

EUPHA Stockholm 2017:

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

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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.
 - Ejeby et al (2014) *Scand J Prim Health Care*
- Weak labour supply effect of interventions for major depressive disorder
 - Timbie et al (2006) *Psychiatric Services*
- 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*

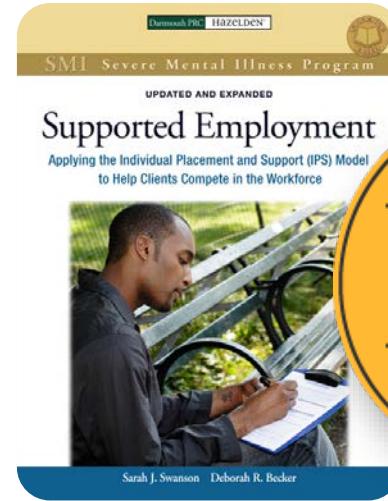


The AWaC intervention

Employment support

+

Work-focused cognitive behavior therapy



Work-focused cognitive-behavioural therapy and individual job support to increase work participation in common mental disorders: a randomised controlled multicentre trial

Silje Endresen Reme, Astrid Louise Grasdal, Camilla Løvvik, Stein Atle Lie and Simon Øverland

Occup Environ Med 2015 72: 745-752 originally published online August 6, 2015
doi: 10.1136/oemed-2014-102700

- Multicenter RCT, 6 sites, N=1193
- People struggling with work participation due to common mental disorders



