**THE ROLE OF HEALTH PROFESSIONALS**

The bio-psycho-social model of (ill) health is helpful in understanding the complex interactions between the individual’s mental health, attitudes to work and their social environment and focuses attention on the barriers to normal recovery and return to work.

Collaboration between key players is essential, and the lead role in managing an employee with less severe depression may be appropriately taken by their supervisor. More severe depression may require the physician to take the lead.

GPs behaviour can act as both faciliator and barrier to return to work - greater awareness of possible pathology may improve treatment but delay return to work: employment should be positioned as central to a person's recovery.

**RECOMMENDATIONS FOR FURTHER RESEARCH**

There is a need for an evidence base built on studies done in the UK, including:

* Randomised controlled trials (RCTs) of comparative effectiveness and cost benefit analysis of different cognitive approaches such as individual and group CBT, computer-aided CBT, and inter-personal counselling
* Case management approaches to retention and rehabilitation, with health professionals and/or supervisors
* Realistic evaluation of complex multi-modal and social interventions
* Primary prevention studies of employment practices and management style.
* Organisational level interventions with an individually tailored focus

**ACKNOWLEDGMENTS**

The evidence review on which this summary of evidence for health professionals is based, has been made possible by the commitment of the Research Working Group, and others, listed in the full evidence review report, and the generous funding contributions from Bunzl plc, Department of Health, Department for Work and Pensions, Esso, Faculty of Occupational Medicine, GlaxoSmithKline and Vodafone.

**FURTHER INFORMATION**

British Occupational Health Research Foundation  
www.bohrf.org.uk  
The Sainsbury Centre for Mental Health  
www.scmh.org.uk  
Employers’ Forum on Disability  
www.employers-forum.co.uk

Systematic Review of WORKPLACE INTERVENTIONS FOR PEOPLE WITH COMMON MENTAL HEALTH PROBLEMS

A summary for Health Professionals

British Occupational Health Research Foundation  
6 St Andrew’s Place, London NW1 4LB  
Telephone 020 7317 5898  Fax 020 7317 5899  
E-mail admin@bohrf.org.uk  Website www.bohrf.org.uk  
Registered Charity No. 1077273
We focused broadly on themes of prevention, retention and rehabilitation. Our main research questions were:

1. What is the evidence for preventative programmes at work and what are the conditions under which they are most effective?
2. For those employees identified as at risk, what interventions most effectively enable them to remain at work?
3. For those employees who have had periods of mental ill health related sickness, what interventions most effectively support their rehabilitation and return to work?

Recommendaions for Practice

Interventions conducted by GPs or OH Physicians or by referral to psychologists or psychotherapists, should be cognitively based in nature e.g. up to 8 brief weekly sessions of cognitive behavioural therapy (CBT).

Early psychological interventions comprising 4-5 sessions of CBT to increase activity and coping skills may be effectively delivered in the workplace for those off sick for two weeks.

CBT is most effective for jobs that already involve a high degree of decision latitude (jobs with low decision latitude should prioritise increasing control potential accompanied by CBT interventions). Supervisors should keep in touch with employees on mental ill health sickness absence at least once every two weeks.

Training programmes might be more effective at sustaining changes if they include booster and follow-up sessions.

Cost of Mental Health Problems at Work

- 91 million working days are lost each year due to mental health.
- Mental health problems are the second largest category of occupational ill health after musculo-skeletal disorders.
- Combined costs of sickness absence, non-employment, effects on unpaid work and output losses from premature mortality reached £23.1 billion in 2002/3.