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Thriving at Work: The resources required to support employees returning to work following mental ill-health absence

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About PIN

The Productivity Insights Network was established in January 2018 and is funded by the Economic and Social Research Council. As a multi-disciplinary network of social science researchers engaged with public, private, and third sector partners, our aim is to change the tone of the productivity debate in theory and practice. It is led by the University of Sheffield, with co-investigators at Cambridge Econometrics, Cardiff University, Durham University, University of Sunderland, SQW, University of Cambridge, University of Essex, University of Glasgow, University of Leeds and University of Stirling. The support of the funder is acknowledged. The views expressed in this report are those of the authors and do not necessarily represent those of the funders.

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Executive Summary

Introduction

Sustainable return to work (SRTW) for workers with common mental disorders (CMDs) presents a major societal challenge in terms of scale and costs. Approximately 15% of the working population suffer from CMDs such as depression, anxiety and adjustment disorders (OECD, 2014) and for 50% their experience of mental ill-health will lead to period of long-term sickness absence. In the UK alone, stress, anxiety or depression accounts 57% of all working days lost to ill-health in 2017-2018 (HSE, 2018). A successful return to work is no guarantee for sustainable return to work, with research suggesting that approximately 19% of workers subsequently relapse and take further absence or exit the workforce (Koopmans, Bültmann, Roelen, Hoedeman, van der Klink, & Groothoff, 2011). Relapse has significant consequences for sustaining work, with implications for employment prospects, productivity and wages (OECD, 2014). There is an urgent need to better understand how workers with CMDs can be better supported to return to, and stay in, productive work.

Project aims and theoretical underpinning

This project aimed to develop a theoretical, empirical and practical understanding of the resources in and outside the workplace that promote sustainable return to work (SRTW) among workers with CMDs, specifically stress, anxiety and depression, who return to work after long-term sick leave.

We use the recently developed the five-level IGLOO framework as a guiding heuristic: examining the Individual, Group, Leader, Organisational and Overarching (IGLOO) contextual factors (Nielsen, Yarker, Munir & Bültmann, 2018) that influence workers with CMDs' ability to remain in employment throughout working life. We explore how the framework applies to current SRTW systems and practices in the UK.

Our approach

We conducted semi-structured interviews with 38 workers who had returned from long-term sick leave due to CMDs, the majority of whom we spoke to at multiple points following their return. We originally planned to follow workers in the first months after return, however, we were contacted by workers who still experienced challenges long after return and we therefore included these too. We also spoke to 20 line managers with experience managing returning workers. We originally planned to follow line managers who were 'matched' to the participating returned worker, however, many of our participants reported were not comfortable with us talking to their line manager as they reported a poor relationship with their manager. The broad range of experiences and perspectives offered invaluable insights into the resources needed to support returned workers stay and thrive at work both immediately after return but also in the long term.

Data was transcribed and NVivo was used for data management and supported data analysis. We conducted thematic analysis (Braun and Clarke, 2006, Clarke et al., 2015) and used the IGLOO model to guide our coding. In the present report, we focus explicitly on the resources that enable returned workers to thrive and be produce at work at the five IGLOO levels.

Results

Participants reported a number of resources, in and outside of work, that helped them stay and be productive at work. The most important resources were reported to be inherent in themselves and the resources offered by leaders/line managers.

Resources at work across the five IGLOO levels were reported to help employees stay and be productive at work:

- **Individual:** Creating structure within their working day to help maintain focus and concentration.
- **Group:** Gaining feedback on tasks from colleagues, help with challenging tasks and being treated as before not as someone with a CMD.
- **Leader:** Agreement of communication to colleagues, continued support and access to work adjustments, and signaling (and being) available but not intrusive.
- **Organisational:** Flexible working practices and leave policies, accomodating absenteeism policies, work-focused counselling, and demonstrating care through support.
- **Overarching context:** This level was not applicable as we only examined UK workplaces.

Resources at home across the five IGLOO levels were reported to help employees stay and be productive at work:

- **Individual:** Prioritising self-care and the establishment of clear boundaries between work and leisure
- **Group:** Understanding and non-judgmental support from friends and family
- **Links to services:** Consistent point of contact and facilitation of links to external services and treatment
- **Organisational:** Access to work-focused counselling
- **Overarching context:** Those who were financially independent were able to make choices that better suited their needs; the majority reported the positive media attention around mental health enabled them to ask for help.

Implications and conclusions

The main results of our study on what resources help workers who return to work after sickness absence due to stress, anxiety or depression, point to important avenues for future research and practice.

Within the workplace, the findings highlight the need to:

- **Consider resources at all IGLOO levels** and implement multi-level interventions.
- **Train returned workers** in how to structure their day.
- **Train and support line managers**, both in having difficult situations but also on how to support workers creating structure and support them manage their workload.
- **Develop more information about appropriate work adjustments** that can be implemented and how these can be accessed.
- **Offer flexibility to the returning employee**, in relation to work schedule (e.g. part time), ad hoc flexibility when depleted to prevent further decline and aid recovery, and flexibility in tasks.
- **Adopt an individual approach** as there is no off-shelf-style that works for all, and managers and organisations need to work flexibility to support the returning employee.
- **Adopt a long term approach**, ensuring that employees are able to access adjustments in the months and years that follow.

- **Conduct further research** to enable us to understand the contribution of these features and their synergistic effect on enabling returned employees to remain productive at work.

Outside the workplace, the findings highlight the need to:

- **Conduct further research to better model the impact of support received** from friends and family, GP services and those within the voluntary sector.
- **Equipping GPs or GP services with the skills and knowledge** to support return to work as participants reported.

This study, the first to our knowledge to follow returned workers post-return using a qualitative approach, provides valuable insights into the resources required by returning workers to stay in and be productive at work. Participants reported daily variations in productivity and mental health and future research should do more to explore these variations, and the synergistic effects of the resources at home and at work across the IGLOO levels.

Guidance has been developed for returned workers, groups, managers and organisations on the resources necessary to support returned stay and thrive at work. The steering group provided valuable input on how this guidance can be further developed to create wide reaching impact.

Introduction and rationale for the project

Sustainable return to work (SRTW) for workers with common mental disorders (CMDs) presents a major societal challenge in terms of scale and costs. In the OECD countries, about 15% of the working population suffer from CMDs such as depression, anxiety and adjustment disorders (OECD, 2014) and 1 in 2 experience mental ill-health problems at least once in their life relating to long-term sickness absence. Despite initial successful return to work, many workers relapse and workers with CMDs are 6-7 times more likely to be unemployed than workers without (OECD, 2014) with serious implications for employment prospects, productivity and wages (OECD, 2014). In the UK alone, stress, anxiety or depression accounts for 44% of all ill-health related cases and 57% of all working days lost to ill-health in 2017-2018 (HSE, 2018). In total, 595,000 workers suffered from anxiety, stress or depression (new or long-standing) in 2017/2018 (HSE, 2018). Furthermore, according to the Labour Force Survey (LFS), 15.4 million days were lost due to work-related stress, anxiety or depression in 2017/2018. There is an urgent need to better understand how employees can be better supported to return to, and stay in, productive work.