39%



31%

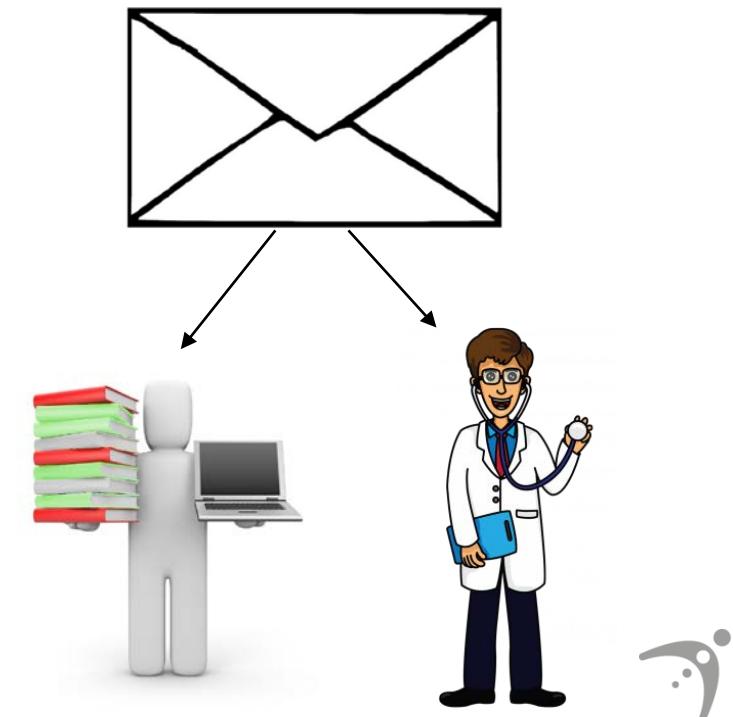


30%

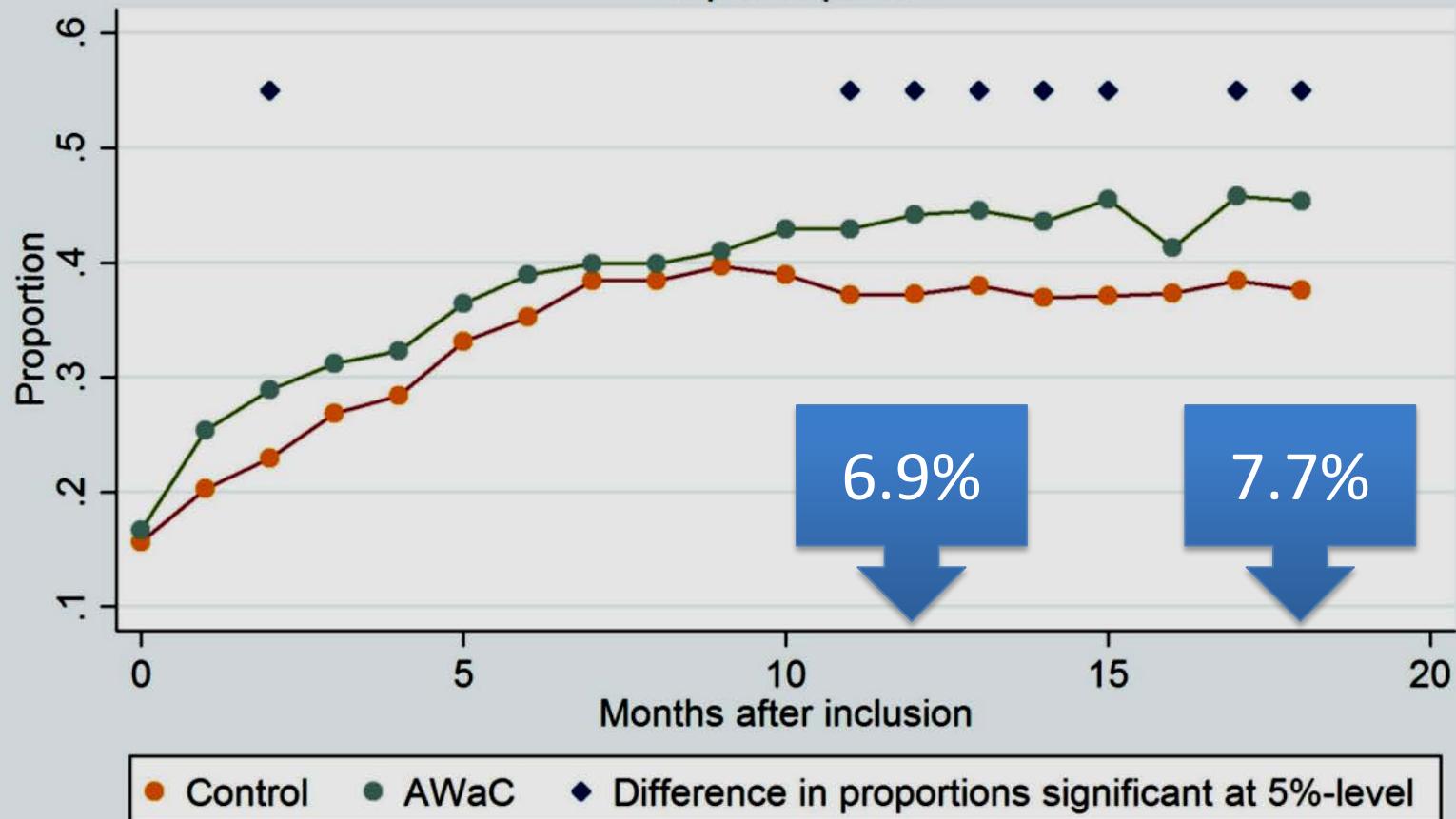


Control group

- Usual care – an “active control condition”
- Self-help literature + information about available resources
- Letter to case manager or GP



Increased or maintained work participation All participants



Test of equality of proportions:

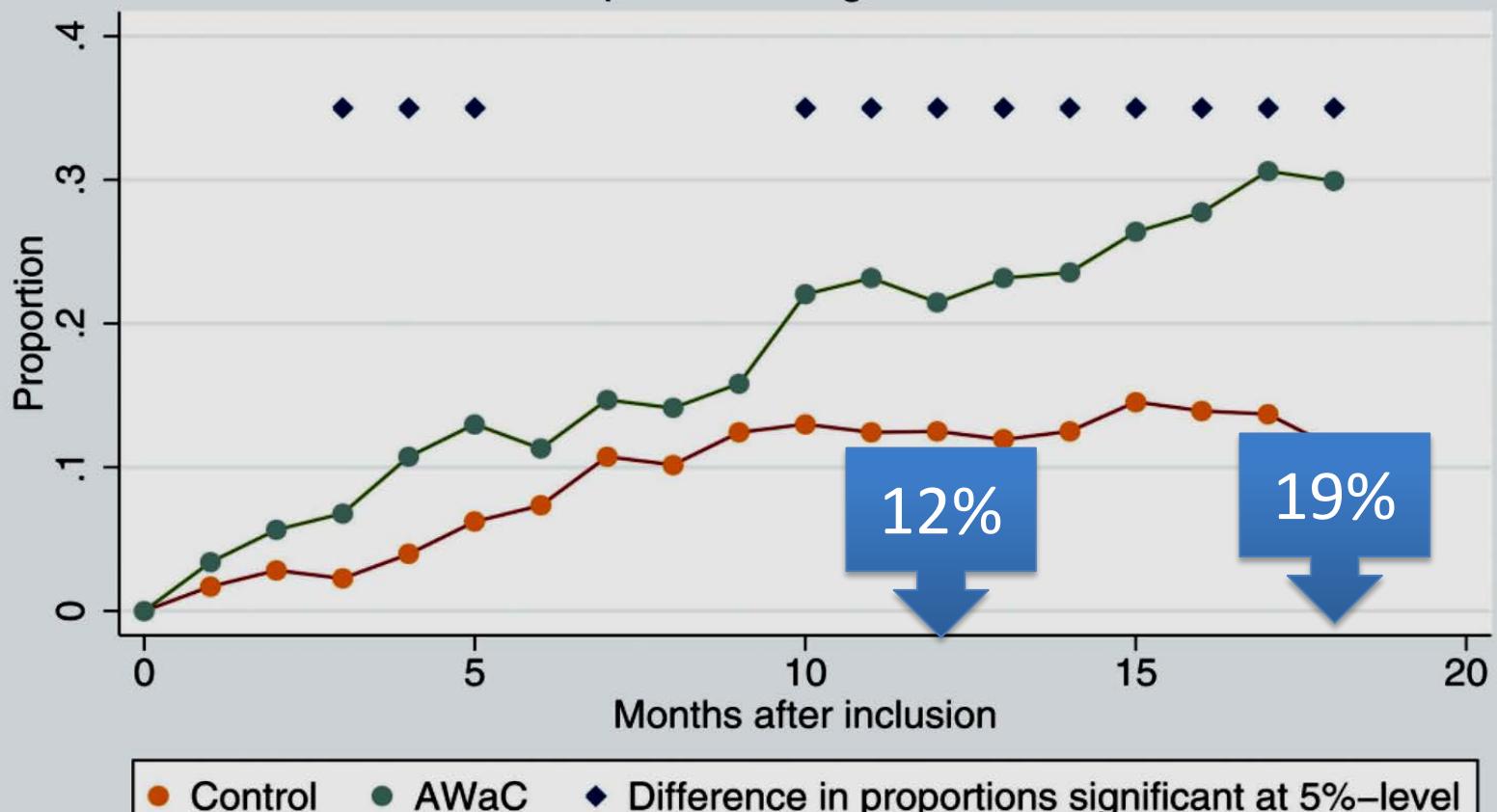
Two-sample test of difference not equal to zero using a normally distributed test statistic.

Figure 1 Full sample. Observed difference in proportions with increased or maintained work participation, intervention versus controls (AWaC, At Work and Coping).



