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RECOVERY AT WORK SUPPORT TOOLS

RAPID REVIEW

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This rapid literature review provides a high-level summary of the available tools that may be used to support recovery at work and return to work for those at risk of or suffering mental distress. It summarises the availability, complexity, and design of included tools.

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EXECUTIVE SUMMARY

This rapid review identified a large number of available tools that may be used to support recovery at work and return to work for those at risk of or suffering mental distress. It summarises each tools' availability, complexity, target audience, the type of mental distress targeted and the stage of mental distress at which the tool provides support. It also provides a high-level description of the format and objective of the tool.

Tools varied in their target audience; however, the majority were targeted to multiple users or employers. There were 11 resources developed for multiple users, including the individual, employer, general practitioner, other healthcare provider, colleague, union/worker representative and insurer/case manager. Fifteen tools were targeted specifically to the employer, including managers, supervisors, human resources, occupational health and safety leaders, and return to work coordinators, among others. Two of these targeted small business owners. Only one tool was identified specifically for healthcare providers (general practitioners). There were two targeted to the individual, and another two with guidelines for case managers.

Only a small number of tools had been evaluated, however were generally found to have a positive impact on the individual and employer. Furthermore, many resources included links to additional resources, with the most commonly linked being HeadsUp and returntowork.net.au resources. Key themes identified throughout a large number of the tools to enable recovery at work or return to work included the following:

- Reduce the stigma surrounding mental health in the workplace
- Develop a mental health policy for the workplace and maintain support and resources for individuals potentially experiencing mental distress
- Recognise the early warning signs of mental distress
- Address the causes of any mental distress (where possible)
- Work collaboratively with the individual, employer, healthcare provider and case manager (where applicable) to support recovery at work or return to work
- Stay connected when an individual is absent and maintain communication once back at work
- When planning recovery at work or return to work, take the following into consideration:
 - Flexible working arrangements
 - Workplace modifications
 - Review job expectations
 - Set realistic goals and list duties/tasks
 - Barriers and facilitators to return to work
- Maintain confidentiality and trust

OVERVIEW

BACKGROUND

The World Health Organisation defines mental health as a “state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”¹. It is fundamental to exhibit mental health in order to think, emote, interact with each other, earn a living and enjoy life. Thus, the promotion of mental health is of vital concern to individuals, communities and society. Common mental illnesses include anxiety disorders, depression, bipolar affective disorder, post-traumatic stress disorder, schizophrenia, and dementia, among others. Mental illness may significantly interfere with an individual’s cognitive, emotional or social abilities². However the impact of such mental distress is not limited to the individual, with depression and anxiety disorders estimated to cost the global economy US\$1 trillion per year due to lost productivity³.

There is a strong relationship between good work and good physical and mental health, with engagement in work an important determinant of health. Previous literature has demonstrated this to be a two-way relationship, with a negative working environment or unemployment potentially leading to physical and mental health problems³. There is substantial evidence that returning to work or remaining at work during recovery following injury or illness is an important component of rehabilitation^{4,5}, and is an important marker of functional recovery⁶.

Increasingly, employers are considered to have a responsibility to create a mentally healthy workplace, which is open to individuals’ needs, and is one where employees are happy to attend and feel supported by their manager and peers. Furthermore in Australia, employers have legal obligations to support individuals suffering mental distress to either continue work or return to work³. While the role of employers is critical, there are also ways in which those suffering mental distress may be managed, such as by general practitioners or insurance case managers, to encourage and facilitate return to work or recovery at work.

RATIONALE

The State Insurance Regulatory Authority (SIRA) in New South Wales (NSW) has prioritised initiatives relating to guiding and supporting mental health and wellness, and is a funding partner in the NSW Governments’ Mentally Healthy Workplaces (MHW) strategy 2018 – 22. SIRA is the lead on the recovery at work stream within the strategy. Following feedback from stakeholders, SIRA has prioritised work focussed on providing individuals and employers with practical, easy to use recovery at work tools. To support SIRA’s work a rapid review of the literature and existing Recovery at Work tools and frameworks was requested from the Insurance Work and Health Group at Monash University. SIRA requested that the tools and frameworks included in the review

provide information on (1) secondary prevention, that is identifying individuals experiencing early signs of mental distress and supporting them to remain at work whilst recovering, and (2) tertiary prevention, which aims to reduce the impact of the mental illness by supporting return to work.

OBJECTIVES

The aim of this rapid review was to identify existing tools and frameworks that are designed to support people keeping in touch with the workplace when absent from work and experiencing mental distress, or encourage and enable recovery at work and return to work by those experiencing mental distress. The scope specifically includes tools and frameworks that may be used without need for further refinement. Furthermore, where available this review sought to describe the effectiveness of these tools and frameworks, with respect to duration of work disability, compensation and healthcare costs, or quality of life, noting that it is beyond the scope of this review to formally evaluate effectiveness.

