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Special Feature Article

Corporation with the Workplace that Take Four Levels of Care into Consideration

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Abstract

Even if the diagnosis of the worker who reached the leave of absence from duty is the same depression, it varies with condition of worker's backgrounds such as a factor on the person side and a factor on the workplace side. Attending physician mainly treat the patients for a factor on the person side with medication, psychotherapy, and resting as well as giving every possible advice for reinstatement. Cognitive behavioral therapy like correspondence is carried out to think about sense of values, and a behavior pattern of a patient for prevention of recurrence revival after the reinstatement. Those changes that workers got by treatment sometimes attenuate soon after the reinstatement, and the character and behavior pattern before the illness are replaced which result in reaching the revival. Co-workers in the workplace may do the same correspondence as before illness, because they think workers' reinstatement means that the worker recovered to a state before illness. To prevent this situation in reinstatement, co-workers' perception of the worker's change in way of thinking and behavior pattern is necessary and so is the cooperation methods.

"Guidelines for improving mental health of the worker in the working place" is established in 2000 by the government in which "four care" that is; self-care, care by the line, care by the industrial health staff, and care by outsourcing, are supposed to develop a system to support mental health in workplace. Attending psychiatrist falls into

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outsourcing, so it's better to cooperate with the industrial health staff at first, to share information about worker's self-care before being directly involved in self-care or care by the line. Along with the Guideline by the government, attending psychiatrist should cooperate with workplace to improve and maintain worker's health.

Keywords: depression, reinstatement, cooperation, guideline, industrial psychiatry

Introduction

The number of workers with mental health problems is increasing, and as a matter of fact, we often have to work with patients who need to leave the work and then return. And, even if patients return to work once, they often relapse, so how to deal with them during the treatment process is an important issue for attending physician. At the 115th Annual Meeting of The Japanese Society of Psychiatry and Neurology, a symposium entitled "What Psychiatrists and Industrial Physicians Can Do to Prevent Workers from Recurrence and Relapse in Returning to Work after Depression" was held, and I had the opportunity to present my views on the theme of "Cooperation with the Workplace keeping Four Types of Care in Mind". This is due to the author's involvement in the field of psychiatry as a psychiatrist and as an industrial physician with a specialty in psychiatry 2)3). When involved in both medical and industrial settings, the author has acted in a medical setting as a psychiatrist with expertise in the workplace while in the workplace as an industrial physician with mental health expertise. We offer an outpatient clinic for workplace maladjustment, being a psychiatric clinician with expertise in the workplace, I receive referrals from other attending physicians, such as internists, who are not familiar with industrial health and would like me to deal with them, including relations with the workplace. Industrial physicians refer patients to me because they suspect mental illness but the patient does not accept measures in accordance with workplace regulations or cannot cooperate with the attending physician, even if there is. In some cases, patients or their family members visit the hospital for a second opinion because they are dissatisfied with the hospital's advice to their workplace. It seems to be helpful for workers, the workplace, and physicians unfamiliar with occupational psychiatry to state that we

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have knowledge of occupational psychiatry, and from this standpoint, we discuss "what psychiatrists and industrial physicians can do to prevent workers who return to work from recurrence of depression ".

I. The Number of Employees with Mental Health Problems in the Workplace: A Study in Osaka

The Osaka Comprehensive Support Center for Occupational Health is taking the lead in conducting a survey and examination of the number of certificates of medical leave for mental illness submitted to workplaces in Osaka Prefecture from 2000 to 2004 with the cooperation of 468 workplaces in 2006 (1st survey) and the same number from 2010 to 2014 with the cooperation of 274 workplaces in 2016 (2nd survey) 1). Although the data were collected from establishments of a certain size, such as those with 260 or more employees, not from exactly the same establishments, the number of workers who were on the leave of the absence due to mental illness increased 6.4 times over the 15-year period from 2000 to 2014, with an 8.2 times increase in the number of those with a diagnosis of depression or depressive disorder, on a 100-employee equivalent basis. This is not only due to an increase in the number of patients, but also an increase in the diagnoses of mental illness due to educational activities such as "depression is like a common cold of the mind". Since 70% of workers' initial consultations are with non-psychiatrists such as internists, the shift in diagnoses (from under-diagnosis to over-diagnosis) may be due to the fact that non-psychiatrists have become less reluctant to diagnose mental disorders owing to a result of educational activities. In any case, the number of medical certificates of psychiatric disorders, especially mood disorders, is rapidly increasing in the workplace, and it is necessary for psychiatric clinicians and those working in the occupational health field specializing in psychiatry to be aware of this. In addition, although workers who have been placed on leave need to return to work as their symptoms improve, it is clear that preventing recurrence and relapse is an issue for both the attending physician and the workplace, and appropriate cooperation is necessary.

