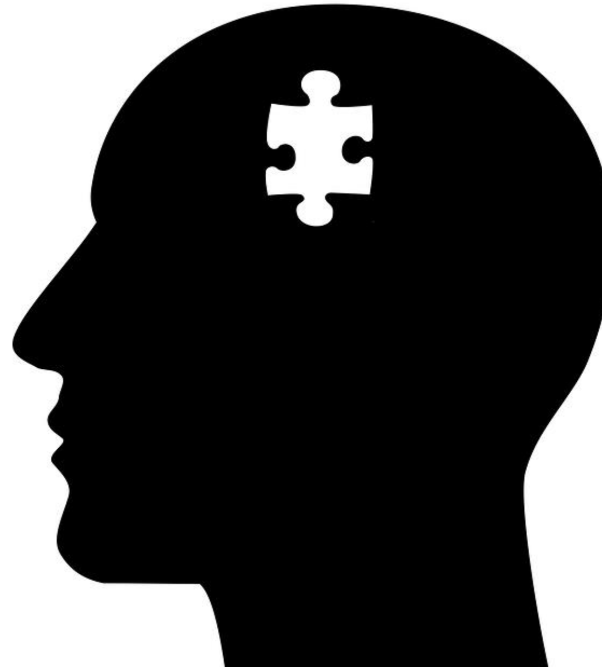
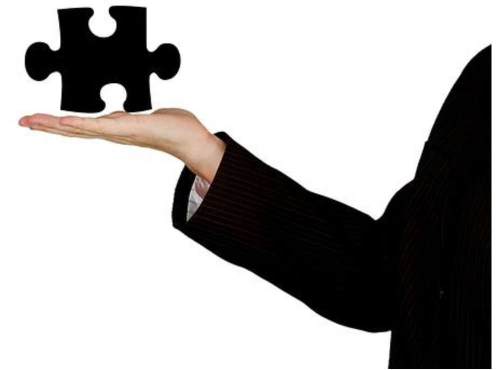
# Prognostic factors and interventions for return to work in unemployed workers with mental health





Yvonne Suijkerbuijk

Karen Nieuwenhuijsen

Research Center for Insurance Medicine

Maastricht, Oct 4th 2018

# Workshop-program

Prognosis and intervention in workers with mental health problems – Karen Nieuwenhuijsen

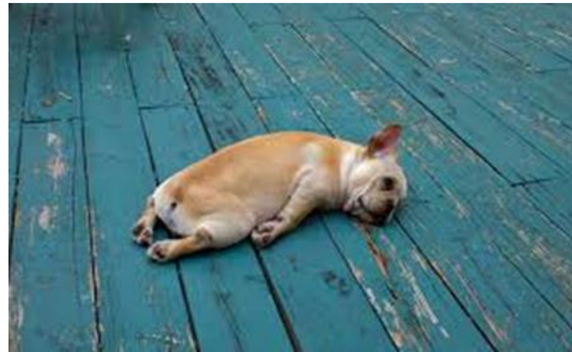
Negative return to work expectations in unemployed workers- Yvonne Suijkerbuijk

Small group discussion

Plenary discussion

WORK
WORK
WORK
WORK

# Sickness absence due to mental health problems: prognostic factors and interventions



Karen Nieuwenhuijsen, PhD

Maastricht, October 4th 2018

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# I have no potential conflict of interest to report

# Questions

1. What **factors are prognostic for duration of sickness absence** in sick-listed **unemployed** workers with psychological problems?

2. What type of **interventions** are suitable to reduce sickness absence?

# Prognostic factors for Return to Work

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# Prognostic factors RTW

*Streibelt & Bethge, 2018*

Population: Mental or Musculoskeletal disorders

- Worker: age
- Work situation: unemployment, sick leave, sickness duration
- Self assessments: Work disability (0-10), RTW expectation, motivation for work-related rehabilitation

# Do symptoms not matter?

Population: Major depressive disorders

Symptom severity at baseline predicts RTW over time

During recovery depressive symptom levels predict future work limitations

*Hees et al, 2012; De Vries et al, 2015;*

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# Prognostic factors RTW

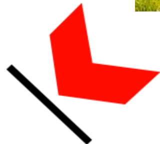
Vries, 2018:

Population: Common mental disorders

Late Return to Work:

