

Stay at work with mental health problems. With reasonable accommodations it is possible.

Manual for occupational health professionals

implementing

Stay at work with mental health problems: a guide for supervisors.



Occupational health and inclusive employment – research group

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Summary

One in five working people suffers from mental health problems. Symptoms that can form a serious obstacle to staying and being productive at work. Employers often want to retain their employees for the organization and you as an occupational health (OHP) have a great added value in supporting both employees and employers in this. This is a manual for OHPs in implementing: [Staying at work with mental health problems: a guideline for supervisors](#). Link to the site (in Dutch): [Blijven werken met psychische klachten \(han.nl\)](#)

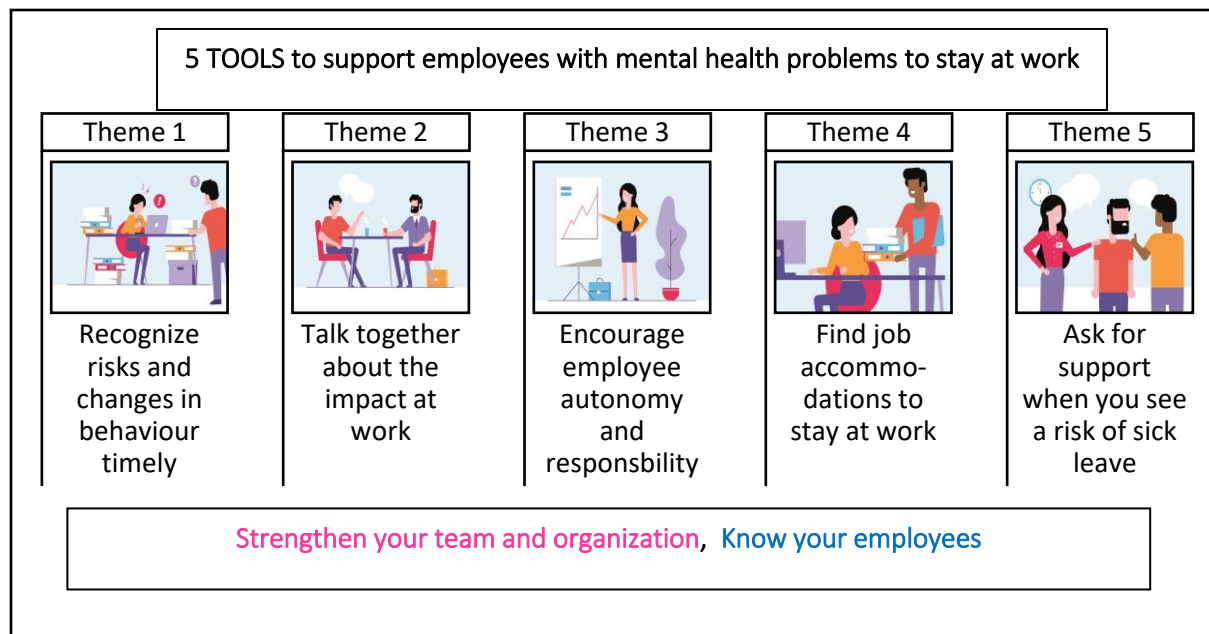
As an OHP, you can support the supervisor in realizing suitable work before sick leave occurs. Both before mental health problems arise, and once a person's mental health problems start to affect work. The figure below presents the 5 themes to support employees and basic ingredients that a mentally healthy organization needs. This manual describes your role as an OHP in supporting supervisors in helping employees with mental health problems.

Good luck!

Checklist to get started with the guideline as an Occupational health professional:

- ✓ The employer you work for sees the added value of preventing absenteeism due to mental health problems.
- ✓ As an OHP, you are intrinsically driven regarding prevention and mental health.
- ✓ You as an OHP wish to develop your competencies, by strengthening your actions with an evidence based guideline, to better support the supervisor.
- ✓ You are willing to examine your own attitude toward mental problems.