Increased or maintained work participation

Participants on long term benefits

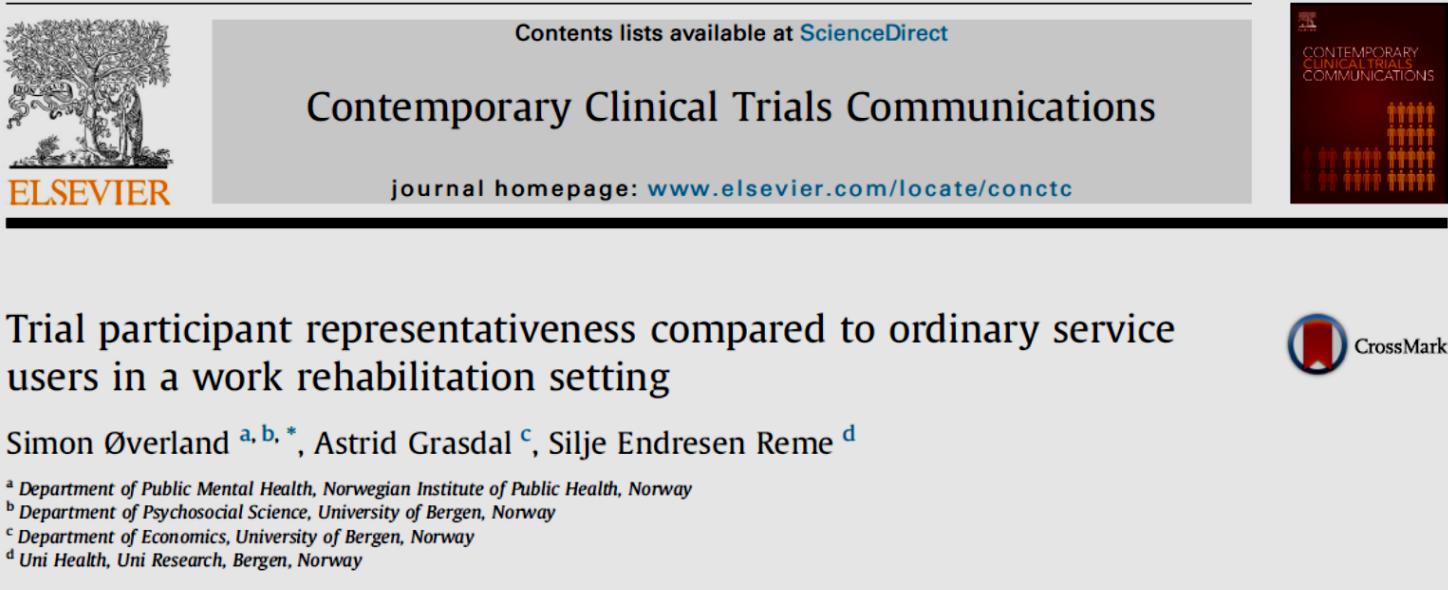


Test of equality of proportions:

Two-sample test of difference not equal to zero using a normally distributed test statistic.

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?



The image shows the journal cover of "Contemporary Clinical Trials Communications". At the top left is the Elsevier logo featuring a tree and the word "ELSEVIER". In the center, the journal title "Contemporary Clinical Trials Communications" is displayed above the subtitle "journal homepage: www.elsevier.com/locate/conctc". At the top right is the ScienceDirect logo. To the right of the journal title is a small graphic of a group of people. Below the journal title, the article title is shown: "Trial participant representativeness compared to ordinary service users in a work rehabilitation setting". The authors listed are Simon Øverland, Astrid Grasdal, and Silje Endresen Reme. Below the authors are four superscripted letters (a, b, c, d) corresponding to their affiliations. A CrossMark logo is located on the right side of the cover.

Contents lists available at [ScienceDirect](#)

Contemporary Clinical Trials Communications

journal homepage: www.elsevier.com/locate/conctc

ELSEVIER

CONTTEMPORARY CLINICAL TRIALS COMMUNICATIONS

Trial participant representativeness compared to ordinary service users in a work rehabilitation setting

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^b Department of Psychosocial Science, University of Bergen, Norway

^c Department of Economics, University of Bergen, Norway

^d Uni Health, Uni Research, Bergen, Norway

CrossMark

- 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?

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Trial participant representativeness compared to ordinary service users in a work rehabilitation setting

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^b Department of Psychosocial Science, University of Bergen, Norway
^c Department of Economics, University of Bergen, Norway
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 Work-focused cognitive-behavioural therapy and individual job support to increase work participation in common mental disorders: a randomised controlled multicentre trial
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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 Bech, 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



Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



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



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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 Ejebey, Brjánn Ljótsson, Lars-Göran Öst, Martin Ingvar, Mats Lekander and Erik Hedman-Lagerlöf

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Example of a natural experiment:

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PDF



PRINT



REPLY TO
ARTICLE

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

ORIGINALARTIKKEL

Inger Johanne Bakken, Knut-Arne Wensaas, Kari Furu, Gry Marysol Grøneng, Camilla Stoltzenberg, 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”.

