PSYCHIATRIA ET NEUROLOGIA JAPONICA

Special Feature Article

Points to Prevent the Recurrence of Depression in Returned Workers

Tomoki TAKANO
Kanda-Higashi Clinic
Psychiatria et Neurologia Japonica 123: 87-93, 2021

Abstract

There are many cases in which workers who are absent due to mental health problems relapse. I present the key points for preventive measures at each step from leave of absence to return to work that psychiatrists can perform regarding judgment of leave of absence and returning to work, collaboration within and outside the workplace, and follow-up after returning. I also present the direction of collaboration for inside and outside the workplace.

Keywords: depression, return to work, prevention of recurrence, collaboration, occupational health

Introduction

Fifteen years have passed since the Ministry of Health, Labour and Welfare (MHLW) first published the "Guide for Supporting Workers Who Have Been Absent from Work Due to Mental Health Issues" (hereinafter referred to as the "Guide") in 2004 3). The background of this guide was the reality that many workers with mental health

problems who return to work based solely on a "return-to-work-ready" diagnosis by their attending psychiatrist often suffer recurrence and relapse soon after. Fifteen years later, and with several revisions, since the publication of the "Guide", has the situation of workers returning to work really improved? This paper mainly reviews the actual situation after the publication of the "Guide" and discusses what we, as attending psychiatrists and industrial physicians, can do to prevent recurrence and relapse among workers who have returned to work after depression.

I. Current status of workers' compensation for mental disorders and return to work

According to the results of general periodic health examinations in companies, the percentage of workers with some kind of physical conditions has been increasing, and the percentage of workers who feel strong anxiety, worry, and stress about their work and occupational life is close to 60% according to the "Survey on Occupational Safety and Health (Fact-Finding Survey)" by the Ministry of Health, Labour and Welfare 4). In addition, the number of cases of workers' compensation for mental disorders has also remained at a high level 5).

The number of suicides In Japan had exceeded 30,000 for 14 consecutive years since 1998, but has continued to decline since 2010, reaching 20,169 in 2019. While, the number of suicides with "work problems", such as overwork, as a cause or motive has been decreasing, the degree of decrease has been small since 2017 and has remained high at 1,949 (Figure 1) 6).

Similarly, in many workplaces, the proportion of workers who are absent from work due to mental health problems is actually increasing compared to those who are absent due to physical health problems, resulting in a significant loss of the labor force. Information on absence from work is not disclosed for private companies, but is disclosed for public employees (Figure 2) 1), and this trend is expected to be similar for private companies. Furthermore, various reports indicate that presenteeism (loss due to inability to fully utilize the labor force despite being employed; company cost) is greater than absenteeism (labor force loss due to absence from work; company cost) in the case of depression 8).

Therefore, most workplaces have no choice but to pay attention to mental health measures. In fact, it is not uncommon for large workplaces to have a system in place in which psychiatrists regularly visit and deal with problems. On the other hand, however, small and

medium-sized workplaces, which account for the majority of workplaces, have few opportunities to obtain the advice of physicians, making it difficult to respond adequately, although they feel the need to do so.

Against this background, it is not uncommon for workers to return to work once, only to be forced to take another leave of absence, and to suffer from repeated absences and reinstatements. Therefore, it is very important for psychiatrists involved in workplace mental health, whether attending physicians or occupational physicians, to recognize the signs of recurrence at the earliest possible time, prevent serious illness, prevent the reoccurrence of absence from work, and thereby help workers maintain their social life and reduce labor losses for the organization.

II. Points to keep in mind in the "Guide" to return to work

Figure 3 is the flow of return-to-work support shown in the "Guide". It indicates a five-step process from the start of sick leave to follow-up after returning to work. Since the "Guide" is not a law, but a manual, it is desirable for employers to formulate return-to-work support programs tailored to the actual conditions of individual workplaces while referring to the "Guide". We would like to review the "Guide" again and discuss points that psychiatrists should keep in mind in order to prevent recurrence and relapse.