Overview of the 5 most important aspects of the Stay at Work Supervisor Guideline (SAW-SG).



Reading instructions for this manual

Part 1: Preventive focus for supervisors and occupational health professionals (OHP)

Maintaining employees with mental health problems in the workforce requires a strong preventive focus. In part 1, we will explore what this means for you as a OHP and highlight the benefits for employers. Additionally, we will provide insights into the group at the center of this issue: employees dealing with mental health problems.

Part 2: The roadmap

"You have a case in mind and are ready to get started. The roadmap shows what you can do: prepare, engage in a conversation with the supervisor and generate wider awareness in the department or organization.



Part 3: Actions of OHP from different roles

This section lists actions that you as an OHP might perform; do you want to inform, advise or coach the supervisor? And what cooperation do you seek? OHP see an important role for themselves in the preventive phase. "If you want to focus on specific services, you can quickly identify the role you can assume and the corresponding activities."

Part 4 : Interview with an occupational health professional.

In an interview, read what an experienced OHP thinks.

Part 5:

In part 5, we outline your expertise as a OHP and how it aligns with working on prevention and job retention for employees with mental health issues. We also highlight the competencies needed, helping you make an informed choice about the role(s) that best suits your talents.

"Rather intervene early when someone is faltering, rather than letting someone fall through the ice."

Part 1) Preventive focus for employers and occupational health professionals

1.1 Prevention of sick leave

Research shows that it is often difficult for **employers** to retain employees with mental health problems at work. However, they could have a significant influence, particularly with employees experiencing 'mild' mental health problems. The supervisor is often the first point of contact for the employee and thus in a crucial position. The supervisor can use your expertise as an **occupational health professional**, since you can identify the mismatch between workload and work capacity, take action and advise on reasonable (work) accommodations and interventions. For you as an OHP, this means that you will increasingly be involved in addressing this issue." Moreover, early intervention is important to provide support to the employer.

In this manual we indicate where you can support supervisors. The guideline "**Stay at work with mental health problems**" contains all the **latest knowledge** and focuses on supportive behavior by the manager or supervisors towards employees.

How does prevention work?¹

Prevention of absenteeism due to mental health problems starts with the supervisor and/or employee **identifying and discussing** mental health problems in the workplace. Organizations where challenges and mental health problems can be openly discussed implement measures more quickly and effectively. The sooner conversations about solutions take place, the faster measures can be taken. **Interventions** aimed at improving working conditions and work organization are also beneficial.

Knowing your employees allows for preventive measures. When supervisors know their employees well, it becomes easier to identify solutions when mental health issues arise. Cultivating a safer organisational culture and encouraging support among colleagues, **not only strengthens teams but also enhances the overall organization.** Together, **this significantly reduces the chances of sick leave due to mental health problems!**

1.2 Benefits for employers to promote Stay at work

The most common reasons employers want to invest in Stay at work for employees with mental health problems are:

Costs and productivity: One in three cases of absenteeism is due to mental health problems. The costs associated mental health related absenteeism are significant, yet this aspect of absenteeism has much potential for improvement. It is important for many organizations to pay

¹ The importance of these tools and ingredients is recognized by labor (occupational health) experts, managers and employees with mental health issues themselves in the Dutch setting. In addition, they are scientifically substantiated.

more attention to mental health in the organization. How much can reducing mental health-related absenteeism save??

- An average day of absenteeism costs an organization 250 euros per employee² (Not including indirect costs such as replacement or loss of productivity).
- Absenteeism due to mental health problems lasts an average of 180 days per employee.

Consequently, the total cost of absenteeism per employee, if mental health-related absenteeism is prevented, reaches 45,000 euro. **Competitive advantage:** The desire for the organization to show an up-to-date, progressive, and innovative character has a positive impact on attracting new employees, as well as appealing to consumers and investors. **Employee well-being:** A positive effect on the well-being of all employees. For employees, this means reduced risk of unemployment, and for those at risk of getting sick feel less stigmatized. For the overall workforce, a proper approach can foster a culture of social safety. Employers who provide space and support for employees with mental health problems see greater engagement and satisfaction among their employees.