Specifically, we sought to find tools and frameworks that assisted:

- *Individuals* to actively engage in recovery at work or return to work when recovering from or symptomatic of mental distress
- *Employers* to manage recovery at work or return to work for individuals who are experiencing mental distress
- *Service providers* in their role in working with individuals recovering from or symptomatic of mental distress to stay at work or return to work

NOTE: Except when referring to a specific mental illness, we have used the term ‘mental distress’ throughout the review to capture all types of mental health issues, including but not limited to: stress, depression, anxiety, symptoms of depression or anxiety, post-traumatic stress disorder, adjustment disorder, bipolar disorder and schizophrenia.

METHOD

We conducted a rapid literature review of both local and international academic and grey literature for tools, frameworks, and clinical practice guidelines designed to support recovery at work and return to work for those with symptomatic mental distress, or recovering from mental distress. For the purposes of this review, a tool was considered as anything that could be used by the target user to assist or guide recovery at work or return to work of individuals at risk of or suffering mental distress. Note also that a tool may be within a more extensive document. As the focus was on usable, end-user tools, clinical or pharmacological interventions were not included. As a rapid review, the search process was not exhaustive. Rather, academic and grey literature searches were targeted based on the review objectives.

SEARCH STRATEGY

We searched for grey literature using the internet search engine Google, and within webpages or existing tools for links to other tools or frameworks. We supplemented this search with a targeted literature search in the academic database, PubMed. The academic search sought descriptions and evaluations of existing tools. Keywords used for both grey and academic literature searches can be found in Appendix 1.

DATA EXTRACTION

Feedback gathered by SIRA indicated a need to source tools and frameworks that were end-user friendly, in that they were easily accessible, easy to understand and implement, and required minimal time commitment. Each tool was therefore assessed for its accessibility, complexity, and language used. These ratings were formulated based on judgements of the research team and not a scientific method for determining which rating each tool was given, but was arrived at by the consensus of two authors. Criteria for these assessments are described below in tables 1 through 3. Information from identified tools was extracted as per the below categories and transcribed into data extraction tables (Appendices 2 and 3), with each tool presented individually. These data were then summarised into results by the end user(s) and by whether they had been evaluated. Note that access to the tools that were evaluated (found in academic literature) was not possible and hence, these tools could not be rated, therefore, comments were provided under each heading.

TARGET

TYPE OF MENTAL DISTRESS

In some instances, the type of advice provided in the tools was specific to particular mental illnesses. Therefore, we have described whether each tool was designed to be applied to any type of mental distress, or whether the tool was developed with particular mental illnesses in mind.

TARGET AUDIENCE

Each tool provided varying types of information and tips, depending on the target audience. Therefore, we found it important to highlight whether the target audience included multiple parties (e.g. employer and individual) or whether it was targeted to a particular stakeholder (e.g. employer). The classifications included employer, individual, general practitioner, other healthcare provider, insurer/case manager, small business owner(s), colleague, and union/worker representative.

NOTE: In the context of this review, ‘employer’ refers to supervisors, managers, return to work coordinators, human resource professionals and occupational health and safety professionals, or specific roles within an organisation, such as the individual’s supervisor.

DESCRIPTION

The description component of Appendices 2 and 3 gives a high-level overview of the format in which the tool is presented, important features that it contains, and its objective.

RETURN TO WORK ASSISTANCE

The return to work assistance column (‘RTW’) in Appendix 2 provides a binary yes/no response as to whether the tool provides tips or templates for how to discuss and plan for the individual’s recovery at or return to work.

STAGE OF MENTAL DISTRESS

The stage of mental distress (‘Stage’) component of Appendices 2 and 3 gives an indication of what stage of mental distress the tool targets. For example, whether the tool targets prevention of mental distress, management of mental distress, return to work support for those off work due to mental distress, or a combination of these.

ACCESSIBILITY

We characterised the accessibility of the tools into three distinct groups. The ratings varied based on the ease of access and whether personal or organisational information was required for access

or whether there was a cost or significant time commitment to use the tool (e.g. by attending workshops). Table 1 provides an overview of ratings.

TABLE 1: DESCRIPTION OF ACCESSIBILITY RATINGS

Accessibility	Star rating	Description
Easily available	★ ★ ★	Tool is easily locatable and there is no cost or sign up required to view and/or use it
Limited	★ ★	Tool is locatable, however there is a barrier to view/use it e.g. provision of personal/organisational details
Involved	★	Access and use of the tool involves a cost and/or significant time commitments (e.g. workshop, videos)

COMPLEXITY

To describe the complexity of the tool we used a rating system whereby tools were classified as concise and straightforward, or whether there was a moderate or extensive time required to read it, view it, be involved in it, or a combination. See table 2 for rating classifications.

TABLE 2: DESCRIPTION OF COMPLEXITY RATINGS

Accessibility	Star rating	Description
Simple	★ ★ ★	Tool is concise and appears straightforward to use
Moderate	★ ★	Tool is medium in length and/or requires moderate time to read/view/be involved with it
Complex	★	Tool is extensive and/or requires significant time to read/view/be involved with it

LANGUAGE

The language used in the tools varied depending on this audience, thus we have classified the complexity of language into three categories depending on whether it was thought to be understandable to a member of the general public or if particular knowledge is required. Table 3 provides information on classifications.