Step 1: Commencement of sick leave and care during absence

When a worker suffers from depression, the first priority is to “heal while working”. Needless to say, if the severity of the illness is sufficient, such as a significant decline in thinking and judgment, depressed mood and motivation, and significant social disruption, a decision to "take time off to recover" must be made at the time of the initial diagnosis. This author believes that, if the hindrance to social life is not too great and there is room for improvement through medication, adjustment of work style, sleep hygiene education, and advice on how to spend leisure time, the patient should choose to "work and heal" as much as possible.

When a member of society takes time off from work, it has a significant impact on his or her work and family life. For example, a workplace that receives an unannounced medical certificate stating that a patient will be out of work for three months is forced to deal with the situation more urgently than one might imagine. The workplace is obligated to follow the medical report written by the specialist out of a duty of care for safety, and must set up a system to minimize immediate external disturbances by having other employees take over the

duties of the worker who is taking a leave of absence. If the sense of exhaustion of surrounding coworkers is replaced by a sense of dissatisfaction, negative feelings toward the worker taking leave and the psychiatrist are also generated, exacerbating the environment for the return to work.

Therefore, consideration must be given to "how to give them time off" as well as to the parties involved in the background of the worker who receives the medical certificate. If the diagnosis of absence from work is not urgent, asking the patient to "inform your supervisor that your doctor has told you that if there is no improvement in a few weeks, you may have to take a leave of absence to receive treatment" will help the workplace to be prepared and allow time to prepare for a system that would be in place if a leave of absence were to occur. In this way, the decision of whether or not to require treatment due to absence from work is an important matter that can lead to a good or bad social life for the patient, and consideration for the recipient of the "medical certificate" is also very important as it provides a basis for cooperation in preventing recurrence after returning to work.

From a workplace perspective, health promotion in the workplace is implemented based on the "Occupational Health and Safety Law". Article 1 of this law states the purpose as follows. Business operators are to "ensure the safety and health of workers in the workplace and promote the creation of a comfortable work environment". In other words, the law requires "creating a work environment that prevents injury (safety) and illness (hygiene) through work (labor)". The main role of occupational health staff, such as industrial physicians, is to prevent workers from developing physical and mental disorders by encouraging workers to become aware of their own health problems, improving the workplace environment, and creating a comfortable workplace.

Specifically, in addition to regular medical examinations, medical examinations for new employees, special medical examinations, medical examinations for workers dispatched overseas, interviews for workers who work long hours, and stress checks, some workplaces have set up health consultation counters to respond as needed. During these various types of interviews, medical professionals in the workplace, or industrial health staff, ascertain the status of workers from three perspectives: (1) diagnostic classification (classification of presence or absence and severity of illness), (2) employment classification (classification of whether or not workers can work and whether or not

consideration is required for work), and (3) guidance classification (classification of whether or not follow-up is required). The system is designed to consider the prevention of recurrence and exacerbation of illness by adjusting the work environment, rather than immediately requiring absence from work because of illness.

If the workers are to be cured by taking a leave of absence, it is important for the workplace to provide a point of contact for consultation with occupational physicians and other occupational health staff to address not only the mental isolation of the workers but also their concerns about returning to work and their future careers. It is also important to provide information such as the absence leave system at the workplace, the injury and illness benefit system, and the support system when returning to work, in order to alleviate economic and future concerns during absence so that workers can lead a life of rest and relaxation with peace of mind.

Although it is difficult to determine the timing of contact from the workplace side to the absent worker, depending on the condition of the absent worker, it may be less uncomfortable for the absent worker to be contacted when submitting a medical certificate or an application for injury and illness benefits.

Step 2: Determination by the attending physician that the worker can return to work

The following three points can be used as guidelines for ultimately determining that a patient can return to work: (1) the medical aspect (the patient is fit to work, not necessarily cured), (2) the patient's own aspect (the patient is willing and ready to return to work), and (3) the workplace aspect (the workplace is ready to support the patient's return to work). Without these conditions, a smooth return to work is difficult. As a minimum guideline for (1), the employee must be able to stay at the workplace for the prescribed working hours (generally 8 hours per day). Some companies may offer reduced working hours, but if not, treatment and advice should be provided until the employee is able to return to work in accordance with the company's culture. The internal occupational health staff should play a central role in preparing for (3), while the attending psychiatrist should also provide sufficient support for (2). This is because "recovery of symptoms does not equal recovery of work performance".