Legal Compliance: From the Occupational Health and Safety Act, country specific.

1.3 Employees with mental health problems

What are common mental health problems?

We have various expressions for mental health problems: feeling overwhelmed, taking on too much, feeling stuck, being stressed, and the bucket overflowing. While it may seem clear what we are talking about, these phrases can sound vague, and each person has their own interpretation of them. This can easily lead to misunderstandings or an attitude of hoping things will resolve on their own. We are discussing mental health problems; these may already be present before there is a mental illness or condition. In the guideline we are talking about working people with challenges arising from common mental health problems such as **anxiety, depression and overwork/stress** (including burnout) or the early stages of these conditions. We are not talking about people with a psychiatric disorder, these are people who experience severe social or occupational limitations for more than two years and for whom (long-term) treatment is necessary.

Common and often temporary

43% of the Dutch population has suffered from mental health issues at some point in their lives. "Among the working population in the Netherlands the prevalence is somewhat lower but still significant, at around 20% .This means that there is a high likelihood that employees will encounter these issues. Depression and anxiety disorders are the leading cause of long-term absenteeism and disability in the Netherlands (source: UWV). These conditions are common across all types of teams and organizations. Burnout is also becoming increasingly recognized, with 17% of employees experiencing it long-term.. Fortunately, these mental health problems

² The calculation is based on research and industry data from TNO and CBS.

are mostly temporary. For example, with depression, half of people recover within six months and 84% recover within a year.

Positive impact of Staying at work

Employment has positive effects on mental health, through social interactions, the structure and stimulation, being engaged in meaningful activities and generating an income. For some employees, working helps to manage their mental health problems.

Causes

Dealing with employees who have mental health issues or disorders can lead to misunderstandings and uncertainty. This is often due to differing opinions on the underlying causes. The development of a mental health condition is influenced by multiple factors, including personal and social elements, as well as environmental factors (such as the workplace). The rise in the number of burnout cases can largely be attributed to emotionally demanding work, dissatisfaction with payment, and an unfavorable work-life balance. (See Appendix 1: Explanation of mental disorders)

Part 2) Getting started with the intervention: Roadmap

The goal is for supervisors, to become more capable of supporting employees with mental health problems through the guidelines and discussions about their approach. As an OHP, you are the expert in familiarizing supervisors with the content of the Guideline **Stay at work with mental health problems: supervisor guideline**. The interaction between you and the supervisor is central to this process. Below you will find a step-by-step plan to guide you.

You introduce this guideline in the following situations

...when you identify the supervisor is struggling to support employees with mental health issues, while employees are still at work.

...when you detect that several employees from one team or organization drop out (from individual case histories) because of mental health problems.

Five practical steps to implement the guideline

Step 1. Prepare

- Go through the guideline for supervisors. When doing so, keep in mind supervisors of whom you already have a good picture and see opportunities to work on it preventively. Explore challenges you've heard from supervisors before (imaging). These are the points where you can convince supervisors to use the guideline.
- Review the five (step-wise) themes and basic ingredients on the pdf-guideline, in preparation for an initial conversation with the supervisor.

Step 2. Introduce the guideline in your department

Strategies to introduce the pdf to convince supervisors to engage with it:

- Persuasive communication to senior management or HR about prevention, need to reduce absenteeism and cost savings.
Use the call for supervisors for this purpose. Emphasize that with these guidelines, you can quickly achieve significant savings: the cost of this innovation (3 hours at €250-400 for each participating manager) is equivalent to the average cost of one employee's sick leave per day. These guidelines have been developed based on scientific insights and practical experiences.
- Create awareness of the importance of mental health prevention using the guideline.
- Offer information to supervisors about personal risk when he or she is "lacking skills" in dealing with employees with mental health problems.
- Discuss a recent absent yet anonymous employee (case study), outline scenario in case of increased actionability and thus reduced risk of absenteeism.
- Organize a presentation on Staying at Work with Mental health problems by:

- Success stories
- A team member with lived experiences of mental health issues, who has continued to work successfully within your organization.
- Corporate social worker
- Develop your own presentation with sheets provided for PowerPoint

Step 3. Decision by employer/supervisor to use the guideline

Supervisors and senior management will see advantages and disadvantages regarding the decision to start working with this guideline. For these considerations (in the decision phase), the table lists arguments you can use.