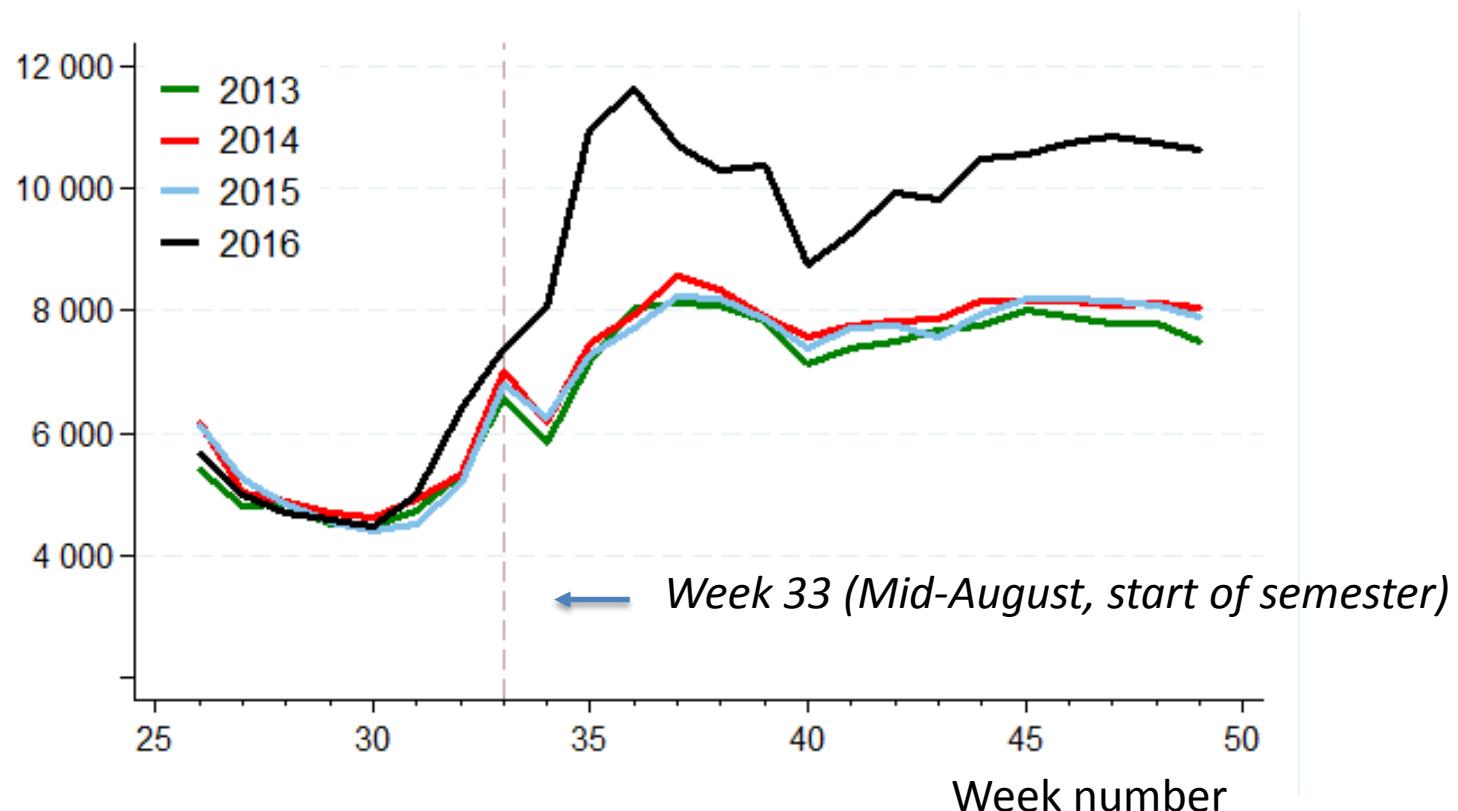


DATA SOURCES

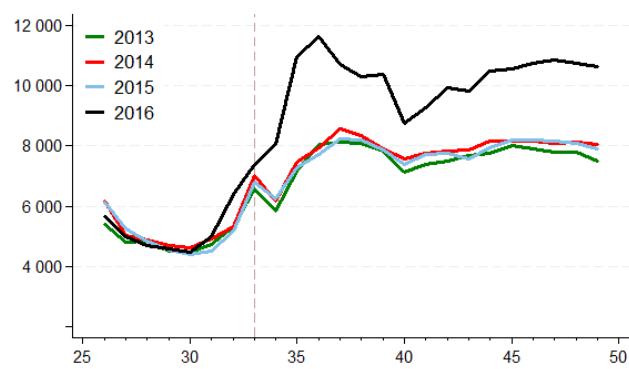
- The Directorate of Health's system for control and payment of general practitioners' reimbursements (KUHR)
 - *Consultation date*
 - *Diagnostic code (International Classification of Primary Care)*
 - *Fee codes (define type of consultation)*
 - *Patient's sex and year of birth*
- The Norwegian Prescription 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)