Figure 4 is used by the author to give workers on leave an image of the road to the return to work, and explains the process in three major steps. While some patients try to return to work immediately after the first step, I also

emphasize the second step and add an explanation, such as, "More than absence from work, employment requires a great deal of energy in terms of both mental and physical strength. If the basic energy recovery function is inadequate during the absence, it is only a matter of time before the energy level runs out after returning to work". As for step 3, I tell my patients, "You have to give the stored energy a trial run before you can move it sufficiently in the workplace".

Step 3: Determination of whether or not the worker can return to work and preparation of a return-to-work support plan

This step includes "information gathering and evaluation", and it is recommended that the opinions of the attending psychiatrist be gathered by an occupational physician or other medical personnel. The "Guide" also includes an example of a "Request for Information on Return-to-Work Support" form, and states that it is important to exchange information while giving sufficient consideration to the privacy of the worker. This is a so-called "attending physician's written opinion" from a psychiatrist, that is, a document requesting opinions from the standpoint of the attending psychiatrist on (1) the current condition (symptoms affecting work, possible side effects of medication) and (2) work-related considerations (work precautions necessary to prevent recurrence of the disease). It is recommended that the request be accompanied by a statement that the information will be used only for the purpose of supporting the individual's return to work and will not be sent directly to the workplace, but will be managed responsibly by the industrial physician. This is because appropriate medical information cannot be obtained from the attending psychiatrist without clarifying how medical information is handled within the company.

Step 4: Final decision on the return to work

The decision to return to work is ultimately made by the employer, but the opinion of the occupational physician is very important. Therefore, if a psychiatrist can be involved as an occupational physician, he or she can demonstrate his or her expertise in providing opinions regarding the worker's condition and employment considerations.

Step 5: Follow-up after returning to work

As mental health issues often involve a complex combination of factors, the plan for the third step often involves many uncertainties. Therefore, even with careful preparation, the return to work may not proceed as initially planned. In such cases, it is important to review the

plan in a flexible manner. If the attending psychiatrist has any concerns about the patient's condition or plans after returning to work, he or she should communicate his or her opinions to the industrial physician and others through the worker, and if necessary, exchange information with the industrial physician and others after obtaining the worker's consent. Returning to work is a major change from life during medical treatment to life at work. Therefore, work becomes a priority, and interruptions in visits to the hospital, interruptions in treatment, and interruptions in medication are likely to occur, which may induce the recurrence of the disease. At least immediately after returning to work, it is necessary to give consideration so that the patient can continue to receive regular medical examinations, and the occupational physician should explain the necessity of such visits to the workplace.

III. Issues related to the opinion of the attending physician

The Ministry of Health, Labour and Welfare's "Guidelines for the Maintenance and Promotion of Workers' Mental Health" 7) and "Guidance" have stated the need to strengthen cooperation with resources outside the workplace, and this has led to an increase in requests from occupational physicians and other occupational health staff for "attending physician opinion letters" from attending psychiatrists.

Cooperation, including the appropriate exchange of information inside and outside of the workplace, is very important for improving the health of workers. However, there are some problems to be solved. Cooperation takes time and effort. However, there is no clear system in place to pay for the time and effort. For example, in many cases, the "attending physician's opinion" issued in response to a request for information from an occupational physician is paid for by the employee on leave, or the medical institution handles the request free of charge. In some cases, the employer bears the cost, but this is rare. Figure 5 shows the results of a survey conducted by Honno et al. on hospital responses to "medical information forms" requested by industrial physicians 2).

It is likely that employment regulations require workers to submit a "certificate", such as a medical certificate from their attending physician, to the workplace when they take a leave of absence or return to work due to a health problem. Therefore, it is considered that the worker himself/herself should bear the burden of this certificate.