Current research in the field of workplace mental health suffers from three major limitations. First, research has focused on severe mental illness thus neglecting CMDs, despite CMDs representing the largest proportion of mental ill-health and the fact that workers with CMDs may be more easily reintegrated into the workplace (Dibben, Wood, Nicolson, & O'Hara, 2012; OECD, 2014). In this project, we therefore focused on stress, anxiety and depression. Second, focus has been on the initial return to work (RTW) (Ubalde-Lopez, Arends, Almansa, Delclos, Gimeno, & Bültmann, 2017), but this is no guarantee for SRTW. One research study found that over a period of seven years, 19% of returned workers had a recurrence of absence and 90% of recurrences occurred within 3 years (Koopmans, Bültmann, Roelen, Hoedeman, van der Klink, & Groothoff, 2011), while other research showed that 29% of returned workers had recurrences over a ten-year period (Norder, van der Ben, Roelen, Heymans, van der Klink, & Bültmann, 2017). Adding to this picture, recurrent CMD-related sickness absences have been found to last longer than the first period and frequent periods are related to work disability (Koopmans et al., 2011). It has also been argued that those returning to work should be able to function well and be productive (Arends, van der Klink, van Rhenen, de Boer, & Bültmann, 2014a; Norder et al., 2017). However, 69% of workers with CMDs report that they accomplish less than they would like to compared to 26% of those with no mental disorder (OECD, 2012). This project fills an important gap in evidence on how workers with CMDs can be fully, and sustainably, reintegrated into the workplace (OECD, 2012) and explore the impact on performance on return. Third, the focus has been placed on individual factors (e.g. self-efficacy), with little attention paid to the wider work and non-work context (e.g. managers, colleagues, and organisational policy on the one hand; and family, health and welfare systems on the other). In practice, support is largely offered in silos – health and employment are considered as separate issues. In this project, we explore the application of a novel theoretical framework to encapsulate the various resources in and outside work, which may synergistically contribute to SRTW. Together, these limitations call for research on how workers with CMDs might be enabled to remain and thrive within the workplace post-RTW.

This project draws on conservation of resources theory (COR; Hobfoll, 1989), which states that individuals are motivated to protect and accumulate resources. Resources are defined as 'anything perceived by the individual to help attain his or her goals' (Halbesleben, Neveu, Paustian-Underdahl, & Westman, 2014, p. 6). Resources enable employees to successfully complete their tasks and goals as a way to enhance health and their productivity (Bakker & Demerouti, 2009; Balducci, Schaufeli, & Fraccaroli, 2011) and may thus be instrumental in promoting SRTW. According to COR, both positive and negative spirals may occur. In a situation where individuals do not have sufficient resources to cope with the demands of the situation, resource depletion may be the result and in the case of workers with CMDs may result in relapse.

Positive gain spirals on the other hand occur when individuals get the opportunity to engage in resource caravans. In other words, individuals invest resources to build additional resources at multiple levels in and outside the workplace, creating synergistic effects (Hobfoll, 1989).

Overall aim and research question

The overall **aim** of this research project is to develop a theoretical, empirical and practical understanding of the resources in and outside the workplace that promote sustainable return to work (SRTW) among workers with CMDs, specifically stress, anxiety and depression, who return to work after long-term sick leave. We use the recently developed the five-level IGLOO framework as a guiding heuristic: examining the Individual, Group, Leader, Organisational and Overarching (IGLOO) contextual factors (Nielsen, Yarker, Munir & Bultmann, 2018) that influence workers with CMDs' ability to remain in employment throughout working life. We explore how the framework applies to current SRTW systems and practices in the UK.

Our main research question is:

What are the resources that help workers with common mental disorders stay and be productive after return to work?

Methods

We conducted semi-structured interviews with workers who had returned from long-term sick leave due to CMDs. We originally planned to follow workers in the first months after return, however, we were contacted by workers who still experienced challenges years after return and we therefore included these too. We also talked to workers who had been on long-term sick leave previously and had just returned from a shorter period of relapse. This broader inclusion allows us to get a better picture of the complex patterns of sick leave for workers with CMDs. All workers had been diagnosed with one or more of the following CMDs: stress, anxiety or depression.

Recruitment

We recruited participants through a range of channels. We established agreements with organisations whose Human Resources (HR) or Occupational Health (OH) agreed to promote the study among the workers who were about to return. We advertised on social media, through LinkedIn, Twitter and Facebook.

It is noteworthy that despite established agreements with organisations to promote our research to eligible participants prior to the start of the project, recruitment proved challenging. The majority of our recruitment was via open calls for participation on social media, or through calls for participation made through staff networks in large organisations. Very few came via Occupational Health services routes or HR/ OH functions within organisations. Changes in internal priorities were given by some organisations, while others disseminated the information but there was little uptake from returning employees.

Participants

In total, we interviewed 38 returned workers and 20 line managers.

Twenty workers completed all four interviews, two completed three interviews, five completed two interviews and eleven workers participated in one interview. While we anticipated interviewing all employees at all four time points, some interviewees spoke to us at a point

where their work and health had stabilised and they had been at work for a number of months, thereby it was unnecessary to follow them over time. Rather than turn away this opportunity to collect valuable data, we asked these interviewees to carefully walk through their return to work journey and identify the milestones during the first four months and onwards. A few interviewees took part in the first interview but did not respond to subsequent scheduled calls. One relapsed and went on sick leave again during the study period. One left their job to avoid going on sick leave and started temporary work at a different workplace. One was looking for another job to avoid going on sick leave. We interviewed 13 returned workers in their first month after return, 15 workers between two and six months after their return and ten workers in the long-term after return (more than one year). This range gives us invaluable insights into the resources needed to support returned workers stay and thrive at work both immediately after return but also in the long term. Participants had a range of job roles including: administration at various levels (1), managerial and supervisory (8), education and research (7), Police (6), Health (2), Information Technology (2), Consultancy/Private business (1) and manual labour (1). Both smaller, medium and large companies are represented in our sample. Nine participants were from private and 29 from public sector organisations. We interviewed participants from all over the UK, including Scotland and Northern Ireland.

Twenty returned workers were female and 18 were male. Four returned workers fell in the 25-34 age bracket, 11 workers in the 35-44 age bracket, 16 were between 45 and 54 years of age and five were 55 or older. Two workers did not wish to state their age. Thirteen of our interviewees had experienced more than one period of sick leave due to CMDs.

One line manager completed all four interviews. One line manager completed three interviews, four line managers completed two interviews and 14 completed one interview. In some cases, it took some time to establish contact and we stopped interviewing line managers at the same time as we stopped interviewing workers. We were able to match line managers and their returned workers in seven cases. In two cases, the line manager had changed either while the worker was on sick leave or following return. In one of these cases, we interviewed both the previous and the current line manager. Most line managers were interviewed once because they were not matched with a worker and provided their overall experiences of supporting workers return and there was no need to follow them over time. Thirteen managers were female and seven were male. Two line managers fell in the 25-34 age bracket, five in the 35-44 age bracket, and seven in the 45-54 age bracket and three were 55 or older. The remainder did not wish to state their age. In total, 19 returned workers reported that their line manager had changed during their return to work journey and either they returned to new line management or their line manager changed soon after they returned.

