

OCCUPATIONAL MENTAL HEALTH AND THE REAL COST OF SICKNESS ABSENCE: A COGNITIVE BEHAVIOURAL PERSPECTIVE

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ABSTRACT

This review explored the potential role of sickness absence as a factor in the maintenance and outcome of mental health severity from a cognitive behavioural perspective for employees with anxiety and depression. In the absence of literature, which directly considered the relationship between absenteeism and mental illness, consideration was given to the maintenance cycle of anxiety and depression from a cognitive behavioural perspective, in addition to the potential functions of absenteeism. In light of this, the specific roles of sickness absence in the maintenance of anxiety and depression was explored. The review highlighted that the basic cognitive behavioural premise of emotional disorder implicated the potential for an individuals responses to have a maintenance role upon the course of both disorders. In addition, in the light of these maintenance factors the potential impact of sickness absence was considered to be significant in respect to its role as a vehicle to the absence of employment, the sick role, as well as an avoidance behaviour. In conclusion, the review proposed that sickness absence for individuals with anxiety and/or depression was a maintenance factor for both disorder. Implications for the future use of sickness absence as a stand-alone intervention within this group, the early intervention of treatment and need for further theoretical and empirical study were discussed.

Keywords: Cognitive Behavioural Therapy, Occupational Stress, Absenteeism.

INTRODUCTION

With increasing workloads over the past decades the number of employees experiencing psychological problems related to occupational stress has increased rapidly in Western countries (Health and Safety Executive, 1999; Murphey, 1996). Doherty and Tyson (2001) now cite work related stress as the second biggest occupational problem in the United Kingdom (UK). The link between occupational stress and the development of mental health problems is clearly established (Cooper and Kelly, 1993; Travers and Cooper, 1993; Arsenault, Dolan and Ameringen, 1991; Cooper and Marshall, 1976), although the specific process by which it occurs is still under debate (Baba, Galperin and Lituchy, 1999; Nelson and Cooper, 1995; Cooper and Baglioni, 1988).

The cost of occupational stress, at an individual level is high in respect of the elevated rates of tension, anger, anxiety, depression, mental fatigue and sleep disturbances (terluin, 1994). The frequency with which they occur further compounds this, with an estimated three in ten employees having mental health problems each years (Doherty and Tyson, 2001). At the societal level the costs are considerable in terms of absenteeism, loss of productivity and health care consumption (vand der Klink, Blonk, Schene and van Dijk, 2001; Cartwright and Cooper, 1993). Mental illness is now cited as one of the top three causes of certified sickness absence with an estimated 80 million working days a year lost as a consequence (Doherty and Tyson, 2001).

It is well documented that cognitive behavioural therapy (CBT) is an effective intervention for anxiety and depression (Howard, Moras, Brill, Martinovich, and Lutz, 1996) as well as for occupational stress (van der Klink et al, 2001), however, the

research pertaining to interventions which target employees with occupational mental health problems is minimal, and is an area, which has been recommended for further exploration (van der Klink et al, 2001). As such it would appear that the prominent intervention cited for this group is that of sickness absence. A review of the literature pertaining to the role of sickness absence for individuals with mental illness reveals that there is no published work to implicate its efficacy and would imply that the perceived benefits of sickness absence are not theoretically grounded within the literature.

Furthermore, the current cognitive behavioural (CB) formulations of anxiety and depression (two of the major mental health components of work stress, Miller 1997) suggest that the way in which an individual responds to their symptoms is paramount to their course and severity (Salkovskis, 1991, Beck, Rush, Shaw and Emery, 1979; Beck, 1976). Sickness absence could, therefore, serve as a maintenance factor for anxiety and depression, leading to an increase in the severity of the symptoms. For example, in individuals with anxiety, sickness absence could act as an avoidance behaviour serving to reduce their anxiety levels associated with work, thus confirming their faulty beliefs which will serve to promote and maintain the disorder (Wells, 1997; Salkovskis, 1991). In relation to depression sickness absence could increase the symptoms of lethargy by reducing structure and need for activity, hence perpetuating the lethargy and severity of depression (Teasdale and Barnard, 1993; Beck et al, 1979). It is, therefore, proposed that the use of sickness absence could perceivably be contributing to their maintenance.

This review, therefore, aims to consider the potential role of sickness absence in the maintenance and outcome of mental health severity from a CB perspective for individuals with anxiety and depression. In the absence of knowledge, which directly considers this relationship, consideration is given to literature pertaining to the maintenance factors for anxiety and depression from a CB viewpoint. The potential functions of sickness absence as maintenance factors are then reviewed.

