

Diagnosis + Tools	Symptoms	Common functional limitations / Work-related disability
<b>Major Depression</b>  PHQ-9	Low mood, anhedonia, poor sleep, poor attention and concentration, low energy, irritability, poor appetite, social withdrawal, suicidal thoughts	Poor attention and concentration can lead to difficulty understanding or remembering information, serious errors/danger in the workplace. Low energy can lead to poor stamina, inability to sustain work or perform physical tasks. Irritability can lead to conflict in the workplace, difficulty getting along with others. Poor motivation, concentration, energy, appetite can lead to difficulty with Activities of Daily Living, or self-care.
<b>Bipolar Disorder, poorly controlled</b>  *Psych Assessment recommended	Frequent episodes of mania and depression with little recovery in between. Depression as above. Manic symptoms include loss of insight and judgement, thought disorder, delusions, pressured speech, agitation, irritability as well as euphoria.	Depression as above. Loss of judgement, impulsiveness or lack of insight may lead to difficulty with decision making or reckless or dangerous behaviour. Thought disorder means person cannot think logically. Delusions may create paranoid thinking leading to bizarre behaviour. Agitation, irritability, impulsiveness may lead to difficulty managing emotions or aggression.
<b>Social Anxiety Disorder</b>  LSAS Self-Report Mini SPIN	Fear of judgement, embarrassment or being centre of attention leads to social avoidance across many types of social activity including work. Often accompanied by panic attacks when faced with feared social situations.	Unable to use phone, attend interviews, with customer service duties, approach new social situations, due to severe anxiety and avoidance. May be unable to even seek employment.
<b>PTSD</b>  PCL-5	Flashbacks, nightmares, reliving, avoidance, easily triggered, high state of arousal, irritability, poor concentration, poor sleep (leads to low energy), panic when triggered	Poor concentration as above. Irritability as above. Low energy as above. High arousal may lead to panic if not able to leave situation – impact ability to work around triggers. Often unable to leave the house.
<b>OCD</b>  *Psych Assessment recommended	Rituals take hours per day. Checking. Ordering. Perfectionism and re-doing. Routines that can't vary. Fear of contamination.	Rituals take house – often nothing else can be completed until obsessions and neutralized by obsessive activity. Unable to leave home until rituals are complete. Often immobilized in the workplace because of need to complete rituals.
<b>Panic with or without agoraphobia</b>  PDSS-SR	Panic symptoms: sudden onset of heart racing, shortness of breath, nausea, light-headedness, tingling, need to leave situation. Agoraphobia: inability to leave home or be in certain situations for fear of having panic attack.	Having a panic attack at work is often a high trigger situation – people may avoid work or flee to avoid or deal with panic. Or may be distracted /unable to work while there due to fear. Or cannot leave home due to agoraphobia.

<p><b>Schizophrenia</b></p> <p>*Psych Assessment recommended</p>	<p>Delusions, hallucinations, thought disorder, cognitive impairments, negative symptoms (social withdrawal, lack of motivation).</p>	<p>Delusions and hallucinations distract person from reality of situation. Can't sustain attention or concentration. Cognitive impairments can compromise learning and functioning and include poor executive functioning (planning, sequencing) and poor working memory.</p>
<p><b>GAD</b></p> <p>GAD-7</p>	<p>Usually only disabling if accompanied by depression, panic etc.</p>	<p>See depression and panic above.</p>
<p><b>ADHD</b></p> <p>ASRS-5</p>	<p>Problems with paying attention/short attention span, staying on task, organization, task completion, forgetfulness, lack of attention to detail, distractibility, carelessness, forgetfulness, difficulty retaining new information, impulsivity, moodiness, restlessness/fidgeting, impatience, risk taking and poor stress tolerance.</p>	<p>Frequent workplace problems associated with Adult ADHD include careless errors, poor task completion, difficulty learning new tasks, inability to sit at workstation, impatience with coworkers, poor ability to tolerate normal stress and inappropriate risk taking.</p>
<p><b>Substance Use Disorder</b></p> <p>Alcohol: AUDIT-C Other: LDQ WHO-ASSIST Medical Monitoring</p>	<p>Cravings to use substances, wanting/trying to cut down on use but being unable to, use of substances over longer periods of time than intended, substance use interferes with social or work life, using substances in hazardous situations (i.e., driving), continuing to use even when severe impacts on life or health.</p>	<p>Intoxication or withdrawal at work can affect concentration, cause mood/anxiety symptoms, or cause physical symptoms (i.e., vomiting, extreme fatigue) that impact performance. Fluctuations in energy levels and sleep cycles due to substance use can affect performance at work due to exhaustion, poor focus. Irritability from substance use/withdrawal can affect performance or relationships at work. Use/withdrawal may affect safe operation of machinery at work.</p>
<p><b>Eating Disorders</b></p> <p>EDE-Q Medical Monitoring</p>	<p>May include food restriction, binge eating, purging by vomiting, laxative use or over exercise, and preoccupation with body and/or food. May include difficulty with concentration, attention, working memory, low energy, poor temperature regulation, dizziness, impulsivity, poor judgement, and lack of insight. May come with anxiety, depression, or other comorbidities.</p>	<p>Difficulty or inability to engage in food or body related work tasks (i.e., shared meals, meal planning, clothes fitting). Difficulty focusing or completing work tasks due to time spent engaging in behaviours or preoccupations. Effects of malnutrition are often present. Poor concentration. Low energy as above. Poor judgement and impulsivity as above. Anxiety and depression as above.</p>

**Accommodations:** See Job Accommodation Network ([askjan.org](http://askjan.org)) and search by diagnosis or work-related function for ideas as necessary **Fitness to work:** Fit, Unfit or Fit Subject to Work modifications; Gradual (graduated) return to work usually recommended.

**For Prognosis:** we often don't know so the most responsible answer in that case is unknown or guarded.