II. Basic Knowledge of Occupational Psychiatry

Knowledge of occupational medicine is indispensable when engaging in activities including those at industrial setting. What is important in terms of occupational medical knowledge? The author would like to mention two basic points: the difference in the position of the attending physician and the

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occupational health staff, including the industrial physician, and the attending physician's understanding of the various guidelines and manuals issued by the government that are followed by the occupational field.

Physicians, regardless of being attending physicians or industrial physicians, hold medical licenses and have a lot of knowledge in common. On one hand, attending physicians provide medical care covered by insurance and are, in principle, on the patient's side. The goal is to treat the disease, so whether the patient can work including returning to work is determined based on the improvement of symptoms. On the other hand, occupational physicians are under contract with employers, and they receive their pay from the employers. They remain neutral, taking workplace rules and values into consideration as well as being on the worker's (patient's) side. The industrial physician almost does not provide drug therapy, instead aims at prevention and early detection through case studies that worker's performance is not commensurate with his pay to see if the worker is able to work without problems in the workplace. The determination of whether a worker can return to work should be based not only on the seriousness of illness, but also on the worker's job performance. Although the attending physician and the industrial physician have different perspectives, there are many matters that require cooperation, such as the issue of medical certificates upon return to work, therefore understanding each other's position is necessary.

Another important point is the need for knowledge of the various guidelines and guidance issued by the government. Examples of mental health-related guidelines and those published by the government are shown in Table 1.

As described below, industrial settings often deal with workers according to these guidelines, and knowledge of them is indispensable for cooperation in psychiatry. As an example, let us consider the position of the attending physician in patient's return to work. The attending physician makes a decision on the return to work based on the symptoms. What about in the workplace? When a worker expresses an intention to return to work, or when the attending physician issues a medical certificate indicating that the worker is able to return to work, the company begins to deal with the situation in accordance with its return to work regulations. In many cases, these return to work rules are based on the " Guidance for supporting workers to return to work who are on leave of absence from work due to mental health issues" 5), which was issued by the Japanese government in 2004 which

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has been revised several times (see figure). Here, care at the workplace begins as soon as the absence from work starts, and the second step is when the attending physician issues a medical certificate that permits the worker returning to work. The attending physician is sometimes unconsciously assigned a certain role in the many steps of this guidance and is required by the workplace to act accordingly. Before the release of this guidance, the "return to work" decision by the attending physician was often accepted without question and the patient returned to work without delay, often resulting in relapse or go-back-to leave of absence. Therefore, in this guidance, even if the attending physician issues a medical certificate indicating that the patient can return to work, this is only the second step. Before returning to work, the patient is required to take the third step of "deciding whether or not to return to work and creating a return to work support plan" and the fourth step of "making a final decision on returning to work". The fourth step involves cooperation with the attending physician and preparation of various documents and meetings, including confirmation of behavior using a daily living record, which may take several months to prepare for the return to work. Some attending physicians and workers think that they can return to work as soon as a medical certificate is issued, without carefully following the government guidelines and guidance, unnecessary conflicts will arise between attending physicians, workers, and workplaces, which is not in the best interest of workers. This is just one example, but it is important for the attending physician to understand the various types of knowledge that are considered as a matter of course.in an industrial setting in order to cooperate. Having this knowledge, attending physician may be able to mitigate the conflict between the worker and the workplace. As mentioned above, in some cases referred to the author as an attending physician by an industrial physician, the patient is often on the verge of a lawsuit because he or she is not satisfied with the workplace's response, and reluctantly comes to see the doctor on the order of the workplace. In such cases, after making it clear that I'm on the patient's side as the attending physician, I try to tell the patient the reason why the workplace is giving instructions against the patient's will, explaining the general workplace rules, the nature of the case, and security obligation (a labor contractual obligation owed by a business operator to a worker, whereby the business operator is obligated to take care to protect the worker's life and health from danger in the management of facilities