MAINTENANCE FACTORS: A COGNITIVE BEHAVIOURAL PERSPECTIVE

Beck's cognitive model of emotional disorders (Beck, 1976) is widely accepted within the field of mental health, explaining both their development and maintenance. Further details pertaining to aspects of development can be explored in other texts (see Beck et al, 1979; Beck, 1976), the elements, which serve to maintain the disorder post development, will now be considered.

CB texts (Persons et al., 2001; Beck et al., 1979; Beck, 1976) cite the intrinsic role of the maintenance cycle within both anxiety and depression, which is conceptualised as cognitions, behaviours and emotions. Beck (1976) proposed that the symptoms of anxiety and depression fall into these categories as well as the responses that the individual makes to them. Each of these components is reciprocal and therefore change in one area can influence another (Wells, 1997; Padesky and Greenberger, 1995; Beck, 1976).

A pivotal component of the CB model is that the meaning of a situation as opposed to the actual situation itself is the precursor to emotion (Salkovskis, 1996). As such the aspect of cognition is one of the primary focuses within the continuing perception of situation and the consequential emotion. Different levels of cognition have been identified (schema, assumptions, cognitive distortions and automatic thoughts) each of which are instrumental in the development of maintenance of emotional disorders (Persons et al., 2001; Padesky and Greenberger, 1995; Beck, 1976). Individuals are believed to react in accordance with their cognitions, for example where cognition is

related to imminent danger the behavioural response will be to manage the danger in some way and will be followed by an associated emotional response.

Thus the individual's own cognitive and behavioural coping responses to their symptoms are believed to be instrumental within the maintenance of anxiety and depression (Persons et al., 2001; Salkovskis, 1996; Blackburn and Davidson, 1995). It is the reciprocal action of these components that forms the basis of the maintenance process within anxiety/depression. Change in any one of the three proposed areas (cognitions, behaviours, emotions) is believed to influence the other two (Persons et al, 2001; Padeskey and Greenberger, 1997; Beck, 1976), a concept that has been supported by empirical research (Persons and Mirands, 1992). The consequential impact of symptoms and responses is also believed to have a reciprocal relationship with the initial activating schema (Jacobson, Dobson, Truax, Koerner, Gollan and prince, 1996).

Anxiety Maintenance

The disorder of anxiety is activated by a fear-based schema. The corresponding assumptions and automatic thoughts of the individual are based on the cognitive triad of anxiety proposed by Blackburn and Davidson (1995), the view of the self as vulnerable, the world as threatening and the future as unpredictable. The specific behavioural responses are perceived as attempts to protect against and avoid exposure to this perceived danger (Wells and Matthews, 1994) and are avoidance based. These avoidance behaviours, often terms 'safety behaviours' (Wells, Clarke, Salkovskis, Ludgate, Hackman and Gelder, 1995; Salkovskis, 1991) are actively reinforced by the reduction in anxiety symptoms, which occur initially as a result of the avoidance of

the feared situation. However, they are frequently counterproductive in that they (i) support an attribution bias by attributing the non occurrence of the feared response to the use of the safety behaviour (ii) prevent the disconfirmation of the threat appraisals and (iii) enhance the continued preoccupation with the appraisals of danger thus maintaining anxiety symptoms and further enhancing the belief in danger (Wells, 1997; Wells et al, 1995; Salkovskis, 1991).

Thus as figure 1 indicates when danger schema are activated, assumptions based on the schema are utilised along with typical anxiety based information processing (cognitive distortions) to develop a perception of events, this in turn leads to cognitive, behavioural and emotional response. Where avoidance behaviour occurs, despite the initial reduction in anxiety, the behaviour actually serves to reinforce the individual's beliefs in their cognitions (e.g. "If I hadn't have left the room then something awful would have happened, I'm no good, I can't cope).

There is no evidence to suggest that the course of anxiety as a product of occupational stress proceeds any differently to that outside of the work place. Trigger situations within the work setting would be perceived as threatening and dangerous along with the perception of oneself as vulnerable and with the perceived competency and skills to cope. The consequential actions of the employee would be based on the inherent goal of self-preservation. The role of avoidance/safety behaviour in connection to this goal would be paramount. A possible response on the part of the employee would be to attempt to avoid the anxiety-provoking situation. This could begin with the avoidance of specific situations at work, although it is proposed that the ultimate form

of avoidance would be either to leave work or be signed off sick from work, which could serve the same function as avoidance/safety behaviour.

