Long-term effects on work participation of work-focused Cognitive Behavioral Therapy and individual job support.

Simon Øverland
Norwegian Institute of Public Health
University of Bergen
Work-focus in treatment/therapy?
Perspectives in vocational rehabilitation

- “Train and place”
  - Traditional approach
  - *sheltered training → job search*
  - Traineeship in a Sheltered Business

- “Place and train”
  - Innovative approach
  - *ordinary employment → get training there*
  - Supported Employment (SE)
  - Individual Placement and Support (IPS)

Symptom reduction and RTW in common mental disorders

- RCT, CMD, Reduction in psychological symptoms and increased well-being – but no effect on sick-leave.

- Weak labour supply effect of interventions for major depressive disorder

- Work-directed and CBT-based components can reduce sickness absence compared to usual care for patients with depression.
  - Nieuwenhuijsen et al (2014) *Cochrane systematic reviews*
The AWaC intervention

Employment support

+ Work-focused cognitive behavior therapy
Multicenter RCT, 6 sites, N=1193

People struggling with work participation due to common mental disorders

39%
31%
30%
Control group

- Usual care – an “active control condition”
- Self-help literature + information about available resources
- Letter to case manager or GP
Figure 1  Full sample. Observed difference in proportions with increased or maintained work participation, intervention versus controls (AWaC, At Work and Coping).
Figure 2  Participants on long-term benefits. Observed differences in proportions with increased or maintained work participation, intervention versus controls (AWaC, At Work and Coping).
Were the trial participants representative?

- Repeated baseline data collection post trial completion (n=80)
- Few and non-important differences on clinical and descriptive statistics
From the main effects study:

- Intervention better than usual care at 12 months
  - Profound effect sizes for those furthest off from work
  - In a sample similar to those who sought the services under normal circumstances.

- What happens in the longer term?
Effect on return to work or education of Individual Placement and Support modified for people with mood and anxiety disorders: results of a randomised clinical trial

Lone Hellström, Per Bach, Carsten Hjorthøj, Merete Nordentoft, Jane Lindschou and Lene Falgaard Eplov

*Occup Environ Med* 2017 74: 717-725 originally published online May 25, 2017
doi: 10.1136/oemed-2016-104248

Supported employment adapted for people with affective disorders—A randomized controlled trial

Ulrika Bejerholm*, Maria E. Larssonb, Suzanne Johansonb

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b Department of Neuroscience and Physiology, Gothenburg University, Gothenburg, Sweden

Cognitive–behavioural therapy and return-to-work intervention for patients on sick leave due to common mental disorders: a randomised controlled trial

Sigrid Salomonsson, Fredrik Santoft, Elin Lindsäter, Kersti Ejeby, Brjánn Ljóttsson, Lars-Göran Öst, Martin Ingvar, Mats Lekander and Erik Hedman-Lagerlöf

*Occup Environ Med* published online July 29, 2017
Example of a natural experiment:

General practice consultations and use of prescription drugs after changes to school absence policy

Inger Johanne Bakken, Knut-Arne Wensaas, Kari Furu, Gry Marysol Grøneng, Camilla Stoltenberg, Simon Øverland, Siri Eldevik Håberg

About the authors
NEW POLICY FOR SCHOOL ABSENCE – KEY POINTS

Changes introduced July 2016 in upper secondary schools (age group 16-18 years at start of school year in August)

Students with more than a 10% “undocumented absence” in a subject have no right to an achievement grade in that subject.

Valid documentation in the case of illness can only be issued by “a medical certificate”.
The Directorate of Health’s system for control and payment of general practitioners’ reimbursements (KUHR)

- Consultation date
- Diagnostic code (International Classification of Primary Care)
- Fee codes (define type of consultation)
- Patient’s sex and year of birth

The Norwegian Prescription Database (NorPD)

- Dispense date
- ATC code (Anatomical Therapeutic Chemical classification, type of drug)
- Patient’s sex and year of birth
Weekly number of consultations (16-18 year-olds)

Week 33 (Mid-August, start of semester)
All consultations 16-18 year-olds

<table>
<thead>
<tr>
<th>Number of GP consultations / 100 inhabitants</th>
<th>IRR 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>68.8</td>
<td>72.0</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Weekly number of consultations (15 year-olds as “controls”)
Respiratory tract infections
(16-18 year olds)

IRR: 2.21
Prescribed drugs (16-18 year olds)

IRR: 1.08

Week number
Prescribed drugs (15 year olds)

IRR: ns
Antibiotics (16-18 year olds)

IRR: 1.26
Cough remedies (16-18 year olds)

IRR: 1.73
Summary

Changes in school absence policy:

- Immediate changes in health behaviour among 16-18-year olds
  
  ➢ Increased utilization of primary health care services
  ➢ Increased use of prescription drugs

Demonstrates how policy changes in one sector (education) can have important consequences for another (health)
Thank you!

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