

A Workplace Intervention Model Adapted to Facilitate the Return to Work of Workers on Sick Leave for Common Mental Disorders¹

Common mental disorders (CMDs), including depressive, anxiety and stress-related disorders, are the cause of a growing number of disability cases and prolonged sick leaves. These sick leaves generate heavy individual and social costs, as they generally last longer than leaves for other health problems. Yet various studies have shown that the longer the sick leave, the less effective the usual clinical interventions (i.e. medication, psychotherapy) alone are in facilitating the return to work (RTW) of individuals with a work disability. It is therefore necessary to envisage more complex interventions rather than a strictly clinical approach in order to also take into account the work environment's influence on the disability situation. Although some interventions in the workplace have, to date, been shown to effectively reduce sick leave duration for workers with CMDs, their action mechanisms have not been explicitly described. This has made it virtually impossible to identify specific and concrete actions for health professionals who work with this population.

Initially developed, validated and shown to be effective for workers with musculoskeletal disorders (MSDs), the Therapeutic Return-to-Work (TRW) Program proposes a workplace intervention model that explains in detail several of the program's action mechanisms and specific components. Its action mechanisms are grounded in the following four specific objectives: (1) promote concerted action by stakeholders; (2) improve the worker's specific work capacities; (3) reduce the work environment demands; and lastly, (4) consolidate the worker's acquired knowledge and skills. The achievement of these objectives is based on three main components. The first involves using a semi-structured interview guide (the WoDDI, or Work Disability Diagnosis Interview) to exhaustively identify the main factors causing the work disability. The second involves preparing for and actually carrying out the TRW. This step, which forms the crux of the intervention, is conducted in both clinic and workplace to support the development of the worker's work capacities. Third and last, the maintenance-at-work component is designed to promote sustainable return to work (RTW) by minimizing the risks of potential relapse.

Key Messages

The TRW-CMD Program, adapted from the original program by using an approach based on an updated literature review and the opinion of health professional experts, provides a concrete and detailed account of the actions needed to facilitate the RTW of this population.

The TRW Program's objectives and components proposed for workers with CMDs are deemed relevant and sufficient by health professional experts.

Apart from certain intermediate objectives applicable more specifically to the CMD intervention context, most of the intermediate objectives added to adapt the model appear transposable to the MSD intervention context or other causes of work disability.

Focusing specifically on the transferability potential of the TRW Program, in 2007, Briand et al. established that these mechanisms and components were consistent with the scientific recommendations made to support the RTW of workers with CMDs. The aim of the study described in our article is specifically to adapt the logic model of the TRW Program for CMDs to allow for the implementation and evaluation of its action mechanisms and components.

