

We can help people with depression being able to work

An international consortium of researchers found that providing both treatment for depression and support with work at the same time greatly reduce sickness absence days among depressed persons. Researchers from the Netherlands, Finland and Germany combined the results of 45 intervention studies that supported depressed people with work. They found that combined medical treatment and support with work was most effective and reduced sick leave by 25 days over a one-year period. This meant a 15% reduction of sick leave. In addition, participants in the study had fewer depressive symptoms and their work capacity increased. It is first time that this has been shown so clearly.

The World Health Organization estimates that globally more than 264 million people suffer from depression. Depression is a common mental health problem that can cause a persistent feeling of sadness and loss of interest in people, activities, and things that were once enjoyable. Depression may affect people's ability to work and it is the third most common cause of disability. The costs of sickness absence associated with depression in the US are estimated at 210 billion dollars in 2010 and have probably increased since that time. It is easy to see that a 15% reduction in sickness absence in depressed persons can thus lead to considerable cost savings for society and the employers.

Based on this study employers should arrange care for their workers that includes both a (medical) treatment, such as psychological treatment or antidepressant medication, and support with work. This support consists of assisting employees getting changes in work tasks or working hours, support with a gradual return to work, or help with adjusting to work situations.

One explanation for the success of the combination intervention with both medical and work focus, is that often health care and help with return to work are separate processes. This can lead to contradictory advice or waiting with return to work until all symptoms have disappeared.

This study found that also other specific interventions additional to the care that the patients already received reduced sickness absence days. The addition of psychological treatment, such as online cognitive behavioural therapy, to the care that the patients already received reduced sick leave by 15 days. Improving the organisation of care in another seven studies, by streamlining care or adding specific providers for depression care, also helped to reduce sickness absence days, but this was only the case in well-conducted studies.

Overall, this study shows that if employers and (occupational) healthcare providers want to reduce work disability in depressed workers they should provide a combined treatment with both a medical and a work focus.

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