

The growing  
problem of  
mental-  
health-related  
absence—and  
the approach  
that works

 acture



## The growing problem of mental-health-related absence—and the approach that works

A substantial portion of absenteeism in the workplace in the Netherlands is related to mental health issues. The proportion is growing, and absenteeism due to this cause is lasting longer. It is often assumed that the increasing workload and always being on is a cause. A lack of mental balance can be a precursor to serious problems and long-term absenteeism. Stress, emotional exhaustion and burnout are phenomena that both scientists and executives find difficult to get a grip on. Nevertheless, there is an approach to absence management that works specifically for mental-health-related absenteeism. This approach starts with the early detection of problems and taking action.

In most cases, mental-health-related absenteeism is unrelated to Parkinson's, psychosis or major depression. As such, it deserves the same approach as other causes of absenteeism; we must make it tangible and work towards concrete solutions with work adjustments.

The whole spectrum of being unable to work due to tension, emotional exhaustion, being overworked, stress and burnout-like symptoms can be covered by the term mental-health-related absenteeism. Occupational consultants describe the target group as employees with an imbalance between their work capacity and the actual workload provided by the work in combination with personal and external factors at that time. They are or feel overburdened. In some cases, these are employees who are sick several times a year and can be bedridden with a cold.







**Talk to the employee if you see one or more of the following signs.  
The employee:**

- ☐ increasingly fails to meet deadlines
- ☐ increasingly falters during peak periods, no longer puts their shoulders to the wheel
- ☐ increasingly lacks self-insight in situations involving stress and/or setbacks
- ☐ becomes more easily irritated by feedback and discussion
- ☐ appears agitated or restless, struggles to maintain focus and attention
- ☐ struggles to distinguish between main and secondary issues
- ☐ feels overburdened in their job by developments in their private life or work environment

## Checklist – how to recognise symptoms and prevent absenteeism as a manager

As a manager, you regularly talk with your employees and team members, giving you a pretty good idea of how everyone feels. Nevertheless, you may be surprised by—what appears to be—the sudden incapacitation of one of your employees. You must have missed the signals, but which ones? This signal chart will give you a better view of the initial, seemingly unnoticeable symptoms that can lead to mental-health-related absence and enable you to take targeted action.

Employees may experience obstacles in performing their duties due to personal or external circumstances without this being visible. Whatever the issue, they are unlikely to talk to their manager about it. However, there are often signs that point toward impending incapacitation. By engaging with your employees early on based on those small indications, you can often prevent long-term absenteeism.





# A lot of attention and a lot of worries

Christiaan Vinkers was recently appointed the first professor of Stress and Resilience in the Netherlands at Amsterdam UMC. He wrote the book “In de ban van burn-out”, an analysis of how stress works.

“Invest in employees’ mental health—it pays off.”

*How do you view the role of stress, overburdening, emotional exhaustion and burnout in mental-health-related absenteeism?*

“Let me start by saying that all these issues are too often lumped together. The terms are used interchangeably; there are no clear definitions. That is a problem because they cover a wide range of complaints. At the same time, there is a common thread: someone experiences stress or tension and performs differently or poorer as a result. If you fail to deal with that properly, they may become incapacitated, sometimes culminating in long-term absence. The umbrella term we use for this is ‘mental-health-related absence’.”

*It’s a tricky topic; do managers struggle with it?*

“Companies and managers have a hard time getting it under control. It is a potpourri of disparate issues that you often can’t see in an employee and are difficult to establish. Some employees may experience stress for various reasons but be fine again after a week. Others may become completely disabled and suffer burnout or severe depression and be unable to work for a year.”

“Managers often find it difficult because mental issues are harder to see, and people often don’t know how to deal with them. That also holds true for colleagues; it is much easier to send a fruit basket or flowers to an employee who has broken a leg. There is a level of reluctance—people find it hard to deal with. Is it appropriate to send a “Get Well Soon” card to someone suffering a burnout? Of course it is, yet it happens far too infrequently.”

*Is stress the common thread in mental-health-related absence?*

“Stress plays an important role. It can be experienced in different ways and come from different directions: from society, from the company or work, but also a person’s immediate environment, be it business or private. Some handle it better than others. Important for managers and employers: if someone becomes incapacitated due to excessive stress, you are already too late. You have to get ahead of it. You have to see the signs that someone is under pressure. That is when employer and employee have a common interest: preventing incapacitation, which is good for the company and people.”