Considerations	Argumentation
Cost	✓ Use of the guideline is free of charge. The deployment of the OHP is in regular work arrangements, with possible task expansion. "This investment quickly pays off, as the 3 hours of coaching for supervisors costs less than the average daily absenteeism of one employee (€250-400)."
Need	✓ For example, high absenteeism rates, especially psychological, policies from HR or management around employee well-being.
Required time (and thus money) it takes from supervisors	✓ Per supervisor: 3-4 times 1 hour.
Minimum commitment required of employer and supervisors	✓ Per supervisor: willingness to engage in coaching about ways to support employees, willingness to reflect.
Option to adapt guideline to employer's situation	✓ OHP can adapt guidelines to their specific context
Risk and uncertainty that may trigger use of handbook	✓ OHP assesses potential effects of guideline and the associated risks For example, managers may request more time to provide additional support to employees.
Direct and indirect measurable results	<ul style="list-style-type: none"> ✓ Direct: supportive behavior and their skills and self-efficacy to hold difficult conversations increases ✓ Reducing taboo on mental problems ✓ Reducing absenteeism ✓ Increased openness and safe organisational culture

Ultimately, it's all about the relative pros (benefits) of this new guideline versus the (short term) cons: time, cost and energy (burden) required. Map this out.



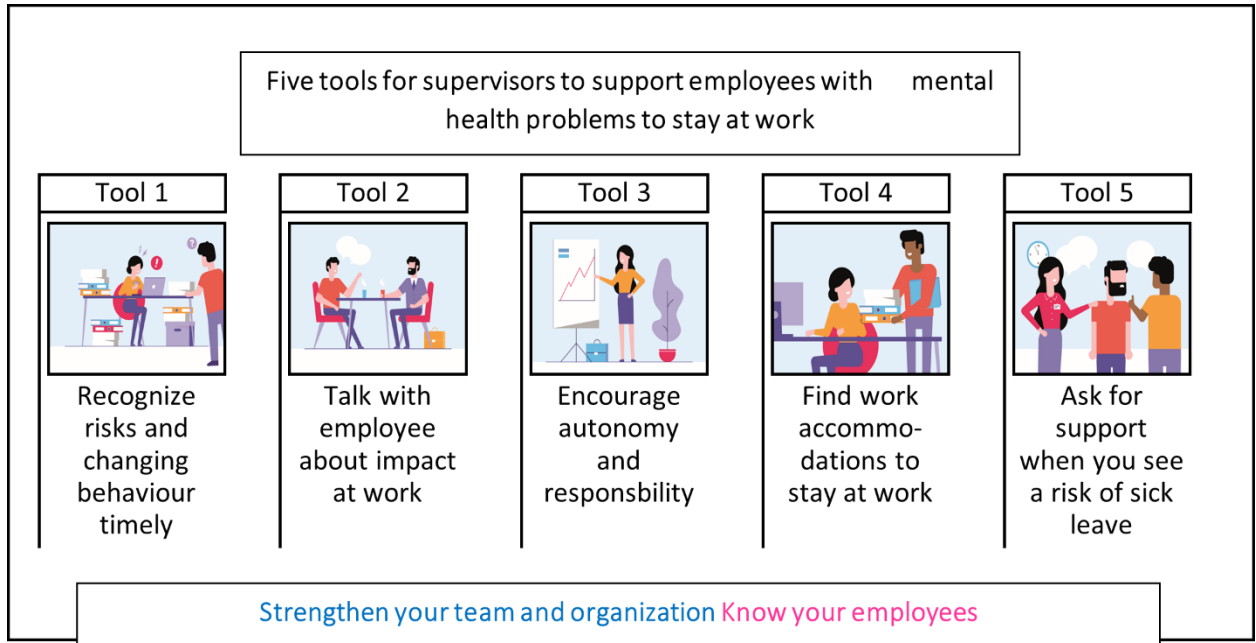
Step 4. Getting Started

A) Organize an information session about SAW and role of supervisors (optional)