Depression Maintenance

The disorder of depression is activated by loss-based schema. The corresponding assumptions and automatic thoughts are based on the cognitive triad of depression proposed by Beck and his colleagues (1979) as the view of the self, the world and the future as negative. The specific behavioural responses of the individual are congruent with these depression cognitions. Those that are significant in the maintenance cycle of depression include decreased levels of motivation to develop and pursue goals and the consequential reduction in activity levels, apathy, lethargy and avoidance behaviour (Teasdale and Barnard, 1993; Beck et al, 1979; Lewinsohn, Hoberman and Rosenbaum, 1988).

The specific component of social behaviour is also noteworthy in that symptoms of depression are believed to interfere with normal relationships (Carnelley, Pietromonaco and Jaffe, 1994). As a consequence of the negative self-beliefs the depressed individual tends to isolate themselves from others, which can lead to the experience of rejection, which can further exacerbate the negative self-perceptions and maintain depression (Hobfoll and Schroeder, 2001; Hammen, Burge, Daley, Davila, Paley and Rudolph, 1995; Gilbert, 1984). Thus as figure 2 indicates when loss schema are activated, assumptions based on the schema are utilised along with typical depressogenic information processing (cognitive distortions) to provide a perception of the situation, leading to cognitive, behavioural and emotional responses on behalf of the individual. When behavioural responses (based on congruent

cognitions) are avoidant and/or lead to a reduction in activity (e.g. staying in bed, based on thoughts “I can’t be bothered to get out of bed, nobody wants to spend time with me anyway”) they serve to reinforce the activating cognitions and increase depressive symptoms.

It is, therefore, proposed that the depressed employee would potentially feel that they lacked the skills needed to perform the job well and that perhaps other people were better. In addition with a negative view of the future they would find it difficult to motivate themselves to do anything about this dilemma, which would potentially exacerbate the problem. However, whilst remaining at work the employee is still performing a function with structured activities in the day as well as experiencing the process of achieving in some aspects of life. The removal of work is perceived to imitate the behavioural symptoms of depression and further reinforce the negative view of self, the world and the future, which in turn reinforces the negative cycle of depression. As the depressed individual continues to disengage from activity the symptoms worsen and at the point of treatment intervention the therapy first has to begin with the behavioural component of attempting to engage the depressed person in some activity as without this it will not be possible to engage in the cognitive challenges needed to recover (Persons et al, 2001; Beck et al, 1979).

In summary then both the cognitive and behavioural responses of the individual with anxiety and/or depression are instrumental in the maintenance of the emotional disorders. As both factors are reciprocal a change in behaviour alone (e.g. sickness absence) can be very significant within the process. The behavioural coping

responses, which are believed to contribute to the maintenance of anxiety and/or depression, are summarised below (see table 1).

Table 1: The Behavioural Maintenance Processes for Anxiety and Depression

ANXIETY	DEPRESSION
<ul style="list-style-type: none"> • Protection Behaviours • Avoidance Behaviours 	<ul style="list-style-type: none"> • Reduced levels of activity • Reduced goal achievement behaviour • Lethargy • Avoidance behaviours • Reduced levels of social interaction

FUNCTION OF SICKNESS ABSENCE

A review of the literature pertaining to the function of sickness absence reveals a paucity of published material. The concept of absenteeism is clearly acknowledged within the occupational stress literature, however, it seems that it is only considered as a consequence of stress or as an outcome measure for the risk or efficacy of other variables (van der Klink et al., 2001; Cooper and Sadri, 1991). The author found no literature that specifically referred to the role of sickness absence in the maintenance of mental health symptoms.

Nevertheless, in the absence of directly associated information, the literature did provide information pertaining to sickness absence was considered in light of the known maintenance factors for anxiety and depression. As a consequence three specific components of sickness absence are highlighted as potential maintenance factors for anxiety/depression. Sickness absence will now be considered in relation to the following functions (i) absence of the benefits employment, (ii) sick role behaviour and (iii) its significance as an avoidant coping behaviour.

Absence of Employment

Work occupies a central role for most people, it is said to play a major role in a persons past an intrinsic part of their present and a potential mould for their future (Cooper and Baglioni, 1988). The influence of absenteeism can be considered in relation to the consequential loss of the benefits usually obtained from employment. Moos (1988) outlined the benefits of employment as multi faceted, suggesting that a job can “provide structure for a persons life, a sense of satisfaction and productivity from completing meaningful tasks, a feeling of belonging to a valued reference group, a basis of self esteem and personal identity and a way to earn ones economic place in society.

Although it may not be reasonable to assume that being off sick from work is the same experience as being without a job, it could be argued that the day to day benefits of the process of being in a job as suggested by Moos (1988) are absent when one is off sick from work. It could also be argued that in consideration of the maintenance factors, the experience of the absence of these benefits for the individual with anxiety and/or depression would be exacerbated by their symptoms.

