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Special Feature Article

Role of Occupational Physicians in Preventing the Recurrence of Depression at the Workplace: Psychiatrist Working as an Occupational Physician

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Abstract

When a psychiatrist works as an occupational physician, effective cooperation can be achieved between the occupational physician and the psychiatrist in charge, as well as with the supervisors to support an employee returning to work after a mental health leave. With their abundant expertise as a psychiatrist, the occupational physician can offer information on the work environment, which can be of help to the psychiatrist in charge of treating the employee. Such communication is also beneficial for preventing disease recurrence.

Furthermore, they can act as an intermediary between the returner and co-workers. They have the advantage of being able to promote mutual understanding, thereby helping the returner adapt to the work environment after reinstatement. In supporting a returner, consideration is required in order for the support for the individual to lead to support for the entire workplace. Education on group dynamics and active listening will aid in improving human relations in the workplace, thereby creating a healthy work environment. As one of their roles, support in clarifying the division and rotation of duties is also necessary, which will help create a fair performance evaluation system.

The principles for supporting a returner include ensuring that they are qualified for their role. However, appropriate evaluation of the returner based on the existing criteria without making allowances is important. To support continued employment, shortening

of work hours and reducing workdays are also important. The neutral position of an occupational physician who remains impartial between the employer and the employees is different from the position of the psychiatrist in charge. Therefore, it is not desirable for one doctor to simultaneously work as an occupational physician and a psychiatrist in charge of employees with mental diseases.

On the other hand, an occupational physician having a different role from that of the psychiatrist in charge is likely to further mental health management in the workplace, the demand for which is growing in society. This experience will also help improve their skills as a psychiatrist.

Keywords : occupational physician, return to work, psychiatrist

Introduction

The main readers of this journal are considered to be (specialist) psychiatrists. Therefore, this discussion will proceed on the assumption that psychiatrists will serve as occupational physicians. In the field of occupational health, there is a growing demand for support for employees suffering from mental disorders, including support after returning to work after depression, which is the theme of this report. For this reason, it seems that more and more companies are requesting physicians specializing in psychiatry when they seek occupational physicians. However, the role required of occupational physicians is different from that required of clinicians. Without understanding this, an occupational physician who acts as an employee's

primary physician in a clinical setting may cause problems. First, the difference between the role of an occupational physician and that of a clinician is described. Then, the advantages of having a psychiatrist as an occupational physician are discussed along with points to keep in mind, and my personal opinion is presented, focusing on points where a psychiatrist can make greater contributions when providing support after a patient returns to work after depression.

I. Roles of clinicians (psychiatrists in charge) and occupational physicians

Clinicians (hereinafter referred to as "psychiatrists in charge") provide medical treatment based on a medical treatment contract with the patient. The primary care physician puts the

patient's interests first. Although there are exceptions, such as the case of psychiatry where the patient's ability to consider reality has declined or disappeared, basically considers and responds based on the patient's wishes. On the other hand, occupational physicians are contracted by employers to play a part in the role of employers based on the Occupational Health and Safety Law. Occupational physicians' work includes health management of workers and support for the fulfillment of the employer's obligation to give due consideration to safety. The duty to give due consideration to safety means the obligation of a business operator to take measures to avoid risks in terms of safety and health that may be anticipated in the course of a worker's employment. Therefore, if an occupational physician determines that safety considerations are necessary, he or she is in a position to provide the employer with opinions as to restrictions on the worker's employment (prohibiting overtime work, prohibiting shift work etc.) even if he or she is not in agreement with the worker's wishes. Although occupational physicians are paid by companies, they are required to be neutral and independent in their judgment, and their medical judgment must not be influenced by any conflict of interest 3).

The reason why companies seek

psychiatrists as occupational physicians in the first place is that they believe that psychiatrists will make more appropriate judgments and take more appropriate measures for employees with mental health problems than physicians in physical departments. However, more appropriate judgment and treatment by a specialist physician mean those more appropriate from the perspective of the individual (treatment), not from the perspective of the company, taking into account the company's convenience and circumstances. Unlike the psychiatrist in charge, the judgment of an occupational physician may not always be in line with the worker's (consultant's) intention, and at the same time, it may not always be in line with the intention of the company. If this position of neutrality and independence is not confirmed by workers and the company in advance, it can become a cause of problems.

