

# Return to Work Assessment in A Financial Analyst with Major Depressive Disorder: A Case Report

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## Abstract

**Background:** More than half of the global population are workers, and depression and anxiety result in the loss of 12 billion working days per year, costing the global economy around \$1 trillion.<sup>1</sup> Depression is a widespread mood disorder that can lead to self-harm and suicide.<sup>2,3</sup> Work eligibility assessments are essential to ensure that workers can perform their duties safely and effectively. This case report discusses the fitness-to-work assessment of a financial analyst with major depressive disorder with psychotic features.

**Objective:** To explore factors affecting the fit-to-work status of a patient with major depressive disorder and assess the fit-to-work status of the patient.

**Case Presentation:** A 27-year-old female with a history of depression and trauma worked as a financial analyst. She had a psychiatric evaluation revealing major depressive disorder with psychotic features, moderate stressors, narcissistic personality disorder, and problematic workplace relationships.

**Discussion:** PERDOKI has a seven-step process for evaluating fitness to work and return-to-work programs. These steps involve assessing the patient's medical condition, disability, job demands, risks, and tolerance to determine the appropriate work status. In this case, the patient is declared fit to work with a note.

**Conclusion:** The role of occupational medicine in workers with major depressive disorder is very important, in-depth interviews regarding workload and other factors that are stressors for workers must be carried out. Support from the inner circle, family and workplace is very important for workers with major depressive disorder. Clinical symptoms of delusions, hallucinations and suicidal tendencies are the main criteria for determining return to work in addition to other influential factors.

**Keywords:** major depressive disorder, financial analyst, return to work

## Abstrak

**Latar Belakang:** Lebih dari separuh populasi dunia adalah pekerja, dan depresi serta kecemasan mengakibatkan hilangnya 12 miliar hari kerja per tahun, merugikan ekonomi global sekitar 1 triliun dolar amerika.<sup>1</sup> Depresi adalah gangguan suasana hati menyangkut kerja otak, menetap selama beberapa waktu dan mengganggu fungsi keseharian seseorang yang dapat menyebabkan seseorang menyakiti diri sendiri dan bunuh diri. Evaluasi kelayakan kerja sangat penting untuk memastikan bahwa pekerja dapat melakukan tugasnya dengan aman dan efektif. Laporan kasus ini membahas penilaian kelayakan kerja pada seorang analis keuangan dengan gangguan depresi berat dengan ciri psikotik.

**Tujuan:** Untuk mengetahui faktor-faktor yang mempengaruhi status kelayakan kerja pada pekerja dengan gangguan depresi berat dan menilai status kelayakan kerja pasien tersebut.

**Presentasi Kasus:** Seorang wanita berusia 27 tahun dengan riwayat depresi dan trauma bekerja sebagai analis keuangan. Pekerja tersebut telah mendapatkan evaluasi dan terapi dari departemen psikiatri dengan gangguan depresi mayor dengan ciri psikotik, gangguan kepribadian narsistik, dan relasi dengan teman serta situasi lingkungan kerja yang bermasalah.

**Diskusi:** Perhimpunan Spesialis Kedokteran Okupasi Indonesia (PERDOKI) memiliki tujuh langkah penilaian kembali kerja untuk menilai pekerja tersebut laik bekerja kembali. Langkah-langkah ini melibatkan penilaian kondisi medis pasien, kecacatan, tuntutan pekerjaan, risiko, dan toleransi untuk menentukan status pekerjaan yang sesuai. Dalam hal ini, pasien dinyatakan laik bekerja dengan catatan.

**Kesimpulan:** Peran kedokteran okupasi pada pekerja dengan gangguan depresi berat sangat penting, wawancara mendalam mengenai beban kerja dan faktor lain yang menjadi stressor pekerja harus dilakukan. Dukungan dari lingkungan keluarga dan tempat kerja sangat penting bagi pekerja dengan gangguan depresi berat. Gejala klinis berupa waham, halusinasi dan kecenderungan bunuh diri menjadi kriteria utama untuk menentukan kembali bekerja disamping faktor lain yang berpengaruh.