Sick-Role Behaviour

The way in which sickness is used will influence its potential interaction with anxiety and/or depression. It is proposed that it will be utilised in accordance with the perceived societal norms, which will now be considered.

Research into the sick role suggests that the social perception of the sick role in addition to the process of arriving at it are to a significant degree related to societal norms (Blackwell, 1967). The sick role as defined by society is believed to qualify

the sick person the right to be relinquished from their usual responsibilities and even self-responsibility depending on the extent of the illness (Parsons, 1951). The research shows that the degree to which illness is understood by society and consequently the society norms for its management are a significant predictor of the individuals coping responses to illness and their ultimate period of delay in seeking professional help (Blackwell, 1967). At the time of the research, societal understanding of physical illness was far greater than that of psychological ill health and consequently the study found that individuals with mental health problems experimented with more independent coping strategies, attempted to withdraw from situations and/or attempted to deny the presence of the problem for an extended period of time prior to seeking professional help compared to individuals with physical illness.

This research suggests that where societal norms of illness behaviour are unclear individuals tend to attempt to manage alone and may try to withdraw from the situation. The current understanding of mental health within society remains poor and the stigma around it still exists (Doherty and Tyson, 2001). It is, therefore, suggested that not only may employees with mental health problems delay seeking professional help; they are likely to attempt to cope with their symptoms via withdrawal/avoidance behaviour prior to this.

In addition to this it is suggested that the societal norms of mental illness behaviour still remain unclear in comparison of physical illness behaviour. The employee signed off from work would therefore have unclear guidelines of how to best utilise the period of absence and in accordance with the previously cited research may

fumble on with their own attempts to manage symptoms and potentially revert to the only known blueprint of the sickness role, that of physical illness. As such the concept of the physical sick role as a relinquishment of responsibility (Persons, 1951) implies behaviour changes that could be argued as consistent with the treatment protocol for most physical illness but from a CB treatment perspective could be deemed as potentially detrimental to the severity of mental health symptoms (see table 2 for a summary).

Avoidant Coping Behaviour

It is suggested that absenteeism can be seen as a form of coping behaviour for the employee with mental illness. The role of coping is seen as a fundamental factor within the relationship between stressors and strain (Oakland and Ostell, 1996). The literature suggests that the role of coping is believed to play a potentially major role in determining people's psychological and physical well being when they are confronted with negative stressful life events (Aspinwall and Taylor, 1997; Cooper and Baglioni, 1988). However, the specific types of coping processes involved are still unclear (Cooper, 2001; Cooper, Dewe and O'Driscoll, 2001; O'Driscoll and Cooper, 1994).

The current conceptualisation of coping behaviour within the occupational stress literature is akin to the CB model previously proposed and is based within the transactional model (Cooper, 2001; Cooper et al., 2001). As such it is defined as "cognitive and behavioural efforts to master, reduce or tolerate the internal or external demands that are created by the stressful encounter" (Folkman, 1984). This concept is based on a proposal by Lazarus (1966) and suggests that coping occurs as a

consequence of a primary appraisal (situation appraisal) and a secondary appraisal (appraisal of perceived coping ability). The type of coping response is believed ultimately to influence stress levels in either a positive or negative way (Code, Langan and Fox, 2001). In addition it has been proposed that the focus of coping could be used as a function of avoidance (Ferguson and Cox, 1997).

Thus coping behaviour is the cognitive and/or behavioural response to stressful situations and can serve an avoidant function. On the foundation of this argument it is proposed that sickness absence can be perceived as an avoidant coping behaviour on the part of the individual (see table 2 for a summary).

Table 2: The Potential Impact of Sickness Absence

Impact Of Sickness Absence	
ABSENCE OF EMPLOYMENT	<p><i>Reduction/Loss of:</i></p> <ul style="list-style-type: none"> • Structure • Purposeful activity • Satisfying activity • Activity within a valued reference group • Basis for self esteem • Potential for personal identity • Income • Social support from work colleagues
SICK ROLE BEHAVIOUR	<p><i>Reduction In:</i></p> <ul style="list-style-type: none"> • Activity levels • Directed and purposeful behaviour <p><i>Increase In:</i></p> <ul style="list-style-type: none"> • Isolating Behaviour • Avoidant Behaviour
AVOIDANT COPING:	<ul style="list-style-type: none"> • Avoidant Behaviour

THE FUNCTION OF ABSENTEEISM IN MENTAL HEALTH

The basic CB premise of emotional disorder implicates the reciprocal nature of an individual's responses to situations in the maintenance of symptoms (Beck, 1976). It is therefore proposed that on the basis of this model the behaviour change involved in being signed off sick from work could influence the other symptoms and responses of the disorder and is therefore open to be implicated in the maintenance of symptoms. The potential impact of symptoms/responses on schema further implicates the potential influence of a behaviour change (such as absenteeism) on the course of the emotional disorder (Jacobson et al, 1996).