TABLE 3: DESCRIPTION OF LANGUAGE RATINGS

Accessibility	Star rating	Description
Lay language	★ ★ ★	Tool is easy to understand regardless of clinical knowledge
Combination	★ ★	Tool is fairly easy to understand, however requires some knowledge of clinical terminology or legal and insurance terminology
High use of jargon	★	Tool uses clinical/legal/insurance terminology extensively

RESEARCH FINDINGS

The tools and frameworks identified were most commonly web-based or accessed online. A summary of findings is presented below. Further details on each tool are provided in Appendix 2. We categorised tools by type of user and by whether they had been evaluated.

MULTI-USER TOOLS

Eleven tools provided information to multiple end-users⁷⁻¹⁷. Most were readily accessible with no sign up or cost involved, with all of these providing downloadable, printable resources. One resource that sought to provide workplaces with tools to prevent mental distress and tools to manage individuals with mental distress, however, involved interactive workshops at a cost.

INDIVIDUAL

There were only two tools identified that specifically catered to the individual with mental distress^{18,19}. These were both easily accessible and easily understood, concise tools, however the toolkit from the Black Dog Institute required provision of personal and organisational details.

EMPLOYER

The majority of tools were targeted at employers (n=15)²⁰⁻³⁴. These tools varied in their accessibility and complexity; however most tools provided online or downloadable fact sheets or brochures. Some organisations provided resources that involved videos, templates, case studies, training sessions and workshops. All tools were designed to support recovery at work or return to work, while also supporting an inclusive and supportive work environment that promoted good mental health.

Two of these resources were targeted to small business owners^{33,34}. These tools, which were both readily accessible and straightforward, support small business owners to identify potential stressors, manage their own mental health and assist in planning stay at/return to work.

SERVICE PROVIDER

HEALTHCARE PROVIDER

Only one relevant resource was found for healthcare providers³⁵. This was specific to general practitioners treating individuals who were suffering a work-related mental health condition. This is conveniently presented in three formats: a detailed clinical guideline; a summarised clinical guideline and; a two-page fact sheet.

CASE MANAGER

Two related resources for insurers and case managers describe eight key action areas recommended to be implemented to ensure best practice in psychological claims management. The original, developed by SuperFriend, is applicable to all types of insurance claim³⁶. The other, a collaboration between SuperFriend and SafeWork Australia, has been tailored to Australian workers' compensation systems³⁷.

EVALUATED TOOLS

We were not able to identify any formal evaluations of the tools and frameworks identified in the grey literature. This is not to say that evaluations of these tools do not exist, it is also possible that evaluations have not been made publically available and thus could not be identified during our search.

However, the academic literature searching did identify evaluations of some tools that appeared to be within scope. The first was an E-Health module titled Return@Work, which was implemented at a cost to employers in the Netherlands for workers suffering common mental disorders such as depression, anxiety, and somatization disorders. There were positive outcomes with respect to a return on investment, faster return to work, and improvement in the rate of remission of symptoms among those that used the tool compared to the control group. However, the tool itself could not be located.

The second targeted construction workers at risk of suicide, with a validation study finding the tool helped improve suicide and mental health awareness, help-seeking behaviours, and treatment engagement³⁸. An overview of the MATES in Construction program is available online, however full details requires attendance at training sessions³⁹. This tool is currently only available in Queensland, however; the training is now being trialled in other industries, such as MATES in mining.

The third was an intervention taught to primary care providers (e.g. general practitioners) to support workers with stress-related mental disorder or adjustment disorder to reduce sick leave and reduce chronicity of symptoms⁴⁰. Attendance at training sessions was required, and the tool was not able to show an improvement in sickness absence.

The fourth was a web-based decision-aid tool (READY) to help working Australians decide if they should disclose their mental health condition at work⁴¹. Those in the intervention group had access to the tool for 2 weeks and followed up with twice, with positive impacts on mental health.

COMMON THEMES

A number of methods of management or support were consistent across the majority of the tools, regardless of the target audience. Additionally, many tools included links to further resources, with the most commonly linked being HeadsUp and returntowork.net.au resources. Table 4 provides an overview of common themes that were evident throughout the literature.