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such as places, facilities, or equipment to be set up for the performance of the business or in the management of the worker's labor). Receiving an explanation from an attending physician outside the workplace, who is an ally of the worker, often allows the worker to understand the situation better than receiving an explanation at the workplace, and the relationship between the worker and the workplace is often improved.

III. Necessity and Methods of Cooperation between Medical Care and the Workplace

Attending physician has a strong desire to improve the patient's illness, provide psychotherapy such as medication and modification of cognitive patterns in consideration of the workplace, and be involved in setting up an appropriate work environment. However, even if one understands the various guidelines and handbooks issued by the government, each workplace has its own labor regulations and individual work environment. Is it possible to understand the individuality of each workplace and to cooperate with the workplace as described above? In fact, in the case of cognitive-behavioral therapy, treatment often does not go well unless there is sufficient cooperation with the workplace. Here are some examples. The rapid increase in the number of people with mental health problems, especially depression, is related to changes in society and the individual environment. The goal of the attending psychiatrist in psychiatric treatment is to improve illness, and psychotherapy such as medication and cognitive-behavioral therapy that takes the workplace into consideration is provided according to the patient's employment situation. However, in actual clinical practice, it is difficult to deal with the case-oriented nature of patients without appropriate information on their work environment, even if it is possible to deal with their illnesses. In addition, even when the attending physician provides a cognitive-behavioral therapy approach for patient’s own good, if it does not match the reality of the actual workplace, the cognitive modification (restructuring) will not be appropriately utilized and the patient often returns to the original cognitive pattern upon returning to work, resulting in relapse. (Even though workers who have become burnt out and depressed are made to understand that they should not overwork themselves, their workplaces impose the same workload on them as before regarding the workers feeling better and workers themselves accept it out of a sense of responsibility and end up burning out as before). As described

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above, the more people involved, such as the attending physician, family members, workplace, and sometimes rework (return to work) manager, the more difficult it becomes to respond in a unified manner. Especially in the recovery process, even if the direction is the same, the actual judgment (go or stop) at a certain point in time may differ, and the patient may become confused (or take it as convenient). Sharing the changes, such as cognitive modifications caused by the treatment, among the parties involved prevents patients from becoming confused and also conributes to prevent relapse. Frequent cooperation is necessary for this purpose.

The next issue is how to cooperate with each other. Since the attending physician examines the patient in the clinic without knowing the actual working environment, and finds it difficult to provide patient guidance under such circumstances. Understanding national guidelines and guidance plays an important role here as well. The "Guidelines for the promotion of workers' mental health in the workplace" was issued in 2000 which could be said to be the first published material related to mental health. Additionally, the "Guidelines for the maintenance and promotion of workers' mental health" was issued in 2006. As the first guideline to be issued, its content focuses on how to establish a system to deal with mental health problems in organizations, and the "four types of care" 4) form the core of this system (Table 2). The "four types of care" are (1) self-care, (2) care by the line, (3) care by industrial health staff in the workplace, and (4) care by outsourcing. It requires that each of the four types of care be coordinated while enhancing each individual care, rather than one care system taking it all on oneself. It is important to note that here again, we, the attending physicians, are unknowingly incorporated into (4) care by outsourcing. However, if we take the other side of this, since we are incorporated as (4) care by outsourcing, the workplace Is expected to cooperate with (3) care by industrial health staff in the workplace, and we cooperate with the understanding that we can obtain the information we need from them. In other words, the therapeutic action is considered to be a direct relationship between us (4) and self-care (1), but in cooperation, we can influence our involvement from (4) to (3) and (2) by giving instructions and guidance, thereby making it possible for the attending physician's opinion to permeate the workplace, which in turn will lead to treatment. As an example, let us assume the case of a worker who suffers from various mental and physical ailments due to an excessive

