

Mental Health

Mental Health - Return to Work

On this page

[What is a return to work \(RTW\) program?](#)

[Is there a difference between return to work programs and mental health return to work?](#)

[Is it important to keep in touch while the worker is recovering?](#)

[What are the general steps for facilitating return to work?](#)

[How do you determine what are appropriate accommodations and return to work tasks?](#)

[What are some examples of accommodations?](#)

[Should the return to work plan be monitored?](#)

What is a return to work (RTW) program?

A return to work program focuses on finding meaningful and suitable work for workers coming back to the workplace from injury or illness. Through collaboration, the program's goal is to return the worker to their pre-injury or pre-illness job, where appropriate and in a timely manner. The process is not about diagnosis, and medical confidentiality must be respected at all times.

The details of the overall return to work program should be communicated to all staff (ideally, before it is actually needed). This open communication makes sure that everyone understands their role and has clear expectations.

For more information on return to work programs, please see the following OSH Answers documents:

- Return to Work – [Program Overview](#)
- Return to Work – [Accommodation](#)
- Return to Work – [Job Demands Analysis](#)
- Return to Work – [Functional Abilities Evaluation](#)

Is there a difference between return to work programs and mental health return to work?

The guiding principles are very similar when planning for a return to work due to mental illness as it would be for a physical injury. The plan should focus on the worker's functional abilities, not the symptoms of the injury or illness. You do not need to create a separate return to work program, but be sure your existing program will accommodate workers returning from mental illness-related absences. The return to work program should include the following elements:

- Roles and responsibilities
- Communication
- Prevention
- Accommodation
- Support for recovery
- Education and training
- Review

For more information on the elements of a return to work program, please see [Return to Work - Program Overview](#).

It's important to create and foster a safe, supportive work environment. Such an environment can be created by focusing on both physical hazards and [psychosocial risk factors](#).

Workplaces must address the psychosocial hazard(s) that caused the injury when within their control to ensure the worker feels comfortable returning to the workplace and is not re-injured when they return.

Note that the worker's emotions and experiences may differ from those who are away due to an injury. When workers are absent due to a mental illness, they may experience concerns about being a bother to others, rejection, isolation, and shame. They may also fear potential harassment and associated stigmas. During the planning stages, how the absence will be explained and what level of information will be shared with the rest of the team should be discussed.

Is it important to keep in touch while the worker is recovering?

Yes. Maintaining the connection between work and the recovering individual can help support their early and safe return. When recovering workers feel disconnected from their workplace, they may experience more negative mental health and feel it is harder to return.

When you know a worker will be away, establish a frequency and method of contact as soon as possible, and periodically check whether the current arrangement needs to be modified. Keep the worker in the loop about news at work and encourage the worker's colleagues to stay in touch with them as well.

To prevent inaction or confusion about the worker's future return, clearly state roles, responsibilities, and milestones for facilitating the return to work, including who will maintain regular contact and when to begin return to work planning.

What are the general steps for facilitating return to work?

Each return to work plan and accommodations will be different based on the individual and the circumstances. The following steps should be considered when developing a return to work plan:

1. Determine meaningful work and suitable accommodations based on a completed [functional abilities evaluation](#) (physical or cognitive abilities) or fit to work assessment.
2. Create a detailed plan with milestone dates, times, tasks, and expectations. Discuss the plan with the individual before they return. Be sure to engage the individual and ask them if they anticipate any issues with the plan. This planning period is also the time to review any procedural, department, or organizational changes that may have occurred while the individual was off work.
3. Communicate with the worker's department that the worker will be returning so the individual can be welcomed back and any retraining can be organized. Be available to support coworkers as needed. Do not allow gossip and other uncivil behaviours to occur, which can continue any stigma and result in unsupportive work environments.
4. Complete an [orientation checklist](#) when the individual returns to work. The orientation should review any changes to the procedures, department, or the workplace.
5. Review the individualized return to work plan during the first two weeks back. It's important to check in with the returning worker to see how they are doing and if they need any further accommodation to remain functional in their job. The plan should be reviewed with the worker's input at set intervals to ensure the work is still appropriate and a gradual increase to full duties can be achieved.

Keep in mind the process of return planning may reveal the worker's decreased capacity or ability to handle work responsibilities, which may add stress and worsen symptoms. Focus on the worker's current capabilities and ways they can still actively contribute to the workplace. Be proactive by reassuring workers and providing coaching and training on relevant topics, such as giving feedback or responding to disagreements.

How do you determine what are appropriate accommodations and return to work tasks?

