Return To Work
Strategies for engaging the employee in the return-to-work process when mental health is a factor
by Mary Ann Baynton

In the past two articles, we’ve talked about the co-workers’ reactions and the supervisor’s role in the return-to-work process when mental health is a factor. This article looks at perhaps the most critical piece of all – the employee’s role.

Central to an employee’s successful return to work after an absence due to a mental health issue is careful understanding and consideration of the employee’s motivation and competencies. The return-to-work and accommodation process should balance the employee’s rights to accommodation with their responsibility to be a contributing and valuable member of the work team.

So often we have seen accommodations that exempt employees from doing a substantial amount of their job, burdening co-workers with the shortfall. Not only can this approach undermine the employee’s self-esteem, it can also lead to hostility from co-workers who feel the approach is unfair and resentment from a manager for the employee’s lack of contribution.

Conversely, when the employee is empowered to come up with a solution that allows him or her to do the essential duties of the job, everyone benefits.

The goal of engaging the employee in the development of his or her accommodation strategy needs to be clearly established and agreed upon at the outset by all contributors to the return-to-work and accommodation plan – disability case managers, physicians, possibly vocational rehabilitation consultants, and if appropriate, co-workers and supervisors.

To achieve this goal, it is necessary to help the employee experience success early on in the return-to-work process and to build on these early victories throughout a graduated return to work.

While it can be useful to receive input from all interested parties, the best source for ideas that will work is generally the returning employee. As an Occupational Health Nurse, your role at the table is critical throughout the entire process. Your training and ethical commitments put you in a good position to:

- Help manage employee expectations;
- Help manage expectations of others in the workplace, including supervisors and co-workers;
- Assist in the development of the best approach to help returning employees have success in the job/role they were hired for.

The return-to-work and accommodation process needs to help the employee work towards commitment rather than just compliance. Engaging employees in a commitment to the accommodation process, rather than simply complying with it, means working with them to seek solutions that go beyond simply arranging for flexible hours or limiting the workload for a time.

Solutions that are sustainable will include those that consider the triggers and stressors that tend to exacerbate or bring on symptoms of mental illness for that employee. Each employee who requires accommodation for a mental health-related disability will need to find solutions that address his or her specific situation. A cookie cutter approach will not work. Yet, some workplaces try to use the same approach to all accommodations, regardless of the cause of the mental health issue. This approach fails to consider performance and work relationship issues, which can result in a breakdown, relapse or recurrence of the original workplace problems.

EMPOWERING THE EMPLOYEE

The following case study illustrates the benefit of empowering employees to take control and responsibility for their return-
Mary (not her real name) was aware that she was not well liked by her co-workers. She knew she was perceived as being unreliable, frequently absent from work and miserable when she was there. She was now ready to return to work and her employer anticipated significant challenges and so asked for a return-to-work plan to be put in place. Mary sat down with the return-to-work coordinator to develop the plan.

Mary shared that she’d had depression since she was an adolescent, but had never told anyone at her workplace even though she had worked there for 15 years. She said that on a bad day, she did not even look at people or respond to their questions and sometimes would just grunt and turn away. Mary stated that she was aware that her co-workers thought she was miserable and difficult to work with.

Many employers might be tempted to minimize or deny Mary’s claims even when they know it is likely true, in order to try to make Mary feel better about herself. They might even risk inflaming the situation by attempting to explain away the negative perception (e.g., “They just don’t know what you are going through.”). Mary might interpret this statement as confirmation that co-workers do feel negatively towards her, leaving Mary to wonder just how much discussion has taken place about her.

In a situation like this, it’s often a more effective strategy to acknowledge the employee’s admission and awareness of his or her behaviour by saying something like, “What would you like to do about that?” In this way, the question refocuses the employee’s attention on how he or she can better approach or manage the reactions or perceptions of others.

When asked this same question, Mary admitted that although she’d likely never be seen as “Little Mary Sunshine,” she was prepared to commit to smiling, to making eye contact and to taking on an attitude of professional service, even on days when she was unwell.

This may seem like too much to ask of a person struggling with clinical depression. When Mary was asked why she wanted to make such a commitment, Mary explained: “I have just realized that I have some control over how people respond to me when I’m not well. I want to have that control. Of course I don’t feel like smiling when I am depressed, but I can do it and the pay-off will be worth the effort.”

As a result of Mary’s commitment, she was able to increase her sense of control over her own situation, and her ongoing struggle with depression in the workplace was less problematic because she learned to help others be supportive of her rather than hostile towards her.