**Kata kunci:** gangguan depresi berat, analis keuangan, penilaian kembali kerja

## Background

More than half of the global population are workers, and approximately 15% of working-age adults live with mental health disorders. Each year, depression and anxiety result in the loss of 12 billion working days. In addition, individuals with severe mental health conditions are often unable to work, despite its importance for their recovery. Mental health issues can have a ripple effect, impacting families, caregivers, coworkers, communities, and society as a whole. Reduced productivity caused by depression and anxiety costs the global economy approximately \$1 trillion annually. Much can be done to support people with mental health conditions and promote mental health in the workplace, allowing them to participate fully and equitably in employment.<sup>1</sup>

One of the most common mood disorders that can affect all age groups is depressive disorder. Depression is a mental health condition characterized by persistent sadness and disinterest. All types of depressive disorders share common traits, such as feelings of emptiness or irritability, as well as physical and mental changes that can greatly impact a person's ability to carry out daily tasks. In severe cases, depressive disorders can lead to self-harm and even suicide.<sup>2,3</sup>

A study in the United States of America revealed that approximately 13 to 14 million adults suffer from major depressive disorder. The major depressive disorder has become a serious threat; it was estimated to become the second leading cause of disabilities in 2020, after cardiovascular disease. The lifetime prevalence of depression is in the range of 10-17% in the general population.<sup>4</sup> In Indonesia, the 2018 *Riset Kesehatan Dasar* found that 12 million people over 15 suffer from depression.<sup>4,5</sup>

Due to the wide variety of causes of depression, several therapeutic modalities can be used. A combination of pharmacotherapy and psychotherapy was found to be more effective in treating depression and preventing recurrence, compared to monotherapy of pharmacotherapy or psychotherapy alone. Patients suffering from depressive disorder need long-term therapy to prevent relapses. Around two third of patients with major depressive disorder can achieve full recovery.<sup>6</sup>

Everyone has the right to work in a safe and healthy environment. Work can be beneficial for mental health, but it can also worsen mental health. Given the complex

causative factors of depression, the broad impact of depression both for the affected workers and their employers, a return to-work assessment is needed to ensure that workers can carry out their work effectively and optimally with minimal risk. In this case report, we aim to explore the return to-work assessment for a financial analyst suffering from major depressive disorder with psychotic features.

## Case

A 27-year-old female complained of weight gain and increased appetite due to stress in the past several weeks, causing her to feel sad and anergic and find it difficult to concentrate at work. The patient had been diagnosed with depression and had been receiving medical treatment since 2021. The patient had a history of prolonged sadness, loss of appetite, anergia, and self-harm in 2021. The symptoms started to appear after her romantic relationship ended. The patient also had a history of being sexually harassed in middle school by a teacher, in college by her male classmates, and at work by her male colleagues. The patient often cried upon recollection of the trauma and frequently had nightmares about being raped. After being contacted by her former romantic partner, the patient started to experience insomnia and auditory hallucinations. The sounds mimicked that of a phone dial tone. The patient went to a psychiatrist and started to consume Seroquel, which relieved the hallucination.

The patient worked at the bank as a financial analyst, every Monday to Friday, from 8 am to 5 pm. The patient took a 10 km bus or motorcycle ride to work. Upon arrival, she would retrieve financial data that would be processed or analyzed on that day, perform financial data analysis/processing, attend meetings with the head office, participate in internal meetings, prepare materials for routine meetings, and arrange weekly or monthly reports. The patient spent most of her time sitting in front of a computer. Potential hazards that the patient had to encounter at work comprise physical hazards (non-ionized radiation), ergonomic hazards (hand and wrist extension >45°, neck flexion >30°, repetitive fingers movement, visual display terminal >2 hours, prolonged sitting), and psychosocial hazard (interpersonal conflict with coworkers).

Psychiatric examination revealed a MADRS (Montgomery Asberg Depression Rating Scale) score

of 11, indicating mild depression. The patient's most recent NBJSQ (New Brief Job Stress Questionnaire) score showed poor support from family, colleagues, and superiors; poor appreciation in the workplace; poor work-life balance; poor involvement in the workplace; poor vitality; and high emotional demand. The SDS score indicated moderate stressors in role ambiguity, role conflict, and career development; major stressors in quantitative and qualitative workload. The patient was assessed with major depressive disorder with psychotic features (not an occupational disease), narcissistic personality disorder, problematic relationships with colleagues and the workplace, and a current GAF (global assessment of functioning) of 70.

