

Supplemental file 4. Recommendations regarding the treatment of mental disorders (Information on advice/counseling, specific treatment of mental health problem, specific return to work interventions, external consultation, referral and collaboration, and evaluation).

Guideline	Advice / counseling	Specific treatment of mental health problem	Specific Return to work interventions	External consultation referral, collaboration	Evaluation
1. Netherlands (2007)	<ul style="list-style-type: none"> - Minimally conduct the role of process facilitator and consider intervening on level of the worker and/or work system. - When recovery process is normal: Provide supportive but cautious guidance and monitor further recovery process - In case of stagnation of recovery: indicate and initiate interventions and ensure adequate implementation. - Monitor complaints pattern through monthly diagnostics to exclude that complaints develop into depressive or anxiety disorder. 	<ul style="list-style-type: none"> - Support the worker when taking recovery steps using simple cognitive behavioral interventions such as providing rationality, perspective, daily structure, positive re-labeling. Or - Refer the worker to a specialized intervention and supervise the recovery process. 	<ul style="list-style-type: none"> - Give explanations, information and support to supervisors and others involved in the RTW process - Give supervisors and worker practical problem-solving advices regarding RTW 	<ul style="list-style-type: none"> - Discuss with the general practitioner if the complaint pattern and suffering remain unchanged or worsen over the course of two months. - Discuss with the general practitioner when having doubts about medication or when stagnation is primary caused by problems in private setting. - Refer the worker to a specialized care (e.g. social worker, psychologist or psychiatrist) when recovery stagnates and supervise the recovery process 	<ul style="list-style-type: none"> - Counselling by OP continues until after full resumption of work - Follow-up meetings with worker every 3 weeks in the first 3 months, and every 6 weeks after 3 months; with supervisor every 4 weeks; with other care practitioners in stagnation or relapse; with labour experts if structural work adjustments are necessary or when RTW with current employer is not possible
2. Netherlands (2011)	<ul style="list-style-type: none"> - Monitor the recovery process and consider intervening when necessary - Start guidance within 2 weeks. 	<ul style="list-style-type: none"> - No indication to give medication. When medication is used, only use this for maximum 2 weeks. - Provide information, perspective and activating structural guidance - Treatment to reduce complaints preferable by GP or psychologist, but not within first 6 weeks. 	<ul style="list-style-type: none"> - Apply process contingent, activating approach based on cognitive behavioral therapy by a professional with close contact to work environment. 	<ul style="list-style-type: none"> - Communicate the treatment plan between professionals; - Referral to psychologist when recovery stagnates for more than 3 weeks, in case of burnout, when having doubts about diagnosis; - Referral to OP in case of a conflict at work, work related factors that hinder recovery; - - Referral to GP when stagnation is caused by problems in private setting; - Referral to specialized interventions when recovery stagnates despite treatment by psychologist 	<ul style="list-style-type: none"> - Evaluate the recovery process with focus on the problem-solving skills of the patient.

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3. Netherlands (2011)	- Advice client and employer on financial support/grants, possibilities to receive guidance, and actively guide them with these interventions.	- Use self-management programs and strategies to enhance work retention.	- Provide IPS (the Individual Placement and Support model of Supported employment). - Job coaching focused on the worker and his social and physical work environment (include perspective of the employer)	- Full cooperation between involved agencies (including occupational health services, insurance agencies, municipalities, mental health organizations) - Different professions should be better aware of each other's working methods and responsibilities (e.g. by joined education) - Enhance collaboration between mental health organizations and employment specialists.	No recommendations
4. Netherlands (2011)	- Guidance according to principles of process-based evaluation; start treatment within 2 weeks including education, explanation of prognosis and activating interventions. - GP focuses on the patients and his environment;	- When recover stagnates intervene on precipitating-, and perpetuating factors within patient and their environment; refer patient to specialized interventions. - No medication, or only temporarily in case of severe constraints such as insomnia or functional/physical complaints. - psychologist focuses on psychological diagnostics and interventions;	OP focuses on occupational health and his knowledge regarding the work situation.	- Communicate treatment plan between care providers - Refer to psychologist when recovery stagnated for more than 3 weeks, in case of burnout, when having doubts about diagnosis; - Refer to OP in case of a conflict at work, work related factors that hinder recovery; to GP when stagnation is primary caused by problems in private setting; to specialized interventions when recovery stagnates despite treatment by psychologist	Evaluate recovery process every 3 weeks: determine which factors hinder recovery and advice or start intervention.