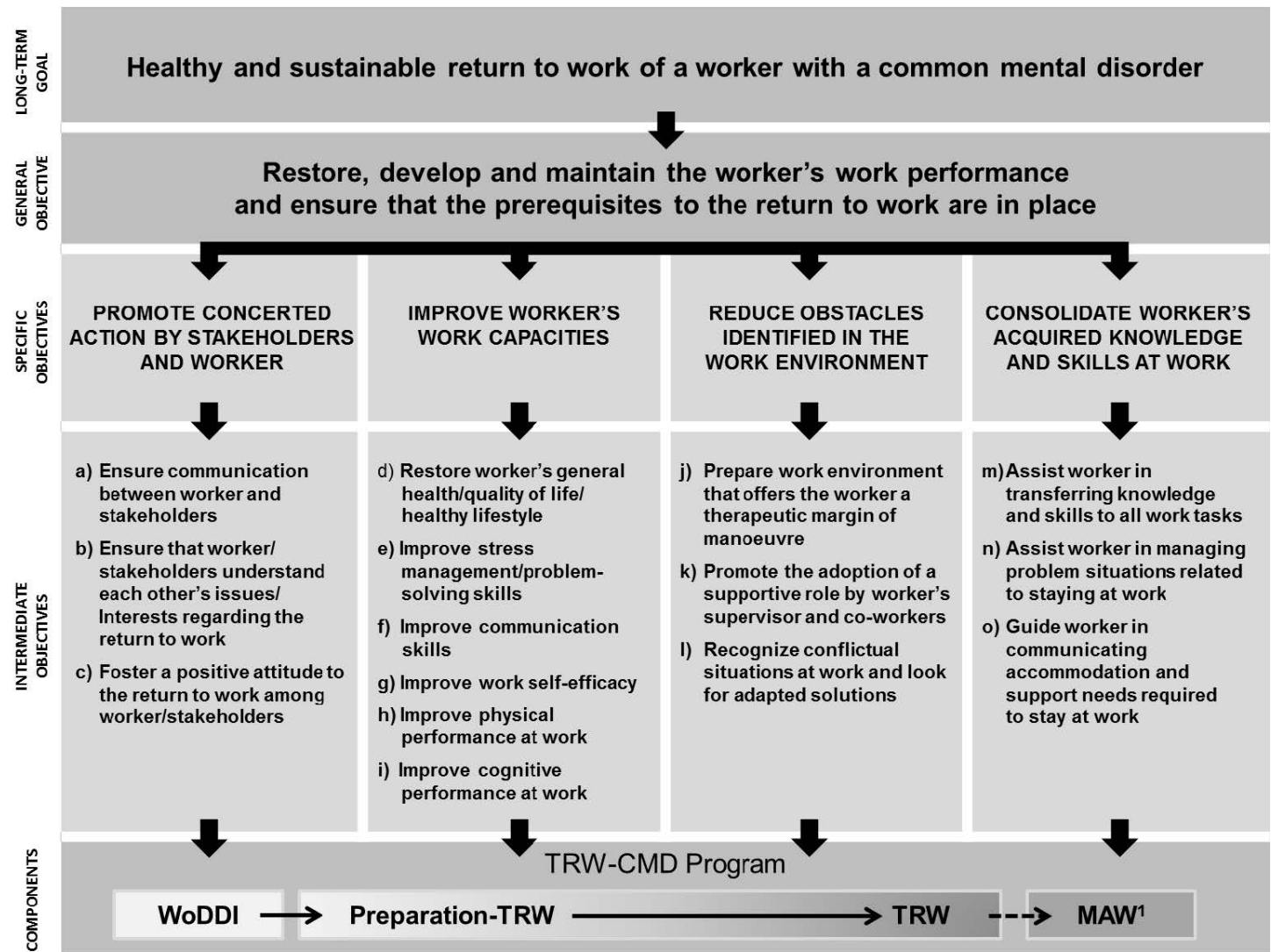
Methods

The methods used are described in detail in the thesis² and the published article¹. In summary, it should be noted here that a preliminary model of the TRW-CMD Program was designed based on the scientific literature before being submitted to a group of health professional experts responsible for reaching consensus on the various components and mechanisms of the adapted program.

Results

This study proposes a logic model for the TRW Program that is grounded in a set of objectives (general, specific and intermediate) better adapted to the situation and particular needs of workers with CMDs and articulated within the theoretical model presented below (figure 1).

Figure 1. Theoretical Model for the TRW-CMD Program



Legend: WoDDI (Work Disability Diagnostic Interview); TRW (Therapeutic Return to Work); MAW (Maintenance at Work); ¹Optional component

To attain these objectives, the logic model developed within this study spells out a sequence of actions to be taken by health professionals working with individuals with CMDs, in collaboration with workplace stakeholders (and private insurers), ultimately to facilitate the RTW of these workers, as illustrated in the operational model (figure 2).

