

Work phobia and sickness leave certificates

The recent study in the Journal by Emsley et al¹ of teachers claiming occupational disability demonstrated the importance of work-related stress as a major contributory factor to the subjects' psychiatric morbidity. I have carried out a similar number of evaluations on teachers from the Northern provinces of South Africa applying for early retirement on the grounds of psychiatric disability. My findings have been uncannily, virtually identical to those of Emsley et al.¹ But a striking factor in my teachers, not mentioned in the Cape study, was the length of time the applicants had been off work before eventually coming for independent assessment. About a couple of years was the norm. Amazingly, several had been receiving full salary while off work on sick leave for 4 or more years, pending final adjudication of their claims. Treatment during these waiting periods typically consisted of marking time with superficial symptom suppression until the desired escape from the noxious work environment was granted. Yet, "administrative or procedural delay in instituting appropriate management" is included in the list of "medically unnecessary factors contributing to long term disability" in the American College of Occupational and Environmental Medicine (ACOEM) Guidelines for "Preventing Needless Work Disability by Helping People Stay Employed".² Clearly the problem is not peculiar to South Africa. But of major concern in this country is the inefficiency within various Education Departments which apparently makes it impossible for applications for disability, temporary or permanent, to be processed within reasonable time scales.

Similar delays, perhaps even longer, are encountered in other governmental or municipal departments, particularly the South African Police Service and the Department of Correctional Services, in which large numbers of employees also claim early retirement on psychiatric grounds.

Work phobia

In these claimants, a phobic aversion to perceived noxious aspects of Police or Correctional Services work is almost universal. Emsley et al¹ suggested the term "classroom phobia" for a similar aversion to the workplace in teachers, and they listed several contributory factors, aspects of the teacher's working experience. But perhaps we need to consider more deeply the concept of "Work Phobia" as a common phenomenon.³ Indeed, aversion to perceived noxious elements of the workplace is very common in claimants for disability on psychiatric grounds, regardless of occupation. It is probably the major factor in preventing successful return to work. The phenomenon is obscured by the ubiquitous wild card term 'stress' which is used to

describe the situation at work, the mechanism by which this impinges on patients' functionality, and also the resultant condition from which the patient suffers. Shiels et al⁴ suggest that this reflects an increasing acceptance of mild mental disorder such as 'stress' as a legitimate cause of sickness within society, in spite of our very justified concern about adverse effects of stigma surrounding psychiatric illness. Van der Klink et al⁵ found that adjustment disorders account for most psychopathology giving rise to inability to work in the Netherlands. Adjustment disorder was not included in Emsley et al's list of 16 psychiatric diagnoses of the occupationally disabled teachers.¹ But, from my extensive experience of conducting independent evaluations on patients claiming disability on psychiatric grounds, I have no doubt that adjustment disorder would often be an appropriate diagnosis in the early stages of their exit from work. All involved in managing these cases would perhaps then be more likely to maintain focus on the psychosocial stressors as major factors in patients who eventually are recorded as treatment-resistant mood or anxiety disorders.

Issuing of off work certificates

A seldom referred to aspect of this unhappy situation is the fact that, throughout prolonged periods off work, patients are provided at regular intervals with sickness certificates. In the case of the psychiatric claims under discussion, these certificates are typically issued by psychiatrists. There are two worrying scenarios. First, during long periods of absence from work, the psychiatrist issues a monthly off work certificate, a lot of certificates when the patient has been off sick for years. But the second scenario is in some ways more worrying. The treating psychiatrist issues a certificate stating that the patient must have sick leave for 6 or 12 months, at the end of which time, if recovery has not taken place, medical boarding will be recommended. Alarming, overseas studies reveal that few patients on sick leave for 6 months will ever return to consistent open labour market occupation.⁶ and the situation is probably very similar in South Africa. Moreover, financial benefits affect rate of recovery from illness and eventual clinical outcome in a wide variety of situations.⁷ It is reasonable to assume, therefore, that South Africans granted long sick leave with little financial salary differential, are not well motivated to "recover" and to return to the noxious workplace.

Perhaps we should also be concerned about a third scenario in South Africa. Off work certificates are increasingly issued by various grades of psychologists, and now also by traditional healers, and both these groups of people are the originators of recommendation for

prolonged time off work as part of the management of common psychiatric disorders.

Long term absence from work

In general medicine severity of pathology usually correlates with more profound effects on functionality. But most long term absence from work is in fact due to common conditions which for one reason or another become chronic.⁸ Common psychiatric conditions and, as the study also reflects, not the major psychotic illnesses, are now the most common cause of disability⁹, having overtaken musculoskeletal disorders, particularly low backache, although these are conditions in which most patients have a reasonably rapid return to function.

The practicalities of sick leave in common psychiatric disorders are seldom discussed. The term does not appear in the index of any of the major psychiatric textbooks. No practising psychiatrist has attended a lecture on the subject, either during undergraduate or postgraduate training. And yet the issuing of sickness certificates is a routine part of everyday practice. How does one decide the length of time required off work for optimal management of psychiatric disorders?

The subject has been studied and debated in other countries, particularly Scandinavia, Australia, UK and North America, usually in occupational health and family practice literature. In South Africa, however, specialist psychiatrists are more likely to be involved in the long term routine care of patients with minor psychiatric disorders and are usually the signatories to the certificates which legitimise prolonged periods of absence from work for patients with conditions which would normally be expected to need only a few days sick leave. The economic consequences for employers and health systems are enormous^{5,8} and also for work colleagues who have to work under increased pressure to cope with the sick workers' absence.