Nine interviews were face-to-face while the remainder were telephone interviews. 36 interviews were recorded and transcribed ad verbatim, the recording device for one interview failed and written notes were provided. One person declined to have their interview recorded so written notes were made from the interview. NVivo was used for data management and supported data analysis.

The duration of the interview one ranged from 20 minutes to 97 minutes, and the average duration was approximately 58 minutes for returned workers. For line managers, the minimum was 23 minutes with a maximum of 71 minutes respectively with an average duration of 50 minutes. Subsequent interviews were shorter. Months 2 and 3 returned worker interviews lasted on average 30 minutes, with a minimum of eight minutes and a maximum of one hour and 14 minutes for month two and 13 minutes minimum and 50 minutes maximum for month three. Month four interviews lasted on average 37 minutes with a minimum of 13 minutes and a maximum duration of one hour and 17 minutes. Line manager interviews lasted on average 18 minutes in month two, with a minimum of 12 minutes and a maximum of 25 minutes, 18

minutes in month three with a minimum of 17 and a maximum of 19 minutes for month three and the only fourth month interview we conducted lasted 46 minutes.

Analysis

We conducted thematic analysis. Our sample size exceeds the recommended sample size for thematic analysis, which is 15 to 20 interviews (Clarke, Braun and Heyfield, 2015) and we can therefore be confident of thematic saturation. The transcribed semi-structured interviews were analysed using thematic analysis in six phases (Braun and Clarke, 2006, Clarke et al., 2015). At each phase, the research team reviewed coding framework and worked in an iterative way to ensure inter-rater reliability. Disagreements were resolved through discussion and agreement made on a majority view. First, we familiarised ourselves with data. Second, we generated initial codes based on the IGLOO model. We coded the resources and the barriers to making use of resources. We coded data extracts in NVivo. Third, we searched for themes. Fourth, we reviewed and refined our themes. Fifth, we defined and named our refined themes and finally we produced the report. In the present report, we focus explicitly on the resources that enable returned workers to thrive and be productive at work at the five IGLOO levels.

Results

Table 1 provides a summary of the overall key resources at the five IGLOO levels which participants reported helped them stay and be productive at work. Participants reported the most important resources to be inherent in themselves and the resources offered by leaders/line managers.

Table 1: Key resources supporting returned workers staying and being productive at work

Home		Work
Self-care Establishment of clear boundaries between work and leisure	Individual	Creation of structure
Understanding Non-judgmental support	Group	Feedback on tasks from colleagues Help doing challenging tasks Treatment as before not as people with CMD
Consistent point of contact Facilitation of links to external services and treatment	Leader	Agreement of communication to colleagues Continued support and work adjustments Leaders signaling (and being) available but not intrusive
Work-focused counselling	Organisation	Flexible working practices and leave policies Accommodating absenteeism policies Work-focused counselling Demonstrating care through support Culture where mental health is not stigmatised
Financially independent Positive media attention	Overarching context	N/A

Individual level

Most workers reported they had to find the strength to return from within themselves. Many stated that they had started to take better care of themselves since their absence, exercising and eating more healthily. Prior to sick leave, many participants had been checking their emails on a regular basis out of work hours and had taken their work laptop home to work in evenings and during weekends. Post-return workers reported that they have established a boundary between work and leisure and this clear distinction between work and leisure helped them to focus their energies. Taking long walks after work or taking up hobbies that took their minds off work enabled them to clear their minds and, rather than having work on their mind all the time, they were better able to concentrate and be more productive while at work.

At work, many returned workers struggled with an unstructured work day. Some reported that when they had no meetings and sat in their office, they found it hard to get tasks completed. Their minds would wander and they would find it hard to complete tasks. This was also a challenge noted by returned workers who worked from home. Some overcame these challenges by creating their own structure, which helped them be productive at work. This could be dividing tasks and deadlines into subtasks and setting interim goals for the tasks that needed completing.

Group level

Many returned workers reported suffering from loss of confidence in doing their job to the usual standard and work adjustments that eased workers into more challenging tasks were found to be helpful. Returned workers reported that being able to ask colleagues for feedback and help with more challenging tasks helped develop their confidence taking on these more challenging tasks and thus perform better.

Returned workers reported that colleagues who showed appreciation they had returned but treated them like before the sick leave helped them feel that they could function within the workplace. Many returned workers worried about what colleagues thought about them and what was said behind their backs and this impaired their ability to focus on the job. In some instances, such concerns were reported to trigger relapse.

Outside the workplace, returned workers reported that their friends or partners had been a vital source of support and understanding while they were off work, and in helping them manage their emotions in the early stages of the return.

Leader level

Disclosure and agreed communication: Respondents highlighted the importance of being in control of what is being communicated to colleagues. The key to disclosure is that line managers agree with the returned worker what is disclosed. If this does not happen it may have negative consequences for the individual's productivity as they feel uncomfortable working with colleagues whom they feel know too much. Several of the returned workers changed jobs for this reason, either within the organisation or to another organisation.

Continued support: Respondents reported the need for continued support from line managers. Most workers return part-time for one or two months in a phased return and during this time line managers often held weekly or biweekly follow-up meetings with returned workers. These were reported to be fruitful as it was discussed on a continued basis how well workers were performing and what adjustments were needed. In some cases, workers were so eager to get back to their former level of productivity that they would ignore work adjustments agreed and, in particular, start working in evenings. Line managers reminding workers of their agreed work adjustments prevented them from taking too much on and relapsing.

Availability: Many returned workers stressed the importance of line managers signaling they were available – and also being available when returned workers experienced periods of feeling low. Returned workers reported great daily variations in the extent to which they felt well and productive. On days where they felt low, it was important for returned workers that their line manager was available to offer support and sign immediate adjustments, such as leaving work early.

General Practitioner support (GP): While some participants reported that their GP facilitated access to therapeutic interventions, the GP was only favourably viewed when there was a consistent relationship. None of the participants reported that their GP had done anything to help them be productive at work.

Organisational level

Flexibility or structure: Most workers return to work working reduced hours. Workers reported having reduced ability to concentrate at work and being exhausted which hampered their productivity levels. Despite phased returns, many workers reported returning to full-time work impacted their productivity due to exhaustion. Some reported moving to a four day week to achieve a better balance.

Some workers had tried to break up the return phase by booking holiday in between. However, they reported this was disruptive as they then felt they had to rebuild their resources once more to reach the productivity levels before they went on holiday. A good solution to using breaks constructively was to make plans in advance for structuring the work once they return.