## Discussion

A systematic review and meta-analysis conducted by Ervasti J, et al. investigated the factors that affect the return to work (RTW) process after work-related depression, such as age, somatic and psychiatric comorbidities, depression severity, and self-awareness. Clinical and disease-related factors were found to be the most consistent predictors of RTW after depression, emphasizing the importance of proper therapy to reduce the duration of absence from work.<sup>7</sup>

Another prospective cohort study by Hujis *et al.* explored the relationship between job characteristics, depressive symptoms, and duration of a full RTW in workers on long sick leave. Depressive symptoms were found to be a strong predictor of how long it would take workers to return to full employment, with workers with depressive symptoms taking 30-50 days longer to return to full work. Self-efficacy, physical labor demands, initial partial RTW, employment status, and age were identified as significant independent predictors of returning to full employment, while job characteristics played an unrelated role in the RTW process. The study concluded that employees need to have confidence in their ability to handle work challenges and gradually expose themselves to work situations to challenge any dysfunctional beliefs about work and RTW.<sup>8</sup>

A cross-sectional study by Negrini et al. examined how supervisors contribute to the RTW process for employees with depression, including before and during sick leave and during RTW preparation. The study aimed to determine which types of supervisor

contributions facilitated employee RTW and the work accommodations that supervisors most often applied during the RTW process. The findings showed that 72% of supervisors maintain contact with workers on sick leave, primarily through phone calls (74%) at least once a month (64%) and focus on the health of workers (93%). About 90% of supervisors encouraged workers to concentrate on recovery before returning to work. The Kaplan-Meier estimation indicated that 50% of workers on leave because of depression were expected to return to work within 8 months. Men were 1.66 times more likely to RTW than women, and workers who had frequent contact with supervisors (once a week or two weeks) were 0.75 times more likely to RTW than those with less frequent contact. The study also found that workers whose supervisors had a high intention to facilitate RTW were 1.44 times more likely to RTW. In contrast, workers under pressure to return to work immediately after mental improvement were 0.76 times less likely to RTW. Supervisors' four most frequently implemented accommodations were providing assistance, feedback, recognition, and emotional support. The study concluded that four variables predicted RTW after depression-related sick leave, namely gender, frequency of contact during leave with supervisors, the pressure felt by workers towards RTW, and supervisor's intention to facilitate the worker's RTW, with the supervisor's intention being the most significant factor associated with RTW.<sup>9</sup>

The seven steps of the fit-to-work assessment method issued by *Perhimpunan Spesialis Kedokteran Okupasi Indonesia* (PERDOKI) assist in determining work-appropriate status and/or return-to-work programs for workers with certain health conditions. Assessment of return to-work status, in this case, was carried out 7 months after the patient was diagnosed with major depressive disorder with psychotic features and underwent outpatient treatment at the hospital consisting of psychoeducation, psychotherapy, and psychopharmaceuticals.<sup>10</sup>

The first step is to describe the patient's job description. The patient's job involved retrieving and analyzing customer data for credit applications. She spent most of her day in front of a computer dealing with Excel and numbers and must analyze 5 customer data sets daily. She also attended meetings twice a week and was responsible for preparing materials to be presented at those meetings. The patient was also required to make weekly and monthly reports. The

patient worked from Monday to Friday. The official working hours began from 8 am to 5 pm. However, almost every day, the patient had to work overtime until 7 pm because she followed the work rhythm of her superior. At the beginning of the month, the patient always worked overtime, usually until 9 pm, due to completing the previous month's final report. She worked in a comfortable cubicle with air conditioning and good lighting and interacted mainly with colleagues and superiors. She did not have special assignments or readiness requirements and wore a mask during the Covid-19 pandemic. Her work environment was located in a multi-story building in the city center, with easy access and mobility provided by elevators or escalators. The materials she used included a table, chair, ATK, computer, and printer.

The second step of the fit-to-work assessment method is describing the job demands, including the physical, motoric, sensing, mental, work environment, organisational, temporal, and ergonomic aspects, taking into account the side effects of the drugs taken.

