms to employees with mental health issues returning to work have been identified as critical to successful reintegration (Berry & Meyer, 2001). Without these qualities, line managers tend to be less effective with regard to the management of people with mental health issues returning to work after a prolonged absence. This vulnerability arguably stems from deficient knowledge, a sense of inadequate support from disability program policy and the requirements for appropriate skills in dealing with someone returning to the workplace after mental illness.

Line-managers need to be provided with information about the mental illness that necessitated the employee absence, although it is recognized that there is the need to maintain confidentiality. The knowledge they require is available without compromising the status of the returning employee. Line-managers need to be involved in the pre-planning for the employee's return. Their involvement would allow them to better prepare the workplace as well as provide understanding about what they need to offer in supporting the returning employee.

Line-managers require training to assist returning employees. This training must be skill-based and should be inclusive of knowledge concerning mental illness, behaviour management, workplace reintegration, and workplace preparation. Included in this training should be techniques in dealing with gossip and rumours about the returning employee. Instructions about ways to communicate effectively with returning employees must be included along with ways of establishing trust between the employee and the line-manager.

It is important that line managers understand the type of information that the returning employee requires. Changes in company policy and or the introduction of a new employee in the workplace are important information for the returning employee to receive. By having and providing this information line-managers can better fill knowledge gaps of the returning employee concerning the changes that have occurred while they were absent.

More often than not, line-managers have generalized fears concerning the potential behaviour of an employee who has suffered a mental illness. This fear derives from not knowing how the employee is likely to act once they return to the workplace. Beneficial information to have would include the potential for the returning employee who has experienced a mental illness to have another episode of mental disorder and the potential for an employee to create a disturbance in the workplace after their return. A key piece of this information is how to best approach the employee should one of this episodes reoccur.

Line-managers need to be included in the decision of whether the employee is ready to return to the workplace. By being part of the planning, line managers, would provide advanced information and knowledge of when the employee is returning to work, allowing them to be proactive in workplace preparation rather than reactive to the employee's return. It is also

imperative that they obtain the conditions under which the employee is to work. Line-managers without this information are susceptible to manipulations by the returning employee and/or the other members of the workforce. Progressive discipline and possible restriction as they apply to the returning employee must be explicit so that the line-manager can understand how these processes for RTW impact on their approach to the employee.

Addressing the concerns of co-workers

Co-workers in the workplace expect clear expectations of the returning employees with mental illness returning to work after a long absence as well as regular review of such expectations. Individuals returning to work need to understand that as they progress in their reintegration the expectations in the workplace, particularly those of co- workers, changes (Johnstone, 2001). Co-workers, therefore, expect that ongoing expectations of returning employees are made explicit.

Preparation of the workplace is critical to the successful reintegration of the employee returning to work after mental illness. A generalized fear exists that a returning employee who has experienced mental illness could be violent. Extra work that the co-workers might have to do because the returning employee is on GRTW work or light duties is seen as a major concern. There is a belief amongst co-workers that since mental illness is not visible the individual is not genuinely ill. Rather, the individual is often considered to be using the system to get out of regular work, thereby, placing more loads on co-workers, and avoiding their fair share of the job. This perceived burden can produce feelings of resentment towards the returning employee. Consequently, advanced notice should, be given so that co-workers can be well prepared to assist and support the returning employee with a mental health issue.

Discussion

The return to work literature generally focuses on the workplace-based aspects of RTW, and on the majority of workers with relatively problem-free track records. However, the situations of those workers who deviate from what the majority of employees experience pose problems that are barely addressed in the literature. Firstly, the experiences of those employees who are in minority such as the individual with mental illness are costly to employers and health care systems. Secondly, their problems (e.g. difficult relations with co-workers and communication problems with line-managers) go undocumented or are difficult to address. Finally, these workers have often suffered personal losses from mental illness which limit their ability to successfully advocate for themselves when negotiating RTW.

Policies on RTW in most organizations including NHA, presupposes a model of informed decision-making by workers who are knowledgeable about their rights and responsibilities and who are able to advocate for themselves about how to manage their injury and reintegration to work. These policies also hold that RTW plans must emerge from employer-worker negotiation. The support needed by individuals with mental health issues draws attention to the relative lack of power within the systems available to them during their recovery and negotiation to RTW. The support and advice needed by this segment of the population when managing RTW indicates that RTW policy does not appropriately consider their relatively vulnerable and powerless position in RTW processes.

