

シンポジウムX-4

RESEARCH ON THE EFFECTIVE CONNECTION OF THE WORKPLACE AND MEDICAL INSTITUTION AT REINSTATEMENT OF A WORKER BESET BY A MENTAL HEALTH DISORDER

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Abstract

OBJECTIVE : The doctors of our department routinely hold interviews with staff of patients' workplaces about the best methods for reinstating workers requiring leave for mental health disorders, but no manual for such cooperation between business enterprises and mental health doctors has yet been written. In this study, we investigated the actual conditions for connection between workplace and medical institution, and what kind of expectation the representatives of the patient's workplace may bring to such an interview.

METHOD : We conducted a questionnaire survey of 122 people concerned with the mental health of their workplace.

RESULTS : The results of this survey indicated the following : 1) when an employee is beset by a mental health disorder, most respondents connect with a medical institution (85%), and the connection generally goes well (88%) ; 2) only one respondent (1%) has ever had an interview with medical staff refused because of the obligation to protect privacy ; 3) most respondents (84%) think that an interview is useful for reinstatement ; 4) the most important theme to discuss at the interview is the contents of the patient's future work (31%) ; 5) the most desirable time to hold the interview is after the patient leaves hospital and before he or she returns to work (28%) ; and 6) the most desirable workplace representative for the interview is the superior of the patient (43%).

CONCLUSIONS : An interview for reinstatement is important and is needed. Professional resources (psychiatrists and psychosomatic medical doctors) outside the workplace would be able to establish a better relationship with the workplace if they knew the needs of the workplace at reinstatement of a working person beset by a mental health disorder.

(JJOMT, 55 : 1—9, 2007)

—Key words—

Mental health disorders, Questionnaire survey, Reinstatement

Introduction

Recently, the number of cases of mental health disorders (depression, psychosomatic disorders, etc.) in the workplace has risen, and prevention has become an important topic. When a patient under treatment at a medical institution suspends his or her work duties, it is desirable that his or her workplace and the doctor in charge cooperate in finding the best method of reinstatement. For various reasons, this process has not always gone smoothly. As often as possible, the doctors of our department hold tripartite interviews (the patient, a

representative of his or her workplace and the doctor in charge) or quadripartite interviews (participants of the tripartite interviews plus a family member) for adjustment of the environment at reinstatement. In this study, we investigated what kind of expectation the representatives of the patient's workplace might bring to these interviews, to examine the ideal conditions for connecting the workplace and doctor for the common cause of preventing a recurrence.

Methods

1. Analysis of the interviews conducted by our department

We took statistics about the interviews held in our department in 2005, and analyzed them. This served as preliminary research for the subsequent questionnaire survey.

2. Sending out and collecting the questionnaire

We administered a questionnaire survey to workplace staff who had taken part in an interview in our department, and to superintendents and persons in charge of safety and health of enterprises belonging to Iwaki labor standards society. We handed out the questionnaire at the hospital or sent it by mail to the former (Group A), and we distributed it at lectures about mental health to the latter (Group B). Respondents of both groups were concerned with the mental health of the workplace. The overall collection rate of the questionnaire was 34.2% (122/357). The collection rates of Group A and Group B were 60.3% and 26.9%, respectively.

3. Matters investigated by the questionnaire

The questionnaire consisted of nine questions: 1) Have you ever had any employees who suffer from mental health disorders in your workplace? 2) Do you make a connection with a medical institution if there is a worker suffering from a mental health disorder in your workplace? 3) Does the connection go well? 4) For what reason do you not make a connection, if the answer to question #2 is "No." 5) Has a medical institution caring for one of your workers ever refused to provide an interview? (If "Yes", please explain the reason, too.) 6) What themes are most important to discuss at the interview? 7) What is the best time to hold the interview if the case requires hospitalization? 8) Do you think such an interview is useful? 9) Which representative from the workplace is most desirable as an interview participant?

The respondents could choose more than one answer to questions #4, #6, #7 and #9.

4. The statistical analysis

We compared the results of Group A and Group B with regard to questions #2, #3, #6, #7, #8 and #9. We used Chi-square test as the statistical analysis.