The concept of "having different doctors as the psychotherapist and the ward psychiatrist in charge respectively", developed in the field of inpatient psychoanalytic therapy, as a way to ensure neutrality, is helpful 2). The psychiatrist in charge not only interviews the patient as necessary, but also observes the patient's life in the ward, understands the patient's condition by holding conferences with

the ward staff, takes administrative measures, such as confronting the patient, and conveys this information to the psychotherapist. The psychotherapist is mainly involved in a treatment structure that clearly defines the time and place, and strictly maintains confidentiality. The occupational physician does not take a direct managerial role, but should be in a position similar to that of the psychiatrist in charge in the ward. The occupational physician should work not only with the patient, but also with supervisors, human resources personnel, and other relevant personnel, and should convey information about the workplace to the psychiatrist in charge. At the same time, the occupational physician should help the people involved in the workplace understand the patient and provide support so that they can respond to the patient in a beneficial manner. In case the clinic is in the vicinity of the workplace, the occupational physician may receive requests for treatment in the clinic from workers at the workplace of which he or she is in charge. Since there is also the legal obligation to provide medical treatment, refusing the request may be problematic. Therefore, it is advisable to establish a rule in advance that when examining a worker at a workplace of which the occupational physician is in charge, the

consultation in the clinic should be limited to emergency and temporary treatment, and the worker should be referred to another psychiatrist as soon as possible after that.

The experience of an occupational physician provides a different perspective on his or her position as a psychiatrist in charge, which clarifies the role of psychiatrist in charge and thereby improves his/her ability. (Conversely, experiences as an psychiatrist in charge of workers outside the office where the occupational physician is in charge provides another perspective and improves competence as an occupational physician). It would be ideal if physicians could accommodate this shift in perspective and respond flexibly, but such a doctor is likely to be seen by the workers as an unreliable occupational physician or psychiatrist in charge who ends up responding to the situation by taking temporary measures. In practice, therefore, having both perspectives in the psychiatrist's own mind increases the likelihood of a better response, but it is not feasible for a single psychiatrist to simultaneously take on both roles.

II. Daily activities as an occupational physician

1. Improving human relations in the workplace

Good human relations in the workplace are considered an important factor for a pleasant work environment. Having good human relations refers to a state in which people are closely involved with one another in a mutually supportive and stimulating manner. The effectiveness of an organization lies in the fact that the interaction of people with different personalities and abilities increases the likelihood that new ideas will emerge. Such effectiveness increases the more closely each individual is involved with his/her co-workers. On the other hand, highly homogeneous groups tend to be conservative and less accepting of new things, which in turn inhibits creation. Therefore, it is important to improve relations with those with different qualities. Occupational physicians (who are also psychiatrists) can help people in the workplace understand others who are different from themselves by explaining, for example, the characteristics of workers who tend to have developmental disorders. In other words, they can play the role of interpreter in the workplace.

According to the management scholar Bernard, there are three elements in an organization 1). The common purpose, motivation to collaborate, and communication. Common purpose is the purpose of the organization's existence. The motivation to collaborate is the

willingness to work together to achieve that purpose. Communication is the link between these two factors. As an organization grows larger and more segmented, the relationship between one's role and the common purpose becomes less clear. If people cannot feel the common purpose, they may lose the motivation to work together. To prevent such a situation, the importance of the role of communication in clarifying the connection between the common purpose and the motivation to work together increases as the organization grows larger. Communication in an organization is thus an important element of the organizational structure, and is not merely for the purpose of improving human relations. However, without good human relations as a foundation, communication as an element of the organization will be hindered. When interaction within the workplace ceases, communication, which is essential for goals and maintaining and enhancing motivation to work together, is lost, workers work apart, and the organization becomes inefficient and inactive. Workers who do not feel the common purpose may leave their jobs. Occupational physicians can assess the overall organizational situation and provide advice on measures necessary to improve communication. At this time, psychiatrists' knowledge on and

experience in group dynamics can increase the likelihood of providing better advice.