Furthermore, the inability for effective social interaction in the workplace resulting in often continued poor quality of life due to the stigma attached to their illness has been identified as important in addressing the issue of people with mental illness (Hvalsoe & Josephson 2003). Although social interaction is, for people with mental illness, in many cases synonymous with problems and ambiguous feelings, it also provides the potential for verification as an individual, thereby serving to confirm one's identity. MacEachen et al, (2007) suggested that the identity of a person is built through the interaction process of engagement in occupations and interaction with the social environment. He presented strong arguments for the connectedness of a person's experience of having meaningful occupations, the experience of having a meaningful life in general, and confirmation of identity. Having an insecure ontological experience of one's identity is a problem for most people with mental illness, as a consequence of the nature of mental illness (Tschopp et al 2006). It is therefore, not only important to consider having meaningful occupations in relation to life satisfaction and quality of life, but also in order to facilitate ontology of the identity of the individual. Hence, social meeting places (e. g., workplaces) and supportive social relationships are very important in increasing the capabilities of people with mental illness.

The life situation of people with mental illness and the circularity of mental illness can be a constant threat to autonomy, making it even more important for this group of people to have goal- directed occupational interaction which supports autonomy and maybe, even helps to extend it (Hvalsoe & Josephsson, 2003). To seek coherence through the choice of occupations is a basic drive and may be an answer to feelings of having a fragmented life (Veer et al, 2006). People with a strong sense of coherence are healthier and better adjusted than people who have a less strong sense (Shaw et al, 2002). Bearing this in mind, it might be an important task in

occupational therapy and RTW processes to give special attention to occupations that are considered instrumental in bringing together elements of the lives of the mentally ill person. This view supports the findings and assumptions in most literature that occupation is a basic need, essential to one's continued existence and the quality of life, by highlighting the elements of productivity and accomplishment as an intrinsic aspect of meaningfulness in occupation. Work must be purposeful to an individual in order to contribute to the experience of meaningfulness. This has also been stressed by MacEachen et al, (2007) who stated that meaningfulness and purposefulness are interrelated elements of occupations.

According to Tschopp et al (2006) several sub-constituent characteristics that apply to work or work-related occupation include being productive, doing something purposeful, doing something beneficial for oneself and others, doing something valued by society, and providing structure and a context for social interaction. This view matches the findings of other studies that have addressed issues of life quality and the life situation of people with enduring mental illness.

Conclusion

An important component of connecting individuals who experience mental illness in the workplace to the employment support they require is ensuring that health professionals are informed of the nature and scope of potential interventions. The core tenets and philosophy of supported employment and RTW after a long absence due to a mental illness do not represent a radical departure from other psychiatric rehabilitation efforts over the last 30 years. Rather, they are clearly within the framework of community services that have been, and continue to be, developed to assist people with mental illness to improve their capacity to live, work, befriend, and love within the communities of which they chose to be part (Morrone , 1994). Efforts at

service innovation must continue to explore ways to diminish challenging barriers so that people with mental illness can continue to participate as fully as possible in employment.

Relevance to knowledge/society

The aim of this paper was to explore and understand some of the characteristics of work experienced by people with mental health issues. The paper provided materials for identifying these characteristics, from both a theoretical and an empirical perspective. As professionals involved in vocational rehabilitation services, DM services providers are charged with the ethical obligation of providing quality services in the best interest of the consumer in order to promote independence and achieve successful employment outcomes.

By examining the activities/predicaments of individuals with mental health issues in the process of RTW, I have been able to describe RTW needs of a small, but important group of employees, after prolong absences. I have described the varied needs of workers with mental health issues require within a broader social and policy framework of self reliance and self-help. I have drawn attention to a systemic malady which could only get worse if not addressed in a timely manner. I find that a general policy orientation of self reliance which is intended to allow for flexibility and sensitivity to local workplace contexts also has the effect of creating an uneven playing field during the RTW process especially for the individual with mental health issues. Above all, the views expressed in this paper may broaden the scope of intervention efforts and alert policy-makers to structural improvements in RTW practice for the individual experiencing mental illness in the workplace.

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