

Symposium | Work place : [Symposium 102] Re-work Program in Japan: Resilience Improvement and Relapse Prevention after Return-to-Work

📅 Sun. Sep 28, 2025 2:50 PM - 4:20 PM JST | Sun. Sep 28, 2025 5:50 AM - 7:20 AM UTC 🏢 Session Room 3 (Large Hall A)

[Symposium 102] Re-work Program in Japan: Resilience Improvement and Relapse Prevention after Return-to-Work

Moderator: Tsuyoshi Akiyama (World Federation for Mental Health)

[SY-102]

Re-work Program in Japan: Resilience Improvement and Relapse Prevention after Return-to-Work

Shinsuke Washizuka¹, Hikaru Hori², Sang-un Park³, Tsuyoshi Akiyama⁴ (1. Shinshu University (Japan), 2. Fukuoka University (Japan), 3. Daedong Hospital (Korea), 4. Rokubancho Mental Clinic (Japan))

[SY-102-01]

Outcomes of an interdisciplinary return to work intervention including occupational therapy for mood and adjustment disorders

*Shinsuke Washizuka¹, Sachie Tanaka², Ryunosuke Iwai Kuge^{3,4}, Miku Nakano^{3,5}, Sayaka Inukai⁶, Midori Hamamoto¹, Miho Terasawa⁷, Nobuhiro Sugiyama⁸, Masayoshi Kobayashi^{2,4} (1. Department of Psychiatry, Shinshu University School of Medicine (Japan), 2. Department of Fundamental Occupational Therapy, Shinshu University School of Health Sciences (Japan), 3. Department of Rehabilitation, Shinshu University Hospital (Japan), 4. Department of Health Sciences, Shinshu University Graduate School of Medicine (Japan), 5. Department of Medical Sciences, Shinshu University Graduate School of Medicine (Japan), 6. Patient Support Center, Shinshu University Hospital (Japan), 7. Department of Pharmacy, Shinshu University Hospital (Japan), 8. Department of Applied Occupational Therapy, Shinshu University School of Health Sciences (Japan))

[SY-102-02]

The Possibility of Personalized Treatment for Major Depressive Disorder in the Re-work Program

*Hikaru Hori¹ (1. Department of Psychiatry, Faculty of Medicine, Fukuoka University (Japan))

[SY-102-03]

Lack of resilience improvement and relapse prevention perspectives in the programs that help people with mental illness return to work

*Tsuyoshi Akiyama¹ (1. Rokubancho Mental Clinic (Japan))

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Shinsuke Washizuka¹, Hikaru Hori², Sang-un Park³, Tsuyoshi Akiyama⁴ (1. Shinshu University (Japan), 2. Fukuoka University (Japan), 3. Daedong Hospital (Korea), 4. Rokubancho Mental Clinic (Japan))

Most people who worked competitively when they developed a mental illness want to return to work. In Japan, the Re-work program aims to improve resilience and prevent relapse after returning to work. This model includes psychoeducation, health condition monitoring, and improving communication and problem-solving skills as indispensable components for lessening workplace stress. Evidence of the effectiveness of the re-work program has emerged. In this symposium, Shinsuke Washizuka reports a single-arm clinical trial of the outcomes of an interdisciplinary return-to-work intervention, including occupational therapy. Interdisciplinary interventions, including occupational therapy, can potentially improve depressive symptoms, cognitive functioning, job performance, social adaptation, and readiness to return to work. The rehabilitation required for each patient may differ. Akira Hori examined the effectiveness of individualized rehabilitation for patients with major depressive disorder. The social-cognitive function of the personalized treatment group improved significantly. Personalized rework programs tailored to a patient's situation may be required. Sang-un Park launched the first Re-work Program in Korea 2017 at Daedong Hospital. Owing to various challenges, the program was discontinued and restarted in 2023. Park will discuss what kind of efforts and environment are needed to make the rework program work in Korea. Tsuyoshi Akiyama will report a review of the research on return-to-work programs around the world. There are ongoing efforts to help people with mental illnesses return to work. However, there is a lack of resilience improvement and relapse prevention perspectives in these programs and research. The provision of effective programs to improve resilience and prevent relapse in people with mental illnesses will have immense implications for the contribution of psychiatry to society. Clinicians, researchers, and stakeholders should collaborate to promote the desperately needed advancement in this area, which will help many people who develop a mental illness during competitive jobs to attain recovery from the illness.

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[SY-102-01] Outcomes of an interdisciplinary return to work intervention including occupational therapy for mood and adjustment disorders

*Shinsuke Washizuka¹, Sachie Tanaka², Ryunosuke Iwai Kuge^{3,4}, Miku Nakano^{3,5}, Sayaka Inukai⁶, Midori Hamamoto¹, Miho Terasawa⁷, Nobuhiro Sugiyama⁸, Masayoshi Kobayashi^{2,4}
(1. Department of Psychiatry, Shinshu University School of Medicine (Japan), 2. Department of Fundamental Occupational Therapy, Shinshu University School of Health Sciences (Japan), 3. Department of Rehabilitation, Shinshu University Hospital (Japan), 4. Department of Health Sciences, Shinshu University Graduate School of Medicine (Japan), 5. Department of Medical Sciences, Shinshu University Graduate School of Medicine (Japan), 6. Patient Support Center, Shinshu University Hospital (Japan), 7. Department of Pharmacy, Shinshu University Hospital (Japan), 8. Department of Applied Occupational Therapy, Shinshu University School of Health Sciences (Japan))

