Zurich Corporate Risk

Rehabilitation support case study – mental health issues in the workplace

Ben's story

Our in-house team of fully qualified rehabilitation experts are always on hand to support employees as they return to work. Here's an example story of one employee who was displaying signs of distress and anxiety at work and how we were able to help with his **Presenteeism** using a **Cognitive Behavioural Approach**.

Please note this case study is an example based on our experience and demonstrates the help and support we are able to provide in this situation.

Meet Ben.

He is in his 50s and has worked for his company for over 20 years.

Ben was referred to Zurich Corporate Risk (ZCR) rehabilitation team by his manager who was concerned by a noticeable change in his behaviour. Ben's manager had observed that he was no longer engaging with the rest of the team and would disappear for long periods of time during the working day. Ben seemed to be struggling with his work so he contacted the ZCR rehab team to see what advice they might offer to help him help Ben.

One of our rehab team spoke to Ben and he explained that there was conflict with two people in the office, which he felt had been escalating over the past few weeks.

Ben admitted that he dreaded coming into work, was not sleeping very well, and was very tearful as he shared how he was feeling. He described feelings of low mood and not wanting to get out of bed in the mornings. Ben also described feeling anxious as he walked into the office and symptoms of sweating, "butterflies" and chest tightness.

Ben continued to describe how if he heard laughter in the office, he felt they were all laughing at him. And that when he heard the laughter and talking, it made him feel angry and he wanted to shout at them to stop. Ben stopped using the shared break out room and would go off for short walks or sit in his car to avoid others in the office. He was also refusing to go to staff meetings.

Ben was asked if he would be happy to complete a GAD-7 questionnaire, a measurement for anxiety disorders, and a PHQ-9 questionnaire, a measurement for depression. They're designed to facilitate the recognition for depressive disorders and anxiety disorders respectively. They are the national standard measures routinely used by GP's, therapists and psychiatrists as screening tools. The scoring for both helps people to understand how severe the issue is. The general rule is that the higher the number, the more severe the case is (efficacy 2020).

Ben scored 25 on the PHQ9 and a score of 20 on the GAD, which indicated the issues were severe, (see appendix 1).

As Ben scored highly on both the questionnaires, he was advised to see his GP to discuss if medication would be appropriate. Ben said he didn't want to go off work sick but agreed that he'd see his GP.

Ben's manager agreed to talk to the team about office etiquette and team working and supported Ben by agreeing that when he needed to get out of the office for a break, to do so, but to please notify him first.

Ben's manager contacted the ZCR rehab team to speak in confidence regarding Ben's behaviour in the office as it was becoming apparent that it was affecting the rest of the team. Ben was refusing to engage with his colleagues, was shouting at them and would disappear for long periods without notice, which was having a detrimental effect on his productivity and the overall morale of the office.

Ben had been to see his GP who prescribed medication and advised him to access the NHS website to self-refer for counselling support. Ben also had an ECG due to his symptoms of chest pain and this result was normal. He was taking several walks a day out of the workplace as he felt he couldn't cope being in the office for prolonged periods.

Wilday and Dovey (2005) suggest that feelings of anxiety are an emotional response activated by fear-based cognition. The "flight or fight" response copes with physical danger by fighting or fleeing. Ben's avoidance of team meetings and breaks with colleagues is the same type of response activated by the sight of a predator being mobilised by threats of psychological traumas, such as rejection (Beck et al, 2005).

Ben was clearly engaging in avoidant behaviour by not having his breaks in the communal break room, missing team meetings, and taking several walks a day during work time. Ben's perception (cognitive) of the "bullying" resulted in Ben experiencing "high threat", with symptoms associated with anxiety such as chest pain, sweating and disturbed sleep pattern.

Ben's perception of the situation was having a negative effect to his physical and mental health, and it was suggested to him that even if we can't control or influence how others treat us, we can control and influence how we react to those individuals.

It was important for Ben to understand about the cause and effect of his dysfunctional thinking. Dysfunctional thinking or cognitive distortion is characterised as automatic and plausible, specific and unhelpful (Beck 1976). Ben agreed to try the below interventions to challenge his beliefs and develop new coping strategies going forward.

- Keep a mood diary. In cognitive behavioural therapy, a "mood record" guides you through the steps of identifying, challenging, and reinterpreting negative thinking patterns. With a mood diary, Ben can document his negative emotions, analyse flaws in his thinking, and re-evaluate his negative thoughts into more balanced ones. Mood diaries also promote autonomy, responsibility and control.
- Start to attend the team meetings he has been avoiding but to stay within easy reach of the exit so he could get up and leave whenever he felt he was not coping. Ben's manager was happy to support this approach.
- Challenge the individuals that he felt were bullying him whenever. This could be done in a positive way, for example, "when I hear you laughing and talking, I feel that you are talking and laughing at me, this makes me feel angry and sad please stop", or to simply ask them "are you laughing and talking about me, as that is not a very nice thing to do".
- Access an online 6-week CBT course with the company's Employee Assistance Programme which can be accessed either online or over the phone.

Outcome/Summary

The ZCR rehab team contacted Ben weekly for six weeks. During this time, they also spoke with Ben and his line manager together. At each of the meetings Ben shared his mood diary and some of the activities that he had been doing online to identify when his mood took a big dip. As the weeks passed Ben was encouraged by his manager to join in with short work updates which Ben could prepare for in advance and deliver. Ben was nervous about doing this, but he also recognised that it was helping with his confidence and engagement within the team environment.

A big turning point for Ben was in week four when he emailed the individuals that he felt were laughing and talking about him, telling them how it made him feel. They in turn were shocked and very apologetic that he felt that way, and assured him they would be mindful of his feelings in future. Ben was elated by this response felt so much better for taking control again.

Ben continued with his online CBT course and mood diary and through the cognitive behavioural approach learnt to challenge his thought processes, which in turn had a positive effect on his behaviour. Ben's symptoms of anxiety began to reduce, and he started to sleep better. Ben said he still felt apprehensive during team meetings and when he went into the shared break area, he noticed he would still sweat and experience "butterflies" but not to the level previously.

At the last meeting Ben felt that some days are still tough and when he is having one of these days, he relies on the coping strategies he has developed.

Ben's manager noticed that Ben's engagement and performance had significantly improved with the support and guidance he had received, and the manager had found the support available to him a "tremendous help in a difficult situation".

Appendix 1

PHQ-9 Score	GAD-7 Score	Severity	Proposed Treatment Actions
0-4	0-5	None	None
5-9	6-10	Mild	Watchful waiting, repeating at follow-up.
10-14	11-15	Moderate	Consider CBT and pharmacotherapy
15-19		Moderately severe	Immediate initiation of pharmacotherapy and CBT.
20-27	16-21	Severe	Initiation of pharmacotherapy and CBT. Consider specialist referral to psychiatrist.

References

Beck A.T. (1976) Cognitive Therapy and the Emotional Disorders. International Universities Press. New York.

Beck AT, Emery G and Greenberg R (2005). "Anxiety disorders and phobias. A cognitive perspective". 15th edition. Basic Books: United States of America.

Efficacy. PHQ-9 and GAD-7, (2020). [online] Available at: https://www.efficacy.org.uk/therapy/phq-9-and-gad-7/ (Accessed 20 April 2020).

Wilday S and Dovey A (2005). "All in the mind?" Occupational Health, September, pp.25-28.

Zurich Assurance Ltd.
Registered in England and Wales under company number 02456671.
Registered Office: Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

173008026 (12/21) TCL

ZURICH®