

# Considerations for Adjustments in Complex Mental Health Assessments

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**Context**

**What makes a complex case?**

**Assessment**

**Tailored adjustments**

**Creating a supportive culture & challenges**

Based on **918** organisations, covering more than **6.5 million** employees



MENTAL ILL HEALTH  
REMAINS TOP CAUSE OF  
LTA



STRESS CONTINUES TO BE  
ONE OF THE MAIN  
CAUSES OF SHORT- AND  
LONG-TERM ABSENCE.



**76%** OF RESPONDENTS  
REPORT SOME STRESS-  
RELATED ABSENCE IN  
THEIR ORGANISATION  
OVER THE LAST YEAR



RISING TO **92%** OF  
ORGANISATIONS WITH  
MORE THAN 250  
EMPLOYEES.



CIPD 2023

# Sickness absence

- ▶ **7.8** days annual average per employee

(CIPD, 2023)

- ▶ **19.6** days for stress, depression or anxiety

(Labour Force Survey 2023)



Findings from a national clinical audit  
on OH practice showed

Depression screening and management of  
staff on long-term sickness absence—OH  
practice in the NHS in England: a national  
clinical audit  
OH clinical effectiveness unit - 2009 – RCP,  
London

- ▶ Of 6,300 staff on **long term absence**, 58% were asked about depression during 1<sup>st</sup> time assessments

from which

- ▶ 33% **asked about suicidal thoughts/thoughts of self-harm** when there was evidence of distress
- ▶ 42% of employees were **asked about alcohol or drug use**

If appropriate questions were more frequently asked, the management of staff with depression could be improved.

**Most OH practitioners who participated ... expressed a wish for further training in assessing and managing depression, suicide risk, and alcohol and drug misuse in their patients.**

# Complex Mental Health Conditions.

All could impact on  
attendance,  
performance, safety

- ▶ All MH conditions can feel complex
- ▶ Combination of conditions/factors
- ▶ Dual diagnosis (alcohol/drugs involved)
- ▶ Safety-critical role
- ▶ Waiting lists
- ▶ Bipolar disorder
- ▶ Psychosis/schizophrenia
- ▶ PTSD
- ▶ Suicidal ideation
- ▶ Self-harm
- ▶ Eating disorders
- ▶ Neurodivergence

## Collaborative Assessment Process

- ▶ Gathering relevant information: medical reports, employee input, workplace observations
- ▶ Importance of collaboration between employer, occupational health, and employee
- ▶ Consider the MDT



Assessing functional capacity.  
WHODAS 2.0 captures the level of functioning in six domains of life.  
a 36-item version, self-administered/interview/proxy

- ▶ Cognition – understanding and communicating
- ▶ Mobility – moving and getting around
- ▶ Self-care – attending to one’s hygiene, dressing, eating and staying alone
- ▶ Getting along – interacting with other people
- ▶ Life activities – domestic responsibilities, leisure, work and school
- ▶ Participation – joining in community activities, participating in society.

<https://novopsych.com.au/assessments/health/the-world-health-organisation-disability-assessment-schedule-whodas-2-0-self-report-version/>



In the past 30 days, how much difficulty did you have in:

- Concentrating on doing something for ten minutes
- Remembering to do important things
- Analysing and finding solutions to problems in day-to-day life
- Learning a new task, for example, learning how to get to a new place
- Generally understanding what people say
- Starting and maintaining a conversation





In the past 30 days, how much difficulty did you have in:

- Doing your most important work/school tasks well
- Getting all the work done that you need to do
- Getting your work done as quickly as needed



In the past 30 days, how much difficulty did you have in:

- Staying by yourself for a few days
- Dealing with people you do not know
- Maintaining a friendship
- Getting along with people who are close to you
- Making new friends

# Assessing Functional Capacity & More

- ▶ Identify strengths and limitations : **ask directly about which parts of their role are challenging, what they perceive as barriers** to either RTW or remaining
- ▶ Use HSE management standards for stress as sub-headings in your clinical notes (demands, control, role, support, relationships, change)

## Include:

- ▶ Individual stress risk assessment
- ▶ Wellness action plan

Useful for all staff!