Keywords : re-work program、 return-to-work support、 sick leave、 relapse prevention

Mood disorders and adjustment disorders are the two major causes of long-term sick leave among employees, leading to significant social losses. In Japan, a group program aimed at supporting return to work (RTW) for workers on leave due to these disorders was first launched at NTT East Kanto Hospital in 1997. Shinshu University Hospital, where we are affiliated, also launched this program in 2014. We investigated the outcomes of a interdisciplinary RTW intervention including occupational therapy implemented at our institution from 2014 to 2020. We report the specific content and outcomes of this intervention. Our program was implemented five times a week for approximately three months for employees on leave with mood disorders and adjustment disorders. The intervention aimed to recover from mental disorders and restore work ability, as well as to improve coping abilities with interpersonal stress, acquire appropriate emotion control methods, and appropriately accept the illness and actively engage in treatment to prevent recurrence. Psychiatric symptoms, cognitive function, job performance, temperament, social adaptation, psychosocial status, and readiness for RTW were evaluated before and after the intervention. The full-time RTW rate was followed up at 3, 6, 12, 18, and 24 months after baseline and compared with previous studies. A total of 30 participants completed the program. After implementation, participants' psychological symptoms, cognitive function, occupational aptitude, temperament, social adaptation, psychosocial status, and RTW readiness improved. The return-to-work rates 12 and 24 months after baseline were 73.3% and 82.6%, respectively, which tended to be higher than previous reports. It was suggested that an interdisciplinary RTW readiness intervention, including occupational therapy, may improve not only psychiatric symptoms but also cognitive function, job performance, social adaptation, and RTW readiness, thereby increasing the RTW rate.

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Moderator: Tsuyoshi Akiyama (World Federation for Mental Health)

[SY-102-02] The Possibility of Personalized Treatment for Major Depressive Disorder in the Re-work Program

*Hikaru Hori¹ (1. Department of Psychiatry, Faculty of Medicine, Fukuoka University (Japan))

Keywords : Major depressive disorder、 Re-work、 cognitive function、 social cognition

The number of workers in Japan on sick leave due to mental health-related illnesses is increasing. Even after returning to work after undergoing psychiatric treatment (pharmacotherapy, psychotherapy, environmental adjustment), it is known that the rate of return to sick leave is high¹⁾. We reported that the factors necessary for continued employment were activity, cognitive function, social adaptability, and benzodiazepine use^{2), 3), 4)}. We also reported on the effectiveness of the re-work program⁵⁾. However, major depressive disorder is highly heterogeneous. Therefore, the rehabilitation required for each patient in the re-work program may differ. We examined the effectiveness of individualized rehabilitation for patients with major depressive disorder⁶⁾. In this study, participants were randomly assigned to either the personalized treatment group or the usual treatment group, and underwent 8 weeks of rehabilitation treatment. Both groups showed improvements in neurocognitive function, social cognitive function, and emotional processing⁷⁾. The social cognitive function of the personalized treatment group improved significantly. In the future, personalized rework programs tailored to the patient's situation may be required.

1) Hori H et al., 2013

2) Morita G, et al., J Occup Environ Med 58:2: e56-57, 2016

3) Hori H et al., BMJ Open 11;9(9): e029705, 2019

4) Atake K et al., Psychiatry Res; 291: 113209, 2020

5) Tamasaki Y et al., 2017

6) Knight MJ, Baune BT. Front psychiatry 12:8:280, 2017

7) Knight MJ et al., Psychiatry Res 300:113906, 2021

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Moderator: Tsuyoshi Akiyama (World Federation for Mental Health)

[SY-102-03] Lack of resilience improvement and relapse prevention perspectives in the programs that help people with mental illness return to work

*Tsuyoshi Akiyama¹ (1. Rokubancho Mental Clinic (Japan))

Keywords : Resilience、Relapse、Mental illness、Return to work

Objective

Most people with mental illness want to work competitively. For many years, programs to help people with mental illness return to work (RTW) have been developed.

However, if people return to work and relapse immediately, it does not make sense.

Therefore, programs should not only help people return to work but also improve their resilience and prevent relapse.

The author reviewed recent research on return-to-work programs and examined whether resilience building and relapse prevention have been studied in relation to these programs.

Methods

The author did a literature search with Pub Med and identified review papers published between 2020 and 2024 whose titles included “psychiatr* or mental” and “work or job or employ*.” After the title screening, the author read the abstracts and chose papers on the RTW of people with mental illness.

Results:

The initial title screening identified 100 papers. 77 papers were excluded because the theme was not RTW, and one paper was excluded because the subjects did not include people with mental illness. 22 papers were found to be relevant.

8 papers reported on the general need and usefulness, 3 papers on organizational issues, 4 papers on the interventions, 3 papers on the effectiveness, and 3 papers on the factors that may influence effectiveness. And the WHO guidelines reported on the level of evidence.

Discussion

It is encouraging that 22 good review papers have been published in this area during the past five years. The papers cover broad issues. However, they did not focus on the perspectives of resilience improvement or relapse prevention, and many studies did not pay attention to the process after RTW. The author acknowledges the ongoing efforts.

However, there is a general lack of resilience improvement and relapse prevention perspectives in these programs and research.