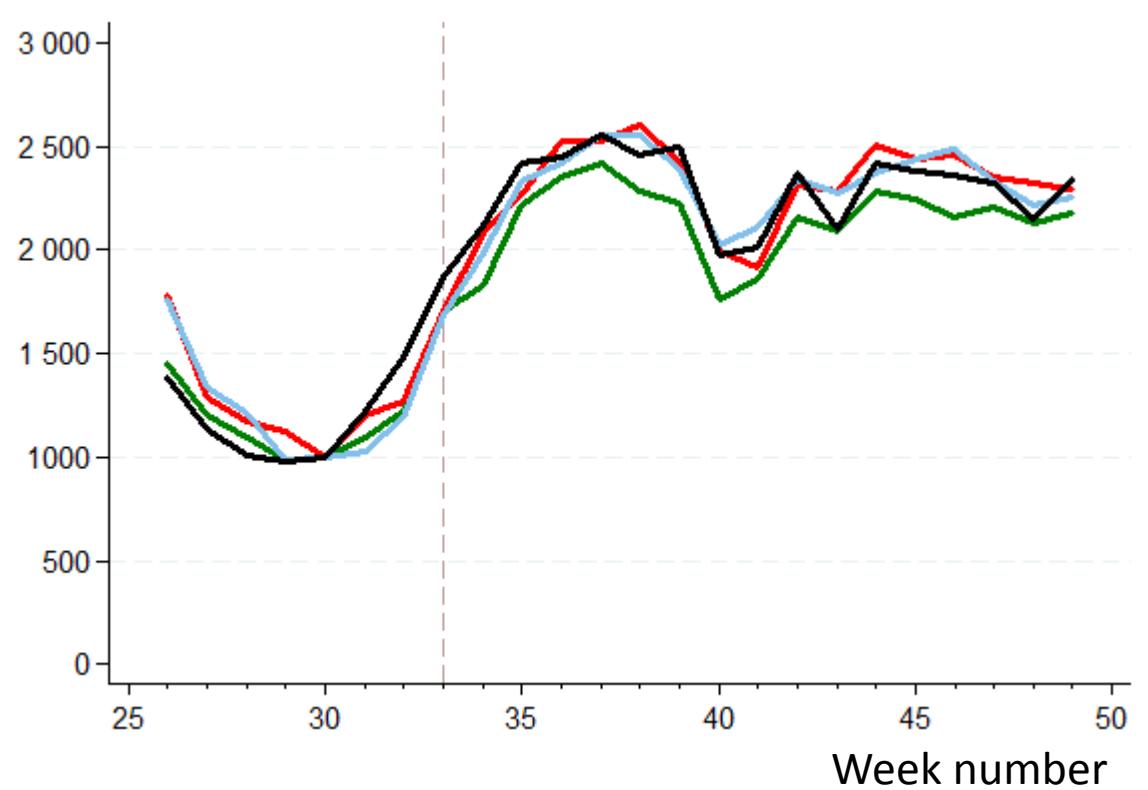
All consultations 16-18 year-olds



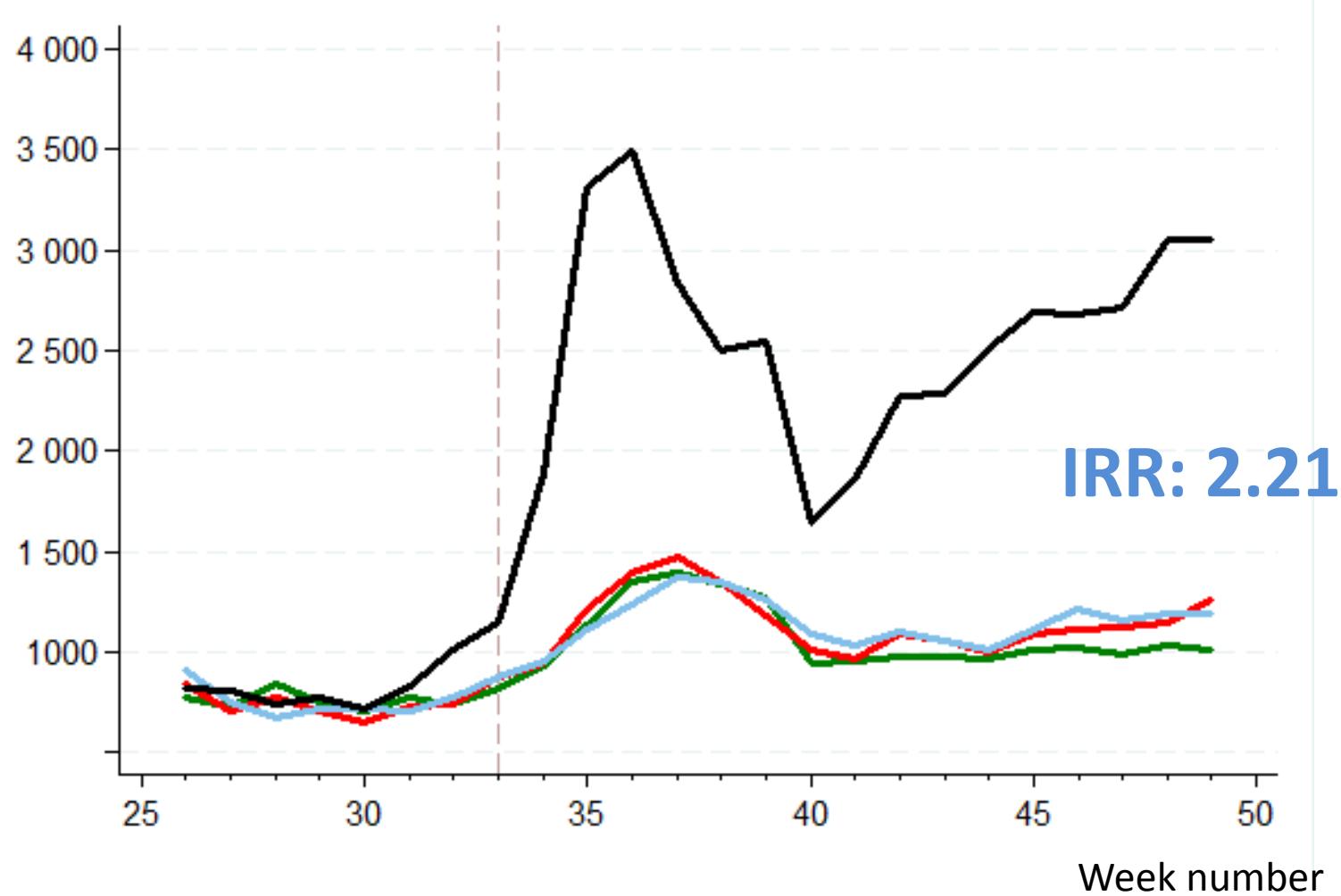
	Number of GP consultations / 100 inhabitants				IRR 2016
	2013	2014	2015	2016	
	68.8	72.0	71.2	92.3	1.30 (1.29–1.31)



Weekly number of consultations (15 year-olds as “controls”)

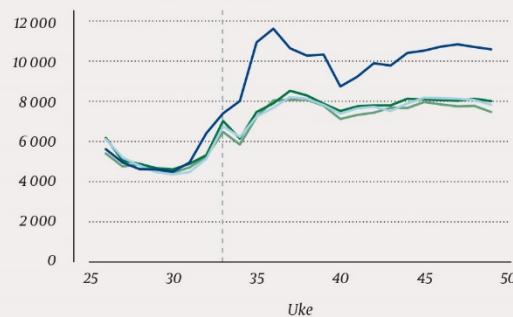


Respiratory tract infections (16-18 year olds)