*What works? What should employers and managers do?*

“First, take mental health in your company seriously. Acknowledge that people can become incapacitated through stress. Two: have a plan—an adequate prevention policy—and a policy for what to do if someone becomes or is at risk of becoming incapacitated. [\[G1\]](#) Invest in support and reintegration—it pays off! The cost goes before the benefit, but scientific literature has proven the investment to be highly cost-effective.”

“Lastly, work to create an organisational culture where people are comfortable talking about stress and its effects on mental health. In the workplace, talk about it together as colleagues, talk to each other about everyone’s well-being, and be empathetic. What causes stress? What do you struggle with? For managers, if someone is suffering from a lack of mental balance, try to figure out—preferably together with the employee—how to give them some space and provide tailored solutions. When it comes to stress, no two people are the same.”



Roel Cuijpers, director of occupational health and safety service provider ArdoSZ, a sister company of Acture, responds: “The perception of stress and workload can vary greatly from person to person. Stress in itself is not bad; it becomes a problem when employees become unbalanced and can no longer receive feedback and reflection from their work and private environment. The trick is maintaining mental stability at every level and role.”

## The method that has proven to work

As difficult as it may be to pinpoint mental-health-related absence or its causes, it is possible to respond in a way that fosters the employee's recovery. Occupational health and safety service provider ArdoSZ developed the “Take Control of Mental-Health-Related Absence” approach as part of the Acture Method.

It is an absence management method that enables people to take control of mental health issues. The approach has demonstrably led to a reduction of mental-health-related absence by up to forty per cent at various organisations, according to results measurement by ArdoSZ in March 2021.

➔ [Mental health complaints - 2021 \(ardosz.nl\)](#)

### Research: The Acture Method Works

At the request of the Arbeidsdeskundig Kennis Centrum (Occupational Health Knowledge Centre – AKC), Impact Centre Erasmus (ICE) researched the added value of early intervention by an occupational consultant in the event of absenteeism. The study looked at various causes of absenteeism, not just mental-health-related absence. Conclusion: research shows that the early involvement of an occupational consultant contributes to sustainable employability and early return to work. This relationship is strongest among incapacitated employees with socio-emotional complaints.

The study was done because occupational consultants—who often engage with incapacitated employees at the end of the first year of illness—found that opportunities to work on reintegration were often missed. The longer someone is absent, the more difficult it becomes for them to return to work.

From limited literature and practical experience, there is ample evidence that early intervention by occupational consultants helps shorten absenteeism. To verify this, the AKC asked Impact Centre Erasmus to conduct action research. This was done through a two-year randomised controlled trial (RCT) among incapacitated employees at two large employers.

In addition to the action research, ArdoSZ contributed a data file of completed absence cases whose data was analysed through a similar research design. These were mental-health-related absence cases on which the Acture Method was used.

Impact Centre Erasmus: “The analysis of the study results suggests that early involvement of an occupational consultant leads to a significantly shorter duration of absence. There is a causal relationship between the early involvement of occupational consultants and the sustainable reintegration of the incapacitated employee with socio-emotional complaints.” As such, this is used in the Acture Method.

The full study by Impact Centre Erasmus commissioned by the AKC has not yet been completed and published. The survey results are expected to be delivered by next summer. For information, please refer to the AKC website at that time: [www.arbeidsdeskundigen/akc.nl](http://www.arbeidsdeskundigen/akc.nl)



## The benefits

As previously stated in an [Orange Paper](#) published by Acture in March, employers should structurally include absenteeism reduction—and, emphatically, reduction of mental-health-related absence—in the cocktail of measures, proposals and solution directions being discussed with regard to labour market shortages and a livable country. We are missing out on great labour potential, and most importantly, employees with mental health complaints deserve an activating approach that helps them move forward. This Orange Paper makes a compelling argument for reducing mental-health-related absence with the ArdoSZ approach.

Conclusion: there is work to be done.

**For employers, who should put the issue high on their agenda;**

**For executives, to identify and take action and bring in specialists;**

**For employees, to be more aware, recognise chronic stress and communicate more actively and openly about their stressors and experiences.**

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Previously published in this series:  
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