- Invite supervisors, HR department and senior management. Bring the guideline to the attention of the first points of contact for supervisors. E.g. HR personnel, medical service and among your team of staff counselors. These are the individuals for whom managers seek help regarding an issue with an employee who is struggling or facing potential absenteeism.
- Provide examples based on recent case studies, including a successful case where an employee continued to work and a case of absenteeism.
- Examine in this guideline what role you have previously taken on with the employer and where there are opportunities for innovation, such as providing information, offering tailored advice, or coaching supervisors.

B) Engage in coaching (for the first time) with a group of supervisors or individually

- Identify current beliefs and attitudes of supervisors toward mental problems. Identify potential areas of concern.
- Ask what dilemmas supervisors experience when supporting employees with mental health problems.
- Determine, based on the needs of the managers, which tools and essential ingredients should be prioritized, and highlight the relevant components.
- Start small. Link the case studies presented by the supervisors to the appropriate information in the guidelines.
- Assess the willingness to change and invite managers to set learning objectives/development points, encouraging them to track their own progress.



Practical tips:

- Hand out hardcopy (printed) or softcopy (pdf document) of the guideline, briefly go through it together.
- Report: what was discussed, what agreement was made, and whether it has been followed up on.
- Make two follow-up appointments and have one coaching session monthly. Provide content on the chosen themes and/or basic ingredient. Inform, advise and coach. Offer tailored information and provide good examples.

C) Follow-up guided conversations using coaching and dialogue

- Look back on the first coaching session. What was challenging for you? What stayed on your mind afterwards? Discuss "homework": what was discussed last time, what agreement was made to apply this with employees, has it been followed up on? How come?
- Give positive feedback and compliments. Emphasize that changing supportive behavior is challenging and normalise it. Give recognition To supervisors.

Mid-term self-reflection on the guided conversations

1. assess your own skills and knowledge as a OH specialist. Are you sufficiently aware of the challenges faced by the supervisor and relevant work environment?
2. After interviews, reflect on your own interviewing/conversation techniques as an OH specialist.

- **Engage in Practice:** e.g. practice conversational skills and talk about good examples (or point out video clips with good examples).
- review learning goals and actions.
- provide personal feedback during discussions and use open, insight-enhancing questions. This way you promote self-reflection in the manager.
- introduce relevant case studies, link to the guideline, and use a recent sick leave case
- Activate supervisor to seek feedback from their own employees on their supportive behavior.
- Discuss barriers and risks.

D) Generate broader awareness

- Encourage peer supervision among supervisors from the same employer or several, identify role models.
- Commit to prevention in occupational medical consultation.
- Bring the guideline to the attention of fellow OHPs, staff counselors, medical advisors, HRM and senior/higher management.

Step 5. Aftercare

After three months, you and the supervisor have discussed themes in the guideline several times. Emphasize that the supervisor can take action using the tools provided in the guidelines. Also mention the essential ingredients for preventing absenteeism. Let the supervisor know that you are accessible for questions.

- Map out results.
 - o Direct and indirect results, intended but also unintended results.
- Provide feedback to all levels in the organization from senior management to employees. In the report, you can draw information from the guidelines to support decision-making (forming judgments). Ask if supervisors wish to become a precursor/peer counselor for other supervisors (buddy system).
- Make a plan how to bring this up in the coming year/time.