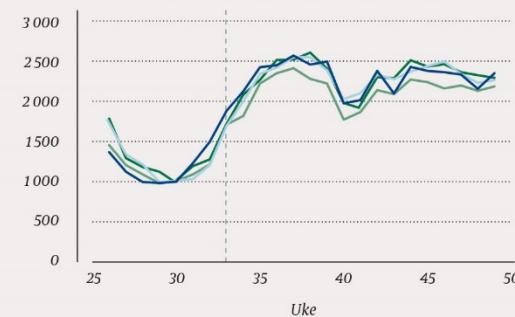
— 2013 — 2014 — 2015 — 2016

All consultations irrespective of diagnosis



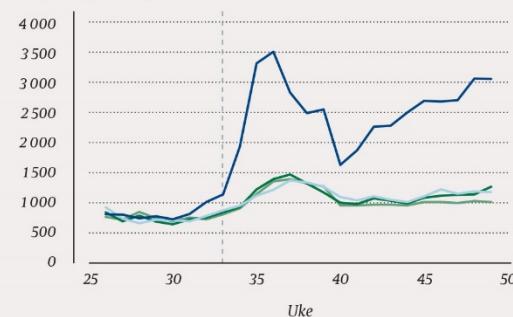
a

All consultations irrespective of diagnosis (NB! 15-year-olds)