The literature review of the functions of absenteeism in light of the maintenance factors within anxiety and depression would suggest that sickness absence is likely to impact upon mental health. Its role in the removal of the many positive elements of employment (Moos, 1988), the likelihood that the current societal view of the sick role could encourage sickness behaviour which is incongruent with the CB treatment protocol for mental illness (Blackwell, 1967; Parsons 1951) as well as its function as an avoidant coping behaviour which could serve to prevent the disconfirmation of faulty appraisals and lend evidence to the negative symptoms have all been highlighted.

Specific Function of Absenteeism in the Maintenance of Anxiety

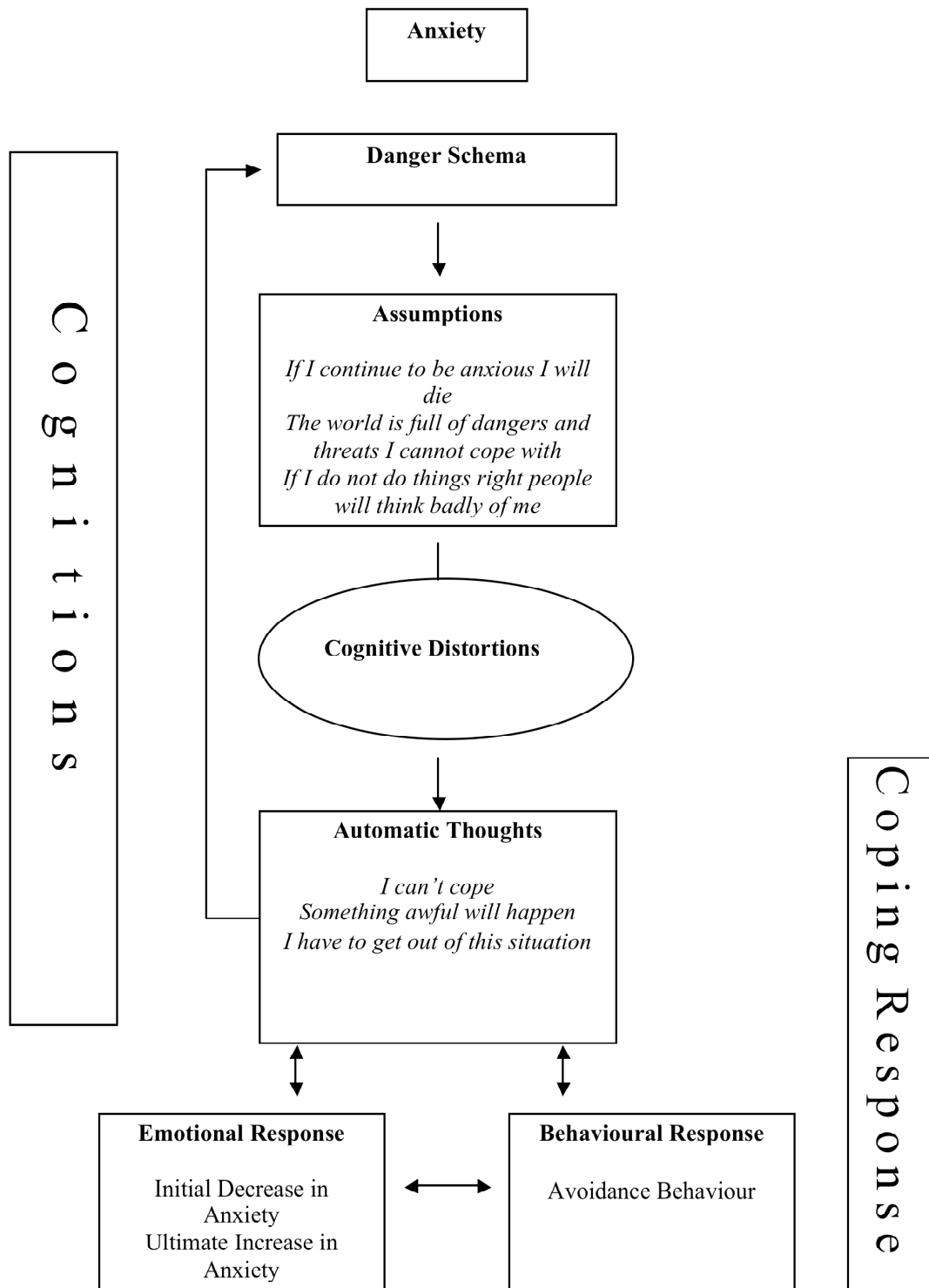
The specific behavioural factors implicated in the maintenance of anxiety are those of protection/avoidance behaviours (Wells, 1997; Blackburn and Davidson, 1995; Salkovskis, 1991; Beck, 1976) and are emulated by the experience of sick leave (as summarised in tables 1 and 2). In accordance with the reciprocal nature of the symptoms the impact of the sickness absence within the behavioural aspect will be

compounded by the consequential changes within each of the other areas of emotion and cognition (as demonstrated in figure 1).