Part 3) Actions and roles of occupational health professionals

3.1 Advising at the case level

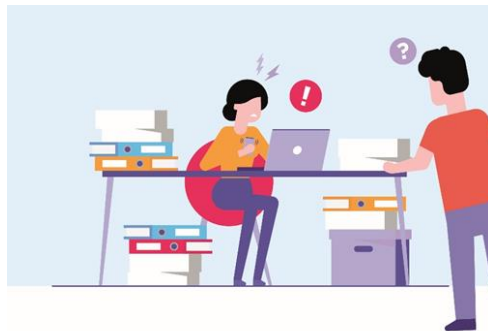
As an occupational health professional, advise on recognizing changes in employee **behavior**. You provide information to increase knowledge about signs of mental health problems

The occupational physician provides psycho-education to managers and employees. Based on practical experience, the OHP gives low-threshold (customized) **psycho-education**, as long as it is truly job-specific.

You advise on **the burden** of work (severity e.g.) and the person's **capacity** (ability) and the balance between them. (job demands/resources)

You can advise employers on reasonable work accommodations: 1) flexible working arrangements or **reduction of working hours**; 2) expanded **control options** for alternating employability; 3) workplace **education**; 4) adjustments to the **workplace** 5) adjustments to **work content/tasks**.

You can also **help think about** short-term **work accommodations** in cases of impending or frequent short-term absence.



3.2 Inform and raise awareness about openness and safe organizational culture

The OHP can **raise awareness** to make changing employee behavior negotiable.

You **address the role of the work environment** and make employers aware of the relationship between a safe and open organization and employee mental health.

You make the employer aware of the **importance of a safe organisational culture** for promoting Stay at work in cases of mental illness. As an OHP, you also contribute to compliance with the Occupational Health and Safety Act, including in prevention.

Effective leadership is primarily the responsibility of the supervisor. However, based on recurring case studies indicating potential for improvement, the OHP plays an important role in signalling issues and can provide information on preventive measures.

You can also offer insights into the essential components for strengthening the team and organization in relation to mental health issues. You highlight the importance of the work environment.

Additionally, you provide information on the organization or structuring of work, particularly when it relates to experienced mental health problems.

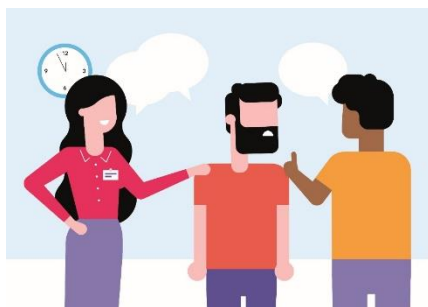


3.3 Coaching supervisors towards supportive behavior

The OHP emphasizes the importance of **empathy and openness** between supervisor and employee about what is going on and **coaches** the supervisor in dialogues with employees. Finding out your own views (prejudices) as an OHP about mental problems is important here.

As an OHP, you coach supervisor in **conversational techniques** to strengthen employee self-direction.

You **promote appreciative inquiry**, which involves asking employees about their strengths and capabilities. This approach is essential for genuinely understanding what individuals want and can achieve in the long term. By inquiring about what matters to the employee, you increase the likelihood of placing them in a suitable role.



3.4 Collaboration and referral

You as an OHP can **mediate** when there is a conflict between the employee and the supervisor regarding employee's capabilities. **You should leverage or initiate collaboration**, especially with occupational health and safety services

It is important to have a clear understanding of who takes on which role in the prevention of mental health-related absenteeism, especially for larger employers, as knowing the roles of other professionals is crucial You as an OHP **share knowledge** of Social Security and other Acts.

You as an OHP **offer information** about internal and external services and interventions and **refer to** professionals in your network if necessary. The key is to assess when to utilize each resource effectively.



Part 4) Interview with an OHP

The supervisor plays a crucial role in supporting the employee in staying at work. How can you encourage a supervisor to reflect on their communication skills to have a supportive dialogue?

We as OHPs can ask questions that prompt the supervisor to reflect on their approach, especially during personal conversations where an issue is raised.

Why is it important to define the boundaries of a supervisor's role?

Discussing boundaries helps the supervisor understand what is part of their role and what is not.