To work for 8 hours in the patient's job, a minimum physical capacity of 5 Mets is required. The job requires light mobility skills, such as sitting in front of a computer and taking leisurely walks in the office area while carrying light items like files or a laptop. A Manual Muscle Testing (MMT) score of 5 in both the upper and lower extremities, as well as on both the right and left sides, is necessary for this job, indicating the need for muscle strength. Proficient motor skills are necessary for both upper extremities, including an excellent range of motion (ROM) in all directions, no stiffness or limitations in joint motion, and good coordination between limbs to maintain body balance. Gross motor skills are utilized for walking, changing positions, sitting, standing, and climbing stairs. Fine motor skills are required in fine finger coordination, normal flexion-extension abilities of the fingers, no weakness, paralysis, stiffness, tremors, or joint pain, and no restrictions on finger range of motion. The job also necessitates specific motor skills such as good gripping strength in both hands, the ability to grip a pen properly, and the ability to perform flexion-extension movements of the interphalangeal joints and metacarpophalangeals for typing and writing. Normal eye vision is needed to perform this job, including the ability to see writing in files or on a computer (with distant vision less than 6/12 and near vision less than 40). A good hearing function is also required to be able to hear conversations at a

distance of 6 meters and communicate effectively. There is no special requirement for the sense of smell or taste.

Additionally, no special tactile skills are necessary. In order to excel in this job, the worker must possess certain skills and abilities. This includes having good emotional control, as well as strong social skills to effectively communicate with colleagues and superiors while following directions and receiving supervision. Additionally, cognitive impairment must be absent, and the ability to concentrate for extended periods is essential. The job requires resilience and workability to complete daily tasks and data analysis within a day. The work environment has no special demands, but the individual must work towards the company's goals and follow their superior's orders. The office culture dictates that subordinates stay until their superiors have left, and there may be a need to assist superiors in presentations and evaluations, which can be time-consuming. The worker must also be able to work for long hours in a static position before a computer and not experience tremors, extrapyramidal effects, or drowsiness from drugs, as this job requires good concentration.

According to the study conducted by Huijs *et al.*, it was found that individuals with low physical work demands, those who stayed at work during the return to work program, and those with high self-confidence were more likely to return to work sooner. The patient in question worked as a financial analyst, a job that does not require much physical activity, and continued to work while receiving routine therapy from a mental health specialist. Additionally, the patient was optimistic about her job and found it more enjoyable than her previous one. These positive factors suggested the patient had a good prognosis for returning to work full-time. However, job characteristics such as the number of working hours, type of employment contract, organization size, psychological demands, skill discretion, and decision-making authority did not predict whether an employee can return to work full-time after sick leave due to depression. These factors were instead related to the severity of the depressive symptoms experienced by the employee. In this particular case, the patient's depression was not caused by work, as evidenced by the history and questionnaires.<sup>8</sup>

The third step of fitness to work and return to work evaluation is assessing the patient's medical condition. On the patient's most recent follow-up, the patient

arrived at the psychiatric clinic and underwent a physical examination that showed normal results, with good vital signs and *compos mentis* awareness. The patient had no physical complaints and discussed her current and previous jobs, noting that the conditions at work were better than before. Regarding physical capacity, the patient could meet work demands of at least 5 METs, had no mobility issues, could stand up and walk upstairs, and had good muscle strength with no joint stiffness. The patient had no problems with gross and fine motor skills and had no tremors or extrapyramidal movements. Sensory-wise, there were no issues with hearing, vision, or balance. Emotionally and mentally, the patient had a depressive disorder that could cause mood changes that might affect relationships with co-workers. However, the patient was able to control herself while at the office and did not want colleagues or superiors to know that she was receiving regular psychological treatment. The patient had coherent thought processes with sufficient ideas and could concentrate for long periods (>2 hours) without any performance reprimands. The patient was able to work 11-12 hours a day, had good resilience and workability, and could attend meetings and complete tasks on time. The patient had full emotional awareness of her disorder and regularly sought treatment. In terms of the work environment and ergonomics, there were no issues, and the patient had no complaints about drug side effects affecting work performance. The patient had an overall good prognosis.