5. Breakdown of respondents

The respondents' job type is shown in Table 1-a. "Manager" was the most common answer (36.9%). Six respondents chose more than one answer.

The respondents' industry type is shown in Table 1-b. "Construction industry" was the most common answer (24.6%).

Scale of the respondents' workplace is shown in Table 1-c. "From 101 to 300 people" was the most common answer (29.5%).

Results

1. The interviews in our department

In 2005 we carried out 58 interviews of 32 working persons suffering from mental health disorders. We did not hold the interview if a patient communicated with the workplace directly about the best way of reinstatement, or if we determined that an interview was unnecessary for the case. There were five such cases, making the execution rate of the interview about 86.5% (32/37). Of the 32 cases, 26 (81.3%) were male, and 6 were female. The average age was 36.3 (standard deviation 8.61), and the age range was from 19 to 58.

The execution times of the interview were as follows: none (0%) at the early stage of hospitalization, 4 times (6.9%) at the middle stage, 13 times (22.4%) before leaving hospital, 12 times (20.7%) after leaving hospital and before reinstatement, 18 times (31.0%) after reinstatement and 11 times (19.0%) without hospitalization. Because repeated interviews were required for two of the cases, the numbers for the latter three

Table 1-a The respondents' job type

President	5
Manager	45
Personnel section and general affair section	37
Person in charge of safety and health	33
Health nurse	2
Industrial nurse	3
Industrial physician	1
Colleague	1
Labor union	1
Total	128

(Six respondents chose more than one answer.)

Table 1-b The respondents' industry type

Food manufacturing industry	1
Textile industry	1
Lumber industry	1
Chemical industry	9
Ceramic industry	2
Steel industry	4
Electric machine manufacturing industry	12
Other manufacturing industry	14
Construction industry	30
Wholesale and retail trade	10
Transportation industry	9
Service industry (including medical business and education)	12
Industries except for the above	12
No answer	5
Total	122

Table 1-c Scale of the respondents' workplace

1-30	14
31-50	17
51-100	21
101-300	36
301-500	12
501-1,000	6
1,001-2,000	7
2,001-3,000	3
More than 3,000 people	3
No answer	3
Total	122

categories increased, but the timing for most cases was before leaving hospital.

The workplace representatives for the interview were as follows: 28 superiors of the patient (71.8%), 7 personnel managers (17.9%), 3 health nurses (7.7%) and 1 clinical psychologist (2.6%). In 7 cases, more than one person from the workplace participated in the interview.

2. Results of the questionnaire survey

1) Whether or not employees have suffered from mental health disorders

Fig. 1 shows the answers to question #1. Most of Group A (95.3%) and about half of Group B (51.4%) answered "Yes." There is at least one patient suffering from a mental health disorder in most workplaces of Group A.

2) Making a connection with a medical institution or not

Fig. 2 shows the answers to question #2. Most of Group A (89.5%) and Group B (81.1%) answered "Yes." The percentage of "No" answers in Group A was about half that of Group B, but this difference was not statistically significant. When an employee is beset by a mental health disorder, most respondents (85.3%) make a connection with a medical institution.

3) Whether or not the connection goes well

Fig. 3 shows the answers to question #3. Most of Group A (89.7%) and Group B (85.2%) answered "Yes." There was no statistically significant difference between the groups. Most connections (87.5%) between the workplace and a medical institution go well.

4) The reason why respondents do not make a connection with a medical institution

Ten respondents answered "We do not know how to cope with mental health disorders." Seven respondents answered "Because it is unnecessary." Minority answers included "We considered it a personal problem"; "We did not think that a medical institution would share a patient's information"; "We know the cause to a certain extent, just by hearing the patient's story"; and "We connect with the head office instead of a