Mary also finally disclosed her depression to her co-workers, which was a very moving experience for everyone. Mary apologized for the effect her moods had on each of them over the years. She shared that she was taking steps to ensure it wouldn’t continue to happen going forward. She confided that she had been struggling with depression for many years, and that she wasn’t seeking sympathy, nor was she trying to excuse her behaviour. Finally, she asked for their support in helping her to maintain a professional and positive attitude in the workplace, even during times when she was not well. Mary’s co-workers were stunned by her admission and their immediate response was to ask what they could do to help.

Now, this exact scenario may not play out in the same way in your workplace. It may not always be advisable for an employee to disclose his or her mental health issue to co-workers; but in Mary’s case, it turned out very well. In fact, Mary wrote a letter about six months later saying she had “a new lease on life” and felt much more in control of her well-being and how people would react to her. Her depression was not cured, but empowering Mary to devise her return-to-work and accommodation plan did help to reduce her absenteeism and certainly improved the workplace culture overall.

**HOW TO ENGAGE EMPLOYEES IN PLANNING A RETURN-TO-WORK STRATEGY**

One of the main benefits the OHN can bring to the table during a return-to-work when mental health is a factor is a thorough understanding of the ways in which the employee’s mental health condition can be impacted by process and work-related issues.

You as the OHN can help manage the interactions and the communication amongst and between the various stakeholders (senior management, human resources staff, the employee’s supervisor, union steward, and co-workers, as well as the employee) to work towards the best result.

Easier said than done? Of course, but quite often, stakeholders are uncertain about how to address a mental health issue in the workplace and may therefore be quite receptive to your directive outlining best practices.
This next section looks at questions that are essential components of the return-to-work discussion between management and the returning employee. Whether the questions are directed by you, by human resources or by the employee’s manager, it’s absolutely critical that the questions be positioned in a way that ensures the employee feels engaged and valued.

Often, the OHN is well positioned to engage the employee in developing a successful return-to-work plan. Not only does the OHN usually have more information about the employee’s medical condition than others in the workplace, such as the supervisor or human resources staff, but more importantly, the OHN may also be perceived by the employee as having a more trusted and objective perspective.

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If you engender this type of trust and respect in your workplace, you may be the best person to engage the employee in creating solutions that allow them to be productive and well at work.

This process also increases the employee’s ultimate commitment to the process and to their own success at work.

**QUESTIONS TO ENCOURAGE ENGAGEMENT**

In this discussion, try to avoid creating the impression that you or others involved in the return-to-work process know what’s best for the employee. The majority of people, including those recovering from mental health issues, generally know what’s best for themselves in terms of coping with stressors in the workplace.

As much as possible steer the conversation toward what the employee thinks they need to be successful in their current job.

You may need to gently redirect the employee towards positive solutions if the conversation strays into negativity or problems. Some questions to help you accomplish this are listed in the section below, which is based in part on the Mental Health Works® article, *The Return-to-Work Discussion*.

**THE RETURN-TO-WORK DISCUSSION**

Earlier we talked about ways to promote a feeling of engagement and ensure that the employee is able to commit to a successful return to work rather than just complying with an accommodation that’s been put in place for them.

What follows is not a script. Rather, it is a guideline to help you think about how to begin the discussion about the employee’s return-to-work plan in a positive and constructive way. It is in addition to whatever accommodation directives you receive from medical professionals.

This guideline involves asking open-ended questions, following the lead of the employee, and working with them to anticipate what can assist in creating a successful return to work. By engaging the employee in creating solutions that allow them to be productive and well at work, you are much more likely to have their commitment to the process and to sustaining a healthy return to work.

You may want to share the following talking points with the employee at least one day before your face-to-face meeting:

- Our discussion will be about how we can make your return-to-work both healthy and successful.
- We will talk about what you need to be successful in your job.
- This can include anything in terms of work-related issues such as hours, tasks, environment, interactions with others, and equipment.
- We will look at a gradual return to full-time duties over the next couple of months to allow you to get back up to speed in a good way.
- Next we will discuss what you will do for yourself to make this successful. This can include things that will help you be well at work.
- Finally, we will discuss how you would prefer to interact with others in the workplace in the future. This can include how your supervisor assigns work, how you interact with co-workers, how you prefer to receive feedback, etc.
- We can discuss any options at all. I will let you know if I do not have the authority or ability to do something, but even if you think it might be unreasonable, let’s at least discuss it. (Note that the reason we want to encourage this type of discussion is to allow you to consider the actual need underlying any request – is it the need for security, clarity, a sense of belonging, or something else – this then allows you to turn even an impossible request into a conversation about how to possibly meet the need in another way.)