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sense of duty to his/her work. The attending physician, explains the worker's condition and instruct to prioritize his/her work in order to reduce symptoms. When the attending physician (4) cooperate with industrial health staff (3), he/she is able to explain the pathological condition and the content of the therapeutic guidance from a medical perspective. Based on this, when the industrial health staff (3) explains the situation to (2), who is not a medical professional, it is possible to explain specifically how the worker is trying to change, such as prioritizing work and not taking on too much, and then request what should be done from the line position, such as setting workload and content, precautions, talking to the worker for support, and providing interventions that lead to the maintenance of the worker's health.

IV. Psychiatric Clinicians' Involvement in Industrial Setting

There may be psychiatrists who are or would like to be involved with companies as commissioned industrial physicians, even though their main practice is psychiatry. We would like to discuss the merits of psychiatrists' involvement in the workplace as industrial physicians the advantage of mental health knowledge.To be an occupational physician under an exclusively contact, he or she is required to conduct general industrial physician activities such as workplace inspections, follow-up work of medical checkups, and attendance at various committee meetings, but it is possible for psychiatrists to provide commissioned industrial physician services under a contract (not purely industrial physicians) to assist non-psychiatrist supervising industrial physicians and deal primarily with mental health. In this case, although the work hours are short, the psychiatrist is required to cooperate with the industrial health staff in understanding the situation specific to the workplace and evaluating the case characteristics from a psychiatric perspective. In other words, the correct assessment of the worker with mental health problems, basic workplace response instruction (care by the line) centered on specific cases, and judgment of the appropriateness by the attending psychiatrist will be conducted in the workplace. In addition, when a worker is suspected of having a mental health problem, many workplaces are at a loss which psychiatric practitioner to refer to because they are highly specialized, but a psychiatric clinician has an expert knowledge of the evaluation and treatment information of psychiatrists in the community and can refer patients to the appropriate clinician. In addition, even if the patient has already had an attending physician

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with a different specialty, the commissioned industrial psychiatrist can collaborate with the psychiatrist and provide explanations according to his/her specialty and level of knowledge about the area of work. In some cases, such as internists, the industrial physician may also serve as the attending physician. In the case of psychiatry, however, it is not recommended that an industrial psychiatrist also serve as an attending psychiatrist, because the difference in position between an occupational psychiatrist and an attending psychiatrist can lead to a situation where the psychiatrist is caught in a dilemma between the worker and the workplace, for example, when the worker returns to work.

Conclusion

As psychiatrists, we provide medical treatment for depression in the workforce, but there are many cases of recurrence and relapse after returning to work. It is necessary to understand what attending physician can do and the limitations of his/her care, and close cooparatin with the workplace may be one of the countermeasures. In addition, knowledge of the four types of care is important for cooperation with the workplace, and the attending physician will mainly cooperate with the occupational health staff in the workplace. It is desirable for the attending physician to have knowledge of the guidelines and guidance issued by the government for workers, and to share this knowledge with the workplace.

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References

1) 伯井俊明，井上幸紀，鍵本伸明ほか：精神障害による休職からの職場復帰の現実と課題―10 年前との比較検討を含めて―．労働者健康福祉機構大阪産業保健総合支援センター, 2016

2) 井上幸紀：産業現場に対し精神科主治医ができること，できないこと．精神経誌, 116 (8); 697-701, 2014

3) 井上幸紀：精神科医療と職域の連携はなぜ重要か．産業精神保健, 25 (4); 322-324, 2017

4) 厚生労働省：事業場における労働者の心の健康づくりのための指針．(https://www.mhlw.go.jp/www2/kisya/kijun/20000809_02_k/20000809_02_k_shishin.html) (参照 2020-01-27)

