

Returning to Work After Mental Illness

Returning to work after a period of mental illness can be an important part of recovery, but it often requires careful planning and realistic expectations. This leaflet explains common considerations and approaches to returning to work in a supportive and sustainable way.

Work and Recovery

Work can provide:

- Structure and routine
- Social connection
- A sense of purpose

At the same time, returning too quickly or without adequate support can increase the risk of relapse. Timing and planning are important.

Readiness to Return to Work

Readiness to return to work depends on:

- Current symptoms
- Level of functioning
- Stress tolerance
- Nature of the job
- Supports available

Readiness is not based on diagnosis alone and may change over time.

Returning to Work Is Often Gradual

Many people return to work through a **staged or graduated approach**, such as:

- Reduced hours
- Modified duties
- Flexible start and finish times
- Temporary adjustments

Gradual return allows confidence and capacity to rebuild.

The Role of the Treating Psychiatrist

The treating psychiatrist may:

- Assess mental health symptoms and functioning
- Provide treatment and review
- Comment on functional impact where appropriate

The psychiatrist does **not** determine employment decisions, workplace policy, or job design.

The Role of the Employer

Employers are responsible for:

- Workplace adjustments
- Job expectations and duties
- Return-to-work planning

Clinical recommendations may inform these processes but do not replace workplace decision-making.

Work Capacity Can Change

Work capacity after mental illness is often:

- Variable
- Gradually improving
- Influenced by stress and workload

Regular review helps ensure that work demands remain appropriate during recovery.

Common Challenges During Return to Work

Common challenges may include:

- Fatigue
- Reduced concentration
- Anxiety about performance
- Reduced confidence

These experiences are common and often improve with time and support.

Communication and Boundaries

Clear communication can support return to work.

Helpful approaches include:

- Clarifying expectations
- Setting realistic limits
- Avoiding pressure to resume full capacity too quickly

Boundaries support sustainable recovery.

WorkCover and Return to Work

In WorkCover contexts:

- Return-to-work planning often involves multiple parties
- Capacity recommendations are reviewed over time
- Progress is monitored alongside treatment

Return to work is usually part of recovery but is paced according to clinical and functional progress.

Risk of Relapse

Returning to work can be stressful.

To reduce relapse risk:

- Monitor early warning signs
- Maintain treatment and follow-up
- Adjust workload if symptoms worsen

Early adjustment is preferable to pushing through worsening symptoms.

When Return to Work Is Not Yet Appropriate

For some people:

- Further recovery time is needed
- Focus remains on stabilisation and treatment

This is a clinical decision reviewed over time, not a permanent outcome.

Summary

Returning to work after mental illness is often a **gradual, supported process**.
With appropriate pacing, clear communication, and ongoing review, many people return to meaningful and sustainable work.