- Higher symptom severity
- Previous absenteeism
- Older age
- Negative expectations concerning sick-leave duration or RTW

# Interventions for Return to work



# Cochrane review

- Patients
  - Depressed workers
- Interventions
  - Interventions aimed at the workplace
  - Worker-directed interventions
- Comparison
  - RCT or cluster RCT
- Outcome
  - Days of sickness absence

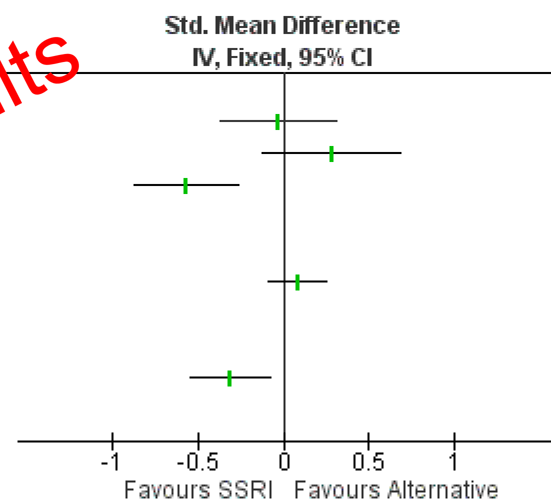
Worker-directed interventions

Focus on symptom reduction

Workplace interventions

Focus on the work consequences

| Study or Subgroup | Antidepressant Mean | Antidepressant SD | Antidepressant Total | Other antidepressant Mean | Other antidepressant SD | Other antidepressant Total | Std. Mean Difference IV, Fixed, 95% CI |
|---|---|---|---|---|---|---|---|
| **5.1.1 SSRI vs. SNRI** | | | | | | | |
| Fernandez 2005 | 12.37 | 21.51 | 62 | 12.97 | 22.52 | 73 | -0.03 [illegible] |
| Romeo 2004 | 28 | 32 | 49 | 19 | 32 | 45 | [illegible], 0.69] |
| Wade 2008 | 23.4 | 27.87 | 83 | 41.7 | 35.41 | 88 | [illegible] [-0.88, -0.26] |
| **5.1.2 SSRI vs. TCA** | | | | | | | |
| Miller 1998 | 0.4 | 1.98 | 426 | 0.23 | 2.26 | 209 | 0.08 [-0.08, 0.25] |
| **5.1.3 SSRI vs. SSRI** | | | | | | | |
| Fantino 2007 | 11.56 | 2 | 138 | 12.18 | 2 | 142 | -0.31 [-0.54, -0.07] |




Highly inconsistent results

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Tiedote 1.2.2012

OIKAISU 21.12.2011 LÄHETTYYN TIEDOTTEESEEN

Arvoisa vastaanottaja,

21.12.2011 lähetetyssä tiedotteessa kerroimme CYMBALTA-valmisteen korvattavuuden jatkumisesta 31.5.2015 asti. Tämän lisäksi, tiedotteessa oli kappale mielenterveydenhäiriöiden ja masennuksen hoidosta (teksti alla).

Mielenterveydenhäiriöt vaativat aktiivista, moniammatillista ja varhaista hoitoa. Mitä tehokkaammin varhainen hoito toteutuu, sitä parempi on potilaan toipumisennuste (1). Masennus on yksi suurimmista työkyvyttömyyden ja ennenaikaisen eläköitymisen aiheuttajista (2). Tämän ehkäisemiseksi yksilöllinen ja oirekuvan mukainen hoito on tärkeää.

Haluamme oikaista edellä olevaa kappaletta, jotta mahdollisilta tulkintavirheiltä vältyttäisiin. Yksilöllisen ja oirekuvan mukaisen hoidon ei ole osoitettu ehkäisevän ennenaikaista eläköitymistä. Tämän lisäksi, millään masennuksen lääkehoidolla (ml.Cymbalta), ei tietääksemme ole osoitettu olevan suoraa yhteyttä ennenaikaisen eläköitymisen ehkäisemiseen tai sairauslomien lyhentymiseen (3).

Terveisin,
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1.Kendler KS, et al. Am J Psychiatry. 2000;157:1243–1251.
2. Eläketurvakeskus
3. Nieuwenhuijsen et al.Cochrane Database of Systematic Reviews 2008, issue 2. Art. No. CD006237


Answers That Matter

“no depression treatment (among which Cymbalta) has been shown, to our knowledge, to directly influence the prevention of premature retirement nor the shortening of sick leave (3).”

