

**Work capacity and mental health
– the phenomena and their importance in return to work.**

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Av
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- I. Hensing G, Bertilsson M, Ahlborg G Jr, Waern M, Vaez M. Self-assessed mental health problems and work capacity as determinants of return to work: a prospective general population-based study of individuals with all-cause sickness absence. *BMC Psychiatry*. 2013;13:259 doi: 10.1186/1471-244X-13-259, Open access
- II. Bertilsson M, Vaez M, Waern M, Ahlborg G Jr, Hensing G. Self-assessed mental well-being and work capacity as predictors of work participation – a follow-up study of newly sick-listed individuals. *(submitted)*
- III. Bertilsson M, Petersson E-L, Östlund G, Waern M, Hensing G. Capacity to work while depressed and anxious – a phenomenological study. *Journal of Disability and Rehabilitation*. 2013;35(20):1705-11
- IV. Bertilsson M, Löve J, Ahlborg G Jr, Hensing G. Health care professional's experience-based understanding of capacity to work while depressed and anxious – a focus group study. *(submitted)*



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Work capacity and mental health – the phenomena and their importance in return to work.

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ABSTRAKT

Mental health problems are common and a major cause of decreased work capacity and sickness absence. The aim of this thesis was to investigate (i) work capacity and mental health problems as predictors of return to work (RTW) and work participation (WP), and to explore (ii) the phenomenon capacity to work while depressed and anxious.

Methods: A general population-based cohort of employed individuals aged 19-64 years ($n=2502$) registered as sick-listed in 2008 was identified. Self-reported persistent mental illness, self-assessed mental well-being and work capacity in relation to knowledge, mental, collaborative and physical demands at work were investigated as predictors of RTW and WP. The phenomenon was explored qualitatively by lived experiences from men and women ($n=17$) with self-reported depression/anxiety working at least part-time, and by health care professionals' ($n=21$) understanding of depressed and anxious patients' work capacity. Focus groups were used.

Results: Individuals with mental health problems and low work capacity had prolonged time until RTW compared with individuals lacking such problems. Low mental well-being and low work capacity (knowledge, physical, collaborative) also predicted limited WP (off sick ≥ 15 days in 2009). The phenomenon capacity to work while depressed and anxious encompassed lost familiarity with one's ordinary work performance, the use of a working facade and new time-consuming work practices. Capacity could vary greatly from one moment to another. The capacity was distinguished by constituents related to tasks, time, context and social interaction. The work community emerged as an important part.

Conclusions: Low mental well-being and low work capacity predicted RTW and WP. The phenomenon capacity to work emerged as a complex and comprehensive concept. The use of both quantitative and qualitative methods provided greater understanding of the dynamic relationship between mental health problems and work capacity, and their importance in the return to work process. The findings could be used to early identify mental health problems and low work capacity in individuals, and provide deeper understanding of the reduced work capacity.

Keywords: Mental health, return to work, work participation, work capacity, the phenomenon capacity to work while depressed and anxious

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