2. Cooperation with psychiatrists in charge and workplace personnel

One of the advantages of having a psychiatrist as an occupational physician is that he/she has good listening skills (abilities). As an occupational physician, he or she has access to multiple parties including supervisors, coworkers, and human resources personnel, and can obtain a more accurate and specific understanding of the workplace situation. By comparing this information with the perception of the individual, it is possible to help correct discrepancies between the individual's perception of the workplace situation and that of those around him or her. First, occupational physicians should encourage the workplace to clarify the rules so that discrepancies in perception will not occur. If it is difficult to correct discrepancies in perception, the self-understanding (understanding of his/her own cognitive characteristics) of the individual should be encouraged. At the same time, by deepening the understanding of the surrounding people about the individual's personality traits, more appropriate support can be provided. It is important to note that the occupational physician is not the psychiatrist in charge, except

in cases where the patient is treated at the company's clinic. As mentioned above, occupational physicians work based on a contract with the company. They do not have a direct medical contract with the individual. Although they can confirm the facts and present them to the individual, they should refrain from actively encouraging the individual to correct his/her perception of the facts. If the corrective (therapeutic) measures (adjusting the patient to the workplace) are too aggressive, the doctor may be perceived as a doctor who makes decisions in favor of the company, and the relationship of trust between the patient and the occupational physicians may be damaged. On the other hand, being in favor of the individual and placing too strong an emphasis on the individual's perception (making the workplace conform to the individual) can result in a lack of trust from the company. With the aim of improving human relations in the workplace, which is an important factor in the work environment, the occupational physician should confirm the difference between the individual's perception and his/her co-workers' perception, maintain the position that the difference needs to be corrected, provide the psychiatrist in charge with information to support the correction in order to help the individual's treatment, and use the opinion of the psychiatrist

in charge, which is based on the deepened understanding, to provide support in the workplace. If the occupational physician is a specialist in psychiatry, he or she can provide the psychiatrist in charge with information on the workplace that is useful for treatment, and can appropriately evaluate the validity of the opinion of psychiatrist in charge, which will ultimately support the patient's treatment. If the treatment aspect comes to the fore in the response as an occupational physician, the occupational physician can be perceived by the worker as the psychiatrist in charge, and this creates a risk in the way information is handled. Specifically, problems can arise in case the occupational physician recognizes the need to convey information obtained from the worker to the supervisor from the viewpoint of safety, but is unable to obtain the worker's consent. If the information is not conveyed, safety measures cannot be taken, and an accident or illness may occur, the occupational physician can be accused of negligence of duty by the employer who is pointed out to be in violation of his/her duty of safety considerations. On the other hand, if the information is given to the supervisor without the worker's consent, the way in which the information is obtained can cause a problem. If the worker perceives the

consultation as if it were as a general medical care and discloses information to the occupational physician, assuming that he/she were the psychiatrist in charge, there seems to be a probability that the occupational physician will respond in the same way as the psychiatrist in charge.

III. Specific measures after returning to work

1. Labor management and health management (Figure 1)

In order to prevent recurrence and relapse after returning to work, it is effective to identify the factors that can cause the onset of the disease and to take measures to deal with them. From a management perspective, support for returning to work is administration of management resources (labor management) that restores damaged human resources and returns them to healthy production activities. Therefore, daily labor management problems (hereinafter referred to as "caseness") are the starting point for support. It is required of occupational physicians (health management) to determine whether or not there is a health problem as a cause of poor attendance and other case factors. If no health problems (hereinafter referred to as "illness") are found, the caseness is purely a labor management issue and is the subject of guidance and education rather than

treatment. If the caseness is deemed to be illness, the worker is introduced to treatment. If the employee improves with treatment, the caseness is resolved. If workplace factors are one of the major factors in the onset of illness, the workplace factors are also improved in order to prevent recurrence and relapse. Although there are many cases that are difficult to determine as those induced by illness, such as human relations problems and inadequate work aptitude, the labor management and health management departments should divide responsibilities for dealing with such cases and improve the workplace environment, even if the involvement of workplace factors do not reach the criteria for work-related injuries and diseases. This will help create a vibrant and comfortable workplace 6). For example, when behavioral characteristics such as "inflexibility", "lack of cooperation", or "insistence on doing things one's own way" are considered problems at work, the occupational physician can consider the possibility that they are closely related to developmental disorders, reevaluate them as advantages such as "following procedures" or "not being influenced by atmosphere" rather than as disadvantages, and provide support to reassign the worker appropriately. The occupational physician can also meet with those concerned at the workplace

as needed at follow-up meetings after returning to work, either with or without the person himself/herself present. It is important for the occupational physician, as a neutral third party, to build relationships of trust with managers, workers and psychiatrists in charge, paying attention not to be recognized as the psychiatrist in charge by the worker, and at the same time, taking care not to be regarded as a part of the labor management personnel.