Work adjustments were found to be useful by all workers. For example, being eased back into difficult tasks such as dealing with particularly challenging or sensitive tasks or travelling far, being able to work from home when returned workers felt overwhelmed or leaving early. Work adjustments needed to be evaluated until workers felt comfortable taking on their full responsibilities again and supportive activities such as “buddying up” were reported to be useful. Many workers reported feeling guilty not being able to do their full job so a culture where it is clearly communicated that work adjustments are fully acceptable was seen as crucial.

Returned workers emphasised the importance of flexible working policies. Such policies included, in addition to the above mentioned, being able to take holiday at short notice or taking unpaid leave when they went through difficult periods; the road to recovery is long and winding. Having a short break was reported to prevent relapse.

Accommodating Absenteeism Policies and HR processes that enable workers and managers to abide by the policy without it being punitive are required. For many returning employees, there is a genuine concern that they are nearing or will exceed the maximum days absent as specified in their absence policy. While they recognize there is need for clear guidelines, these policies do not a) allow for the fluctuating nature of CMDs, where recurrence may occur, or b) allow for any flexibility for the employee if they for example catch the flu or experience any other sickness. The prospect of moving into a capability or disciplinary process as a result due appears to cause a sense of fear and apprehension that is not conducive to their productivity on their return.

Organisations demonstrating care through support: Participants mentioned reciprocal exchange as helping them be productive. Workers who felt their organisation had supported them before during and after sick leave, felt committed to doing a good job and demonstrating their appreciated the care their organisation had shown them when they needed it.

Work-focused counselling: Returned workers reported that getting counselling focused on the work context, for example, running through difficult tasks at work helped them anticipate challenging situations at work and proactively address these, thus not letting their anxiety hamper their productivity.

Many reported that they were unable to timely access to support services, however, once they had established a link with a charity or voluntary group, the social contact and guidance was helpful in supporting their sustained return.

Culture of non-stigmatisation: Returned workers reported that in a culture where they did not feel stigmatised helped them worry less about what their future was within the organisation and they felt better able to be productive at work.

Overarching context level

At the overarching contextual level, few respondents could mention anything that had helped them be more productive. A few participants reported that not having a mortgage and being financially independent, made them worry less about whether they were able to keep the job and thus focus on their job. Furthermore, the positive media attention and the openness of the Royal family in the Time to Change campaign were felt to be motivating and some participants reported a feeling of “if they can overcome this and have a successful working life, so can I”.

Unanticipated findings

At the time of applying for funding, we had several organisations express an interest in facilitating contact with their employees who would be returning to work. Once we successfully obtained funding, these organisations took a step back. Although these organisations expressed an interest in getting the results of the study and emphasised the importance of the study, they no longer wished to facilitate contact. It seems that recruiting for specifically for employees returning following mental ill-health was challenging and it would be easier to disseminate information to all returners (regardless of reason for absence). A number of organisations supporting returned workers with CMDs helped us recruit but surprisingly and despite their contact with many such workers, only very few workers were recruited through this route. The vast majority of our participants were recruited through social media; LinkedIn, Facebook and Twitter. Many employees reported not having a good relationship with their line manager and were therefore not comfortable us talking to the line manager. To obtain the line managers’ perspective we therefore recruited a number of line managers who were not matched to one of our returned workers. Many of these line managers were recruited with the support of The Chartered Management Institute. We did have one public sector organisation distribute the recruitment material in their organisation and the interest from returned workers was overwhelming.

Implications for future research

The main results of our study on what resources help workers who return to work after sickness absence due to stress, anxiety or depression, point to important avenues for future research.

First, it is clear that resources at the IGLO (Individual, Group, Leader and Organisational) levels help people stay and be productive once they return. This is encouraging as resources at these four levels can be enhanced through interventions. Our results point towards the importance of multi-level interventions, which have been widely recommended (LaMontagne, Martin, Page, Reavley, Noblet, Milner, Keegal, & Smith, 2014; Nielsen, Nielsen, Ogbonnaya, Käsälä, Saari, & Isaksson, 2017).

At the individual level, returned workers can receive training in how to structure their day and line managers can be trained, both in having difficult situations but also on how to support workers creating structure and support them manage their workload.

It is crucial that line managers develop an understanding of how to best support their workers and there is no off-shelf-style that works for all.

At the organisational level, we need more information about what work adjustments can be implemented. All our participants emphasised the importance of flexibility. This flexibility take

primarily three forms. First, overall flexible working procedures such as part-time working help workers manage their mental health problems and recharge their batteries. Second, ad-hoc flexibility on the day such that returned workers can leave early, work from home or take time off some tasks on days where they feel under pressure. This allows them to recover and prevents them from feeling drained, thereby protecting long-term productivity. Finally, task-specific work adjustments need to be long-term. Certain tasks may have exacerbated mental health problems before the worker went on sick leave and they may need a gentle easing into these tasks or permanent re-distribution. It is important that future research enables us to understand the contribution of these features and their synergistic effect on enabling returned employees to remain productive at work.

Second, where available, the resources leveraged outside work helped the individual to return, and to stay productive on their return. This is encouraging as it provides further intervention point to support the returned employee. There is, however, a need for further research to better model the impact of support received from friends and family, GP services and those within the voluntary sector, and in doing so, better equip those outside the workplace to facilitate the development of resources that are important for the returned employee. Within our study, participants reported that they had not received any advice about returning to, or managing, work from their GP. Equipping GPs with the skills and knowledge to support this process may be one fruitful avenue for further research.

To the best of our knowledge, the present study is the first to follow returned workers post-return using a qualitative approach. This design allowed us to understand that resource needs changed over time, however, returned workers reported daily variations in productivity and mental health and future research should do more to explore these variations, for example through diary studies.

Recommendations

In the following section, we summarise our findings on the resources that may support workers who have returned to work after long-term sick leave due to stress, anxiety and depression. We summarise them in recommendations at the five IGLOO levels.

Recommendations for returned workers

- Listen to yourself and your body: Do not lose a focus on the things outside work that enable you to build your personal resources such a healthy eating and exercise.
- Set clear boundaries between work and leisure time. Do not read emails or take the laptop home with you. If you find this difficult, schedule in time to relax, socialize or exercise.
- Structure your work day: If your work day does not have a clear structure, create your own structure, break assignments and projects into smaller tasks and set clear goals.

Recommendations for groups

- Treat returned workers as before, don't treat them as someone different.
- Let returned colleagues know that you are willing to help and you are there if they need help with their work, but do not insist.

- Continue to provide support in the long-term. Returned employees may take weeks or months before they are able to resume full duties.
- As a family member or friend, be available, but do not be judgmental.

Recommendations for leaders

- Agree with the worker at an early stage in their sickness absence period what needs to be communicated to colleagues, HR, occupational health and others. Do only disclose information agreed with the workers, even after return.
- Continue to follow up on workers' health and work adjustments, even after the immediate return to work. It may be important to remind workers of agreed work adjustments.
- After critical periods, make sure you follow up and signal that you are available and can help and support.
- Make sure you are familiar with the sickness absence and flexible working policies, are aware of where to find further information and support within your organisation, and facilitate the employee in using these policies to support their return.