As an OHP, do you also mediate a conflict between employee and supervisor?

I will only mediate myself if I am not already involved as an expert the supervisor or employee involved.

In such a conflictual situation, you will have to work cautiously. How do you get to know your own attitude toward mental health?

I examine and reflect on my own attitudes. What are my own biases when I hear a case about absenteeism due to mental illness?



Sometimes I get questions about the division of roles. As OHP, what do you mainly do?

As OHPs, we will primarily have a signaling and coaching function towards supervisors in order to raise awareness about suitable work and provide guidance on how to organize work, and work accommodations based on individual cases. Our knowledge about the workplace and about balancing workload and capacity is of great value.

Is it always at the individual, employee level?

No, some also conduct problem analyses of work characteristics at the team or organizational level and provide advice on this. Retention at work depends on many factors. I also have insight into this and can involve the supervisor in the process. [And what are the other professionals doing?](#)

These will focus more on education and information, individual counseling of the employee or medical judgment in the event of impending absenteeism. And the occupational health nurse can look at where there are occupational risks to employee health and what can be done about them.



What about preventive work, the OHP is usually called in later, right?

Within the organisation we also provide preventive advice; we also advise preventively on how to maintain a balance between workload and capacity before mental health issues start impacting job performance. We work closely with prevention staff, providing guidance on improving working conditions, especially in areas related to psychosocial risks,

Part 5) Competencies of an OHP: apply your expertise

You can apply your expertise through various strategies In a preventive role, that is, before dropout occurs, **analyze work characteristics** and facilitate the conversation between supervisor and employee.

By **examining** the **mismatch between work load and load capacity** and advising on appropriate work accommodations.

In supporting the supervisor in **achieving suitable work**. Both before mental health problems arise and once a person's mental health problems start affecting work.

By engaging in discussions with supervisors about the content of the guideline.

Through **identifying** blind spots of supervisor or team/organization.

By engaging with employers and supervisors **about company culture, openness, safety and social support**.

By providing one-on-one **coaching** using the guideline.

The following competencies form the basis of OHP ³

- Reflection on one's own actions and competence development
- Client-centered action
- Problem analysis and judgment
- Informing and advising
- Working together with other professionals towards a common result

Specifically, on the topic of Staying at work with mental health symptoms, something extra is needed:

- During imaging, listening without value judgments and opinions
- Creating awareness
- Be able to serve the interest of both the employee and the employer with attention to ethical conduct

³ These competencies align with the professional standard of the professional association NVvA [professional standard](#) NVvA

- Reflecting on own commitment
- Initiate multidisciplinary collaboration
- Appreciative inquiry
- Being empathetic
- Coaching

Additional knowledge is also important. The expert knows:

- The relationship between a safe and open organization and employee mental health.
- Privacy rules from General Data Protection Regulation regarding sick employees.
- Own attitudes toward prevention of mental problems and reflect on these.
- The role of other disciplines in preventing psychological absenteeism.
- The employee's specific work situation.
- Interventions to promote staying at work for mental health symptoms.
- Apply the "Stay at work with mental health problems- supervisor guideline".

Appendix 1: Explanation of mental disorders

The following signs may indicate mental health problems, with a risk on mental health-related absenteeism. Mental health problems are difficult to recognize for the employee himself but also for others. Recognizing signs and noticing changes is important. Moreover, one signal is not a signal. The sum total of several signals is an indicator that someone is at risk of developing a mental illness.

Note: the following has been translated from Dutch to English, this might affect the descriptions.

Psychological

- Employee has **concentration problems**, excessive worrying, poor sleep, tense, lethargy, losing focus, losing perspective and difficulty thinking clearly
- The employee becomes increasingly **cynical** about the workload, work activities and finds it difficult to cope with changes. The employee is more often dissatisfied and **more quickly irritated** than usual, expressing that they no longer enjoy anything Anxiety symptoms such as easily startled, **indeterminate feelings of fear**, trembling, anxiety or panic attacks, fear of being alone at home.