On the other hand, after the certificate is submitted, the industrial physician

may request an additional "attending physician's opinion" to determine whether the worker can return to work or not. The industrial physician, occupational health staff, and, more broadly, the workplace want additional information to make a decision. The cost of the "attending physician's opinion" could be paid by those who want to obtain the information. In some cases, attending physicians even issue them free of charge, taking into consideration the burden placed on those on leave. Even in cases where a supervisor or human resources representative accompanies a patient to seek an opinion from the attending physician in person, there are no rules for handling such cases, and it would not be unusual for the patient to pay only for the medical fee and for the consultation to be provided free of charge. Incidentally, at a workplace where the author is in charge of industrial physicians, the workplace pays for the "attending physician's written opinion" and the "accompanying medical examination".

These are tasks in which specialists take time to compile expert opinions, and as long as they are done in an ambiguous manner, high-quality collaboration with a high level of expertise will not be fostered. The equalization of high-quality collaboration among specialists is thought to lead to the prevention of recurrence and relapse among those who return to work, and a system with some kind of financial backing is an issue to be considered in the future.

Conclusion

Whether psychiatrists are attending physicians or industrial physicians, they share a common wish for workers to be healthy and to work energetically. Collaboration between people in different positions working toward the same goal is what collaboration is all about. This paper describes how psychiatrists should be involved in the prevention of relapse and recurrence among those who return to work, through follow-up from before the leave of absence to after the return to work.

If mental health activities by psychiatrists functioned within industrial settings, not only as attending psychiatrists but also as psychiatrists, the following advantages would be greatly utilized: (1) involvement in the workplace environment as well as the individual, (2) easy provision of time for in-depth interviews, and (3) The convenience of an In-house office (easy to visit, no cost burden). The time allotted for interviews is probably longer than the time required for consultations at medical institutions, and it should be possible to collect information from all aspects unique to an industrial site. The

necessary information can be exchanged both inside and outside of the workplace, which will lead to the prevention of recurrence and relapse among workers.

There are no conflicts of interest to disclose in connection with this paper.

References

1) 地方公務員安全衛生推進協会: 地方公務員健康状況等の現況(平成 30 年度)の概要. 2019 (http://www.jalsha.or.jp/tyosa/result) (参照 2020-06-12)

2) 本野勝己, 藤野善久, 村松圭司ほか: 産業医が依頼する「診療情報提供書」についての病院対応に関する実態調査. 日本診療情報管理学会誌, 28 (4); 60-63, 2017

3) 厚生労働省: 改訂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. 2019 (https://www.mhlw.go.jp/content/000561013.pdf) (参照 2020-06-12)

4) 厚生労働省: 平成 30 年労働安全衛生調査(実態調査). 2018 (https://www.mhlw.go.jp/toukei/list/h30-46-50.html) (参照 2020-06-12)

5) 厚生労働省: 平成 30 年度「精神障害に関する事案の労災補償状況」. 2019 (https://www.mhlw.go.jp/content/11402000/000644251.pdf) (参照 2020-06-12)

6) 厚生労働省自殺対策推進室, 警察庁生活安全局生活安全企画課: 令和元年中における自殺の概況. 2020 (https://www.mhlw.go.jp/content/R1kakutei-01.pdf) (参照 2020-06-12)

7) 厚生労働省: 労働者の心の健康の保持増進のための指針. 2015 (https://www.mhlw.go.jp/content/000560416.pdf) (参照 2020-06-12)

8) Loeppke, R., Taitel, M., Richling, D., et al.: Health and productivity as a business strategy. J Occup Environ Med, 49 (7); 712-721, 2007