Recommendations for organisations: HR

- Allow for work adjustments and support and ensure that these are readjusted on an ongoing basis, if necessary.
- Allow for flexible work, be ready to extend part-time working if needed, and authorise work from home where possible.
- Be flexible in applying the flexible leave policy allowing workers to take holiday or unpaid leave at short notice, this may prevent relapse.
- Allow for accommodating absence policies to support the fluctuating nature of CMDs.
- Facilitate discussions between line managers and returned workers.

Recommendations for overarching context

- Provision of financial guidance and support to help returners consider the long-term impact of loss of salary (mirroring advice offered by Macmillian)
- Continued positive media to tackle the stigma of mental ill-health

Next steps

The steering group recommended that the guidelines developed as part of this project could have wide reaching impact if enhanced and supplemented. The next steps are therefore to develop a toolkit hosted on a stand alone website to include: guidelines and checklists for returned workers, groups/ teams, leaders and organisations. Providing guidance and resources to help change and promote proactive positive behaviours will allow workers with CMDs to be productive and thrive at work. The toolkit would also provide links to other important resources to support health and productivity. Members of steering group indicated that they would envisage the toolkit sitting on the Mental Health at Work Gateway, curated by Mind and fined by The Royal Foundation.

References

- Arends, I., van der Klink, J.J., van Rhenen, W., de Boer, M.R., & Bültmann, U. (2014a). Prevention of recurrent sickness absence in workers with common mental disorders: Results of a cluster-randomised controlled trial. *Occupational and Environmental Medicine*, 71, 21-29.
- Bakker, A., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology*, 22, 309–328.
- Balducci, C., Schaufeli, W., & Fraccaroli, F. (2011). The job demands-resources model and counterproductive work behaviour: The role of job-related affect. *European Journal of Work and Organizational Psychology*, 20, 467–496.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3, 77-101.
- Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. *In: SMITH, J. A. (ed.) Qualitative Psychology: A Practical Guide to Research Methods*. 3rd ed. London: Sage.
- Dibben, P., Wood, G., Nicolson, R., & O'Hara, R. (2012). Quantifying the effectiveness of interventions for people with common health conditions in enabling them to stay in or return to work: A rapid evidence assessment. London: Department of Work and Pensions.
- Halbesleben, J. R. B., Neveu, J. P., Paustian-Underdahl, S. C., & Westman, M. (2014). Getting to the “COR”: Understanding the role of resources in conservation of resources theory. *Journal of Management*, 40, 1334–364.
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44, 513.
- HSE. (2018). Work related stress depression or anxiety statistics in Great Britain, 2018. Retrieved from www.hse.gov.uk/statistics/causdis/stress.pdf
- Koopmans, P. C., Bültmann, U., Roelen, C. A., Hoedeman, R., van der Klink, J. J., & Groothoff, J. W. (2011). Recurrence of sickness absence due to common mental disorders. *International Archives of Occupational and Environmental Health*, 84, 193-201.
- LaMontagne, A. D., Martin, A., Page, K. M., Reavley, N. J., Noblet, A. J., Milner, A. J., Keegal, T. & Smith, P. M. (2014). Workplace mental health: developing an integrated intervention approach, *BMC Psychiatry*, 14, 1-11.
- Nielsen, K., Nielsen, M., Ogbonnaya, C., Käsälä, M., Saari, E., & Isaksson, K. (2017). Workplace resources to improve both employee well-being and performance: A systematic review and meta-analysis. *Work & Stress*, 31, 101-120.
- Nielsen, K., Yarker, J., Munir, F. & Bültmann, U. (2018). IGLOO: An integrated framework for sustainable return to work in workers with common mental disorders. *Work & Stress*, 32, 400-417.
- Norder, G., van der Ben, C.A., Roelen, C.A., Heymans, M.W., van der Klink, J.J., & Bültmann, U. (2017). Beyond return to work from sickness absence due to mental disorders: 5-year longitudinal study of employment status among production workers. *European Journal of Public Health*, 27, 79-83.

OECD. (2012). Sick on the job?: myths and realities about mental health and work. OECD Publishing.

OECD (2014), Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care, OECD Health Policy Studies, OECD Publishing

Ubalde-Lopez, M., Arends, I., Almansa, J., Delclos, G. L., Gimeno, D., & Bültmann, U. (2017). Beyond Return to Work: The Effect of Multimorbidity on Work Functioning Trajectories After Sick Leave due to Common Mental Disorders. *Journal of Occupational Rehabilitation*, 27, 210-217.

Appendix 1: Activities

Presentations for non-scientific audiences

Mind Sheffield, Employer Networking Event, 29th January 2019

Dr Joanna Yarker: Supporting employees back to work after stress, anxiety or depression

HSE Connect, VOX Birmingham, 20th February 2019

Dr Joanna Yarker: Supporting employees back to work after stress, anxiety or depression

DOP Scotland, Glasgow, 21st March 2019

Dr Joanna Yarker: Managing return to work following mental ill-health sickness absence

OH in Universities Network, Kingston, 7th May 2019

Dr Joanna Yarker: Supporting employees back to work after stress, anxiety or depression

London Job Show, London, 26th April 2019

Dr Joanna Yarker: Mental health in the workplace

Affinity Health at Work Research Consortium, Birkbeck, 7th June 2019

Dr Joanna Yarker: Returning & Thriving at Work after Mental Illness

Steering group meeting, Sheffield, 18th January 2019

Professor Karina Nielsen: Returning to Work and Thriving at Work after Sickness Absence due to Mental Health problems

Steering group meeting, Sheffield, 18th January 2019

Dr Hannah Evans: Returning to Work and Thriving at Work after Sickness Absence due to Mental Health problems: Recruitment

Steering group meeting, Sheffield, 18th January 2019

Dr Joanna Yarker: Creation of guidelines - utility and partners

Steering group meeting, Sheffield, 24th June 2019

Professor Karina Nielsen: Returning and thriving at work: key findings

Steering group meeting, Sheffield 25th June 2019

Dr Joanna Yarker: Reviewing and refining guidelines and identifying next steps

Future events for non-scientific audiences

RSAI-BIS annual conference, Cambridge, 17th July 2019

Dr Joanna Yarker: Returning & Thriving at Work after Mental Illness

Expert Insight Series: Civil Service Organisational Psychology Network:, 19th September 2019

Karina Nielsen & Joanna Yarker: Returning & Thriving at Work after Mental Illness

Presentations for scientific audiences

Nielsen, K., Yarker, J., Munir, F, Bultmann, U. Resources enabling sustainable return to work for workers with CMDs. EAOHP conference, Lisbon, 6-9th September 2018. Presented in symposium: Return to Work: Focusing on What Works and Exploring New Directions. Organised by Dr Roxane Gervais, HSL.

Nielsen, K., Yarker, J., Munir, F, Bultmann, U. Resources enabling sustainable return to work for workers with CMDs. EAWOP congress, Turin. Presented in symposium: Return to Work policies and practices: Supporting more inclusive organisations Organised by Dr Roxane Gervais, HSL.