2. Points to keep in mind in workplace management (Table 2)

If the support for returning workers is provided, without considering the realization of organizational goals, it is more likely to generate opposition from co-workers complaining, for example, that the workplace should not be a rehabilitation institution. It is important to make sure that support for returning workers to continue working will lead to a comfortable working environment for the workers around them as well. Simply reducing the workload of the worker who returns to work and allocating his/her tasks to his/her colleagues may not be a problem for a short period of time, but after a certain length of time, there is a concern that the workload will become excessive and dissatisfaction will increase. What is important, then, is the balanced treatment of other workers 5).

The role of the occupational physician is to help labor managers create an environment (structure) in which they can properly manage work and support their subordinates 4). Specifically, the first step is to clarify the division of duties among employees. If the responsibilities of each person in the workplace are clarified, it is possible to clarify the additional responsibilities of those around the returning worker, when assigning the tasks to workers (including the returning worker). In addition, if the duties are divided into their component parts and the value of each part is defined, the workload of each person can be objectified according to each worker's aptitude and capacity. At the same time, if work assignments are changed by rotation or other means, each person can feel each task firsthand. If the workload of each person can be understood based on the firsthand experience, it will be easier to equalize the workload and improve the validity of the evaluation. If each person's work assignment and performance status can be accurately grasped, it will lead to fair and impartial evaluations. The organization can also improve its backup capability in the event that a worker is in poor condition. While these are things that labor managers must do as a part of their daily work improvement efforts, occupational physicians who are able to grasp the

working conditions of returning workers can point out problems and provide support for improvement.

It is important to integrate the workflows for those returning to work into one. By making sure that job assignment to those returning to work is done only by one specific supervisor, the status of work execution can be grasped without delay. If there is any lack of progress or delay, early assistance can be provided. To give an example, a work process chart can be created to check the progress at each stage of the work. If a lack of progress is caused by a deficiency in the person's ability to perform the work, and if the deficiency can be pinpointed and support is provided, it will lead to an efficient improvement in the person's ability. If the degree of deficiency is large, for example, due to the aforementioned developmental disorders, segregation of duties may be an option, which means excluding that part of the job, rather than aiming for improvement of the employee's abilities. Work factors that do not reach the criteria for work-related injuries and diseases but can lead to poor performance may include inadequate work aptitude and lack of support. When considering work aptitude, occupational physicians, who are in a position to exchange information closely with workplace personnel, are able to

accurately distinguish between the individual's perception of the cause of the problem, and the actual situation including the actual lack of ability (comparison of the individual's subjective evaluation and the objective evaluation in the workplace). Insufficient ability is an issue that should be handled by the human resource development in the workplace, and the distortion of cognition is fed back to the psychiatrist in charge for treatment.

The basic response by the supervisor is to pay attention to accomplish the work, but not to hesitate to point out flaws if the work cannot be accomplished. Do not allow them to do what they cannot do without support, do not leave what they cannot do undone, and if they cannot do it even with some support, evaluate their inability to do it, and clarify the evaluation criteria for this purpose. (Fig. 2). In addition, as an occupational physician, it is important to prevent recurrence and relapse, but he/she has a unique discretion that differs from that of the psychiatrist in charge in that he/she can take measures so that the patient does not have to take leave again even if there is a recurrence and relapse. Specifically, he/she can propose additional options such as shorter working hours, shorter working days and telecommuting instead of another leave of absence. If such

variations can be added to the workstyles, the possibility of continued employment will increase.

Conclusion

Regarding a case in which a patient's symptoms such as decreased motivation did not improve for a long period of time after returning to work, but eventually improved to the previous state, a psychiatrist in charge, who had experience as an occupational physician, commented, "This patient is not a person for whom the effects of medication are very promising, and I believe that the improvement was the result of the appropriate response at the workplace and the support from the occupational physician". This is my personal story, but his comment gave me great strength to continue my work as an occupational physician. I believe that psychiatrists who are aware of the points mentioned above and perform their duties as occupational physicians can contribute not only to mental health measures in the workplace, which are currently in great demand by society, but also to the improvement of each individual psychiatrist's ability as a psychiatrist.