A study conducted by *Ervasti et al.* using a systematic review and meta-analysis found that older age, somatic comorbidities, psychiatric comorbidities, and more severe depression were linked to a lower likelihood of returning to work. On the other hand, conscientiousness was associated with a higher chance of returning to work. Another study by *Huijs et al.* discovered that younger age was a predictive factor for patients being able to return to work full-time. The current patient, who was 32 years old and had no physical or psychiatric comorbidities, had a good prognosis for functional and occupational recovery. Despite being diagnosed with major depression, the patient was cautious and confident in her ability to recover and carry out daily activities without experiencing depressive symptoms. The patient was also aware of her illness and consistently received treatment from a psychiatrist.<sup>7,8</sup>

The fourth step of the fit-to-work assessment method is disability assessment. The patient had a major depressive disorder with psychotic symptoms. However,

the latest examination revealed a GAF score of 70 and a MADRS score of 11. According to this scale, the patient experienced some mild symptoms, such as depressed mood and mild insomnia, and had some difficulties in social, occupational, or school functioning, such as occasional truancy or theft within the household. However, overall, the patient functioned quite well and had some meaningful interpersonal relationships. There were no physical limitations for the patient, and the patient was able to concentrate, meet work deadlines, meet QPIs, and have good relationships with co-workers. The patient did not have any handicaps at the time of assessment.

The fifth step of fitness to work and return to work evaluation is risk assessment. Considering the patient's current depressive condition, as indicated by a MADRS score of 11, she was able to handle work stressors. The patient consistently took the prescribed medication and attended psychotherapy sessions, which indicated a low risk for self-harm. Furthermore, there was no risk of drug side effects. In terms of co-workers, the patient was able to complete her work on time without needing assistance or causing any disruptions, indicating a low risk of co-worker injury. Lastly, the risk of the patient taking actions that could damage the company's property or the environment was also low.

The next step is to assess the patient's tolerance. The patient felt capable of working as a financial analyst. The patient's colleagues were unaware of her psychiatric condition. Although the leadership was unaware of the patient's condition, they had shown tolerance and leniency towards employees who needed time off or permission to seek treatment. Unfortunately, the employer was not aware of the patient's condition, as a study by *Negrini et al.* suggested that supervisory support, such as providing assistance, feedback, recognition, and emotional support to employees, was a predictor of their ability to return to work while experiencing depression. The study also suggested several accommodations that employees could provide during the return-to-work process, such as clear assignments, a gradual delegation of tasks, time for doctor appointments and therapy, and support from colleagues, which superiors could initiate. While the patient's superiors had allowed her to visit a psychiatrist routinely, they had not provided any other accommodations as they were not aware of the patient's mental health condition.<sup>9</sup>

The final step of the fit-to-work assessment is establishing the fit-to-work status. Based upon the

history taking, psychiatric examination, and physical examination, the patient is declared fit with a note. To monitor the treatment of a patient with major depressive disorder, the company should conduct a 3-month return-to-work (RTW) program. We have to conduct in-depth interview with patient especially regarding the perceived problem of harassment in the workplace and whether the workload adds to the stressor for patient.

The patient should regularly consult a mental health specialist, take medication as prescribed, attend psychoeducation and psychotherapy sessions, and communicate their mental health condition to their supervisor. The patient should also maintain a healthy lifestyle, such as consuming a balanced diet, exercising regularly, and getting adequate rest and sleep.

Supervisors should create a supportive work environment, if it's possible form an inner circle of workers who are close to patients so that she feels she has friends to be able to share related workloads and other problems faced by patients.

## Conclusion

Using the 7-Step Fit for Work Assessment method, a 32-year-old female patient with major depressive disorder with psychotic features who worked as a financial analyst has been assessed and declared fit to work with notes. However, the patient's current condition requires appropriate treatment and regular evaluations by a psychiatrist to achieve full remission. This case report illustrates the importance of occupational medicine to assist in the clinical management of patients and work-related issues. Patients need support from those closest to them, if they don't get it from their inner circle or family, the role of the workplace will be very good and expected. Regarding the assessment of return to work, we must look at the clinical symptoms, there should be no delusions and hallucinations, and suicidal tendencies must disappear. The benchmark time from the literature is said to be 6 months, but we cannot average it in patients with major depressive disorder because we have to look at other factors.

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