Accommodations should be based on the current physical and cognitive functional abilities of the worker, which is often determined through conducting a functional abilities evaluation or a fit to work assessment. To conduct the assessments, the medical professional needs to know the demands of the individual's job, including physical, cognitive/mental, and social/emotional demands. Typically, the employer would provide the medical professional with a description of the job demands and work conditions for the individual's role or position. The employer can provide this description directly to the medical professional, or they can give this description to the worker to bring to their assessment. Recall that diagnosis or details of treatment do not need to be disclosed. Focus on current abilities and functionality as well as the needs of the organization.

Using the functional abilities evaluation results, identify gaps between their position's responsibilities and their current abilities, then determine potential modifications to the psychological demands of the individual's job. For example, if the worker currently has a reduced capacity for multi-tasking or working under time pressures, suitable accommodations may include:

- Working with their supervisor to establish timelines, schedules, and priorities.
- Providing training on tasks to support proficiency.
- Reducing distractions from the work area.
- Modifying workflow processes to allow the worker to focus on one task at a time.
- Supporting the worker to perform fewer tasks until their capacity increases.

The accommodation process is a collaboration. Understand the needs of the worker and determine how the workplace can support them. When discussing work duties and possible modified or alternate duties, help facilitate the conversation with questions such as:

- How can your team and your supervisor best support your successful return to work?
- How much information would you like us to share with your team?
- Is there anything your supervisor and coworkers should be aware of?
- What were some of the challenges before the absence, and what could potentially be a challenge when you return to work?
- How often would you like to meet to see how the return to work process is going?
- In addition to our return to work orientation, are there any tasks that you believe you may require retraining on?
- How do you prefer to receive feedback?

- Do you expect any barriers to your return to work? How can we best address these barriers?
- Are there any tasks or job duties that you feel would be easier to complete?
- How would you like to see any future issues be handled?

Requests for accommodations should be made in good faith, and every effort should be made to accept the request. However, it may not be possible for the employer to accommodate a request, and equally, not every request may be appropriate. If the essential duties of the recovering worker's role cannot be modified, consider assigning alternative duties until they are able to perform the essential duties again. It is important to work collaboratively to determine suitable work and accommodations for the individual, the situation, the team, and the workplace involved.

What are some examples of accommodations?

Remember to work with the individual and their abilities to determine appropriate accommodations. Accommodations that may work for some individuals may not work for others. Examples include:

- Scheduling flexibility for medical appointments, working reduced hours, or allowing for more frequent breaks.
- Changing the work space to consider the needs of the individual with regard to noise, space, light, and other factors that may impact mental health, concentration, and well-being. This space may include working in a different cubicle, private area, or a different building.
- Allowing the worker to work from home, if desired and possible.
- Considering the energy and concentration levels of the individual and schedule the work accordingly throughout the day.
- Modifying the way instructions and feedback are given. Examples include written instructions or weekly meetings.
- Having more frequent meetings to ensure success with the work or the return to work plan.
- Helping the individual prioritize work and activities. This step may involve breaking work into small, achievable tasks, creating timelines and checklists, or removing any non-essential tasks.
- Modifying job duties, such as by exchanging minor tasks with other coworkers.
- Reviewing training needs and providing any necessary re-training or reorientation.
- Allowing more time to learn tasks or providing one-on-one training.

- Using equipment and technology such as a lamp instead of fluorescent lights (to help reduce flicker), a recording device to assist with memory difficulties, anti-glare screens, voice-to-text software, or noise-cancelling headphones.
- Providing a job coach such as a peer, mentor, someone from human resources, or an outside agency.
- Assigning alternate duties that minimize the potential for experiencing confrontation.
- Allowing time for the worker to access emotional support by phone or text during work (similar to allowing time away for counselling or medical appointments).

Should the return to work plan be monitored?

Yes. Create benchmarks and check-in dates to monitor the current return to work plan and accommodations. Adjust responsibilities and accommodations based on the worker's recovery to facilitate a gradual return to full duties if possible. Not only can regular check-ins and reviews help make sure the plan continues to meet the needs of both the worker and the workplace, but they can also contribute to the continuous improvement of the overall return to work program.

Monitor the return to work plan and progress through informal check-ins and formal reviews. Informal check-ins can be daily and decrease in frequency as recovery progresses. Formal reviews may be on a bi-weekly basis or whenever concerns arise. These frequencies should be discussed with the appropriate people, including the recovering worker, the return to work coordinator, the manager, the union, or the human resources team.

Fact sheet last revised: 2023-12-07

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