It is proposed that the removal of the employee with anxiety from the work setting would serve the same function as any avoidance behaviour. This would be further exacerbated not only by the individuals' anxiety symptoms but also by the influence of the societal perception of sickness behaviour, where by the individual is likely to not only avoid work but many other daily activities, further exacerbating the individuals potential for personal identity and limiting the potential for the participation within a valued reference group.

It is, therefore, proposed that in the absence of treatment intervention the removal of the employee from would (i) support an attribution bias, by attributing the non occurrence of the feared outcome at work to the removal from the feared situation (ii) prevent the disconfirmation of the threat appraisal by the process of avoidance (iii) enhance the continue pre-occupation with the appraisal of danger within the work setting thus maintaining anxiety symptoms and further enhancing the belief in the danger appraisals and ones lack of competence to cope. On this assumption the negative spiral of responses could serve to exacerbate cognitive, behavioural and emotional symptoms of anxiety as well as the potential impact upon schema (Jacobson et al, 1996).

Figure 1: Summary Diagram to Represent the Cognitive Behavioural Maintenance Cycle for Anxiety



Specific Function of Absenteeism in the Maintenance of Depression

As with anxiety the main direct function of sickness absence within depression can be seen within the behavioural component of the disorder (Blackburn and Davidson, 1995; Beck et al, 1979). The significant impact that it has upon activity levels, goal directed behaviour, lethargy and social contacts as well as its role as avoidance behaviour are all implicated in the experience of sickness absence (as summarised in figure 2).

Most of the components outlined as potential functions of maintenance are fulfilled for depression. Sickness absence specifically impacts the area of activity, the absence of which is a symptom of depression. In addition because of the reciprocal interaction with the cognitive and emotional components (Persons et al., 2001; Beck et al, 1979) this is further compounded and rapidly accelerates the negative chain of events seen within depression. The cognitive symptom of indecisiveness in depression (Beck et al, 1979) is perceived to make it increasingly difficult for the employee with depression to replicate some of these advantages within the work place whilst off sick at home.

Thus the theoretical concepts provide evidence that sickness absence can also be implicated in the maintenance of depression as well as anxiety. An overview of the impact of sickness absence upon anxiety and depression is represented diagrammatically in figure 3. The diagram highlights that work stress can lead to anxiety/depression and that the process of sickness absence ultimately reinforces the existing maintenance cycle of depression/anxiety thus serving to increase the severity of symptoms. The specific pathway for each of the thirteen components has not been individually considered due to the limitations of the scope of this review, however, all

are proposed to the contributory with a special emphasise on avoidance based components for anxiety and activity reduction based components for depression.

Figure 2: Summary Diagram to Represent the Cognitive Behavioural Maintenance Cycle for Depression