3. *Nieuwenhuijsen et al, Cochrane Database of Systematic Reviews 2008, issue 2, Art No CD006237*

# 2014: What may work

Online or telephone CBT vs. primary care

- 8-10 sessions
- Highly structured
- With therapist/physician feedback

Moderate quality evidence
Small differences:
0.5 days over 4 weeks
7 days over 8 months
5 days over 8 months

# 2018: Shift in conclusion……!

6 new studies Internet-delivered CBT:

No statistically sign. difference in sickness absence

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# 2014: What works better than care as usual:

Telephone outreach and care management:

- Facilitation access to care
- Supporting treatment adherence
- Telephone psychotherapy

High quality evidence

Two weeks per year

2018: one more study showing effect on sickness absence*

* *Bjorkelund, 2018*

# 2014: What may work: Adding work-focused treatment to a clinical treatment

I. Occupational Therapy program focusing on work:

1. Contact with the occupational physician and the employer
2. Exploration and solving of work problems
3. Work reintegration

II. Extension of Employee Assistance Counseling (EAP)

1. Work coaching and modification
2. Care co-ordination
3. Cognitive behavioural strategies

2014: Adding work-focused treatment to a clinical treatment

Moderate quality evidence of effect on sickness absence:
0.5 days over 12 months
17 days over 6 months
2.2 days over two weeks

2018: 2 new studies* showing reduction in sick leave

** Reme, 2015; Lerner, 2015*

When aiming for a reduction of sick leave in workers:

Add work-directed interventions to clinical interventions

Consider care management and (telephone) outreach

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ANY QUESTIONS ?

# Negative return to work expectations in sick-listed unemployed workers with mental health problems

Yvonne Suijkerbuijk, MD MSc

04-10-2018

# I have no potential conflict of interest to report

# Topics

- Occupational health care of unemployed workers in the Netherlands (Sickness Benefits Act)
- PhD project overview
- Return to work (RTW) perceptions and attitudes
- Focusgroup study about RTW perceptions and attitudes

# Sickness Benefits Act (1)

Disability pension: 70% of former salary

Maximum of 2 years

If a worker without an employer is not able to do his own job anymore due to illness or disability

Unemployed and temporary agency workers

Occupational health care: return to other work

The Dutch Social Security Institute: the Institute for Employee Benefits Schemes (UWV)

# Sickness Benefits Act (2)

**Role of insurance physician**

- Evaluation of working disability
- To start medical interventions to enhance functional capacity
- To evaluate the ability to start return to work interventions

**Multidisciplinary team**

- Insurance physician
- Occupational nurse
- Labour expert
- Return to work co-ordinator
- Secretary

# Unemployed workers

30-50% of all disability claims are due to mental disorders in OECD countries[1]

In the Netherlands 40% of the sick-listed unemployed and temporary agency workers suffer from mental health problems[2]

Unemployed and temporary agency workers are more vulnerable than employees[3-5]

- Lower socio economic position
- More social problems
- Worse health condition
- Longer duration of sickness absence
- No job to return to

[1]OECD 2012
[2]van der Burg 2011
[3]De Jong 2008
[4]Van der Burg 2014
[5]UWV Kennisverslag 2017-4

# PhD project

**Goal: Enhancement of functional capacity of unemployed and temporary agency workers with mental health problems**

**Why**: long duration of sickness absence / working disability

**What:**

- Screening instrument for the identification of negative RTW attitudes
- Prognostic model
- Intervention program for specific barriers for return to work

**How:** focusgroup study, vignet study, secundary regression analyses, cohort study, proof of concept study

**When**: 2017-2024

# RTW expectations and attitudes

Return to work expectations are prognostic for work participation in employees[1-2]

Return to work expectations are also important for future work participants in unemployed workers with mental health problems [3-4]

3 types of attitudes[3]

- Frozen
- Insightful though passive
- Active

[1] Nieuwenhuijsen 2006
[2] Lovvik 2014
[3] Audhoe 2016
[4] Lammerts 2017

# Focus group study

Why?