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5. Netherlands (2006)	<ul style="list-style-type: none"> - Take the complaint seriously: support the worker and show empathy. - Widen the focus from somatic complaints to more psychological aspects and other influencing factors such as stressors at work and in private life, coping strategies. - Provide psycho-education: link between complaints and stressors and coping strategies, explanation of vicious circle and cognitions regarding activities and work. - Determine policy: plan reasonable actions concerning workload and RTW 	<ul style="list-style-type: none"> - When causes are unclear or can not be influenced, set up behavior rules and focus on factors that can be influenced. 	<ul style="list-style-type: none"> - Employer should stimulate to talk about (causes of) complaints in an early stage - Employer should actively be involved in case of sick leave by tackling precipitating-, and perpetuating factors at work, keep in contact with worker (every 2 weeks), proactively consultation with OP about managing sick leave and RTW. - OPs should report obstructing factor at department or organization level to employer 	<ul style="list-style-type: none"> - Policy should be congruent with curative care, otherwise consult/communicate with involved professional - Refer to specialized treatment that enhances recovery and RTW if recovery stagnates. 	No recommendations
6. Netherlands (2003)	<ul style="list-style-type: none"> - Guidance program focused on stress reduction and RTW of the worker can involve individual and organizational interventions. Commitment of the employer and supervisor is essential. 	<ul style="list-style-type: none"> - Improve individual's capacity and coping strategies by using cognitive (behavioral) techniques. 	<ul style="list-style-type: none"> - Reduce stressful work conditions by suggesting interventions for specific stressors (indicated in the problem/stressor inventory). 	No recommendations	<ul style="list-style-type: none"> - Regular evaluation of the balance between load and capacity of the worker and check if the interventions on organizational level contribute to reduction of load of the individual worker. Reconsider the interventions is necessary.
7. Netherlands (2005)	<ul style="list-style-type: none"> - Psychologist as advisor and coach: activating and problem solving approach focused on recovery of (work)participation 	<ul style="list-style-type: none"> Treatment plan based on Problem inventory using cognitive behavioral techniques 	<ul style="list-style-type: none"> Advises concerning work adjustments and organizations factors. - Check if treatment plan matches RTW plan made by client and employer. 	<ul style="list-style-type: none"> Refer client to or collaborate with involved work actors such as human resources managers, supervisor, OP, social worker. 	<ul style="list-style-type: none"> - Check what has changed and if goals are met. Intervene if necessary. - Relapse prevention at end of guidance: check if client can formulate work related aspects that influence his/her work ability and psychological problems.

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8. UK (2008)	- Involvement of Occupational Health service as soon as possible.	- Ensure that employee receives appropriate health care by advising to seek help, and to facilitate 'out of area' treatment if appropriate.	- OP: Advise employer in non-medical terms and without breaching the confidentiality on whether or not individual has a health condition, how this impact work ability, and workplace adjustment that would improve workability - OP: working with employee and clinicians to facilitate RTW through job modification and rehabilitation at workplace - Employer: enable disabled people to make the most of their abilities at work by providing active help to move into work, taking obstacles out of the benefits system, promoting equality and opportunity in the workplace	- OP should assist the employee to access appropriate support through their GP, local mental health service or elsewhere	No recommendations
9. UK (2005)	Consider interventions to train and improve supervisory behavior	Interventions by GPs, OPs, and psychologists should be cognitive in nature; for people with CMD Cognitive behavioral therapy (CBT) in brief therapy sessions for up to 8 weeks is recommended; for those off sick for 2 weeks early psychological interventions should comprise 4-5 sessions of CBT to increase activity and coping skills delivered in the workplace.	Supervisors should keep in touch with employees on mental ill health sickness absence at least once every 2 weeks	No recommendations	Interventions are more effective at sustaining changes if they include booster and follow-up sessions.

