Systematic review of intervention practices for depression in the workplace

CRD summary
This review concluded that no one intervention could be recommended as effective for either the prevention or management of work disability/sickness absence (whether recurrent or not) or the improvement of work functioning among workers with mild to moderate depression. Given the limited amount and poor quality of available evidence this conclusion appears to be reliable.

Authors' objectives
To determine which intervention approaches to manage depression in the workplace have been successful and yielded value for employers in developed economies.

Searching
MEDLINE, EMBASE, CINAHL, Cochrane Central Register of Controlled Trials (CENTRAL), PsycINFO and Business Source Premier electronic databases were searched from inception to June 2010 for relevant publications in any language. Search terms were reported. Reference lists of relevant articles were searched.

Study selection
Studies were eligible for inclusion if they evaluated an intervention to prevent further disability, manage depression or the rehabilitation of workers to promote stay at work, return to work or reduction of job-related injuries and measured a primary outcome relevant to employers. Studies had to include people of working age (usually 18 to 65 years) with depression and incorporate a comparison group.

In the selected studies, outcomes measures included incidence and duration of absenteeism, job retention, number of worked hours, return to work, disability sickness/absence duration, transition from short-term to long-term work disability, work functioning and recurrence of work disability/sickness absence. Intervention approaches varied substantially, including several forms of short- and long-term psychotherapy, physical and occupational therapies and enhanced primary care interventions, all aimed at mild to moderate depression in the workplace.

Two reviewers independently selected studies for inclusion. Disagreements were resolved by consensus or recourse to a third reviewer.

Assessment of study quality
Individual studies were assessed using 18 quality criteria relating to five types of bias (selection, attrition, performance, measurement and reporting). Based on this evaluation, studies were given an overall rating of high, moderate or low risk of bias.

Two reviewers independently assessed quality. Disagreements were resolved by consensus or recourse to a third reviewer.

Data extraction
Two reviewers independently extracted key data from included studies. Disagreements were resolved by consensus or recourse to a third reviewer. Insufficient data were available to calculate effect sizes.

Methods of synthesis
Conclusions and recommendations were developed following the Grading of Recommendations Assessment, Development and Evaluation (GRADE) Working Group guidelines. The confidence of recommendations was rated as high, moderate, low or very low and modified in light of the types of study design, risk of bias assessment and the consistency and directness of the available evidence.

Results of the review
Ten randomised trials (3,523 participants) and two non-randomised studies (409 participants) that evaluated
interventions to manage the impact of mild to moderate depression in the workplace were included in the review. The evidence for the primary outcomes of interest was rated very low in all cases due to all studies having a high risk of bias rating, evidence for specific interventions only being available from single studies (preventing assessment of consistency and precision) and participant groups not being generalisable to the population of interest.

**Authors’ conclusions**

No one intervention could be recommended as effective for either the prevention or management of work disability/sickness absence (whether recurrent or not) or the improvement of work functioning among workers with mild to moderate depression.

**CRD commentary**

This review addressed a broad research question that was supported by clear inclusion criteria. The authors described in detail their attempts to identify all the relevant evidence and minimise potential for errors and bias throughout the review process.

The methods used appeared appropriate. Due to the broad research question and the limited quality and quantity of available evidence the authors concluded that they could not make recommendations on which intervention practice for depression in the workplace were effective. This conclusion appears to be reliable.

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

The authors did not state any implications for practice.

**Research**

The authors made detailed recommendations for future research. These included the need for blinded randomised trials that adhere to the CONSORT statement and use better outcome measures to determine which interventions are effective, when these should be administered and their impact in the short- and long-term. They also highlighted the need for economic evaluations in this area.

**Funding**

Canadian Institutes of Health Research.

**Bibliographic details**


**Original Paper URL**

http://www.iwh.on.ca/sys-reviews/workplace-depression-interventions

**Indexing Status**

Subject indexing assigned by CRD

**MeSH**

Humans; Depression; Stress, Psychological; Employment; Workplace; Occupational Medicine

**AccessionNumber**

12012006018

**Date bibliographic record published**

10/03/2012

**Date abstract record published**

18/10/2012

**Record Status**

This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract
contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.