- Confirmation and exploration of types of attitudes
- Exploration of other negative RTW expectations and attitudes
- Exploration of ways to identify negative RTW expectations and attitudes

Why focus groups?

- to explore the views of the professionals through interaction and discussion

Final goal: development of an instrument about negative RTW expectations and attitudes

# Method

4 focus groups, recruitment of 5-8 participants through managers/medical staff

4 UWV offices in the Netherlands

Mixed groups of professionals working for the sickness benefit act with at least 3 years experience

Informed consent

Medical Ethics Commitee: no ethical approval was required

Quality:

- data and researcher triangulation
- QOREC[1]

[1]Tong 2007

# Data collection

**Procedure**

Information about 3 types of attitudes

Focusgroup sessions ±1.5 uur

Roles: moderator (YS), note taker (KN), debriefings (YS+KN)

**Data collection**

3 types of data: audio records, notes/observations, debriefing forms

Verbatim transcription

# Focus group questions

1. **What** type of negative perceptions and attitudes towards work and health do you identify in UT-A workers with psychological problems?

2. To what extent do you recognize the **three types of attitudes**: ‘frozen’, ‘insightful though passive’, and ‘active’?

3. **How** can these negative perceptions and attitudes be identified?

4. **When** should these perceptions and attitudes be identified?

5. **Who** should administer this assessment?

# Data analysis

Data-analyse: **thematic analysis** in MAXQDA

Six phase approach of **Braun and Clarke[1]**:

1. familiarizing with the data
2. generating initial codes
3. searching for themes
4. reviewing themes
5. defining and naming themes
6. producing the report

[1]Braun & Clarke 2006

# Results

4 focus group sessions in November 2017-January 2018

At 4 UWV offices in different cities in the Netherlands

| Focus group | Number of participants | Gender | Occupation | Years of experience (range) |
|---|---|---|---|---|
| A | 5 | 3 F, 2 M | 1 IP, 2 0N, 1 LE, 1 RC | 3-25 |
| B | 5 | 2 F, 3 M | 2 IP, 1 0N, 1 LE, 1 RC | 4-30 |
| C | 5 | 3 F, 2 M | 1 IP, 1 0N, 1 LE, 2 RC | 4-16 |
| D | 6 | 3 F, 3 M | 2 IP, 3 LE, 1 RC | 6-14 |

IP = insurance physician; ON = occupational nurse; LE = labor expert; RC = RTW coordinator

# Results: negative perceptions and attitudes

The negative perceptions and attitudes fitted within the 3 types of attitudes

- Frozen: passive
- Insightful though passive: switching
- Active

Examples of overlapping themes:

- Passive
- Negative
- Frozen
- Not wanting to return to work
- influence of social problems

# Results: recognition of 3 types (1)

The participants recognize all types of attitudes

but mostly frozen/passive and insightful though passive/switching

*R5-4: well, I think that,[..],* ***the classification of unemployed workers****, I think, we do recognize this,* ***I recognize this****, speaking for myself. Hmm, but* ***mainly people with frozen attitude****. Hm..* ***They don't see any perspective, stay focused on their symptoms,*** *hm.., then it's difficult for us to get them to start with return to work activities*

# Results: recognitions of 3 types (2)

Attitudes can change over time

This can be towards a more active or passive attitude

*R2-4: **I don't think that this is static**, I think that those, those eh.. types can alternate*

*R2-1: I see a development*

*R3-1: **yes, it's a process!***

*R4-1: I don't think everyone shows such development, in some you don't see such a change.*

*R5-2**: I noticed that he was doing better somehow**, like.., that, that, our conversation was smoother, eh.. **he wasn't so passive anymore or eh.. like, the negativity was** gone*

# Results: passive attitude (1)

| Attitudes | Perceptions | Causes |
|---|---|---|
| Passive | Convinced about not being able to do anything | Focus on symptoms or treatment |
| Negative | Convinced that daily activities are maximum achievable | Inadequate coping strategies |
| Impassive | Lack of perspective | Externalizing |
| Frozen | Lack of motivation for return to work | Dependency on others |
| Expectative | Convinced about being in need of rest | Avoidance |
| Anxious | | “Exhausted hero’s” |
| Desperate | | Fear of relapse |
| Resistant | | Severe mental illness |
| | | Lack of adequate treatment |
| | | Advice of others to slow down |
| | | Social problems |
| | | Low socio economic status |
| | | Higher age |
| | | Negative working experiences |
| | | Grief reactions after losing a job |
| | | Negative effects of Sickness Benefits Act system |