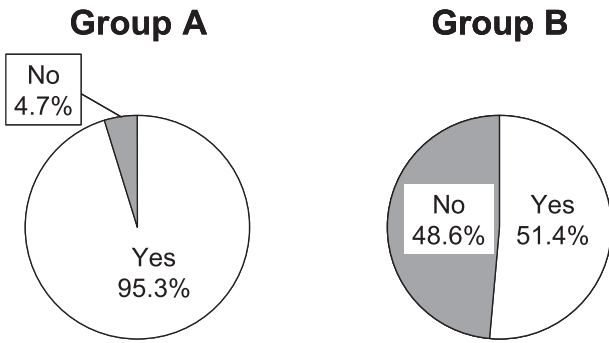


Fig. 1 Whether or not employees have suffered from mental health disorders

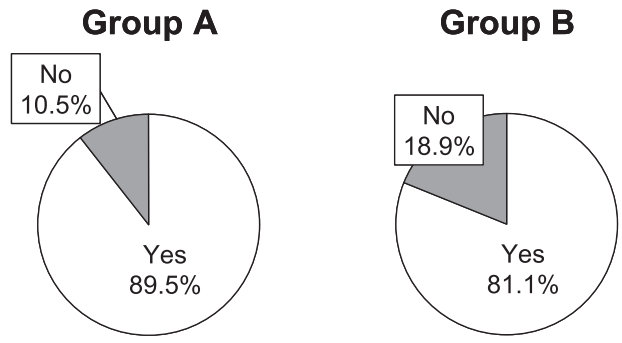


Fig. 2 Making a connection with a medical institution or not

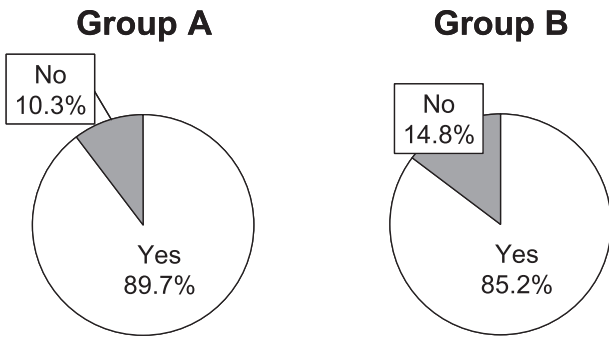


Fig. 3 Whether or not the connection goes well

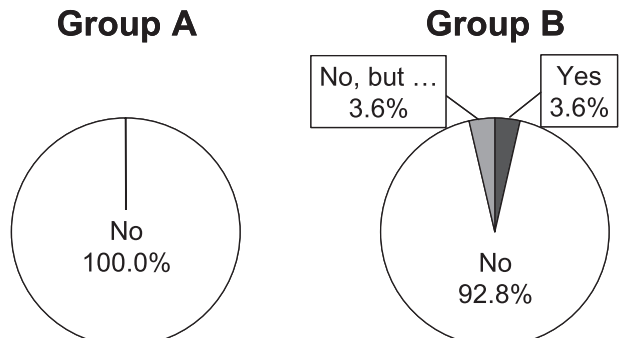


Fig. 4 Whether or not a medical institution caring for one of your workers has ever refused to provide an interview

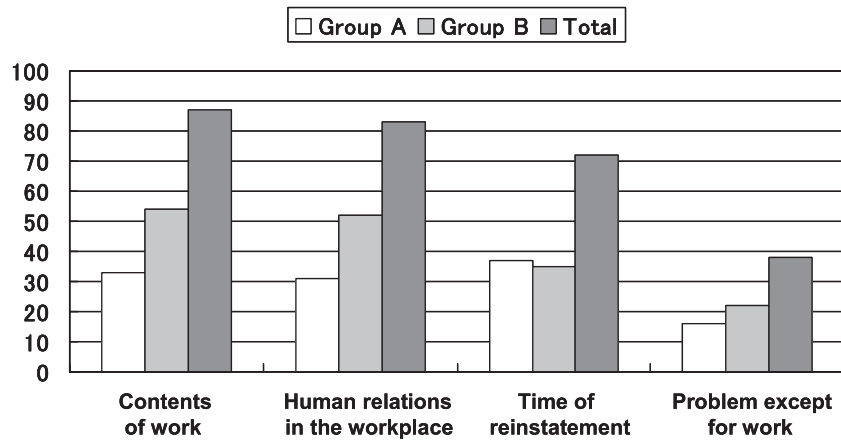


Fig. 5 Themes to discuss at the interview

medical institution.”