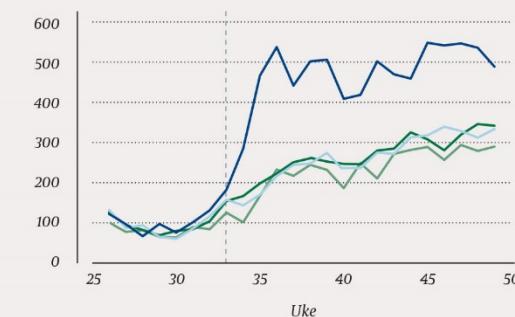
b

Respiratory tract infections



c

Headaches



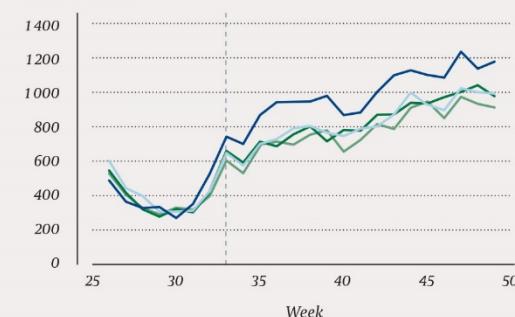
d

Gastrointestinal ailments



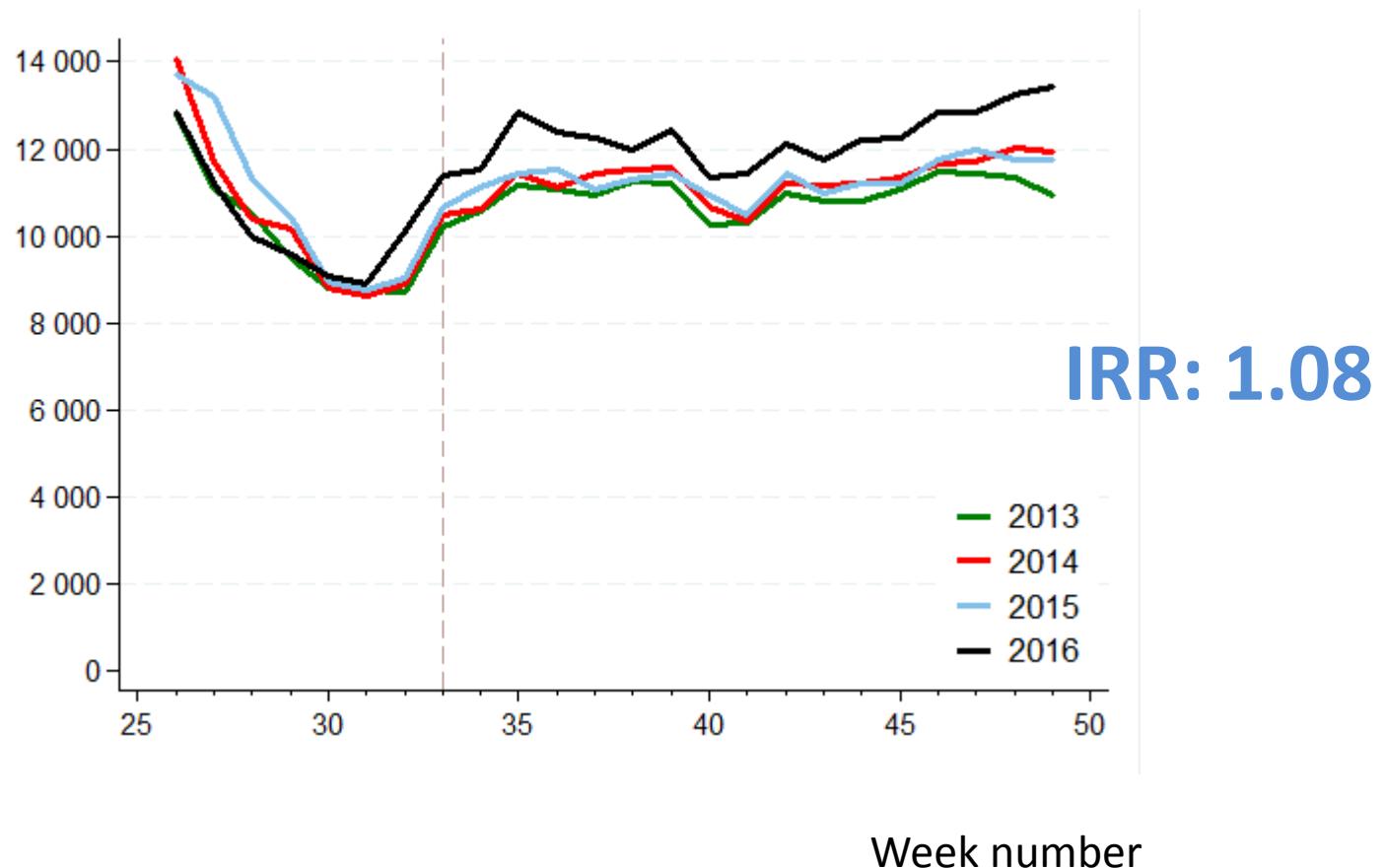
e

Mental disorders

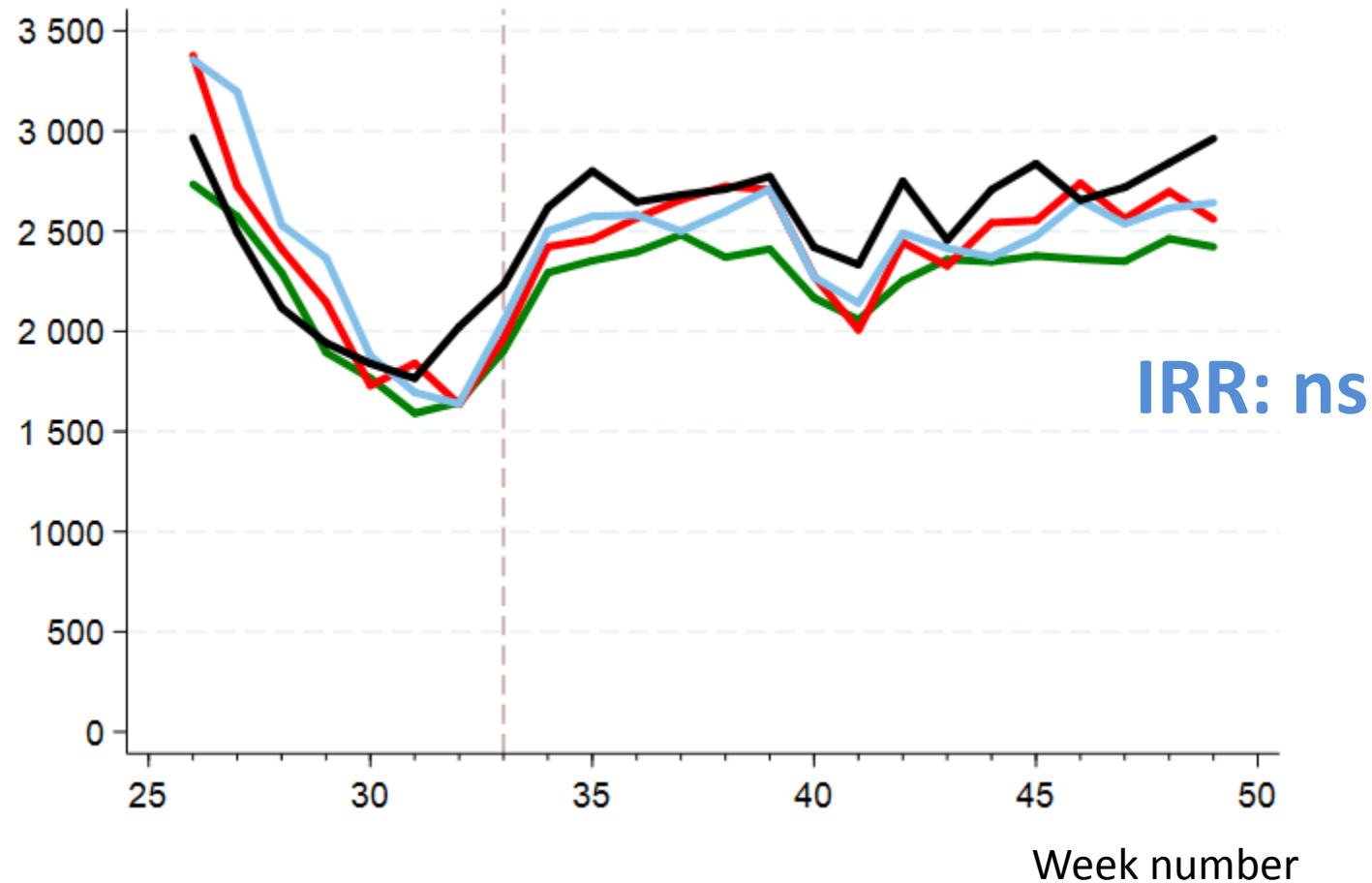


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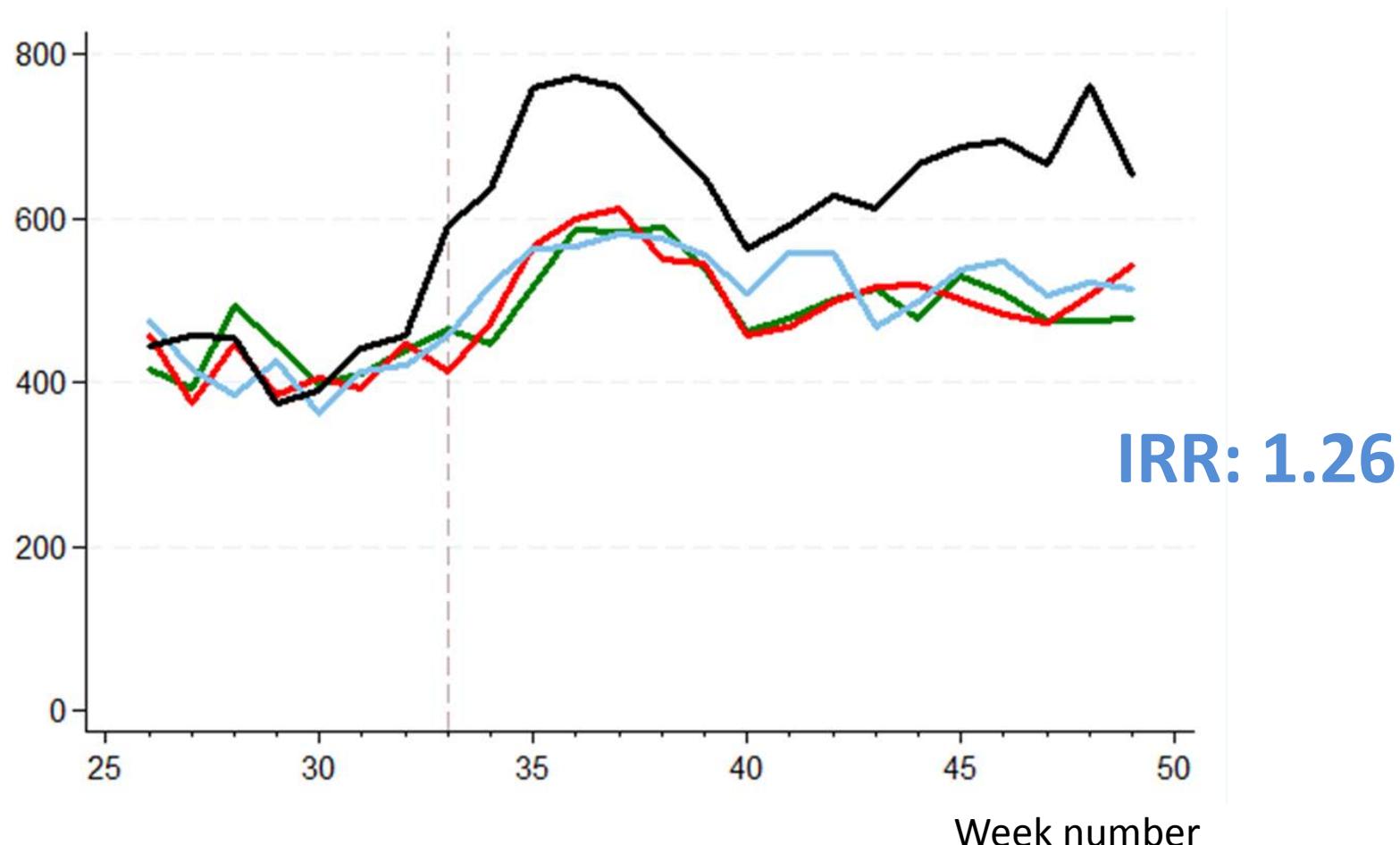
Prescribed drugs (16-18 year olds)