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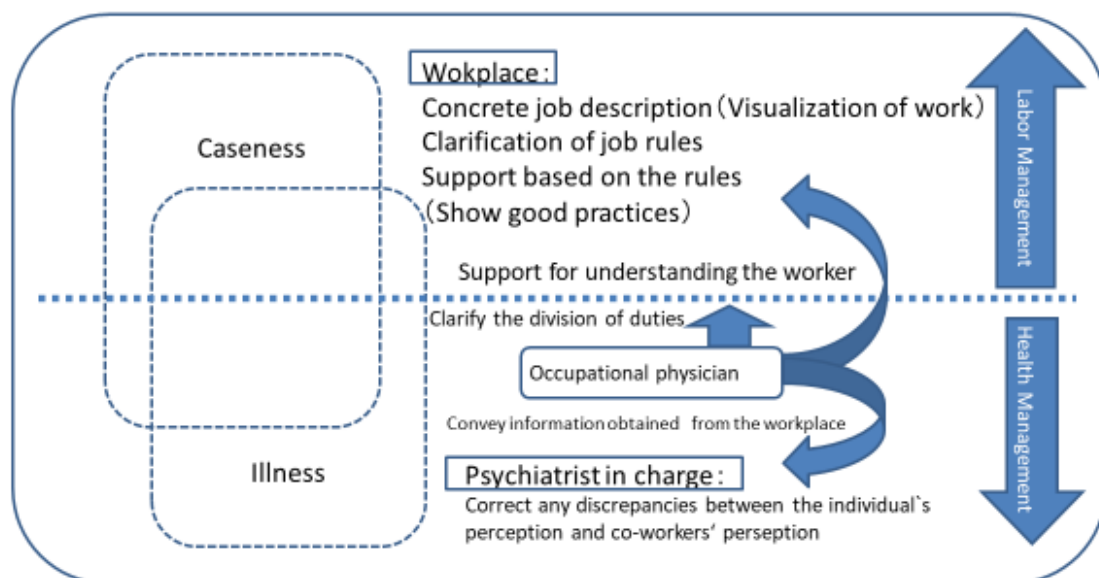


Figure 1 Role of Occupational Health(occupational physician) in Workplace Responses

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- ① Clarification of job assignments and rules (visualization of work: clarity)
 - ② Integrate the flow of work (always via a specific superiors)
 - ③ Group sharing of responsibilities and progress (to improve human relations)
 - ④ Job rotation (fair and equitable evaluation)
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Table Workplace Management Considerations

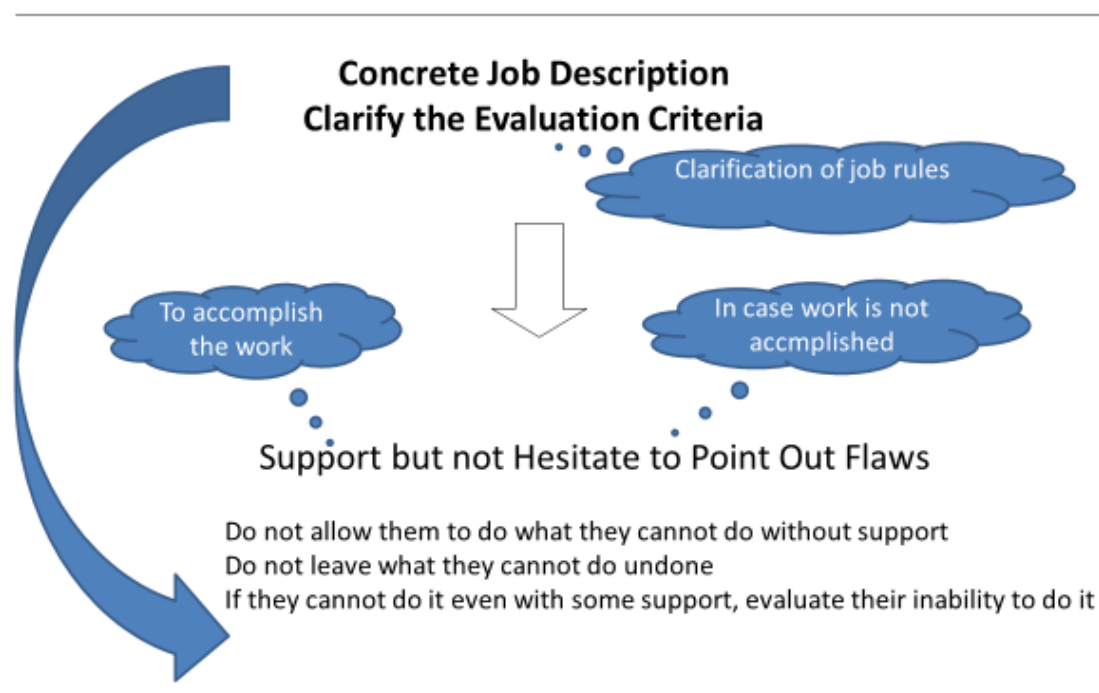


Figure 2 Actual Post-return Support