Physical

- The employee feels **tired**, appears dull and has lower productivity. Ask him about recovery time after work. Recovery time longer than an hour is an important signal that may indicate stress symptoms.
- The employee has increasing **physical complaints**. Any doctor visits do not help and do not lead to better functioning. The employee talks about pain symptoms with no apparent cause.
- Comes to work **under influence of alcohol** or with a hangover.

Performance

- Motivation and job happiness diminished. The employee **no longer feels like** or is **interested in anything**.
- Signs in **behavior**, for example, lower functioning or lower productivity, less contact with colleagues, or dealing differently with customers.
- Employee asks for **task or working hour reductions** or privately drops everything to keep up the work.
- The employee arrives late or **calls in sick more often**.

Depression

Everyone is sometimes sad or gloomy. Fortunately, that usually goes away. With depression, this does not happen. In this mood disorder, feelings of emptiness and severe dejection last longer than three weeks. Depression is accompanied by psychological and physical symptoms.

People with depression no longer have any desire or interest in anything. Gloom dominates their entire existence. Even though the sun is shining and everything around them is buzzing with life, it doesn't touch them. They lack the energy to do anything. Their melancholy mood can last for ages.

Depression is usually caused by a combination of personal characteristics and circumstances. Think of not being able to solve problems well or having difficulty processing unpleasant events. Physical causes also play a role: heredity, hormones, medications, alcohol, drugs, physical illnesses. Another factor is what a person experiences in his life. For example, major changes, shocking events or incidents from the past. Depression can last a few weeks, but it can also last months or longer. Mild depression often goes away by itself. Does someone have many symptoms over a longer period of time? Then seeking help is advisable.

Anxiety Disorder

Everyone is afraid sometimes. In itself, this is not a bad thing. In fact, fear has an important function. It is a warning signal for danger. However, if someone regularly experiences various anxiety symptoms that cause social or occupational difficulties, it may be a sign of an anxiety disorder.

Social anxiety disorder

Both hereditary and environmental factors play a role in the development of an anxiety disorder. Anxiety disorders come in different types. For example, a social anxiety disorder often affects work directly. For example, a person has fear of: meeting another person, talking on the phone, speaking in public or eating in a restaurant. In doing so, a person appears to be very shy. Social anxiety negatively affects daily functioning at work. It is accompanied by headaches, stomachaches, sleep problems, anxiety, decreased concentration, irritability, tension and restlessness.

Panic disorder

People with panic disorder have frequent anxiety attacks. They get the feeling of going crazy, losing control, fainting or dying. They also fear another panic attack and therefore avoid situations, potentially leading to agoraphobia. Physical symptoms during panic attacks can include heart palpitations, chest pain (sometimes mistaken for a heart attack), sweating, shortness of breath, trembling, nausea, and hyperventilation.

Generalized Anxiety Disorder

A person with generalized anxiety disorder (GAD) constantly worries about everyday matters, such as money or health. However, these worries are disproportionate to the actual challenges being faced.

Phobias

Phobias are intense fears of specific things, such as animals (like spiders) or situations (like flying). The impact on work is usually minimal since these fears are often easy to avoid.

Burnout

Burnout leaves a person feeling completely exhausted, both physically and mentally. It affects daily functioning at work, at home, and in social life.

Burnout is caused by prolonged stress, often due to physical and psychological symptoms that have been neglected over time. Physical symptoms include headaches, extreme fatigue, and dizziness. Psychological symptoms include anxiety, poor concentration, forgetfulness, low self-confidence, and irritability. If a person feels exhausted and out of control for more than six months, it's classified as burnout.

Burnout is often work-related but not exclusively. It can stem from a variety of causes such as constant work pressure, workplace problems, financial worries, or family stress. Whether someone experiences burnout depends on both personal factors and circumstances. How an individual perceives and handles these stressors, as well as the opportunities provided by their work environment, play crucial roles. Other risk factors include accumulating stressors and being overly committed, highly motivated, or having perfectionist tendencies.