Future events for scientific audiences

Nielsen, K., Evans, H., Yarker, J. Resources enabling sustainable return to work for workers with CMDs. Work, Stress and Health conference. Philadelphia. 6-9 November, 2019

Blogs

CMI (Chartered Management Institute) insights:
<https://www.managers.org.uk/insights/news/2019/march/how-can-we-help-employees-stay-and-thrive-at-work-after-absence-due-to-stress-anxiety-and-depression>. The blog has been retweeted 15 times and liked 20 times on Twitter.

<https://productivityinsightsnetwork.co.uk/2018/11/>

Planned papers in scientific journals

The good, the bad and the ugly. Line managers supporting workers post-return to work.

Finding strength from within: Lived experiences of workers returning to work after sickness absence due to common mental disorders.

Appendix 2: Recruitment flyers



Off work due to stress, anxiety or depression?

We are looking for people to take part in a series of short interviews about their experience of getting back to work.

What has been helpful? What further support do you need?

If you are over 18, returning to work after a period of sickness absence due to anxiety, depression or stress and willing to share your experience, please get in touch!

Contact Hannah Evans: hannah.evans@sheffield.ac.uk



Experience supporting people who are off work due to stress, anxiety or depression?

We are looking for line managers to take part in a series of short interviews about their experiences of managing people getting back to work.

What has been helpful? What further support did they need?

If you manage people who are returning to work after a period of sickness absence due to anxiety, stress or depression and are willing to share your experience please get in touch!

Contact Hannah Evans: hannah.evans@sheffield.ac.uk



Appendix 3: Information sheet



Returning to Work and Thriving at Work



Participant Information Sheet

We would like to invite you to take part in a study which is part of the Productivity Insights Network funded by the Economic and Social Research Council. The study explores the way you experience your return to work after a period of sickness absence and the support that you received to assist with your return. Before you make any decision regarding participation you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others about the study if you wish; we are inviting a number of people returning to work to be involved. If you have any further questions, please contact the project manager (contact details provided at the end of this leaflet).

What is the purpose of the study?

The purpose of this study is to explore the experiences of individuals' return to work after a period of sickness absence due to a mental health condition such as anxiety, depression or stress. The study will explore the factors that can help to improve return to work and make it sustainable in the longer term.

Who is conducting the study?

The team consists of Professor Karina Nielsen, Drs Joanna Yarker and Hannah Evans. The team are experienced in leading return to work research projects and organisational interventions with agencies such as the HSE with research funded by agencies such as the National Research Councils. Members of the team have made substantial contributions to occupational health policy.

Why have I been selected?

You have been selected because you are returning to work after a period of sickness leave due to a mental health condition such as anxiety, depression or stress. We are interested in the experiences of people returning to work across a range of companies. We will be interviewing 40 people returning to work after a period of sickness absence. We will also be talking to a smaller number of line managers. If you know someone else who would like to take part in this study ask them to contact the project manager.

Do I have to take part?

A decision to take part in this study is entirely voluntary. Any decision regarding participation will be confidential between you and the research team. You are free to withdraw from the study at any time.

What does agreeing to take part involve?

Your involvement would be to participate in a face-to-face or telephone interview at four time points following your return to the workplace. The first interview will take place one month into your return and then three follow up interviews at two to three month intervals afterwards. We will ask you about your experiences of returning to work after a period of sickness absence, what you perceive has helped or hindered you and what personal, organisational and group resources you have accessed to assist with your return to work. Data collected from you and other people returning to work will be analysed independently by the research team. If you agree to this, we would also like to talk to your line manager about his or her experiences with

supporting you and other workers returning to work. This is entirely voluntary and he or she will not be informed of any information you provide us with.

What about confidentiality and data protection?

All information you give will be treated in the strictest confidence. We will seek your permission to record the interviews but this is entirely voluntary. Data collected will be stored securely in a manner consistent with the Data Protection Act. Data will be stored electronically on password protected computers using the University of Sheffield secure server. No individual, or practice will be identifiable at any stage in the publication or presentation of the findings. Any quotes used in publications, reports or other output will be anonymised and it will not be possible to identify respondents.

What are the risks of participating?

We believe that the risks are minimal. We understand that there are many demands on your time and there will be some inconvenience in taking part in the study. We hope you will feel it worthwhile to take this time to improve your and others' wellbeing at work. However, you are free at any stage to withdraw from the study if you wish.

How will I benefit from this study?

We hope you will find the experience of taking part in the interview interesting and useful. You will have the opportunity to receive feedback from the research team in a short report of the overall findings if you wish to.

What will happen as a result of the study?

The data collected from you will be aggregated with the data from other participants in the study and all the data will be analysed and used to produce an overall report which will be made available for all participants. This report will be fed back to the Productivity Insights Network. We will also publish the results in practitioner and scientific journals.

What should I do now?

You should take enough time as you feel you need to consider whether to take part. If you do wish to take part, please contact the project manager, Karina Nielsen at the email address or phone number listed below. The research team will then contact you to arrange a time to discuss the study with you, and if you are still interested in participating agree the times for the study with you. We will also forward a consent form for you to sign. If you do not wish to take part, then you are not required to do anything and we will not contact you again.

What will happen if I don't want to carry on with the study?

If after consenting to take part in the study you change your mind about participating, you can withdraw from the study at any time. If you inform us that you would like to withdraw any data collected from you would not be included in the study.

Further contact

To confirm your attendance or if you have any further questions then please feel free to contact Hannah Evans (Hannah.evans@sheffield.ac.uk) or mobile 07795 594811 or Karina Nielsen (k.m.nielsen@sheffield.ac.uk or telephone 0114 22 20983). If you have any concerns or complaints about the study process, please contact research officer Catherine Workman: c.workman@sheffield.ac.uk or telephone 0114 22 29189.

Thank you for your time

Appendix 4: Interview guides

Interview Schedule - employees month 1

Introduction to project

In today's interview, we will be asking you questions about your return to work journey.

I am going to record everything that we discuss today, but it is important to know that anything you say will be strictly confidential. I'm not reporting on any individual responses and no one will know how you have personally responded. Do you have any concerns about the confidentiality or the project at the moment? If anything crops up during or after the interview that you would like to discuss, or that you have a question about, please do feel free to call me.

Question	Prompts (How?)
1. I'd like to ask a little about the background to your absence.	<p>Can you tell me a little about your work?</p> <ul style="list-style-type: none"> • Role, background, type of work, sector, size of organisation. • Run up to absence – what happened? • What support was in place/received prior to absence? <p>Can you tell me a little about your absence?</p> <ul style="list-style-type: none"> • How long were you absent for? • What contact did you have with the organisation while absent? • Who was involved in decisions e.g pro-active/Dr led actions
2. Could you tell me about the period just before your return?	<p>Process</p> <ul style="list-style-type: none"> • What happened? • Who initiated the contact? • Discussions held? <p>Context / Igloo</p> <ul style="list-style-type: none"> • What did you do during this period? e.g job crafting, behavioural changes, lifestyle changes • What did your team/colleagues do? • What did your friends/family do?