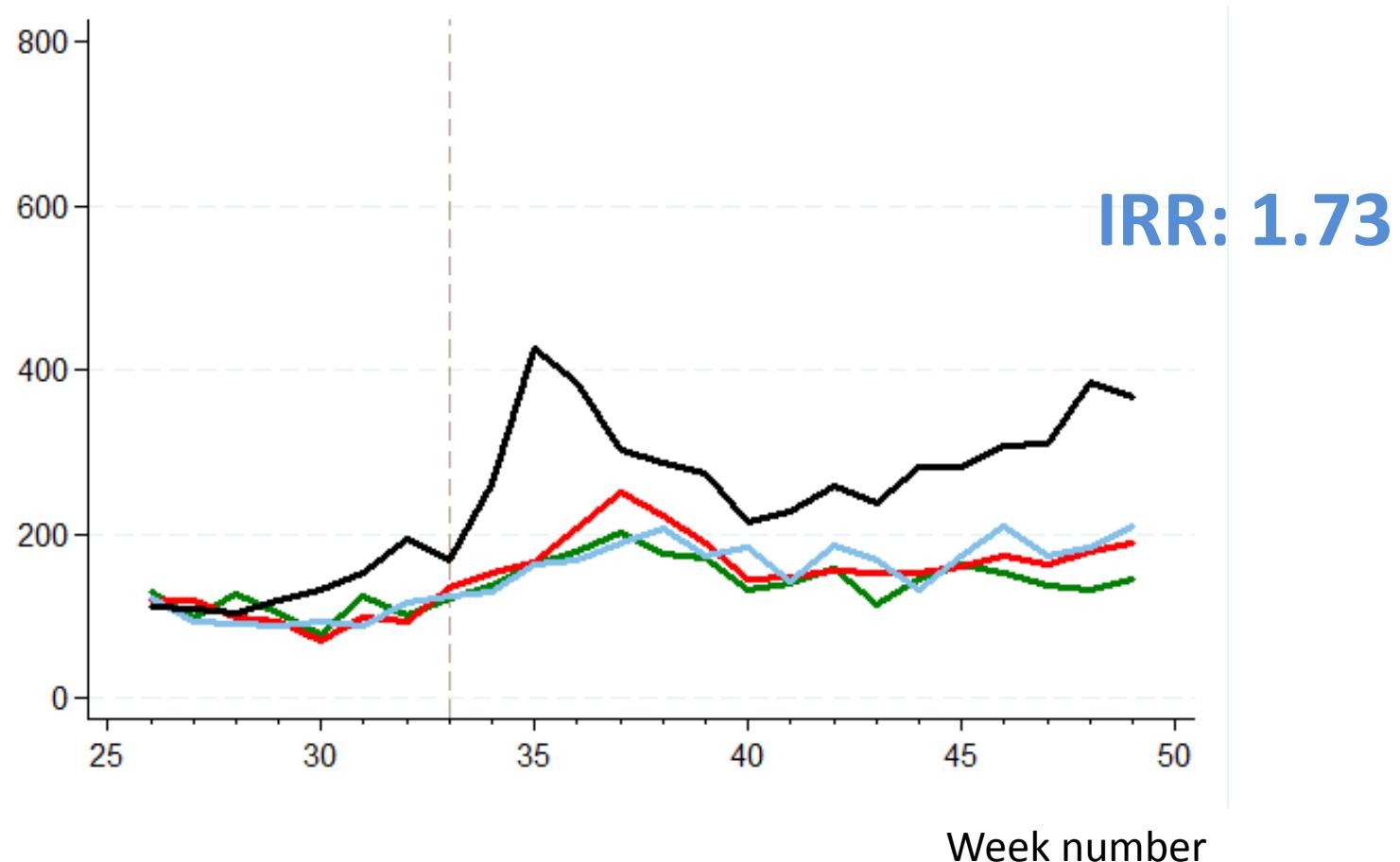
Prescribed drugs (15 year olds)



Antibiotics (16-18 year olds)



Cough remedies (16-18 year olds)



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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