


What Does It Mean to be Medically Unfit: A Mental Health Perspective

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- No Disclosures

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- Mental Ill-health accounts for about 40% of all work related illness in the UK, and 20% of all early retirement.

Assessing Degree of Impairment

American Medical Association Guidelines for the Evaluation of Permanent Impairment suggest four areas for assessing severity of functional impairment in patients with psychiatric disorders:

- **1) Activities of daily living, such as:**

- self-care,
- personal hygiene,
- communication,
- ambulation, travel,
- sleep,
- sexual function,
- shopping, paying bills
- recreation.



- It is important to assess not just the number of activities restricted, but the degree of restriction.

- **2) Social functioning, for example:**

- the ability to get along with others,
- communicate clearly,
- participate in group activities,
- co-operate,
- be aware of others' feelings.



- **Impairment can result in:**

- altercations, aggressive outbursts,
- fear of people, avoidance and social withdrawal.

- 3) **A person's ability to sustain focused attention in order to complete tasks is determined by:**

- Concentration,
- Persistence
- Pace



- This function is best assessed in the work situation.

- 4) **Adaptation** includes:
 - ability to adapt to the work environment and to stressful circumstances.



General guidelines for psychiatric disability evaluation

- Review records and collateral information.
- Conduct a standard psychiatric examination.
- Be familiar with the essential functions and training necessary for a patient's job.
- Seek descriptions and clear examples of impairment in relation to essential and non-essential job functions.
- Assess the degree of impairment.

General guidelines for psychiatric disability evaluation (cont'd)

- Correlate the mental disorder with occupational impairment.
- Formulate well-reasoned opinions, supported by clinical data, on whether the patient is temporarily or permanently impaired and suggest accommodations based on the degree of impairment.

Outcomes

- Fit to return to work - no restrictions. The employee is fully recovered and is ready to return to work.
- Fit to return - with restrictions or modifications:
 - initiating or continuing in mental health treatment
 - making modifications to the workplace environment:
 - Altering work hours
 - Accommodating early morning sedation
 - Allowing absences for treatment during working hours
 - Providing supervision


Outcomes (cont'd)

- Unfit to return.
 - The employee cannot return to work because he or she would be unable to do the job because of:
 - an ongoing mental health problem,
 - or would be a threat to the safety of others.

Follow-up on return to work

- Warning signs:
 - sleep disturbance,
 - poor concentration,
 - reduced appetite,
 - suicidal thinking.



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- Other issues affecting return to work outcome:
 - lack of family support,
 - treatment compliance,
 - negative attitudes towards work,
 - obvious denial that a problem exists at all.


Basic Principle for Permanent Disability


- The psychiatric condition should only be regarded as refractory when optimal treatment has failed, after which permanent impairment can be considered.

- Most work absences involving mental health problems are due to:
 - stress;
 - anxiety;
 - depression.
- These are treatable and unlikely to cause long term disability.




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- Some specific cases...


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- **Both manic and depressive episodes** are often characterised by severe functional impairment.
 - During remission most patients return to good functioning, although some experience residual core symptoms that account for continued functional impairment.

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- There are three categories of **bipolar mood disorder** that may be considered for permanent disability:
 - patients with prominent residual symptoms,
 - those with frequent relapses (rapid cyclers),
 - those in whose jobs the implications of a future relapse may be serious (e.g. airline pilot, judge).

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- The following are associated with severe functional impairment during **psychotic episodes**:

- schizophrenia,
- mood disorder with psychosis (bipolar or major depressive disorder),
- schizo-affective disorder,
- schizophreniform disorder,
- delusional disorder,
- psychotic disorder due to a general medical condition
- substance-induced psychotic disorder

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- However, it can be difficult to predict chronicity and disability in schizophrenia and other psychotic disorders.
 - Factors such as the presence of residual symptoms, degree of insight, nature of employment and likelihood of relapse need to be considered.

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- Patients with **cognitive disorders** should undergo full assessment to determine severity and chronicity, inclusive of reversible and irreversible damage.
 - This includes appropriate special investigations, including brain imaging (computed tomography or magnetic resonance imaging scan) and neuropsychological testing.

Stigma

- Although it is improving, there is still a stigma around mental health problems.
- Many people with mental health issues still feel discriminated against because of their illness.
- This in turn can make them feel worse and make it harder to recover.

**IMAGINE IF YOU GOT BLAMED
FOR HAVING CANCER.**

END THE STIGMA & DISCRIMINATION OF MENTAL ILLNESS @ bringchange2mind.org

Presenteeism




- The phenomenon of ill employees who show up for work but cannot perform effectively owing to their illness.
- Fearing for their jobs, many employees no longer dare to take sick leave.
- The costs incurred by "presenteeism" may be four times higher than those caused by absenteeism.



Mentally Ill in a High-Stakes Job

The general ramifications of untreated mental illness is of concern, but in certain professional fields where people's lives or livelihoods are at stake, the questions become more complicated.

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- Consider for example doctors, dentists, lawyers.
 - They have:
 - trained for years,
 - passed tough exams,
 - deemed fit by a stringent set of regulations;
 - they are needed at their best.
 - Yet many of these high-responsibility, high-risk career fields have high rates of suicide.
 - That means many of these highly trained workers could be showing up at work in a compromised condition.

Make it possible to talk about mental health in the workplace

- Employees with health problems often do not receive support in the workplace as they feel unable to disclose these problems to their manager.
- Managers are often not trained to know how to respond if they do disclose.
- Employees may not know how to support colleagues with mental health problems.

Make it possible to talk about mental health in the workplace

- Training and awareness-raising should be provided for both managers and employees so that they can have a better understanding of mental health in the workplace.
- Also include actions they can take themselves.
- This will also help to reduce the stigmatising of health conditions like depression, and will facilitate a more open approach to disclosing health conditions.

Conclusions

- When assessing psychiatric fitness for work, carry out an assessment bearing in mind the domains of:
 - Activities of daily living
 - Social functioning
 - Ability to sustain attention
 - Ability to adapt to work environment

Conclusions (cont'd)

- Outcomes:
 - Return to work with or without restrictions
 - Unfit to work
- Consider permanent impairment only after optimal treatment, as ,many conditions are treatable.

Conclusions (cont'd)

- Be aware of presenteeism and encourage treatment.
- Encourage talking about mental health in the workplace to reduce stigma.



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Thank You

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