

# Introduction To Occupational Psychiatry

Occupational Medicine 2013, 6(8):507-509  
Advance Access publication 29 August 2013 doi:10.1093/occmed/kqt103

## SHORT REPORT

### Which patients are seen by an occupational psychiatry service?

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<b>Background</b>	Common mental disorders are the leading cause of sickness absence but are frequently misdiagnosed and undertreated. It is against this background that a specialist occupational psychiatry clinic was established at a London teaching hospital.
<b>Aims</b>	To explore the nature of patients and complaints seen in the clinic and investigate whether this form of service provision reached patients who may have otherwise been missed in the gap between primary and secondary care.
<b>Methods</b>	We reviewed the case notes of 51 consecutive new clinic assessments using a data extraction form, gathering information on socio-demographic and occupational details; the nature, duration and severity of symptoms (as assessed by Health of the Nation Outcome Scale (HoNOS)); diagnosis; prior treatment and the outcome of the clinic appointment.
<b>Results</b>	Only half of those seen in the new clinic were currently on sick leave. The most common diagnosis was depression with most having symptoms lasting longer than 9 months. Sixty-five per cent had a medium or high HoNOS rating. Although 75% had received treatment from their general practitioner, the majority remained functionally impaired, and only 31% had been seen in secondary care.
<b>Conclusions</b>	Specialist occupational psychiatry clinics do not replicate the work already being done by standard mental health services. Patients referred to a new specialist clinic within an occupational health department had chronic, debilitating psychiatric illnesses, which in many cases had failed to respond adequately to primary care treatment and were at risk of falling into the gap between primary and secondary services.
<b>Key words</b>	Anxiety; depression; mental health; occupational psychiatry; service evaluation; workplace mental health; work stress.

#### Introduction

Mental health problems are the leading cause of sickness absence and long-term incapacity benefits in developed countries [1]. The annual cost of mental ill-health to UK employers is >£25 billion [2]. Most workers with mental health problems have common treatable disorders, such as depression rather than more 'severe' illnesses such as schizophrenia [3]. These disorders generate significant distress and reduction in work performance [4] as well as sickness absence.

Up to three quarters of people with common mental disorders do not receive formal treatment [5]. Most obtain help through primary care, where some mental disorders remain difficult to identify, particularly when there is coexisting physical illness [6]. A proportion will not respond to first-line treatment, and while general practitioners (GPs) may want specialist psychiatric input, secondary mental health services are increasingly focused on those with 'severe' mental disorders, meaning many with harder to treat depression or anxiety fall into a gap between services [1]. Even when a worker

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