TABLE 4: COMMON METHODS OF MANAGEMENT OR SUPPORT

Flexible working arrangements	The tools stressed that for an individual suffering mental distress, particular work arrangements may be beneficial to enable recovery at work or return to work. E.g. reduced hours, changed hours, work from home
Workplace modifications	Similar to an individual having flexible working arrangements, workplace modifications can allow the individual to feel more comfortable and supported at work if provided with particular changes to their workplace. E.g. a private room to seek retreat
Review job expectations	During recovery, it should be acknowledged that the individual may not have the same capacity to undertake their work as prior to experienced mental distress, and therefore a review of their expectations during their recovery should be completed.
Set realistic goals	Related to job expectations, it is important for all involved to set goals that can be achieved during recovery, this can help prevent further mental distress
List duties and tasks	Particularly if an individual is returning in a reduced or different capacity to their role prior to experiencing mental distress, the duties required of them can be listed to help the return to work process.
Address the causes	Particularly for mental distress that is caused by or exacerbated by the conditions of work, it is necessary to address the root causes and alter these where possible to enable recovery and return to work. E.g. bullying, workload
Maintain confidentiality	The individual may not be willing to share their experience with colleagues, failure to maintain confidentiality may exacerbate symptoms and break their trust.
Identify barriers to return to work	Where possible, identify the reasons for lack of or hesitation to return to work.
Stay in touch/connected (when individual is off work)	In the first instance, discuss how best to achieve this, and then maintain contact during the individual's recovery. This may apply to the worker off work, their employer, and in some cases colleagues. E.g. organise weekly phone calls at defined times.
Maintain communication (when individual is at work)	Related to staying connected but more focused on those who have stayed at work or returned to work. It is important to "check in" regularly to ensure that the individual is still recovering and not regressing.
Develop a mental health and wellbeing policy	It is important for organisations to establish, promote and maintain the mental health and wellbeing of all staff through the workplace practices and environment, and encourage staff to take responsibility for their own mental health and wellbeing.
Reduce the stigma	Employers should foster flexible and supportive working environments so that employees feel comfortable acknowledging their mental health.
Recognise early warning signs	Learning to recognise early warning signs of mental distress can help reduce the severity by encouraging early intervention, addressing the cause where possible, and providing appropriate working arrangements that will benefit the individual.
Work collaboratively	Involved stakeholders (e.g. individual, employer, healthcare provider, case manager) should communicate and work together to facilitate recovery at work or return to work.
Support and resources	Employers should ensure there are resources and support networks available that employees can access at any time (e.g. mentoring, peer support, Employer Assistance Programs, counselling).

LIMITATIONS

Whilst every effort was made to search comprehensively, given the short timeframe, it is possible that some relevant material may not be included. This is not an exhaustive list of every available tool, framework or guideline available for the individual, the employer or service providers to support the recovery at or return to work of those experiencing mental distress, rather an overview of those available. Furthermore, evaluations for online resources could not be found, either due to them not having been evaluated, the evaluations not being made public, or the evaluations not showing up during the literature search.

CONCLUSION

This rapid review identified a large number of available resources to support different stakeholders to manage and support individuals suffering from mental distress to stay at work whilst recovering or return to work after a period of absence. Tools varied in their target audience, however the majority were targeted to the employer or to multiple parties. Very few of the online and downloadable tools, found through grey literature searching, were found to have been evaluated. However, a small number of tools had been evaluated and in general were found to positively affect the individual and employer. Many tools included links to further resources, with the most commonly linked being HeadsUp and returntowork.net.au resources. When all tools were considered there were a number of common themes and components.

Harvey et al (2014) noted that there is often a disconnect between mentally healthy workplaces as defined in academic literature, and the reality of what occurs in workplaces⁴². Furthermore, evidence-informed strategies to assist workplaces to enhance their employees' mental health and wellbeing are limited⁴³. This review has highlighted that whilst there are numerous resources available to support recovery at or return to work for individuals suffering mental distress, for a number of different end users, their effectiveness cannot be determined as they have not been evaluated. However, the consensus for a mentally healthy workplace uses a five-point overarching framework that is evident throughout the common themes identified across this review. These are to 1) design work to minimise harm; 2) build organisational resilience through good management; 3) enhance personal resilience; 4) promote and facilitate early help-seeking; and 5) support recovery and return to work⁴³. It is necessary, in future, to evaluate the identified tools to demonstrate their effectiveness.

APPENDICES

APPENDIX 1: SEARCH STRATEGIES

ACADEMIC LITERATURE

[title] “mental” OR “mental distress” OR “mental disorder” OR “depression” OR “anxiety” OR
“stress” OR “post-traumatic stress”

AND

[title/abstract] “recovery at work” OR “return to work” OR “stay at work” OR “reduce work absence”

AND

[title/abstract] “tool” OR “framework” OR “program” OR “programme” OR “intervention” OR
“support” OR “plan” OR “template”

GREY LITERATURE

“mental” OR “mental health” OR “depression” OR “anxiety” OR “stress” OR “post-traumatic” OR
“PTSD”

AND

“recovery at work” OR “return to work” OR “stay at work” OR “work absence”

AND

“tool” OR “framework” OR “intervention” OR “plan” OR “program” OR “support” OR “support tool”

APPENDIX 2: GREY LITERATURE

Name of tool and organisation	Description	Type of MHC	Target	RTW	Stage	Accessibility	Complexity	Language
MULTI-USER TOOLS								
Workplace Strategies for Mental Health ⁷ Supporting Employee Success: A tool to plan accommodations for workplace mental health	Downloadable or fillable brochure that provides a step-by-step approach to plan accommodations for those absent from work due to mental distress	Any	Individual Employer Worker/union representative Other healthcare provider General practitioner	Yes	Management and RAW/RTW of those with mental distress	★★★	★★	★★★
Mental Health Foundation of New Zealand ⁸ Return to work: Returning to work after experiencing mental illness and other mental health issues	Downloadable brochure that provides an overview of mental illnesses and provides information to support return to work of mentally ill people with information for both the individual and the employer (practical tips, example RTW plan)	Any	Individual Employer Colleague	Yes	Management and RTW of those with mental distress	★★★	★★★	★★★
HeadsUp ⁹ Library to order resources	Library that includes downloadable resources or the ability to order resources including information (in the form of brochures, fact sheets or wallet cards) targeted to either the employee or the employer, also includes templates to initiate RTW and RTW plans and discussions	Any	Individual Employer	Yes	Prevention of mental distress, management of MHCs and RTW resources	★★★	★★★ (varies)	★★★
Comcare ¹¹ Return to work case conferencing	Downloadable resource to prepare for and undertake case conferencing for employees absent due to any medical condition, applicable only if all relevant stakeholders are involved	Any illness resulting in work absence	General practitioner Other healthcare provider Employer Individual Insurer/case manager	Yes	Management and RTW of those with mental distress	★★★	★★★	★★