	<ul style="list-style-type: none"> • What did your manager do? • What did health care services do? e.g NHS, GP, mental health services • What did your organisation do? e.g human resources, occupational health, job design changes • Outside the organisation? e.g MIND, charities, telephone helplines etc • Were you in receipt of any benefits? • Were there any barriers? • Were there any facilitators?
<p>3. Can you remember what happened on the day of your return?</p>	
<p>4. How have you found your first month back at work? What has helped you staying at work in the past month? What has helped you perform well in your job?</p>	<p>Context / IGLOO prompts</p> <ul style="list-style-type: none"> • What did you do to adjust work? e.g job crafting, behavioural changes, lifestyle changes • What did your team/colleagues do? • What did your friends/family do? • What did your manager do? • What did health care services do? e.g NHS, GP, mental health services • What did your organisation do? e.g human resources, occupational health, job design changes • Outside the organisation? e.g MIND, charities, telephone helplines etc • Were you in receipt of any benefits? • Were there any barriers?
<p>5. How well do you feel you are performing compared to before you went on sick leave?</p>	<ul style="list-style-type: none"> • What has helped you perform in the past month? • Repeat IGLOO prompts
<p>6. Looking forward to the next month, do you feel you will be able to balance your health and work?</p>	<ul style="list-style-type: none"> • Do you see any challenges? • How will you prepare for these challenges/what support might be helpful? <p>ask about manager interview and recorder</p>

Interview Schedule – employees Month 2

Introduction to project

In today's interview, we will be asking you questions about your return to work journey.

I am going to record everything that we discuss today, but it is important to know that anything you say will be strictly confidential. I'm not reporting on any individual responses and no one will know how you have personally responded. Do you have any concerns about the confidentiality or the project at the moment? If anything crops up during or after the interview that you would like to discuss, or that you have a question about, please do feel free to call me.

Question	Prompts (How?)
1. How have you found your second/last month back at work? What has helped you staying at work in the past month?	Context / IGLOO prompts <ul style="list-style-type: none"> • What did you do to adjust work? e.g job crafting, behavioural changes, lifestyle changes • What did your team/colleagues do? • What did your friends/family do? • What did your manager do? • What did health care services do? e.g NHS, GP, mental health services • What did your organisation do? e.g human resources, occupational health, job design changes • Outside the organisation? e.g MIND, charities, telephone helplines etc • Were you in receipt of any benefits? • Were there any barriers?
2. How well do you feel you are performing/productive compared to when we spoke last? How productive do you feel compared to last month?	<ul style="list-style-type: none"> • What has helped you be productive in the past month? • Repeat IGLOO prompts
3. Looking forward to the next month, do you feel you will be able to balance your health and work?	<ul style="list-style-type: none"> • Do you see any challenges? • How will you prepare for these challenges/what support might be helpful? • What are your plans for the next month?

Interview Schedule – employees Month 3

Introduction to project

In today's interview, we will be asking you questions about your return to work journey.

I am going to record everything that we discuss today, but it is important to know that anything you say will be strictly confidential. I'm not reporting on any individual responses and no one will know how you have personally responded. Do you have any concerns about the confidentiality or the project at the moment? If anything crops up during or after the interview that you would like to discuss, or that you have a question about, please do feel free to call me.

Question	Prompts (How?)
1. How have you found your third/last month back at work? What has helped you staying at work in the past month?	Context / IGLOO prompts <ul style="list-style-type: none"> • What did you do to adjust work? e.g job crafting, behavioural changes, lifestyle changes • What did your team/colleagues do? • What did your friends/family do? • What did your manager do? • What did health care services do? e.g NHS, GP, mental health services • What did your organisation do? e.g human resources, occupational health, job design changes • Outside the organisation? e.g MIND, charities, telephone helplines etc • Were you in receipt of any benefits? • Were there any barriers?
2. How well do you feel you are performing compared to when we spoke last? How productive do you feel compared to last month?	<ul style="list-style-type: none"> • What has helped you perform in the past month? • Repeat IGLOO prompts
3. Looking forward to the next month, do you feel you will be able to balance your health and work?	<ul style="list-style-type: none"> • Do you see any challenges? • How will you prepare for these challenges/what support might be helpful? • What are your plans for the next month?

Interview Schedule - employees Month 4

Introduction to project

In today's interview, we will be asking you questions about your return to work journey.

I am going to record everything that we discuss today, but it is important to know that anything you say will be strictly confidential. I'm not reporting on any individual responses and no one will know how you have personally responded. Do you have any concerns about the confidentiality or the project at the moment? If anything crops up during or after the interview that you would like to discuss, or that you have a question about, please do feel free to call me.

Question	Prompts (How?)
1. How have you found your fourth/last month back at work? What has helped you staying at work in the past month?	Context / IGLOO prompts <ul style="list-style-type: none"> • What did you do to adjust work? e.g job crafting, behavioural changes, lifestyle changes • What did your team/colleagues do? • What did your friends/family do? • What did your manager do? • What did health care services do? e.g NHS, GP, mental health services • What did your organisation do? e.g human resources, occupational health, job design changes • Outside the organisation? e.g MIND, charities, telephone helplines etc • Were you in receipt of any benefits? • Were there any barriers?
2. How well do you feel you are performing compared to when we spoke last? How productive do you feel compared to last month?	<ul style="list-style-type: none"> • What has helped you perform in the past month? • Repeat IGLOO prompts
3. Looking forward to the next month, do you feel you will be able to balance your health and work?	<ul style="list-style-type: none"> • Do you see any challenges? • How will you prepare for these challenges/what support might be helpful? • What are your plans for the next month?
4. Longer term planning	<ul style="list-style-type: none"> • What things do you need in the future to help you stay in work? • How confident are you that you will be able to stay in work (1-10 scale). Why? • Is there anything else you would like to add?

<p>5) This project is about sustainable return to work? What does that mean to you?</p>	<ul style="list-style-type: none"> • Return to the same job with the same tasks and responsibilities? • Return without relapse, or if with relapse how often how long periods? • Same working hours? • What is needed to achieve this?
<p>6) How have you found participating in the study?</p>	<ul style="list-style-type: none"> • Has it made you think differently about return to work?

Interview Schedule - managers Month 1

Introduction to project

In today's interview, we will be asking you questions about your role as manager supporting workers returning to work.

I am going to record everything that we discuss today, but it is important to know that anything you say will be strictly confidential. I'm not reporting on any individual responses and no one will know how you have personally responded. Do you have any concerns about the confidentiality or the project at the moment? If anything crops up during or after the interview that you would like to discuss, or that you have a question about, please do feel free to call me.