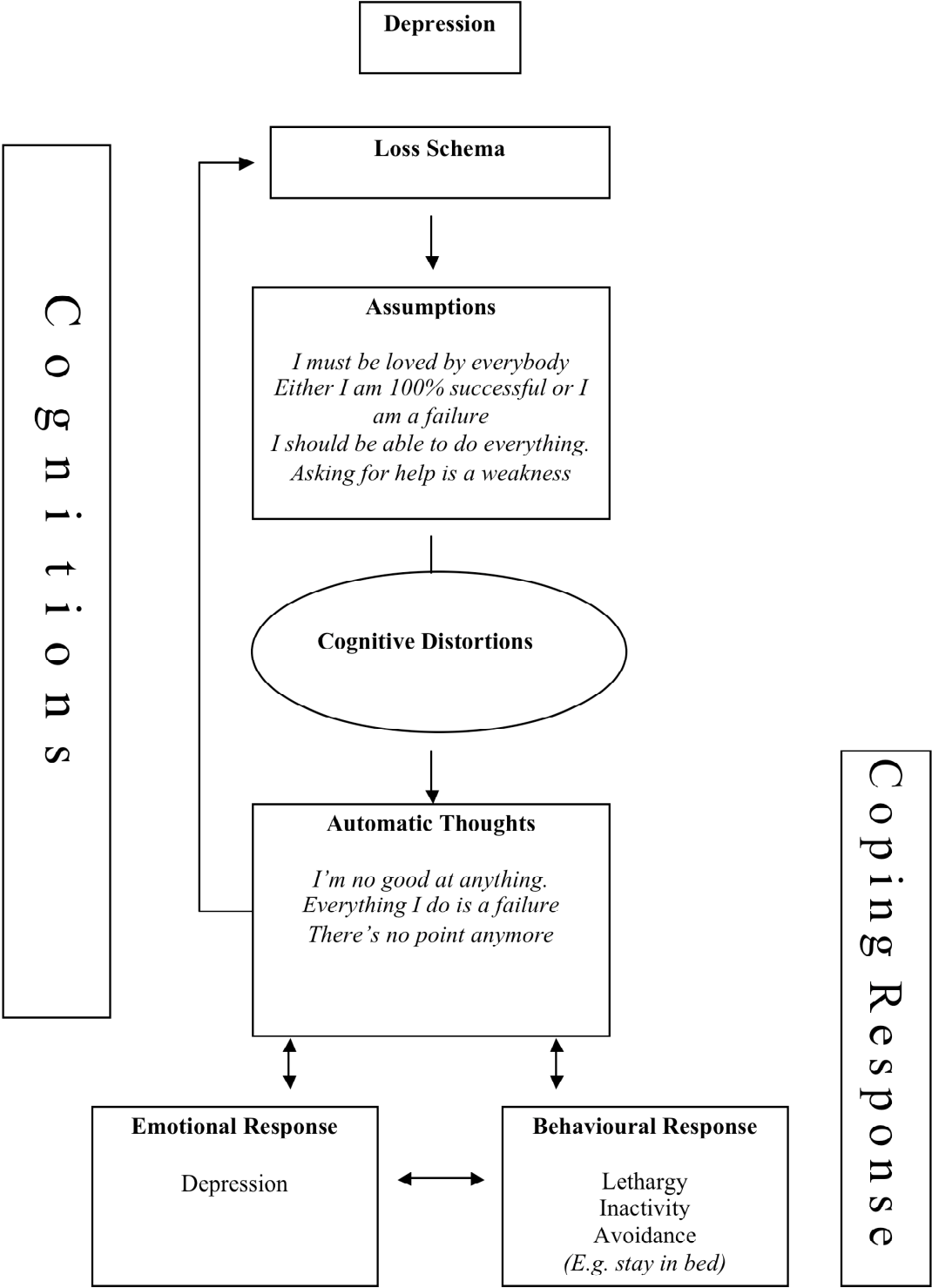
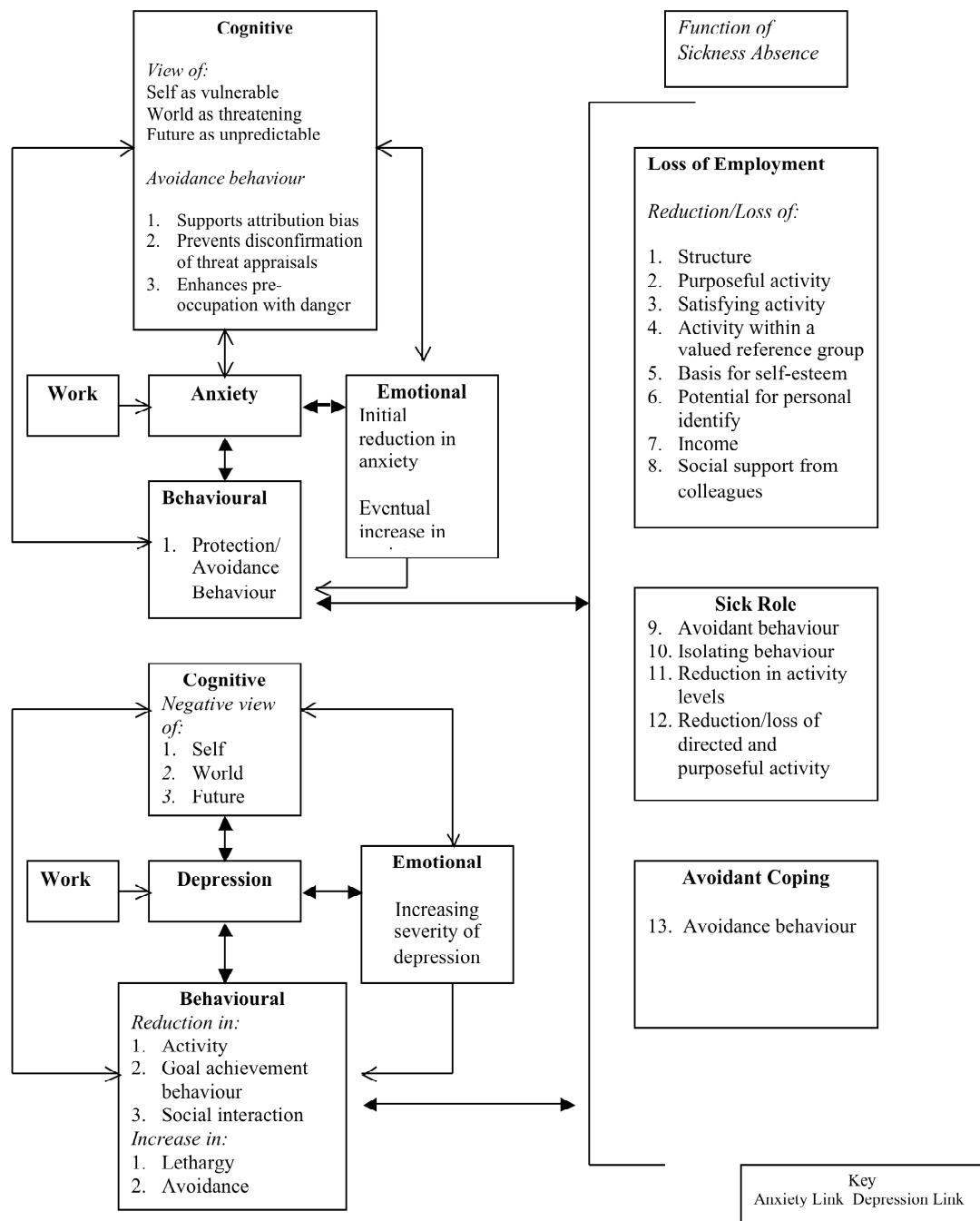


