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Occupational Health Report for: Jenny James (pseudonym)

Occupational Health Assessment by Video

Job title	Teacher of French	Place of work	A Academy
Date of birth	01/01/1971	Date of referral	28/07/2023
Referring Manager	Referrer Name	Organisation	A Academy
Date of assessment	18/08/2023	Date of report	18/08/2023

Report recipients

This report contains confidential information. The recipients named below have a responsibility to process, secure and store this information in accordance with data protection law.

Name	Organisation	Email
Referrer Name	A Academy	email@email.com

Dear Referrer Name,

Thank you for referring Jenny James who is a full-time teacher of French at A Academy. I can offer an opinion on this case based on my assessment of the individual and the information provided, and I have their consent to release this report to the agreed report recipients.

Reason for referral

Jenny James was referred due to an increase in short term sickness absence, to consider fitness for work and adjustments.

Background

Job role

Ms James is a teacher of French at A Academy, the role is full time term time and involves teaching students aged 11-16 years. Ms James explained that she was originally employed in September 2022 as second in the department but was unable to sustain this role in view of her ongoing health issues.

Summary of Health situation

Ms James has been a teacher for 26 years and previously worked as head of department in a previous role. She explained that due to significant workplace stressors in a previous role she was absent from work for eight months of the 2021/22 academic year in her previous workplace. The workplace stressors led to a significant deterioration in her mental health and following a settlement with her previous employer she sought new employment. Ms James felt that her mental health had recovered sufficiently to start in this new role but in hindsight she still lacked significant resilience and had lost much of her confidence as a teacher due to the workplace stressors and time away from work.

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Her mental health fluctuated significantly throughout the year as she has had an unfortunate number of bereavements which when put together in the context of previous bereavements have been difficult for Ms James to sustain the improvements she had made in her mental health. She explained that most of her short-term absences have been linked to increased levels of anxiety precipitated by bereavements and perceived workplace stressors in the context of her negative experiences in her previous role.

Ms James was well prior to 2019 when she was involved in a road traffic accident and a combination of the accident, bereavements, workplace stressors and menopause mean she has continued to have increased levels of anxiety. She explained that she had a three-week absence in the last term of the 22/23 academic year related to a deterioration in her mental health related to perceived workplace stressor. Ms James has sought appropriate support for her mental health throughout the last few years but remains vulnerable to increased levels of anxiety and increased risk of panic attacks associated with this.

Functional Impact

Ms James' mood is currently fluctuating and with it her sleep. She is managing activities of daily living most days and engaging in wellbeing activities including exercise and seeing friends. When she encounters a situation she perceives to be similar to the workplace stressors from her previous workplace this can lead to feeling quickly overwhelmed with emotion and hypervigilant about the situation.

Current position

In my opinion, Ms James is fit to work and is keen to return at the start of the academic year. She feels well supported in this role but is understandably anxious about further absences and the conclusion of her probation period. I recommend continuing with the adjustments you have already put in place including the reduced timetable for this academic year and ongoing regular meetings with Ms James and the opportunity to step out of class if she experiences a panic attack.

In addition, I recommend meeting at the start of the academic year to put in place a Wellness action plan (guide in references below) to help increase Ms James and her colleagues' awareness of what might be an indication of a deterioration in her mental health and what the triggers in the workplace might be for this. I recommend providing her with information in advance for any formal meetings to help alleviate anxiety around these and consider if it would be feasible for her to have a mentor outside of the department to help support with rebuilding confidence after a long absence related to previous workplace stressors.

I also recommend as part of the wellness action plan consideration of how feedback is delivered both positive and negative as part of rebuilding her confidence and minimising anxiety at work. Ms James' hypervigilance to negative feedback will gradually improve over time as she feels safe again at work but at present this can be a significant trigger for a deterioration in her mental health and ideally delivering this 1:1 would allow her more opportunity to process emotions related to this.

Other adjustments that might be beneficial in the longer term include flexibility in sickness targets related to Ms James' mental health and a low threshold for the use of a phased return to work

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following sickness absence. I also recommend regularly updating workplace stress risk assessments to help minimise these. More information on these is also in the references below.

I have also encouraged Ms James to make a referral to the Access to work mental health support services and include the references for these below to help support her transition back into the next academic year.

Recommendations and responses to questions raised

1. In your opinion, is the member of staff fit for work? If not, is there a foreseeable return to work and if so when is this likely?

Yes, in my opinion Ms James is fit for work with adjustments in place as outlined above.

2. Is the member of staff receiving appropriate treatment, will it aid their recovery and if so, when?

Yes, Ms James is receiving appropriate treatment and has recently finished bereavement counselling. We discussed further avenues of talking therapy support in the longer term. This has been beneficial, but Ms James' mental health is likely to continue to fluctuate over time due to the nature of the condition, in particular in relation to workplace stressors.

3. Are there any underlying problems causing or contributing to the absence?

Yes, Ms James has had difficulties with her mental health since 2019 following post traumatic stress disorder symptoms related to a road traffic accident which then persisted as anxiety symptoms. She has had a large number of bereavements in the last 12 months which coincided with starting in her new role which have gradually eroded the resilience she had built up prior to starting in this role. She is hopeful that her absence will be less this year and in my opinion with adjustments in place her absence should be improved if she does not have any further stressors in her personal life.

4. Is the health problem likely to recur in the future?

Yes, the nature of Ms James' condition is that it is likely to fluctuate and there may be times when her anxiety levels are worse. This is more likely if she has a significant number of personal or work stressors.

5. In your view is it likely that the member of staff's condition and/or effects could be considered within the scope of the disability provision of the Equality Act 2010? If so, are there any specific adjustments for management to consider?

Ms James has a condition that has a significant impact on her activities of daily living and is long term (more than 12 months), while this is a legal definition, in my opinion the disability provisions of the Equality Act 2010 are likely to apply.

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6. In your opinion, is it possible to distinguish between the symptoms that are linked to the menopause and those that are linked to the anxiety and the management of these going forward?

Menopause can cause a wide range of symptoms including physical and mental health symptoms. In Ms James' case the menopause symptoms have been one contributing factor to her increased anxiety levels in the last few years. The other contributing factors were the precipitating event of the road traffic accident, many significant bereavements and the significant workplace stressors in her previous employment. Ms James' has also sought appropriate treatment to manage menopause symptoms.

Review

We should not need to review Ms James routinely but would be happy to review her at your referral.

I hope you find this report helpful. We are open office hours Monday to Friday, and we can be contacted on 0800 862 0142 if you require any further assistance.

Dr Clinician Name

MBChB MFOM

Consultant Occupational Physician

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Got some feedback? Please give us [your comments](#) on your recent experience with us.

References

Access to work mental health support

[Home - Access to Work \(maximusuk.co.uk\)](#)

[Support for mental health at work | Able Futures Mental Health Support Service \(able-futures.co.uk\)](#)

MIND Guide to wellness action plans

[guide-to-waps-english-interactive-op.pdf \(mind.org.uk\)](#)

HSE management standards for stress

[What are the Management Standards? - Stress - HSE](#)