Many doctors, including psychiatrists, appear unaware of the potential harm that medically excused prolonged time off work can cause.^{6,10} There is a common naïve belief that being away from work will in itself "allow the medication to work and the patient to heal" in an atmosphere of reduced stress. But, the significant negative effects of being off work include psychological factors such as loss of identity and self worth, deterioration in physical and psychological health, a reported sixfold increase in the rate of suicide, pressures on interpersonal relationships, financial hardship and general erosion of quality of life.¹⁰

In any event, "the term 'sickness absence' refers to a patient's inability to work because of illness, rather than unwillingness or lack of employment opportunities".⁴ Patients often put pressure on doctors to supply the off work certificates they desire. Such patients do not want to hear of an alternative rehabilitative approach and will, if necessary, shop around for a more compliant doctor. In particular they do not want to hear the doctor suggest that resignation would be a well-tested manner of separating from the noxiousness, because of the substantial financial benefits associated with early retirement on medical grounds. Many patients do of course have significant psychiatric symptoms and may even meet the criteria for a psychiatric diagnosis. But patients react to similar symptoms in different ways and

many continue to work or return to work after relatively short periods of sick leave. There are no objective tests to distinguish these patient groups. Clearly, however, the decision to stay off work is not necessarily based on medical factors alone.

Professional issues

The therapeutic role demands that doctors seek to do their best for their patients, which may make it difficult for them to remain impartial after listening to dramatic description of perceived unfair treatment at work, perhaps in dangerous circumstances.¹¹ In writing a certificate, however, the doctor is acting on behalf of the party requesting the certificate and is giving an opinion rather than engaging in the usual doctor-patient therapeutic relationship.¹¹ Fine ethical judgement may be required in resolving what may appear to be a conflict between telling the whole truth and acting in the patient's best interests. Moreover, patients may not want to hear the doctor say that the time has come for the patient to return to the noxious work environment. But, according to rule 15.(1)(g) of the Health Professional Council of South Africa on Certificates of Illness, such a certificate should include "whether the patient is totally indisposed for duty or whether the patient is able to perform less strenuous duties in the work situation". Large numbers of patients in South Africa, as in all developed countries, are not totally disabled no matter how understandable is their aversion to specific work circumstances. This applies to teachers applying for permanent total disability benefits, as well as to patients engaged in most employment categories. Reliable and honest documentation is obviously essential for the administration of any health benefit system. It was always assumed that certificates issued by doctors, even psychiatrists, would be reliable, honest opinions of an involved practitioner acting according to the highest professional and ethical standards. Unfortunately, administrators of health and pension schemes have lost confidence in the accuracy and consequently the value of medical certification related to sick leave and related disability benefits. (personal communications)

Rehabilitation

It would help to reverse this trend if psychiatrists led the way in tightening up the sanctioning of prolonged periods off work. More important it would also contribute to a higher standard of practice. Most patients in South Africa with common psychiatric disorders are on medication and some also receive specific psychotherapeutic intervention. Psychiatrists, however, should consider the potential benefits of a supervised and mentored work rehabilitation programme, in consultation with employers and including if indicated a graded return to eventual full duties or an appropriate alternative position. Occupational therapists are the most appropriate specialists to manage such programmes but tend to be underutilised. Of course resources are scarce and local health insurance benefits are commonly inadequate to cover the costs of ideal management. However, increased awareness of best practice should hopefully result in better utilisation by all concerned of the resources which are available.

The following recommendation from the ACOEM Guideline² says it all (or most of it at least):

“Stop assuming that absence from work is medically required and that only correct medical diagnosis and treatment can reduce disability. Pay attention to the nonmedical causes that underlie discretionary and unnecessary disability.”

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Letter from the editor

It is the end of another year, and with it the publication of the final edition of 2009. This has been a momentous year. The Journal was selected for inclusion in the MEDLINE database as well as a number of the Thomson Reuters databases, such as the Science Citation Index Expanded (also known as SciSearch). Such selection speaks of the acknowledgement that the Journal has received, and now places African psychiatry very squarely on the international stage. In addition the development of our new website- powered by E2 solutions - has ensured open access to the scientific content for all who register (at no cost). Since inclusion in the MEDLINE database the Journal content has been accessed several hundred times monthly- a sign of growing interest. A major challenge remains the time from acceptance of a paper to publication. The intention is to pursue implementation of the digital object identifier (doi) system- this will enable automatic electronic publication upon acceptance, with ability to cite such content immediately in advance of hardcopy publication which will follow. Support

from industry has continued, and remains a critical component of our success and ongoing existence- and this with the utmost respect for editorial independence. Many thanks to the companies who have supported us during 2009. The new year will see 5 editions due to the growth of submissions, hence there will be a slight change in publishing schedule with February/March, April/May, June/July, August/September and October/November editions- each one with a minimum of 7 original articles. The unsung heroes of the Journal are those who give unselfishly of their time to assist with the peer review process- thank you ! Finally we say goodbye and thanks to Brian Robertson - following his resignation from the editorial board - and a warm welcome to Jonathan Burns. It remains for me to wish all of you, the readers, a wonderful festive season and new year. We look forward to having you with us in 2010.

Christopher Paul Szabo
Editor-in-Chief