**QUESTIONS**

The questions the OHN uses in initial discussions with the returning employee will be based on the employee’s lead, but might include the fol-
How are you feeling about the return-to-work?

What are you looking forward to?
Try to incorporate the employee’s suggestions early on in the return-to-work plan and maximize them where possible. The things they are looking forward to will allow for early victories in the return-to-work process.

What do you think will present a challenge?
What can you do about these to make them easier to handle rather than just avoid them?

What was a challenge before you were off?
Try to avoid any discussion, opinion, or judgment about this. Simply ask about what can be done to make these easier.

In what areas would you want further training?
Consider what has changed or is new since they have been off as well as necessary upgrading. Do not assume and make sure they know the need for retraining is common after absences.

How do you think others might perceive you here?
Be careful with this question. Put it in when the employee has brought up the issue of co-workers. The purpose is for the employee to identify any issues and to open the door to the next question to invite solutions.

What would you like to do about that?
It may be helpful here to ask about the employee’s perception of their ability to move forward via the next question.

If others are willing to start fresh, are you able to do this as well?
You do not want to rehash who said or did what to whom. You want a way to move forward and leave it behind. This may involve a change in communication, an acknowledgement of hurt or a recognition that the behaviours were due to being unwell. Do not provide the answer. Ask the employee for it.

How would you like to be reintroduced to the group?
This could involve individual meetings, a group reintegration meeting or something less formal. Find out what the employee wants.

Have you thought about what you will say about your absence?
This question is for use when the employee has expressed anxiety about how they will respond to co-workers who may ask why the employee has been absent.
You can help them come up with a response such as, “I had some medical problems, but I am doing much better now, thanks.”
If pressed, the employee can say, “I would rather just get back to work and not have you feeling sorry for me, so I would prefer not to talk about it,” or whatever the employee feels is appropriate.

What do you think will be the most stressful part of your workday? Which tasks zap your energy?
Again you are looking at working in solutions before the problem actually arises.

The ultimate objective is to come up with a plan that addresses the employee’s stressors and triggers in the workplace.

Where do you feel your strengths lie? Which tasks give you energy?
It is important to help the employee remember their own value to the organization and to play up that as much as possible in the early days of the return. Sometimes, it is even possible to have the employee spend more time at what they are good at and less at those they feel are more of a challenge.

Is there anything your supervisor can do differently in terms of how they communicate, give feedback or instructions?
This can be tough if the employee does not really trust the supervisor. Try to assure them that the supervisor will be better able to manage if they have an understanding of how to do this in a helpful way. Ask them to get specific about the behaviours or language they need to see or hear from their supervisor. Avoid vague statements such as needing the supervisor to be ‘nicer’.

Can you give me some direction about how to approach you if we become concerned that you are unwell again?
Again, this can be tricky, but the information can be so valuable. Some employees will actually share the early signs of their illness with you. Others will provide you with the language or specific instructions on who to call or what to do.
Clarify everything and make sure that the entire plan is written as the employee agrees it should be. Ensure approval from the employer and union representative if applicable. Once all approvals are in place, sit down with the employee and the supervisor (and union representative if applicable) to increase everyone’s understanding and comfort with the plan going forward.
So much of the success of this dialogue will
debepend on your comfort level and relationship with the employee. The point of having the above dialogue with the employee who is returning to work is to open up a conversation that gets at the day-to-day interaction between the employee, his or her supervisor and co-workers.

The goal is to understand what supports they will need to help them to stay well and be productive. Make sure you leave the door open to come back and discuss this again later if need be.

CONCLUSION

dthat may impact the success of his or her ability to successfully return to work, and to support the employee in using effective coping skills, strategies and approaches that will help them to control their success and well-being at work.

By creating a comprehensive plan and providing a new language to talk about workplace issues, you can open the lines of communication between the returning employee and the person who is going to supervise them every day.

Ultimately the return-to-work and accommodation plan needs to be respectful about finding a solution that works for everyone.

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REFERENCES

Great-West Life Centre for Mental Health in the Workplace website Workplace Strategies for Mental Health: www.workplacestrategiesformentalhealth.com

Mental Health Works: www.mentalhealthworks.ca