Comcare ¹³ Working for recovery: Suitable employment for return to work following psychological injury	Downloadable brochure to help managers and case managers optimise work participation and improve outcomes for those with psychological injury claims, however is applicable regardless of compensable status	Psychological injury	Employer Insurer/case manager	Yes	Management and RTW of those with mental distress	★★★	★★	★★★
Black Dog Institute ¹⁴ Workplace mental health and wellbeing programs	A series of interactive workshops developed to help employees and employers (depending on the module) create a work environment that promotes wellbeing, increased staff engagement and greater productivity, addresses organisational change and mental health, building resilience, and managing and understanding mental health	Any	Employer Individual	No	Prevention of mental distress and management of mental health issues	★	★	★★★
Sane Australia ¹⁵ Mental illness & the workplace	Webpage with practical advice on how to help the employers and colleagues of the individual suffering mental distress by providing advice on how to support the sufferer, including case studies, and how to prepare for return to work	Any	Employer Colleague	Yes	Support and management of those suffering MHCs	★★★	★★★	★★★
HeadsUp ¹⁰ Healthy workplaces	Extensive online resources, training programs and useful information tailored for individuals, organisations and small businesses to create and maintain a healthy workplace, links to HeadsUp ordering catalogue	Any	Individual Employer (organisations and small businesses)	No	Prevention of mental distress	★★★	★★	★★★
returntowork.net.au (initiative between beyondblue and Population Mental Health Group, University of Melbourne) ¹⁶ Helping Australian employees successfully return to work following depression, anxiety or a related mental health problem	Extensive online resource (that can be converted to downloadable sheets) designed to help anyone involved in the process of returning to work after absence due to depression, an anxiety disorder or a related mental health problem, includes tailored information to various users and templates for RTW discussions and plans, includes links to external relevant resources	Depression Anxiety Other related disorder	Employer Small business owner(s) Individual General practitioner Other healthcare provider Union/worker representative Colleague	Yes	Management of MHCs and RTW information	★★★	★★★	★★★

<p>Australian Government/Australian Public Services Commission/Comcare¹²</p> <p>As One - Working Together: Promoting mental health and wellbeing at work</p>	<p>An extensive downloadable resource that aims to empower managers and employees to work together to build inclusive workplace cultures and effective systems for promoting mental health in the Australian Public Service, includes standalone information sheets and links to other resources (particularly for RTW planning)</p>	<p>Any</p>	<p>Employer Colleague</p>	<p>Yes</p>	<p>Prevention of mental distress, management of MHCs and RTW information</p>	<p>★★★</p>	<p>★</p>	<p>★★★</p>
<p>Mental Health Commission of Canada¹⁷</p> <p>Psychological Health & Safety: An action guide for employers</p>	<p>A comprehensive downloadable brochure providing evidence-based steps on how to plan for and implement workplace interventions to protect psychological health and safety, including case studies, with specific information on recovery at work and return to work</p>	<p>Any</p>	<p>Employer (mainly) General practitioner Other healthcare provider Union/worker representative</p>	<p>Yes</p>	<p>Prevention of mental distress, management of MHCs and RTW information</p>	<p>★★★</p>	<p>★★</p>	<p>★★★</p>
<p>TOOLS FOR THE INDIVIDUAL</p>								
<p>Black Dog Institute¹⁸</p> <p>Workplace mental health toolkit: Practical guide & toolkit</p>	<p>Downloadable practical guide for Australian individuals to assist them in understanding common mental health problems in the workplace, and to provide strategies and resources to support those experiencing mental distress, contains links to video resources, other useful online tools and resources, and mobile apps</p>	<p>Any but provides information on depression, anxiety and stress</p>	<p>Individual</p>	<p>Yes</p>	<p>Awareness on the link between work and mental health and management of MHCs</p>	<p>★★</p>	<p>★★★</p>	<p>★★★</p>
<p>Sane Australia¹⁹</p> <p>Getting back to work</p>	<p>Webpage with practical advice on how to help the individual with a MHC look for work or those aiming to return to work by providing advice on how to disclose mental illness and how to prepare for RTW, including case studies and getting back to work checklist</p>	<p>Any</p>	<p>Individual</p>	<p>No</p>	<p>Management of MHCs</p>	<p>★★★</p>	<p>★★★</p>	<p>★★★</p>
<p>TOOLS FOR THE EMPLOYER</p>								
<p>HeadsUp²²</p> <p>Help others stay at work</p>	<p>Online resource that provides practical information for employers/supervisors/managers of employees suffering mental distress to manage and support employees, includes templates for RTW discussions and RTW plans</p>	<p>Any</p>	<p>Employer</p>	<p>Yes</p>	<p>Management of MHCs and RTW information</p>	<p>★★★</p>	<p>★★★</p>	<p>★★★</p>