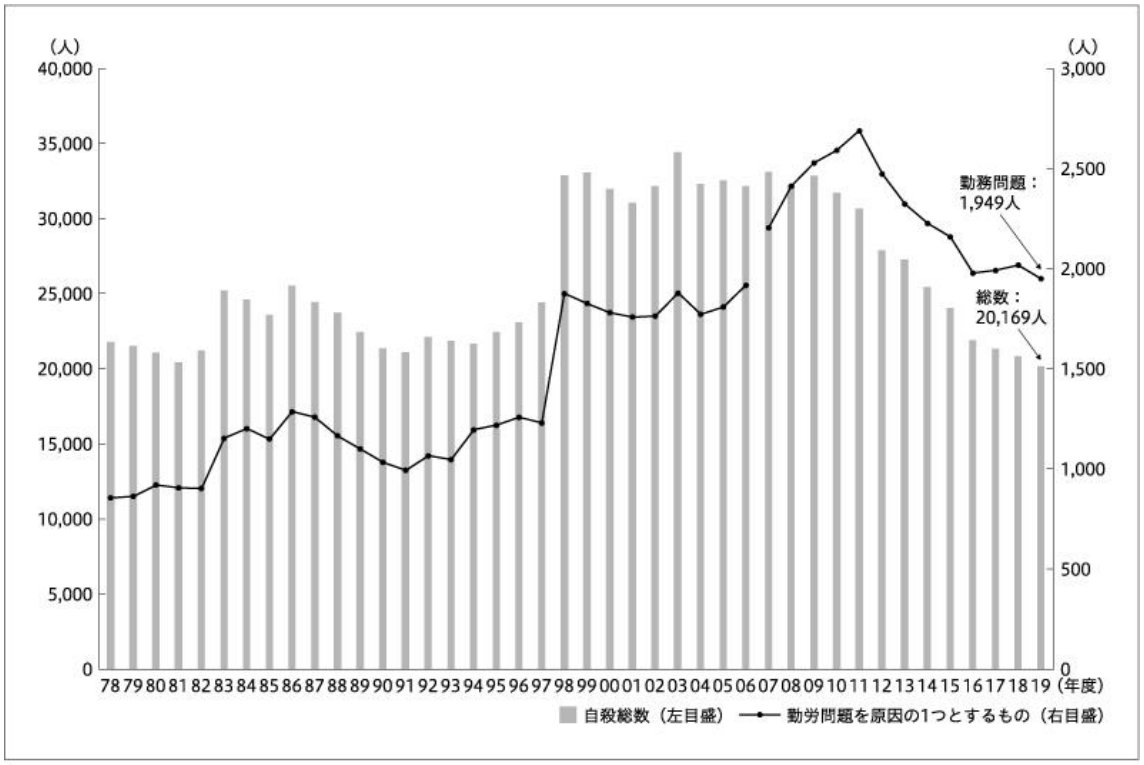

図１　自殺数の推移（総数，勤務問題を原因の１つとするもの）

警察庁が原因の統計を取り出した 1978 年以降を表示.
注：2006 年まで主たる原因１つ，2007 年からは最大３つまで計上としたため，その前後での単純比較はできない.
（文献 6 より引用）

Figure 1 Number of suicides (total number with work problems as one of the causes)
The data are shown since 1978, when the National Police Agency began to compile statistics on the causes of suicides.
Note: Since one main cause was recorded until 2006 and up to three causes were recorded from 2007, simple comparisons before and after that year are not possible.
(Adapted from Reference 6)