5) Whether or not a medical institution caring for one of your workers has ever refused to provide an interview

Fig. 4 shows the answers to question #5. All of Group A answered “No.” One respondent of Group B (3.6%) answered “Yes,” and the reason was “Obligation to protect privacy.” This answer comprised 0.8% of all the responses. One respondent of Group B (3.6%) answered “No, but the doctor in charge was very unpleasant to us.”

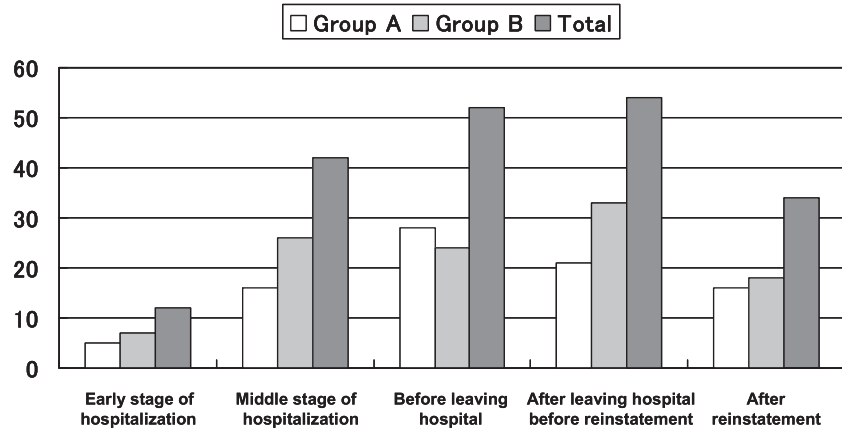


Fig. 6 The best time to hold the interview

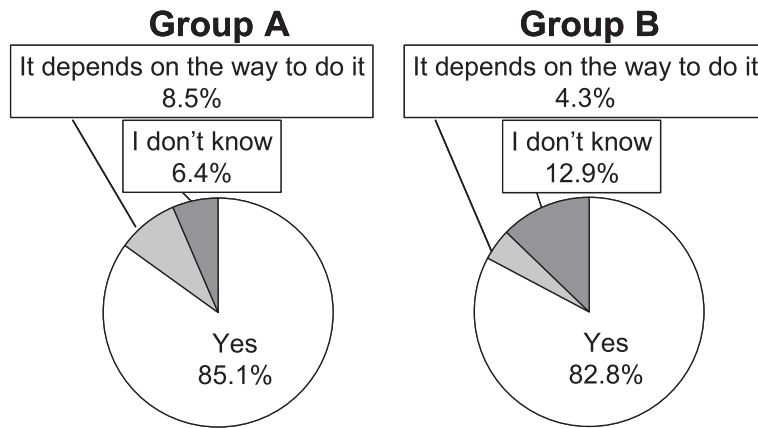


Fig. 7 Whether or not you think the interview is useful

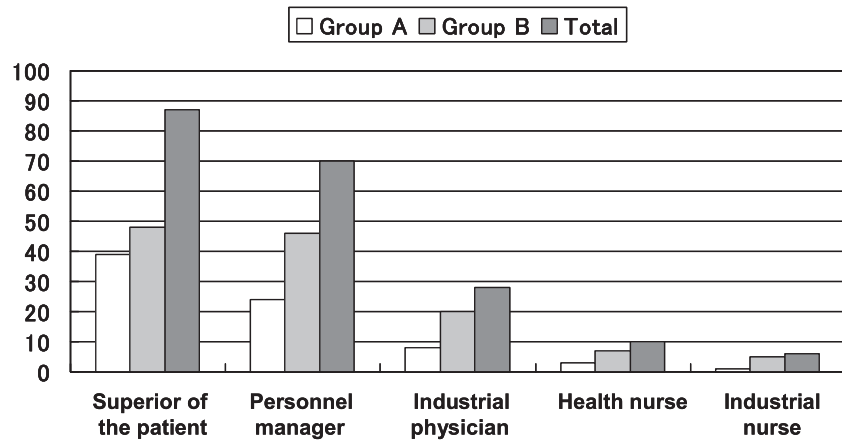


Fig. 8 The desirable representative from the workplace for the interview

6) Themes to discuss at the interview

Fig. 5 shows the answers to question #6. “Contents of work” was the most common answer (31.1%). Significantly more respondents of Group A chose the answer of “Time of reinstatement,” in comparison with Group B ($p < 0.01$).