<p>Australian Human Rights Commission²³</p> <p>Workers with mental illness: a practical guide for managers</p>	<p>Downloadable brochure providing an overview of mental health and tips of how to create a healthy workplace, includes strategies to manage individuals with mental illness (e.g. stay at work/recover at work)</p>	<p>Any</p>	<p>Employer</p>	<p>No</p>	<p>Management of MHCs</p>	<p>★★★</p>	<p>★★</p>	<p>★★★</p>
<p>Mental Health Works (Canadian Mental Health Association)²⁵</p> <p>Mental Health in the Workplace: An accommodation guide for managers and staff</p>	<p>Downloadable brochure that outlines key skills for workplace managers should they be presented with an employee with mental health issues, includes sample RTW plan</p>	<p>Diagnosed and symptomatic mental illness</p>	<p>Employer</p>	<p>Yes</p>	<p>Management of MHCs and RAW/RTW information</p>	<p>★★★</p>	<p>★★</p>	<p>★★★</p>
<p>Safe Work Australia²⁶</p> <p>Work-related psychological health and safety: A systematic approach to meeting your duties</p>	<p>Downloadable brochure that provides a systematic practical approach to manage work-related psychological health and safety</p>	<p>Psychological injury</p>	<p>Employer</p>	<p>Yes</p>	<p>Management of MHCs and RAW/RTW information</p>	<p>★★★</p>	<p>★★</p>	<p>★★</p>
<p>Comcare²⁷</p> <p>Reducing the psychosocial risks of workplace change: Self-assessment tool for work health and safety risk management during organisational change</p>	<p>Downloadable brochure providing a guided self-assessment tool to identify key risks and corrective actions to minimise psychosocial risks during workplace change</p>	<p>Any potential mental distress</p>	<p>Employer</p>	<p>Yes</p>	<p>Prevention of mental distress, management of MHCs and RAW/RTW information</p>	<p>★★★</p>	<p>★★</p>	<p>★★★</p>
<p>The Conference Board of Canada²⁴</p> <p>A Tool for Managers: What you need to know about mental health</p>	<p>Downloadable brochure that gives some tips on how managers can help prevent mental distress, recognise mental distress, offer help and assist in return to work</p>	<p>Any</p>	<p>Employer</p>	<p>Yes</p>	<p>Management and MHCs and RTW information</p>	<p>★★★</p>	<p>★★★</p>	<p>★★★</p>

WorkSafe Victoria ²⁸ WorkWell Toolkit	Tailored to your business size (1-199 staff), postcode and industry, this tool requires completion of a questionnaire regarding your business to deliver videos, templates and case studies to encourage workplaces to adopt a comprehensive approach to reduce the risk and prevent mental injury by providing targeted support to assist in promoting mental health and wellbeing, despite completing questionnaire and providing personal details could not gain access to assess tool	Unknown	Employer	No*	Prevention of mental distress, potentially has management and RTW information	★	★★	★★★
beyondblue ²⁹ Supporting the return to work of employees with depression or anxiety	Downloadable brochure that provides an overview of depression and anxiety with tips to support employers to support their employees to return to work after a period of absence (note: no longer located through beyondblue website)	Depression and anxiety	Employer	Yes	Management and MHCs and RTW information	★★★	★★★	★★★
HeadsUp ²⁰ Managing someone with a mental health condition	Downloadable fact sheet that encourages employers to ensure employees suffering a MHC are supported to return to or recover at work and provides tips for how this can be done, includes links to other resources	Any, but provides greater detail on depression and anxiety	Employer	Yes	Management and MHCs and RTW information	★★★	★★★	★★★
HeadsUp ²¹ Creating a mentally healthy workplace: A guide for business leaders and managers	Downloadable brochure providing an overview of mental distress, information on how to create a supportive and mentally healthy workplace, and advice on how to support employees with mental distress, includes links to additional resources	Any	Employer	No	Prevention of mental distress and management of MHCs	★★★	★★	★★★
Workplace Health and Safety Queensland (WorkCover Queensland) ³⁰ Mentally Healthy Workplaces Toolkit	Downloadable interactive toolkit that helps employers to minimise risks to psychological health and create a workplace environment that is mentally healthy, with information to support recovery/return to work of individuals with mental distress, includes links to further resources	Any	Employer	Yes	Prevention of mental distress, management of MHCs and RTW information	★★★	★★	★★★
CSA Group ³¹ Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace	An extensive downloadable brochure that provides information on the National Standard for Psychological Health and Safety in the Workplace	Any	Employer	No	Prevention of mental distress, management of MHCs	★★★	★	★★★

