

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

📅 2025年9月28日(日) 14:50 ~ 16:20 🏢 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-102-01] Outcomes of an interdisciplinary return to work intervention including occupational therapy for mood and adjustment disorders

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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.