7) The best time to hold the interview

Fig. 6 shows the answers to question #7. "After leaving hospital and before reinstatement" was the most common answer (27.8%). Significantly more respondents of Group A chose the answer of "Before leaving hospital" in comparison with Group B ($p < 0.01$).

8) Whether or not you think the interview is useful

Fig. 7 shows the answers to question #8. No respondent of either group chose the answer, "The interview is useless." Most of Group A (85.1%) and Group B (82.8%) answered "Yes." There was no statistically significant difference between Group A and B. Most respondents (83.8%) think that the interview is useful for reinstatement of a working person suffering from a mental health disorder.

9) The desirable representative from the workplace for the interview

Fig. 8 shows the answer to question #9. "Superior of the patient" was the most common answer (43.3%). Significantly more respondents of Group A chose the answer of "Superior of the patient" in comparison with Group B ($p < 0.05$).

Discussion

The number of workers suffering from depression and psychosomatic disorders is on the rise as a result of the various psycho-physical stressors of the contemporary workplace. When a patient suffers a severe illness and needs leave from work, it is desirable that staff of the patient's workplace and the doctor in charge cooperate in the method of reinstatement¹⁾²⁾. But this process has often not gone so smoothly. There is seldom contact from a patient's workplace to the doctor in charge. Recently, a law about the protection of the personal information went into effect in Japan. Some doctors now refuse proposals for an interview from the patient's workplace because of the privacy issues.

The doctors of our department have held tripartite interviews (the patient, a representative of his or her workplace and the doctor in charge) or quadripartite interviews (participants of the tripartite interviews plus a family member) for adjustment of the work environment at reinstatement. So far there has been no study discussing how to hold such tripartite or quadripartite interviews, and how to encourage cooperation. We generally feel that the patient's workplace and the doctor in charge must cooperate in the scene of the everyday medical treatment. No guidelines about how to hold such an interview exist in Japan. The doctor in charge seems to hold it on the basis of his or her own experience. It is possible that a doctor who is not a specialist in mental health would have difficulty conducting such an interview. Psychiatrists and psychosomatic medical doctors outside the workplace would be able to establish a better relationship with the workplace if they better understood the expectation of the workplace.

For inpatients in our department, we usually hold the interview before the patient's departure from the hospital. We regard interviews after leaving hospital and after reinstatement as important, too. Interviews have sometimes been held for patients without hospitalization, as well.

We felt the number of respondents to this questionnaire survey was low. The collection rate for the questionnaire was only 34.2%. Respondents probably found the questions difficult to answer because there were questions relating to problems inside the enterprise. One of the causes of low collection rate might be that respondents were not required to write their names on the questionnaire. Thus, we could not determine which enterprises had not yet responded, and therefore we could not repeat our requests. The collection rate of Group A was higher than that of Group B. Group A was cooperative, maybe because a good relationship had already been established between the enterprises and our department.

About half of Group B answered that there were cases suffering from mental health disorders in the workplace. We suppose that the enterprise representatives attending our lecture were interested in mental health. We suspect that those who cooperated by taking our questionnaire survey did so because there is (or was) a patient suffering from mental health disorder or an employee in poor mental health at their workplaces.

When an employee is beset by a mental health disorder, both groups make a connection with a medical institution at high rates. The result of our questionnaire survey indicates that the connection generally goes well.

Seven respondents answered "Making a connection with a medical institution is unnecessary," but when

an employee is beset by a mental health disorder, such respondents may say, “We do not know how to cope with mental health disorders.” A patient is at risk of becoming even more distressed if his or her workplace cannot make a connection with a medical institution. One respondent distrusted medical institutions.

Only one respondent has ever had an interview refused. This result was in agreement with the reporting of good connection. The rate of refusal was lower than we had expected. In general, it is hard for a doctor in charge to spare the time to talk with a person from a workplace³⁾. The doctor of this case refused an interview with the workplace because of the obligation to protect privacy.