Centre for Youth Mental Health ³² Helping employees successfully return to work following depression, anxiety or a related mental health problem guidelines for organisations	Downloadable brochure that provides guidelines for organisations to facilitate return to work for employees following an episode of depression, anxiety or a related disorder, used a Delphi process with expert panels of consumers, employers and health professionals	Depression, anxiety or a related disorder	Employer	Yes	RTW support	★★★	★★★	★★★
Victorian Small Business Commission ³³ Mental health strategic plan	Downloadable resource that provides information on potential stressors, how to identify mental health issues, methods to manage mental health problems, and RTW planning, including example mental health plans for those running their own small businesses	Any	Small business owner(s)	Yes	Prevention and management of mental distress	★★★	★★★	★★★
Ahead for Business (Everymind and icare foundation) ³⁴ Business mental health plan	Downloadable template to "assess your situation, help yourself, enable your business, access support, develop your plan and revisit it each year", for small business owners to manage their own mental health	Any (but focussed on stress)	Small business owner(s)	Yes	Prevention and management of mental distress	★★★	★★★	★★★
TOOLS FOR HEALTHCARE PROVIDERS								
Monash University ³⁵ Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice	Clinical practice guidelines that are presented in three forms: extensive and detailed clinical guideline, less detailed short form clinical guideline, 2-page summary version of clinical guideline to help GPs guide and manage treatment for work-related MHCs	Work-related mental health conditions	General practitioner	No	Management of MHCs and tips on supporting RTW	★★★	★★★ (varies)	★★★
TOOLS FOR CASE MANAGERS								
SuperFriend ³⁶ Taking Action: A best practice framework for the management of psychological claims	Downloadable brochure providing information on the eight key action areas needed to be employed to ensure best practice in psychological claims management	Any psychological claim	Insurer/case manager	Yes	Management of MHCs, information on how to support RTW discussions	★★★	★★	★★★

<p>SuperFriend & SafeWork Australia³⁷</p> <p>Taking Action: A best practice framework for the management of psychological claims in the Australian workers' compensation sector</p>	<p>Downloadable brochure providing information on the eight key action areas needed to be employed to ensure best practice in psychological claims management, tailored to Australian's workers' compensation system</p>	<p>Any psychological claim</p>	<p>Insurer/case manager</p>	<p>Yes</p>	<p>Management of MHCs, information on how to support RTW discussions</p>	<p>★★★</p>	<p>★★</p>	<p>★★★</p>
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**indicates that the tool could not be accessed and hence this is unknown.* Note: MHC = mental health conditions; RTW = return to work; RAW = recovery at work

APPENDIX 3: ACADEMIC LITERATURE

EVALUATION OF TOOL

Name of Tool	Type of MHC	Target	Design	Stage	Accessibility	Complexity	Language	Evaluation
E-Health Module embedded in Collaborative Occupational health care (ECO) - Return@Work Module	Common mental disorders such as depression, anxiety, and somatization disorders	Individual (off work) Healthcare provider	ECO includes 2 components: Return@Work Module for the individual, and an email decision tool for the occupational physician (advancing RTW and cognitions regarding RTW for sick-listed employees with common mental disorders combined with monitoring of progress in their mental health and a decision aid for the occupational physician)	Symptomatic (off work)	Those in intervention group accessed the tool online	Unknown	Unknown	Volker et al. (2017) showed that the intervention seems feasible for further implementation in the occupational health setting ⁴⁴ . Lokman et al. (2017) found a net benefit €3187 per employee over a year for the employer (return of investment €11 for every €1 spent, cost per employee of intervention was €234), also beneficial to employee based on increased quality-adjusted life years ⁴⁵ . Volker et al. (2015) found faster first return to work in intervention group (median 50 days compared to 77 days) and more remission of symptoms than control group ⁴⁶ .
MATES in Construction (MIC)	Suicide	Individual (construction workers at risk of suicide)	MIC is a multimodal prevention and early intervention program, consistent with the Living Is For Everyone strategy that is an industry-based but workplace-focused program developed to target construction workers at risk of suicide. MIC has components delivered at construction sites or company offices, except Suicide First Aid training which is delivered in a training facility	Symptomatic or at risk	Available in Queensland only	Training course to individuals wishing to become an ASIST worker ("first aider", will talk to the person contemplating suicide)	Unknown	Gullestrup et al. (2011) concluded that there is evidence to support the social validity and effectiveness of MIC for improving suicide and mental health awareness, help-seeking behaviour, and treatment engagement, thereby reducing the suicide risk for construction workers in Queensland. Authors recommended further research using a longitudinal, cluster-randomised repeated-measures design to further support the effectiveness of the MIC program ³⁸ .