5) 厚生労働省：心の健康問題により休業した労働者の職場復帰支援の手引き―メンタルヘルス対策における職場復帰支援―．

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(https://www.mhlw.go.jp/new-info/kobetu/roudou/gyousei/anzen/101004-1.html) (参照 2020-01-27)

表 1　国の出しているメンタルヘルス関連の手引きや指針例

2000 年：事業場における労働者の心の健康づくりのための指針
2004 年：心の健康問題により休業した労働者の職場復帰支援の手引き
2006 年：医師による面接指導の新設（過重労働，うつ病）
2006 年：労働者の心の健康の保持増進のための指針
2009 年：心の健康問題により休業した労働者の職場復帰支援の手引き（改訂版）
2011 年：心理的負荷による精神障害の労災認定基準
2015 年：ストレスチェック制度の実施義務化

Table 1: Examples of mental health-related guidance and guidelines issued by the government.

2000: Guidelines for workers' mental health in the workplace
2004: Guidance for supporting workers to return to work who are on leave of absence from work due to mental health issues
2006: New establishment of interview guidance by doctors (overwork, depression)
2006: Guidelines for the maintenance and promotion of workers' mental health
2009: Guidance for supporting workers to return to work who are on leave of absence from work due to mental health issues (revised)
2011: Workers' compensation criteria for mental disorders due to psychological strain
2015: Implementation of stress check system becomes mandatory

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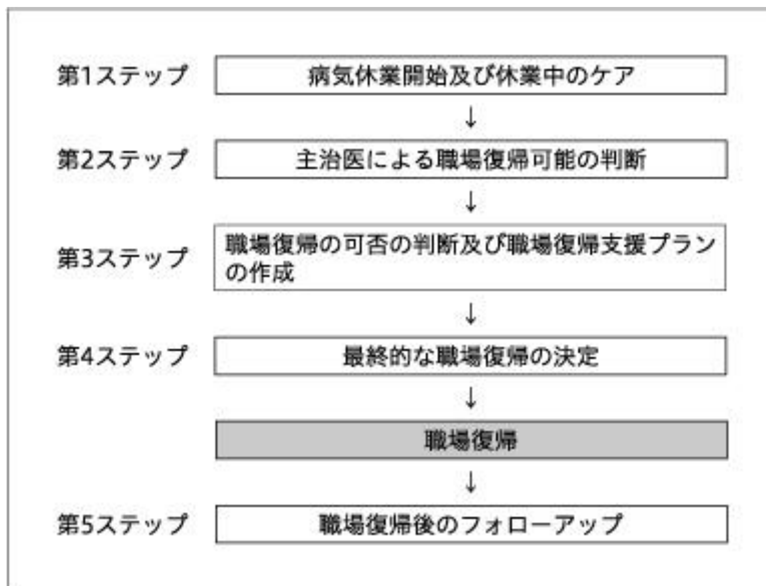

図 『心の健康問題により休業した労働者の職場復帰支援の手引き』の 5 つのステップ

Figure: The five steps of the " Guidance for supporting workers to return to work who are on leave of absence from work due to mental health issues ".

Step1. Commencement of sick leave and care during absence
Step2. Determination by the attending physician that the patient can return to work
Step3. Determination of whether or not to return to work and preparation of a return to work support plan
Step 4. Final decision to return to work
< Returning to work >
Step 5. Follow-up after returning to work

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表 2 『事業場における労働者の心の健康づくりのための指針』における 4 つのケア

1）セルフケア	労働者本人のストレス対策，ストレス発散
2）ラインによるケア	管理監督者が行う職場環境などの改善と相談への対応
3）事業場内産業保健スタッフ等によるケア	産業医などによる専門的ケア
4）事業場外資源によるケア	事業場外の専門機関によるケア

Table 2: Four types of care in "Guidelines for workers' mental health promotion at workplaces".

(1) Self-care: Sress countermeasures for workers themselves, stress relief.
(2) Care by the line: Improvement of work environment and response to consultation by managers and supervisors.
(3) Care by industrial health staff in the workplace: Professional care by industrial physicians and other staff.
(4) Care by the outsourcing: Care by professional organizations outside the workplace.

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