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10. Japan (2009)	<ul style="list-style-type: none"> - Make a RTW program in the company which involves relevant actors systemically - Company management or supervisor have to consider employee's work load based on professional advices to fit the work smoothly. - Make use of short hours (e.g. 4 hours) working program to return to work smoothly during two weeks. 	<ul style="list-style-type: none"> - Make use of the Employee Assistance Program (EAP) 	<ul style="list-style-type: none"> - Less than 8 hours work - Prohibition of overnight work, over time work and shift work - Prohibition of driving a car at work - Restriction of business trips - Exemption of stressful work (e.g. negotiation with difficult customer, shortening delivery time, complicated work) 	<ul style="list-style-type: none"> - Effective exchange of medical information between psychiatrist and OP - Consult psychiatrist in charge when content restriction to work is difficult to judge - Make use of second opinion to get professional advice from another psychiatrist 	<ul style="list-style-type: none"> - Regular follow-up meetings with the worker. - Regulatory exchange of the employee's condition information among relevant actors (worker, supervisor, psychiatrist and occupational staff)
11. Finland (2009)	<ul style="list-style-type: none"> - Assessment can be also considered care - Offer psychosocial support: give information on symptoms, treatment possibilities and outcomes; explore all areas of work and life and their problems, especially work related problems - OHS should take care that: treatment is completed as planned and effective; the worker is not deactivated; RTW actions between employee and employer are planned at the right time; workplace accommodations are realized. - Assess if it is possible to receive economic support for 'pension fund rehabilitation' 	<ul style="list-style-type: none"> - Prescribe medication if needed for moderate to severe depression - Refer to medical rehabilitation such as individual or group psychotherapy - Refer to social rehabilitation in case of substance abuse. 	<ul style="list-style-type: none"> - Assess workers own understanding of causes in work and possible solutions - Assess together with worker, employer and OP if changing work would help (temporary or permanent) - Provide vocational rehabilitation such as work trial or work preparation - Support at the workplace - Organize RTW talks with employer and employee 	<ul style="list-style-type: none"> - Assessment information from nurses and psychologists can be used - OP can use psychiatrists advice for sick leave benefits assessment - Refer if needed to special care (assess if OHS resources can be used for special care) 	<ul style="list-style-type: none"> - Perform regular workability assessment in OHS - Follow-up /monitor RTW and work trial outcomes
12. Finland (2010)	<ul style="list-style-type: none"> Assess the need for: - opportunities at the workplace for early rehabilitation support, tripartite talks (worker, supervisor and OP), stress management at personal and organizational level and need for medical and other care and its organisation (fatigue, depression) 	<ul style="list-style-type: none"> - Cognitive-behavioural interventions, stress management, yoga, mindfulness, feedback on questions in stress questionnaire 	<ul style="list-style-type: none"> An arrangement for lower work demands quantitatively and qualitatively should be made when workability is low. (see depression guideline) 	<ul style="list-style-type: none"> No recommendations 	<ul style="list-style-type: none"> No recommendations

	- need for sick leave (short term or part time)				
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13. Republic of Korea (2011)	<ul style="list-style-type: none"> - Provide psychological crisis intervention - Give reassurance and keep confidentiality - Confirm safety and survival - Provide safe and comfortable environment - Encourage and support - Give advice on maintaining continuous relationship with someone who can be trusted - Educate the importance of maintaining regular and healthy routine. 	Check criteria of referral and professional care/treatment (e.g. self harm, harm to others, need medication to stabilize, history of emotional and behavioral problems, long-lasting symptoms)	<ul style="list-style-type: none"> - Give explanations, information and support to those involved in the work environment - Give practical problem-solving advices regarding self-care - Give instructions to the group and organization which the victims belonged to 	<ul style="list-style-type: none"> - Effective exchange of medical information between workplace and professional agencies - Give contact information of main resources (e.g. EAP agency, Governmental organization, suicide prevention center) 	<ul style="list-style-type: none"> - Counselling until full resumption of work - Follow-up meetings with worker after 3 months; for high risk group, every month for 3 months and re-evaluate in 3 months
14. Republic of Korea (2011)	<ul style="list-style-type: none"> - Communicate and build trustworthy relationship with workers - Give advice on improving coping ability - Make a RTW program in the company which involve relevant actors systemically - Company management or supervisor has to consider employee's work load based on professional advice to fit the work smoothly. 	Evaluate mental status of workers and advice counseling with OP, healthcare professionals, and industry counselors, etc.	<ul style="list-style-type: none"> - Exemption of stressful work - Adjust the workload - Give simpler and easier work - Show respect to prescribed medication and avoid stigma - Give instructions to organization and colleagues of the worker 	<ul style="list-style-type: none"> - Effective exchange medical information between workplace and professional agencies - Give contact information of main resources (e.g. EAP agency, Governmental organization, suicide prevention center) 	Follow up between 3~6 months