

be discriminatory to non-disabled employees [73]. Elsewhere, ABI survivors with co-morbid mental illness have reported social stigma from others and poor attitudes and insight relating to disabilities [4]. The importance of support from employers and co-workers for ensuring RTW and retention is well-recognised across ABI and mental health literature [16–18, 22]. RTW models and policies should include consideration of social relations between workplace actors, and involve co-workers in RTW plans [74]. Additionally, in studies mostly including large organisations, negative attitudes of senior management (e.g., focusing on absence/productivity objectives and costs of accommodations) restricted support for employees with mental illness. It has been suggested that education for all stakeholders regarding employment rights and indicators of stigma and discrimination is needed, as well as support for employees to self-advocate in the workplace [67]. The effectiveness of anti-stigma interventions for mental illness in workplaces is inconclusive [75], and evidence is non-existent regarding ABIs. However, commonly suggested anti-stigma strategies include education from people with lived experience of the condition/illness and awareness campaigns [76, 77].

Across most studies, it was unclear whether contextual characteristics (e.g., country, occupation type, organisational size and industry) may have directly influenced employer support, because a breakdown of results across different types of organisations, etc. were not always provided. However, in some studies employers in small and medium-sized organisations struggled to provide accommodations due to financial implications [56, 59, 61, 63]. Elsewhere, statistically significant positive associations between organisation size and RTW outcomes among stroke survivors (i.e., odds of RTW [78], shorter time to RTW [79]) have been reported. These associations may be due to larger organisations having more experience and resources to support RTW and job retention, though such differences may be mitigated in countries where RTW is externally subsidised [78]. Additionally, one study in this review highlighted the pressure within large organisations to maintain productivity and reduce absence rates, and it is likely this would lead to a quicker RTW among sick-listed employees. Given the small amount of data concerning contextual characteristics, further research is warranted to explore the influence of these characteristics on employers' RTW and retention support for people with ABIs and/or mental illness. Furthermore,

the issue of co-morbid mental illness and economical inactivity (i.e., people who are not working nor looking for work) is a growing issue. Since the beginning of the COVID-19 pandemic, the number of people in the UK economically inactive due to long-term sickness, has risen by over 400,000 to a total exceeding 2.5 million [80]. In the first quarter of 2023, more than one million of these reported having depression, anxiety, or nerves as a health condition secondary to a main condition. Greater understanding of the influence of contextual characteristics, such as organisation size, type, and industry, may reveal changes that could be made at multiple levels to support people with ABI and co-morbid mental illness, and reduce economic inactivity rates.

Another limitation of the included studies was that they did not report on the cultural diversity or immigrant statuses of employers and/or their employees. Thus, it is unclear whether these socio-demographic characteristics could have influenced employers' support (or employees' reception of support). It is recommended that future research explore this further. Increasing understanding may ensure that future work to improve employers' support does not neglect the needs of those who are underserved, or have protected characteristics.

4.1. Strengths and limitations of the review

In order to maximise identification of relevant studies, a broad search strategy was used across various relevant databases. The RETREAT framework [39] was employed to ensure the choice of synthesis methodology was appropriate.

During preliminary scoping searches, potentially eligible studies involving multiple populations, e.g., those with mental illness or musculoskeletal injuries, did not always report a breakdown of their findings per population group. To ensure relevancy of findings, these particular studies were required to report 50% or more of employer participants as having previous experience supporting employees with ABIs or mental illness to return to- or stay in work. Upon reflection, a better approach may have been to exclude these papers, to avoid including small amounts of data potentially relating to other conditions or injuries.

Given the paucity of the evidence base, it was not possible to limit the countries in which the included studies were based. The included studies therefore varied in their social assurance systems, health systems, legislation, and legal requirements for

employers' RTW and retention support. For example, involvement of the Swedish Social Insurance Agency was specific to Swedish studies. Thus, the transferability of some findings is specific to certain countries and may not apply to others with different systems.

Due to time constraints, only one reviewer completed the screening of titles and abstracts, and the first stage of the thematic synthesis. However, multiple reviewers were given access to the coded data and involved in the second and third stages of the synthesis. An English language restriction was used; deemed necessary due to the language skills of the reviewers involved and time constraints. Despite this, studies from various non-English speaking countries were included.

5. Conclusion

Employers' support for ABI survivors or individuals with mental illness to return to- and stay in work is influenced by various factors, involving different stakeholders across different systems. ABI survivors (with or without co-morbid mental illness) may benefit from an accessible, self-guided resource to use with employers to guide them on planning, conducting and monitoring a sustainable RTW. The RTW process may also be facilitated by involvement of a specialist coordinator, provision and use of a disclosure decision aid, education for employers on supportive strategies, consideration of co-workers in RTW policies and planning, deployment of anti-stigma strategies, and support for employee self-advocacy. Further research is needed to investigate employers' knowledge requirements, and explore the influence of other stakeholders, socio-demographic characteristics, and contextual factors on employers' RTW/retention support for ABI survivors with co-morbid mental illness.

Ethical approval

This study is a systematic review, and is therefore exempt from Institutional Review Board approval.

Informed consent

This study is a systematic review and reports published data, therefore informed consent was not required.

Data availability statement

The data that support the findings of this review are openly available in Nottingham Research Data Repository at <http://doi.org/10.17639/nott.7262>.

Conflict of interest

The authors declare that they have no conflict of interest.

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