Good social functioning:

Health-related factor for workers with a *Common Mental Disorder (CMD)*

Interpretation:

A good social functioning has a positive impact on return to work and can reduce the duration of absence of workers with a CMD.

Proposed measurement tool (★★★):

Social and Occupational Functioning Assessment Scale (SOFAS) (Goldman et al., 1992).

Caution:

This factor can only be evaluated by accredited professionals. Venturing into the evaluation of this factor is therefore prohibited. If you suspect that this factor may be involved, you must rely on the professionals in question. Self-administration or the administration of a questionnaire by an unqualified person may lead to undesirable consequences such as the calculation of erroneous scores and the misinterpretation of results that may result.

However, the elements (items or portion of interview) constituting this tool can provide additional information to other return to work actors or stakeholders, such as the actors from the organization (employer, human resources, supervisor, union representative, etc.). This allows for a better understanding of what the factor implies, which in turn can help to target some more specific elements or needs that would require (1) a possible intervention (using an accredited professional) or (2) adjustments of the organization, especially in terms of prevention.

Goldman, H. H., Skodol, A. E. et Lave, T. R. (1992). Revising axis V for DSM-IV: a review of measures of social functioning. Am J Psychiatry, 149(9), 1148-1156.

Social and Occupational Functioning Assessment Scale (SOFAS)

Consider **actual** social and occupational functioning on a continuum from excellent functioning to grossly impaired functioning. Include impairments in functioning due to physical limitations, as well as those due to mental impairments. To be counted, impairment must be a direct consequence of mental and physical health problems; the effects of lack of opportunity and other environmental limitations are not to be considered.

Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)

100 ↓ 91	Superior functioning in a wide range of activities.
90 ↓ 81	Good functioning in all areas, occupationally and socially effective.
80 ↓ 71	No more than a slight impairment in social, occupational, or school functioning (e.g., infrequent interpersonal conflict, temporarily falling behind in schoolwork).
70 ↓ 61	Some difficulty in social, occupational, or school functioning, but generally functioning well, has some meaningful interpersonal relationships.
60 ↓ 51	Moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
50 ↓ 41	Serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40 ↓ 31	Major impairment in several areas, such as work or school, family relations (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30 ↓ 21	Inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
20 ↓ 11	Occasionally fails to maintain minimal personal hygiene; unable to function independently.
10 ↓ 1	Persistent inability to maintain minimal personal hygiene. Unable to function without harming self or others or without considerable external support (e.g., nursing care and supervision).
0	Inadequate information.

Note: The rating of overall psychological functioning on a scale of 0-100 was operationalized by Luborsky (1962) in the Health-Sickness Rating Scale. Spitzer and colleagues (1976) developed a revision of the Health-Sickness Rating Scale called the Global Assessment Scale (GAS). The SOFAS is derived from the GAS and its development is described in Goldman et al. (1992).

Endicott, J., Spitzer, R. L., Fleiss, J. L., & Cohen, J. (1976). The Global Assessment Scale: A procedure for measuring overall severity of psychiatric disturbance. *Archives of General Psychiatry*, *33*(6), 766-771.

Goldman, H. H., Skodol, A. E., & Lave, T. R. (1992). Revising axis V for DSM-IV: a review of measures of social functioning. *Am J Psychiatry*, *149* (9): *1148-1156*.

Luborsky, L. (1962). Clinicians' judgments of mental health: A proposed scale. *Archives of General Psychiatry*, *7*(6), 407-417.

Scoring instructions

The scale is divided into 10 intervals (1-10, 11-20, 21-30, etc.), allowing a hypothetical continuum from 1 to 100. The value 1 represents an individual who does not function unless benefiting from significant external support, while 100 corresponds to an individual who shows superior functioning in a wide range of activities.

Interpretation of scores

A high score indicates good social functioning, which has a positive impact on RTW. There are no norms, but in the general population it should be around 80. 100 corresponds to supra-normal functioning.

Goldman, H. H., Skodol, A. E. et Lave, T. R. (1992). Revising axis V for DSM-IV: a review of measures of social functioning. Am J Psychiatry, 149(9), 1148-1156.