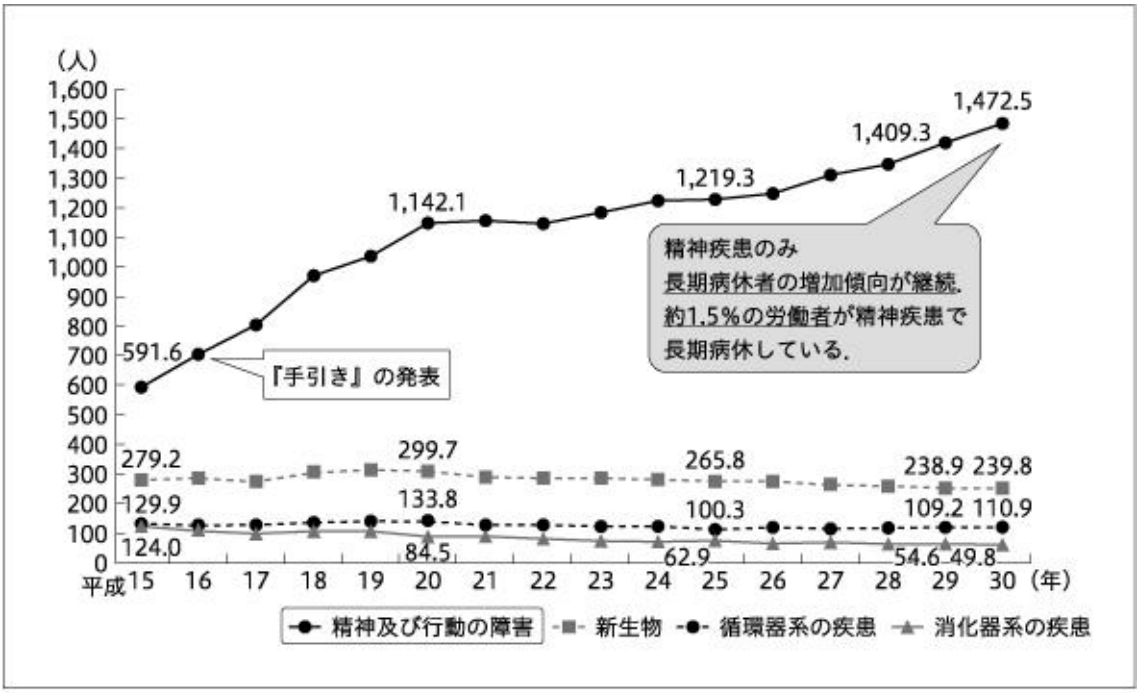

図 2　精神疾患の長期病休者率の推移

地方公務員10万人あたりの主な疾病分類別長期病休者率の推移.
(文献 1 より引用)

Figure 2 Trends in long-term sick leave rates for mental illness

Trends in long-term sick leave rates per 100,000 local government employees by major disease category.

(Adapted from Reference 1)

