Workplace-based work disability prevention interventions for workers with common mental health conditions: a review of the literature

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CRD summary
This review found that workplace based interventions can provide benefits in work disability outcomes for workers with common mental health conditions. The small numbers of participants and studies, short follow-up durations and differences between the studies mean the authors' conclusions should be considered tentative.

Authors' objectives
To summarise the evidence on workplace-based work disability prevention interventions for workers with common mental health conditions.

Searching
MEDLINE, EMBASE, CINAHL, PsycINFO and Web of Science were searched for relevant studies published between November 2007 and December 2009 in English, French, Dutch or German; search terms were reported. Reference lists of key articles were searched for studies published between January 2004 and December 2009 for studies that were not included in previous systematic reviews. The reviewers checked electronic mailing lists for unpublished studies.

Study selection
Controlled trials of workplace-based interventions undertaken or strongly facilitated by employers or insurers in workers diagnosed with common mental health conditions (including mood anxiety or adjustment disorders) were eligible for inclusion. Eligible trials were required to assess either one of the primary outcomes of work absence duration or work functioning. Interventions were targeted at absent workers and those struggling at work. Secondary outcomes were quality of life indicators and economic outcomes.

Where reported, most studies used participants from mixed occupational sectors; other studies recruited financial and insurance sector employees and police force employees. Most participants were based in Europe. The mean age of patients ranged from 39 to 52 years. From 44% to 100% of participants were women. In most of the studies, the workers presented with depression; patients also presented with anxiety and adjustment disorders. The principal elements of the interventions involved facilitation of access to clinical treatment outside the workplace, workplace-based psychological intervention and facilitation of navigation through the disability management system. Control groups received usual treatment, provision of information assessments and activities to improve or retain labour market attachment.

Two independent reviewers performed the study selection; any discrepancies were resolved by consensus or discussion with a third reviewer.

Assessment of study quality
Two reviewers independently assessed methodological quality using adapted criteria from the 29-item Downs and Black instrument, the Effective Public Health Practice Project and a previous systematic review by Franche et al. (see Other Publications of Related Interest) with criteria for reporting, recruitment, external validity, design, confounders, blinding, integrity of the intervention, use of validated instruments for assessment of outcomes, follow-up, analyses, results, sample size and conclusions. Methodological quality was rated as very high (100% of quality criteria fulfilled), high (75% to 99% of quality criteria met) medium (50% to 74% of quality criteria met) or low (less than 50% of quality criteria fulfilled). Any disagreements between the reviewers were resolved by discussion.

Data extraction
Two independent reviewers extracted data using a standardised form. A third reviewer checked these data. Study authors were contacted for missing information.

Methods of synthesis
The results of the included studies were summarised in a narrative best-evidence synthesis in which the results of the quality assessment were used to interpret the results. Studies were grouped by the principal elements of the interventions and outcome. Evidence was characterised as strong, moderate or limited for the combination of intervention type and outcome based on the number and quality of the studies that contributed the evidence. Psychological interventions were defined as either high or low intensity.

Results of the review

Seven studies (eight articles; two reported on the same data) were included in the review (2,158 participants, range 24 to 836): four randomised controlled trials, two studies with matched controls and one study that used an unmatched historical control group. Three studies were judged to be of high quality and four studies were judged to be of medium quality. Most studies reported follow-up to one year.

**Work absence duration**: There was moderate evidence from one high quality study to support the use of facilitation of navigation through the disability management system and limited evidence supporting the interventions to facilitate access the treatment outside the workplace. There was moderate evidence from one high quality and two medium quality studies that work-based low intensity psychological interventions had no effect on work absence duration.

**Work Functioning**: One high quality study provided moderate support that facilitation of access to clinical treatment and workplace-based high intensity psychological interventions improved work functioning outcomes. These results were similar across mild, moderate and severe subgroups of patients with depression (results not presented in the review).

**Quality of life**: Moderate evidence in one high quality study showed improvements in quality of life with work-based high intensity psychological interventions facilitating access to clinical treatment. One medium quality study found limited evidence for the use of workplace-based low intensity psychological interventions.

**Cost information**

One high quality study and one medium quality study provided moderate evidence of benefits of facilitating access to clinical treatment outside the workplace that were larger than the costs of administering the interventions. The high quality study also showed that high intensity psychological interventions were associated with increases in hours worked. An additional high quality study found that low intensity interventions were deemed effective due to reduced healthcare costs.

**Authors’ conclusions**

Workplace-based interventions could improve work disability outcomes for workers with common mental health conditions. Facilitating access to clinical treatment and high-intensity workplace interventions were the most effective in improving work functioning and quality of life.

**CRD commentary**

The review addressed a clear question. Inclusion criteria were well defined. Appropriate databases were searched for relevant studies and attempts were made to identify unpublished studies. The restriction of the review to particular languages risked language bias. Steps were taken at each stage of the review process to minimise reviewer error and bias.

The authors decision to summarise the results in a narrative synthesis appeared to be justified because of the heterogeneity of intervention type and outcomes. The authors used the results of the quality assessment to provide some context to the results of the studies. A small number of studies were included and had short follow-up durations. Outcomes in some studies were measured using self-reported measures.

The small numbers of participants and studies, short follow-up durations and differences between the studies mean the authors’ conclusions should be considered tentative.

**Implications of the review for practice and research**

**Practice**: The authors stated that interventions to improve work disability prevention outcomes among workers with common mental health conditions should include components designed to provide workplace-based high intensity.
Research: The authors stated that future research should consider the long term effects of interventions particularly pertaining to recurring episodes of mental health conditions or work absence. The effectiveness of specific interventions may vary in groups of different illness severity and future research should consider designing interventions for particular groups. Some interventions may be more effective at different points of the return-to-work process and this should be assessed in future research. Studies of workers in other countries or settings would determine the generalisability of the findings.

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