Discussion and conclusion

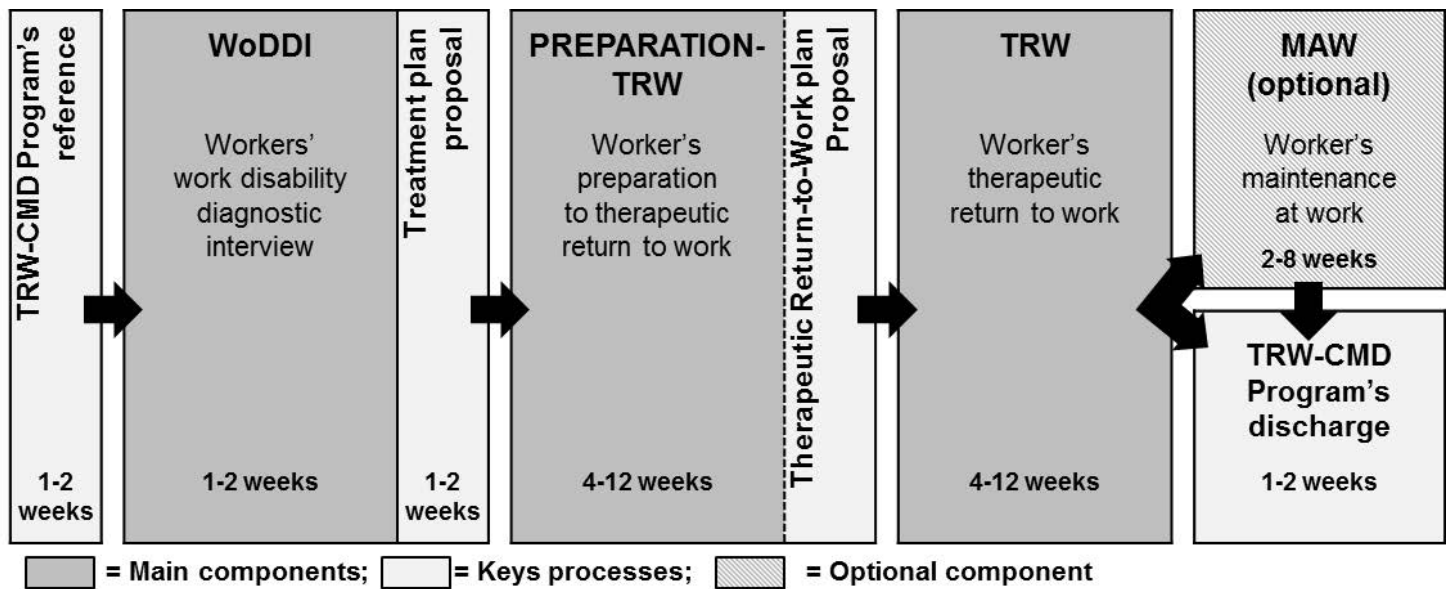
The aim of this study was to adapt the logic model of the TRW Program for CMDs. It therefore adopted an approach which, by soliciting input from expert clinicians, explicitly integrated clinical considerations into scientific knowledge within the design of the model.

The use of such an approach is, in itself, likely to facilitate uptake of the model by the professionals concerned, and

thereby, its subsequent implementation in various clinical settings. At the same time, the fact that the main components retained for the final model closely align with the findings and proposals emerging from the scientific literature concerning workplace interventions for CMDs (e.g. detailed and exhaustive initial evaluation of the factors contributing to the disability in order to better target, orient and structure the interventions; a resource person to provide support and/or coordinate the RTW; follow-up of the interventions to prevent relapses) attests to its strong scientific foundation.

Lastly, this study proposes an explicit intervention model grounded in both science and practice, thus offering a workplace intervention adapted to the reality and specific needs of individuals returning to work following CMDs.

Figure 2. Operational Model for the TRW-CMD Program



Legend: WoDDI (Work Disability Diagnosis Interview); Preparation-TRW (Preparation Therapeutic Return to Work); TRW (Therapeutic Return to Work); MAW (Maintenance at Work)

It involved making a number of CMD-specific adaptations, notably regarding the objectives to be attained, tasks to be executed and timeframes associated with carrying out each program component.

However, the study also showed that the specific objectives and main components of the initial MSD program were, for the most part, transposable to CMDs. While certain intermediate objectives had to be removed (1) or added (3), the vast majority of the objectives retained

appear applicable to both MSDs and CMDs. At the same time, the four main initially-proposed components were also deemed appropriate by the health professional experts consulted. The results of the study thus tend to support the hypothesis that the factors underlying disability and the RTW are not specific to the underlying diagnosis (health problem). This intervention model could therefore be applied to an even broader range of work disability causes.

¹ **Abstract of the article:** Marois, E, Durand MJ, Coutu MF (2020). Logic models for the Therapeutic Return-to-Work Program as adapted for common mental disorders: A guide for health professionals. *Work*, 67(2): 345-358. DOI: 10.3233/WOR-203284.

² **To learn more:** Marois, E. *Adaptation et implantation du programme de Retour Thérapeutique au Travail pour les travailleurs absents en raison d'un trouble mental commun*. 2019. Doctoral thesis. Université de Sherbrooke.