## Adjustments; manager's job!

- ▶ Report to be discussed between manager and employee
- ▶ Develop an adjustment plan with clear objectives and time frames
- ▶ Communicate adjustments to relevant stakeholders: managers, HR, colleagues
- ▶ Monitor and review effectiveness of adjustments regularly



# Generic adjustments for mental distress.

## **Working hours**

Ice-breaker pre-return

Phased return/amended duties

Time off for medical appointments

Temporarily reduced hours

Increase in/split break times

Partial remote working

## **Workload**

Increase supervision

Support with prioritising

Enable focus on one project

Task modification/sharing

Reduce client-facing/safety critical

Play to strengths

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## **Physical environment**

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Minimise distractions

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Quiet breakout space

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Move workstation

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Private workstation

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Lighting, smells, sounds, temp, daylight

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## **Wider support**

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Regular check-ins with manager

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Water-cooler moments

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Special interest groups

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Buddy/mentor


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Best communication style

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Apps

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Generic  
adjustments  
for mental  
distress

# For specific conditions

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**Eating disorders:** private space to eat, more frequent/longer breaks, continue to invite

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**Self-harm:** don't walk by, access to dressings, buddy, signpost, regular check-ins, compassion, non-judgemental

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**Psychosis/schizophrenia:** wellness action plan, buddy

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**Suicidal:** don't make assumptions about fitness to work

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An educated, supportive and non-judgemental workforce is needed.



# DVLA Psychosis & Mania

## Group 1

Must not drive during acute illness and must notify DVLA.

Conditions to resume driving

- ▶ remained well and stable for **at least 3 months** adheres to treatment plan
- ▶ free from any medication effects that would impair driving
- ▶ favourable specialist report

## Group 2

Must not drive during acute illness and must notify DVLA.

Conditions to resume driving

- ▶ remained well and stable for **at least 12 months** adheres to treatment plan
- ▶ free from any medication effects that would impair driving
- ▶ favourable specialist report

DVLA Severe anxiety or depression +significant memory  
/concentration problems/agitation/behavioural disturbance/suicidal thoughts

**Group 1**

- ▶ Must not drive and must notify DVLA.
- ▶ Licensing will depend on the outcome of medical enquiries
- ▶ DVLA will require a period of stability
- ▶ Particular danger would be posed by those who may attempt suicide at the wheel.

**Group 2**

- ▶ Must not drive and must notify DVLA.
- ▶ Licensing may be granted **after 6 months if:**
- ▶ the person has been well and stable and is not taking medication with side effects that would affect alertness or concentration

Research  
indicates:

**Can OH  
influence  
these  
findings?**

“The health and wellbeing challenge across all sectors is a lack of line manager skills and confidence to support wellbeing”

CIPD, 2023

“Frequently both managers and staff are unsure of how to approach and intervene with mental health related problems”

**Gray, N.S., Davies, H. & Snowden, R.J., 2020**

# Workplace culture

- ▶ Organisation-wide stress risk assessment
- ▶ Training for managers and colleagues on mental health awareness
- ▶ Educating staff on how to support colleagues with mental health conditions
- ▶ Fostering a culture of understanding and inclusivity in the workplace
- ▶ Leading by example
- ▶ Authenticity visible
- ▶ Sort out UPSTREAM

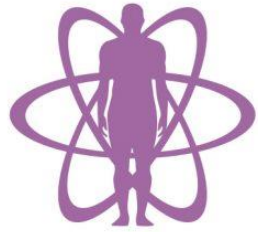


# Summary

Emphasis on the importance of tailored support and collaboration

Encouragement for proactive approach in implementing adjustments

Use your report to educate and signpost



**iOH**

The Association of OH  
& Wellbeing Professionals

**Questions!**

Find me on stand 47

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Come to our dinner and lecture this evening!

Join us

[ioh.org.uk](http://ioh.org.uk)

**Libby Morley-Hassanali, Vice Chair, iOH**