Contents of work, human relations in the workplace, and the time of reinstatement rated as important themes to discuss at the interview. Besides work, some respondents hoped to consult about the patient’s personality problems or family background.

In response to the question about the best time to hold the interview, a lot of respondents said “Before leaving hospital” or “After leaving hospital and before reinstatement.” The patient’s workplace may also feel uneasy when the time of reinstatement approaches. The middle stage of hospitalization is the time when most inpatients recover their composure, so the workplace may want to know the outlook for the future. Some respondents hoped that interviews would be held throughout the hospitalization and afterward, but such a request is almost impracticable because of the limitations on the doctor’s time ; further, the effectiveness of this practice has not been established in regard to cost.

The superior of the patient was chosen as the most desirable representative of the workplace to participate in the interview. The personnel manager is desirable instead of the superior, if there is a conflict between a patient and his or her superior. It was reported that about a quarter of doctors usually communicate with industrial physicians⁴⁾, but industrial physicians are generally busy, and some of them are not trained in mental health care. Some respondents hoped for the participation of a health nurse or an industrial nurse, but small and medium-sized enterprises have scarcely any nurses.

Significantly more respondents of Group A chose the answers of “Time of reinstatement” (as the theme to discuss), “Before leaving hospital” (as the time to hold the interview) and “Superior of patient” (as the desirable representative of the workplace), in comparison with Group B. Doctors of our department often hold the interview before a patient leaves hospital, and discuss the time of reinstatement with the superior of the patient. Perhaps the respondents of Group A, who have taken part in our interviews, thought of their prior interviews as they answered the questions. Most patients of our department choose the participant from the workplace. We think that it is worthless for a patient to talk with the person who is the cause of the patient’s stress in the workplace.

In our department, doctors generally recommend the interview to patients. Most patients do not know about such interviews before hospitalization. Some patients who have no confidence in reinstatement ask us for the interview before we recommend it. At the interview, the doctors of our department take the patient’s side by sixty percent, and the workplace’s side by forty percent. Although a worker is weaker than a company generally, it would be difficult for a company to make a compromise with a worker if a doctor turns a deaf ear to the circumstances of the company.

In our experience, the interview has been effective at reinstatement in most cases. However, if a patient or workplace representative expresses only selfish opinions and takes an unyielding stand, the interview becomes a meaningless discussion.

Our research clarified the expectation of representatives from the workplace through a questionnaire survey about the interview for reinstatement of a patient suffering from a mental health disorder. Next, we would like to research the patients’ and families’ views on the value and effectiveness of the interview.

Acknowledgments

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メンタルヘルス不全勤労者事例の職場復帰における 職場側と治療者の効果的な連携に関する研究

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—キーワード—

メンタルヘルス不全, アンケート調査, 職場復帰

目的：当科では、メンタルヘルス不全勤労者事例の復職の仕方について、可能な限り職場側との三者面談（患者、職場側、治療者）または四者面談（三者および患者の家族）を行い、調整を行ってきた。そのような職場側と治療者の連携のあり方については、現在のところまだ決まったものがない。そのため、本研究は、職場側と治療者の連携の現状を調査し、職場側が復職の面談に関してどのようなニーズをもっているかを明らかにすることを目的としている。

対象と方法：職場のメンタルヘルス担当者を対象とし、アンケート調査を施行した。合計122名から回答を得た。

結果：メンタルヘルス不全勤労者事例が発生した場合、ほとんどの回答者が医療機関との連携をとっており

(85%)、連携はおおむね良好である(88%)。面談を断われたことがあるのは1名だけで(1%)、その理由は守秘義務であった。ほとんどの回答者が、復職に面談は有効と考えている(84%)。面談で取り扱うべきテーマとしては、「業務内容」が最多であった(31%)。希望する面談の時期としては、「自宅療養中」が最多であった(28%)。面談の際望ましい職場側の参加者としては、「上司」が最多であった(43%)。

結論：三者（または四者）面談は重要であり、職場側から必要とされている。メンタルヘルス専門医（心療内科医・精神科医）が職場側のニーズを知ることにより、職場側とのより良い連携が期待され、メンタルヘルス不全勤労者事例のスムーズな職場復帰に有用と考えられる。