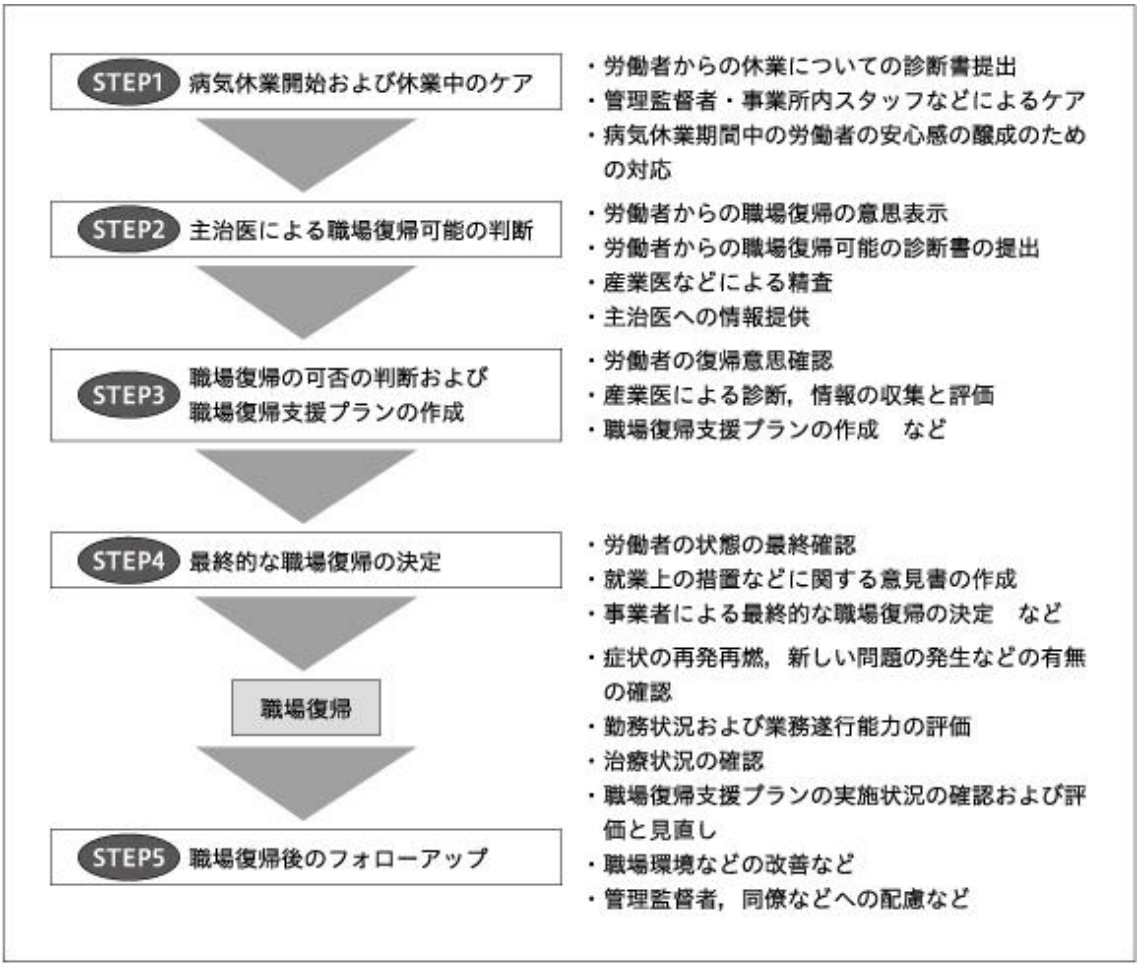

図 3　心の健康問題により休業した労働者の職場復帰の手引き（厚生労働省）
（文献 3 より著者作成）

Figure 3 Guide for supporting workers who have been absent from work due to mental health issues (Ministry of Health, Labour and Welfare)
(Prepared by the author from Reference 3)

Step 1 Commencement of sick leave and care during absence
・Submission of medical certificate from worker regarding the absence from work
・Care by the supervisor, office staff, and others
・Measures to create a sense of security for the worker during the period of sick leave
Step 2 Determination by the attending physician that the worker can return to work
・Indication from the worker of his/her intention to return to work
・Submission of a medical certificate from the worker indicating that he/she can return to work
・Close examination by industrial physicians and others

・Provision of information to the attending physician

Step 3 Determination of whether or not the worker can return to work and preparation of a return-to-work support plan

・Confirmation of the worker's intention to return to work

・Diagnosis by an industrial physician, collection and evaluation of information

・Preparation of a support plan for returning to work

Step 4 Final decision on the return to work

・Final confirmation of the worker's condition

・Preparation of a written opinion regarding measures to be taken at work

・Final decision by the employer on the return to work

・Confirmation of recurrence of symptoms, occurrence of new problems

・Evaluation of work status and work performance

・Confirmation of treatment status

・Confirmation, evaluation, and review of the implementation of the return-to-work support plan