Minimal Intervention for Stress-related mental disorders with Sick leave (MISS)	stress-related mental disorder or adjustment disorder	Healthcare provider	MISS is an intervention taught to primary care physicians to diagnose, provide information on, provide advice for functional rehabilitation, monitor, and consider a referral for patients suffering a stress-related mental disorder, MISS is intended to reduce sick leave and prevent chronicity of stress-related symptoms in patients	Symptomatic (still at or off work)	Accessible only to those who attended a training course (Educational session in person - 11 hours total)	Unknown	Unknown but likely to contain clinical jargon	Bakker et al. (2007) concluded they were unable to show an effect of the MISS on the duration of sick leave ⁴⁰ .
Reducing decisional conflict, a Decision aid tool for employees (READY)*	Any	Individual	READY is a web-based decision aid tool to help working Australians decide if they should disclose their mental health condition at work	Symptomatic	Those in intervention group were able to access the tool online for 2 weeks	Unknown	Unknown	An unpublished study by Stratton et al. (2019) showed that participants in READY showed greater reduction in decisional conflict, and only READY participants made disclosures during the trial, which was associated with an improvement in mental health ⁴¹ . The study found that the tool provides a confidential, flexible and effective support that enables individuals to make an informed decision about disclosure options.

*included at SIRA's request, no access to manuscript or ready tool, only abstract. Note: MHC = mental health condition

INCLUDED STUDIES

First Author	Year	Title	Objective	Name of Tool	Study Design	Population	Sample Size	Conclusion
Volker	2015	Effectiveness of a blended web-based intervention on return to work for sick-listed employees with common mental disorders: results of a cluster randomized controlled trial	"... to evaluate the effects of the ECO intervention on time to RTW and mental health outcomes."	ECO Return@Work	Randomised controlled trial	"Employees on sickness absence between 4 and 26 weeks and screened positive for either the depression scale of the PHQ-9 and/or the somatization scale of the PHQ-15 and/or the GAD-7 were included. These instruments have shown good psychometric properties for the screening of depression, somatization, and anxiety" in The Netherlands	n=220 total n=131 intervention n=89 control	"It is promising that even though the adherence of the occupational physician to the ECO intervention was not optimal, ECO led to a faster first RTW and more remission of common mental disorder symptoms. This suggests that the potential of the ECO intervention might be better exploited with better continuity in and adherence of occupational physicians."
Volker	2017	Process evaluation of a blended web-based intervention on return to work for sick-listed employees with common mental health problems in the occupational setting	"... to perform a process evaluation following the evaluation plan of Saunders et al., and to investigate the feasibility of the ECO-intervention in the occupational health setting; to report the experiences of the employees and the OPs with the ECO-intervention and to give recommendations for further implementation of the ECO-intervention"	ECO Return@Work	Mixed-method process evaluation of randomised controlled trial	Occupational physicians and sick-listed employees in The Netherlands	n=32 occupational physicians n=131 employees	"This process evaluation of the ECO-intervention showed that the intervention seems feasible for further implementation in the occupational health setting, although some barriers need to be addressed."

Lokman	2017	Return-to-work intervention versus usual care for sick-listed employees: health-economic investment appraisal alongside a cluster randomised trial	"... to evaluate the health-economic costs and benefits of a guided eHealth intervention (E-health module embedded in Collaborative Occupational healthcare (ECO)) encouraging sick-listed employees to a faster return to work"	ECO Return@Work	Two-armed cluster randomised trial	Occupational physicians and sick-listed employees in The Netherlands	n=131 intervention n=89 control	"The data suggest that the ECO intervention offers good value for money for virtually all stakeholders involved, because initial investments were more than recouped within a single year. The sometimes wide 95% CIs suggest that the costs and benefits are not always very precise estimates and real benefits could vary considerably."
Gullestrup	2011	MATES in construction: impact of a multimodal, community-based program for suicide prevention in the construction industry	"... we examined the impact of MIC on short- and medium-term indicators of effectiveness, including knowledge of suicide prevention and support services, and help-seeking behaviour"	MATES in Construction (MIC)		"Private and public sector construction sites across Queensland were recruited to participate in MATES in Construction."	n=7311	"There is evidence to support the social validity and effectiveness of MIC for improving suicide and mental health awareness, help-seeking behaviour, and treatment engagement, thereby reducing suicide risk for construction workers in Queensland."
Bakker	2007	A cluster-randomised trial evaluating an intervention for patients with stress-related mental disorders and sick leave in primary care	"... to assess the effectiveness of our MISS in primary care, which is intended to reduce sick leave and prevent chronicity of SMD symptoms in patients"	Minimal Intervention for Stress-related mental disorders with Sick leave (MISS)	Cluster-randomised controlled trial	Primary care physicians and their patients in the Netherlands	n=433 patients n=227 MISS n=206 usual care	"We found no evidence that MISS is more effective than usual care in our study sample of distress patients. Continuing research should focus on the potential beneficial effects of the MISS."
Stratton	2019 (unpub)	A web-based decision aid tool for disclosure of a mental health condition in the workplace: a randomised controlled trial	"... to examine the efficacy of this tool, compared to the online information by a leading mental health charity"	Reducing dEcisionAl conflict, a Decision aid tool for employEees (READY)	Randomised controlled trial	Workers suffering a mental illness	n=107	"READY provides a confidential, flexible, effective tool to enable employees to make an informed decision about disclosure options. READY is associated with an improvement in depressive symptoms. READY can allow employees to take control of their decision making in the workplace."

Note: PHQ-15 = patient health questionnaire-15; GAD-7 = general anxiety disorder-7

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