Figure 3: Function of Sickness Absence on the Maintenance of Anxiety and Depression



CONCLUSION

The aim of this review was to consider the potential impact of sickness absence behaviour as a maintenance factor for anxiety and depression from a CB perspective. Overall the review has highlighted the paucity of literature not only pertaining to the specific review question but also within the general area of sickness absence outside of its role as a consequence of occupational stress or as an outcome measure for the risk of efficacy of other variables (van der Klink et al., 2001; Cooper and Sadri, 1999).

Following an extensive review of CB literature pertaining to the maintenance factors of anxiety and depression the evidence suggests that the process of coping ultimately influences the symptoms of the disorder (Wells, 1997; Salkovskis, 1996; Salkovskis, 1991; Beck et al, 1979; Beck, 1976). The literature also proposes that the types of coping believed to occur for both anxiety and depression are synonymous with their respective cognitive processes (Blackburn and Davidson, 1995; Beck et al, 1979). The current trend within the occupational stress literature to view both the concept of stress and coping within the transactional model also supports this concept (Cooper et al, 2001).

A review of literature pertaining to absenteeism considered it as an influence of the absence of the positive correlates of work (Moos, 1988), a vehicle for the performance of sickness behaviour (Blackwell, 1967; Parsons, 1951) and as an avoidant coping response (Folkman, 1984). All aspects of which to varying degrees

showed the potential to impact negatively upon both anxiety and depression on the basis of their known maintenance factors.

As such the review has implicated absenteeism for individuals with anxiety and/or depression as a maintenance factor within its continued development, thus suggesting that signing an employee with symptoms of anxiety and depression off work without any other intervention is actual contraindicating to their condition. Such a finding surrounding the absence of published literature pertaining to it and in the context of the current surge of occupational mental health and corresponding utilisation of sickness leave is extremely concerning.

The future implications of the review relate specifically to the management of individuals with occupational mental health problems. The utilisation of sickness absence for this group is contraindicated and could lead to increasing numbers of the UK workforce being ultimately excluded from work on the basis of ill health. The current health and safety executive initiatives which are actively promoting the awareness of mental health within the workplace for both employers and employees (Doherty and Tyson 2001) are excellent and may help to influence the current problems pertaining to the societal view of mental health and the sick role. However such isolated initiatives are insufficient and research pertaining to the potential impact of sickness absence on mental health maintenance as well as the efficacy of interventions such as CBT for this group need to be considered. The specific role of early treatment intervention to either replace or compliment sick leave for those who are unable to continue to function as work is a priority.

In summary, despite the lack of existing sources of knowledge, the review has been pioneering in its exploration of a variety of literature sources in the purpose of further expanding the theory base within this area. A significant amount has been highlighted within the review that is deserving of further theoretical and empirical study.

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