Return to work

Step 5 Follow-up after return to work

・Improvement of the work environment

・Consideration for managers, supervisors, co-workers

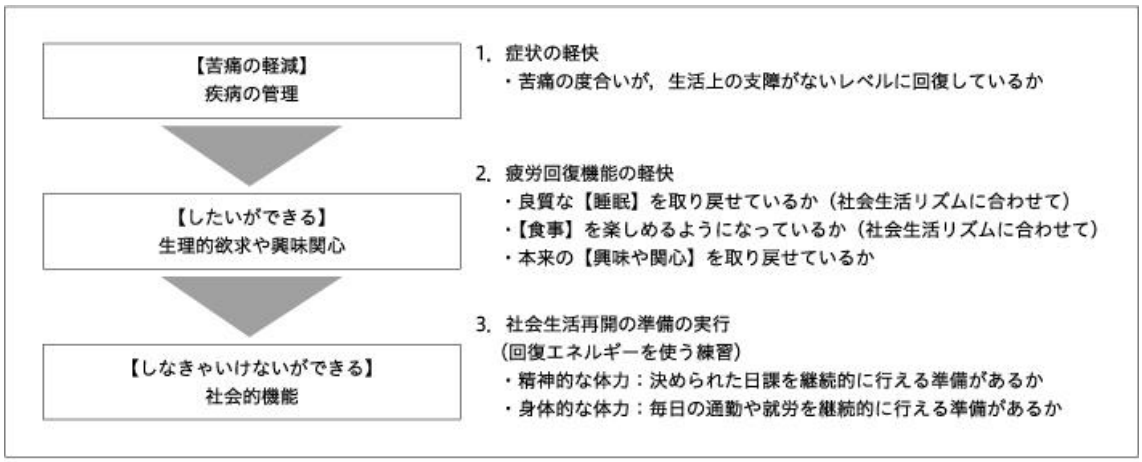

図 4　休業開始時に休業者に対して示すロードマップ

Figure 4. Roadmap presented to the absentee at the start of the leave

[Reduction of pain] Disease management

1. Reduction of symptoms

・Has the level of distress recovered to a level that does not interfere with daily life?

[Want to do, can do] Physiological needs and interests

2. Lightening of fatigue recovery function

･Is the patient able to regain good "sleep"? (in accordance with social rhythms)

･Are able to enjoy "meals"? (in accordance with social rhythms)

･Are they able to regain their "original interests and concerns"?

[Can do what must be done] Social functioning

3. Execution of preparation for resuming social life (practice using recovery energy)

･Mental fitness: Is the patient ready to continue to perform the daily routines that have been set?

･Physical fitness: Is the person ready to continue daily commuting and working?

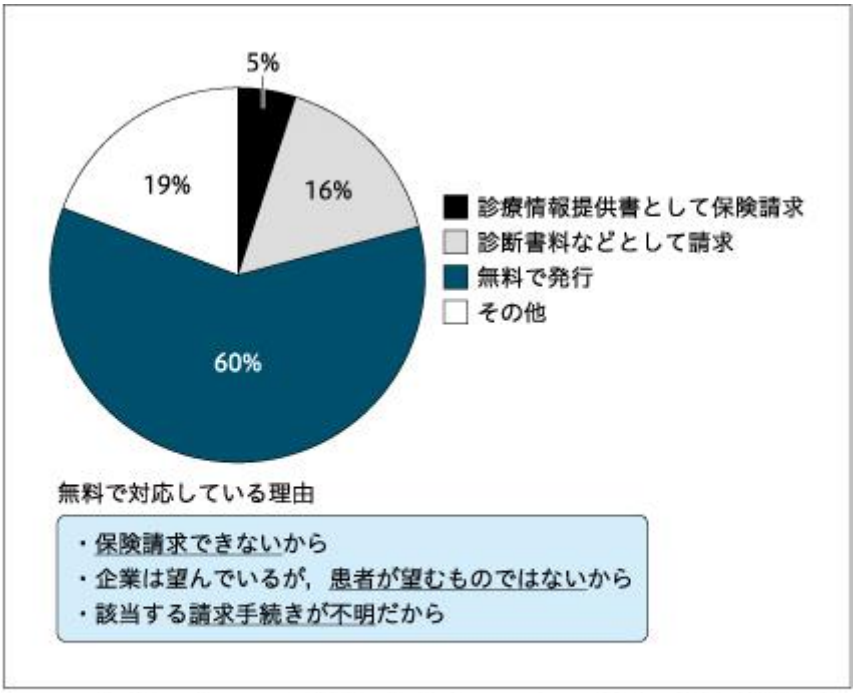

図 5　産業医宛ての診療情報提供書に関する請求の実態（精神疾患に限らず）
（文献 2 より引用）

Figure 5. Actual status of requests regarding medical information certificate addressed to industrial physicians (not limited to mental disorders)
(Adapted from Reference 2)

Billing as a medical information certificate 5%

Billed as medical certificate 16%

Issued free of charge 60%

Others 19%

Reason for free of charge

・Because they cannot be billed by the insurance

・Because it is not what patients want, although companies want it

・Because the relevant billing procedures are unclear