Question	Prompts (How?)
1. I'd like to ask a little about the background to the absence of the employee that you are managing.	Can you tell me a little about your work? <ul style="list-style-type: none"> • Role, background, type of work, sector, size of organisation. • Have you had any training on managing return to work? • How much experience do you have supporting workers with CMDs returning to work? How many cases have you had in the last 12 months? • In your experience how many workers with CMDs relapse? What are the main reasons for relapse? • Can you tell me a little about how you manage workers returning to work? Work adjustments, return to work interview, follow-up meetings to make further adjustments? • Do you receive support for helping workers to return? From whom? • What works in your experience preventing people going on sick leave again?
2. You have XX returning to work in the past month. Could you tell me about the period just before they returned to work?	Process Can you tell me a little about their absence? <ul style="list-style-type: none"> • How long were they absent for? • What contact did you have with the employee while absent? • To your knowledge, did others have any contact with the employee?

	<ul style="list-style-type: none"> • What plans/activities did you/other in the organisation take during the absence to plan for the employees return? • Run up to absence – what happened? What support was in place/received prior to absence? From whom? In your experience, did it work? • What role did you play in supporting the individual prior to the absence? • What happened? • Who initiated the contact? • Discussions held? <p>Context / Igloo</p> <ul style="list-style-type: none"> • What did the employee do during this period? e.g. come to you to discuss issues, change their working pattern etc. (we are looking for job crafting, behavioural changes, lifestyle changes) • Friends and family • How was the employee received by the work team/colleagues? • What did you do as their manager? • Were health care services involved? e.g NHS, GP, mental health services. Did you have any interaction with these? What was the nature? How did it work? What could be done differently? • What did the organisation do? e.g. human resources, occupational health, job design changes. Did you have any interaction with these? What was the nature? How did it work? What could be done differently? • Were outside organisations involved? e.g. MIND, charities, telephone helplines etc Did you have any interaction with these? What was the nature? How did it work? What could be done differently? • Were they in receipt of any benefits? • Were there any barriers to help them returning? • Were there any facilitators to help return?
<p>3. Can you remember what happened on the day of their return?</p>	<ul style="list-style-type: none"> • What did you do? • What did colleagues do? What did others in the organisation do?

<p>4. How do you think they have found their first month back at work?</p>	<ul style="list-style-type: none"> • How was it for you supporting their return to work this month? • Were there any barriers to help them stay at work? Please give examples. IGLOO as prompts. • Were there any facilitators that helped them stay at work? Please give examples. IGLOO as prompts.
<p>5. How productive do you feel XX has been in their first month back at work?</p>	
<p>6. Looking forward to the next month, do you feel they will be able to balance their health and work?</p>	<ul style="list-style-type: none"> • Do you see any challenges for the individual/you as a manager/organisation? • How will you prepare for these challenges/what support might be helpful?

Interview Schedule - managers Month 2

Introduction to project

In today's interview, we will be asking you questions about your role as manager supporting workers returning to work.

I am going to record everything that we discuss today, but it is important to know that anything you say will be strictly confidential. I'm not reporting on any individual responses and no one will know how you have personally responded. Do you have any concerns about the confidentiality or the project at the moment? If anything crops up during or after the interview that you would like to discuss, or that you have a question about, please do feel free to call me.

Question	Prompts (How?)
1. How do you think they have found their second month back at work?	<ul style="list-style-type: none"> • How was it for you supporting their return to work this month? • Have you received any support/training this month to help with supporting the employee? • Were there any barriers to helping them stay at work? • Are there any positive aspects that have helped them to stay in work? <p>Context / IGLOO – Role of:</p> <ul style="list-style-type: none"> • Employee • Friends/Family • Work team/colleagues • Manager • Health care services • Organisation (e.g. human resources, occupational health, job design changes) • Outside organisations • Benefits
2. How productive do you feel XX has been in their second/last month back at work?	<ul style="list-style-type: none"> • Can you see a difference from the month before?
3. Looking forward to the next month, do you feel they will be able to balance their health and work?	<ul style="list-style-type: none"> • Do you see any challenges for the individual/you as a manager/organisation? • How will you prepare for these challenges/what support might be helpful?

Interview Schedule – managers Month 3

Introduction to project

In today's interview, we will be asking you questions about your role as manager supporting workers returning to work.

I am going to record everything that we discuss today, but it is important to know that anything you say will be strictly confidential. I'm not reporting on any individual responses and no one will know how you have personally responded. Do you have any concerns about the confidentiality or the project at the moment? If anything crops up during or after the interview that you would like to discuss, or that you have a question about, please do feel free to call me.

Question	Prompts (How?)
1. How do you think they have found their third month back at work?	<ul style="list-style-type: none"> • How was it for you supporting their return to work this month? • Have you received any support/training this month to help with supporting the employee? • Were there any barriers to helping them stay at work? • Are there any positive aspects that have helped them to stay in work? • How productive do you feel they have been? Context / IGLOO – Role of: • Employee • Work team/colleagues • Manager • Health care services • Organisation (e.g. human resources, occupational health, job design changes) • Outside organisations • Benefits
2. How productive do you feel XX has been in their third/last month back at work?	<ul style="list-style-type: none"> • Can you see a difference from the month before?
3. Looking forward to the next month, do you feel they will be able to balance their health and work?	<ul style="list-style-type: none"> • Do you see any challenges for the individual/you as a manager/organisation? • How will you prepare for these challenges/what support might be helpful?

Interview Schedule – managers Month 4

Introduction to project

In today's interview, we will be asking you questions about your role as manager supporting workers returning to work.

I am going to record everything that we discuss today, but it is important to know that anything you say will be strictly confidential. I'm not reporting on any individual responses and no one will know how you have personally responded. Do you have any concerns about the confidentiality or the project at the moment? If anything crops up during or after the interview that you would like to discuss, or that you have a question about, please do feel free to call me.

Question	Prompts (How?)
1) How do you think they have found their fourth month back at work?	<ul style="list-style-type: none"> - How was it for you supporting their return to work this month? - Have you received any support/training this month to help with supporting the employee? - Were there any barriers to helping them stay at work? - Are there any positive aspects that have helped them to stay in work? - How productive do you feel they have been? Can you see a difference from the month before? - <p>Context / IGLOO – Role of:</p> <ul style="list-style-type: none"> - Employee - Work team/colleagues - Manager - Health care services - Organisation (e.g. human resources, occupational health, job design changes) - Outside organisations - Benefits
2) How productive do you feel XX has been in their fourth/last month back at work?	<ul style="list-style-type: none"> • Can you see a difference from the month before? -
3) Looking forward to the next month, do you feel they will be able to balance their health and work?	<ul style="list-style-type: none"> - Do you see any challenges for the individual/you as a manager/organisation?

	<ul style="list-style-type: none"> - How will you prepare for these challenges/what support might be helpful?
4) Long term planning	<ul style="list-style-type: none"> - What things would help the employee to stay in work in the long term? - How confident are you that the employee can stay in work long term? - How confident are you that you can support the employee to stay in work in the long term?
5) This project is about sustainable return to work? What does that mean to you?	<ul style="list-style-type: none"> - Return to the same job with the same tasks and responsibilities - Return without relapse, or if with relapse how often how long periods - Same working hours - What is needed to achieve this?
6) How have you found participating in the study?	<ul style="list-style-type: none"> - Has it made you think differently about return to work? Has it made you think differently about how you can support returning workers?