# Results: passive atittude (2)

*R5-3: there are people who claim "no, I won't do that at all, no, I won't do anything, I can't,* ***I can't do anything at all at the moment****"*

*R2-2: the attitude of eh.. "****leave me alone. I want to focus on my recovery*** *and after that, then, eh.. I will focus on return to work"*

# Results: switching attitude (1)

| Attitudes | Perceptions | Causes |
|---|---|---|
| Switching attitude | Motivation for return to work | Relapse due to social problems |
| Change of attitude | de-identification with psychological problems | Unrealistic expectations |
| Less passive | No ideas about their ability to work | Influence of SSA professional |
| Job search behavior | No ideas about how to return to work | Self-efficacy |
| | In need of assistance | |

# Switching attitude (2)

*R2-1: the switching attitude eh.. and eh.. but  the passive behavior isn't present all the time.* ***Sometimes they are active and sometimes they aren't.***

*R5-4:* ***but then you have them searching on the internet, because, because people with a frozen attitude don't even do that.*** *You showed them the possibilities, you can do this or that, and if they take action then they are somewhere in* ***shifting towards a different mode***

# Results: active attitude

| Attitude | Perceptions | Causes |
|---|---|---|
| Active | Motivation for return to work | High level of education |
| Overactive | Convinced about being able to get there | High socio-economic status |
| Job search behavior | Not wanting to receive a sickness benefit anymore | Working history |
| | | Labour market perspective |
| | | Self-efficacy |

# Results: active attitude (2)

*R5-3: **there are people who are very active and thinking ahead and eh.. trying to find a job**, so it is, well.. you can count them on the fingers of one hand.*

*R5-4: when I'm thinking about some clients I've seen who are looking forward or who are motivated ehm.. and **who can be too idealistic sometimes And want too much too fast.** Well, then you are approaching them from a different perspective. You have to slow them down.*

# Results: ways to identify perceptions and attitudes (1)

**How?**

- Personal contact: face-to-face, by telephone, counseling, interview techniques, observation
- Specific questions: daily activities, work, expectations of future, 0-10 rating scale
- Team meetings
- File information
- Questionnaire: different opinions

**Who?** Every professionals

**When?** Every consult

# Results: ways to identify perceptions and attitudes (2)

*R3-2: we are all good in* ***reading body language*** *and .. and .. and how people talk and I mean that, the experience when you work with people, so that is the “****fingerspitzengefühl”****. A big part .. A big part* ***is non-verbal****, right? How someone is sitting in front of you, like, it can be defensive or anxious, you just notice that*

*R6-4: yes,* ***a questionnaire*** *for us, ok.*

*R1-4: which attitude, when I label them “frozen” and then someone else can check whether they agree. Something like that.*

*R6-4: yes, yes.*

*R2-4: yes, if it’s possible, I can imagine that it helps* ***if it’s dynamic, that it can be adjusted****.*

# Conclusions

**Negative perceptions and attitudes:**

- The attitude is often passive or switching, but can be active or overactive.
- Confirmation of the three types of attitudes: passive, switching, active
- However: these attitudes aren’t fixed, they can switch over time

**Identification of perceptions and attitudes:**

- How: personal contact, possibly with a questionnaire
- Who: every professional
- When: every consult

# Next phase

1. Development  of an instrument
2. Secondary analysis of prognostic factors
3. Development of a prognostic model

# Questions?

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# Questions

1. What **factors are prognostic for duration of sickness absence** in sick-listed **unemployed** workers with psychological problems?

2. What type of **interventions** are suitable to reduce sickness absence?

# Workshop

Small groups (5 persons)

Choose a speaker

Group discussion (20 min)

Write your key points down

Plenary discussion  (20 min)

# Workshop questions

1 What is the most important **factor that is prognostic for duration of sickness absence or return to work** in sick-listed **unemployed** workers with psychological problems?

2 What type of **interventions** are suitable to enhance return to work and reduce sickness absence in this group?

# Workshop

Small groups (5 persons)

Choose a speaker

Group discussion (20 min)

Write your key points down

Plenary discussion  (20 min)