Effects of return-to-work interventions for persons on long-term sick-leave due to depression, anxiety or adjustment disorders

A systematic review

SBU ASSESSMENTS | ASSESSMENT OF METHODS IN HEALTH CARE AND SOCIAL SERVICES

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Summary and conclusions

Background

Persons in working age that do not regularly partake on the labour market may need societal support in the form of labour market interventions. One such group is individuals on long term sick leave due to psychiatric diagnoses.

For most adults, work implies partaking in meaningful tasks, and a better financial situation. Work can also affect health or vice versa. This implies that it is easier for a healthy person to find a job, and that having a job in itself could be conducive to a person's health.

Aim

The purpose of this project was to evaluate the body of evidence for the effects of labour market interventions for persons outside the labour market. A broad definition of this would be adults, aged 18-64 years, on long term sick leave or long-term social assistance, respectively. This review presents results regarding persons on long-term sick leave due to mild or moderate depression, anxiety, or reactions to severe stress. Another review presents the results regarding long-term social assistance recipients.

Method

This systematic review is conducted in accordance with the PRISMA statement and SBU's methodology (www.sbu.se/en/method). The protocol is registered in Prospero, CRD42021235586. Quantitative and qualitative studies with low or moderate risk of bias published during the period 2000 to 2021 were included. Dialogues were held with reference groups representing client or patient perspectives, as well as perspectives from some Swedish authorities of relevance. The certainty of evidence was assessed according to the GRADE-system.

Inclusion criteria:

Population

Adult persons, 18 to 64 years old, on long term sick leave (>90 days) who had been given a psychiatric diagnose, or who were receiving sickness or activity benefits for one or more of the following diagnoses: depression, anxiety disorder, adjustment disorder, and reactions to severe stress.

Conclusions

- Work-focused cognitive behavioral therapy (CBT) increases return to work in short term for persons on long-term sick leave for depression, anxiety or reaction to severe stress, compared to care as usual or to no intervention (low certainty of evidence).
- Work-focused behavioral therapy reduces the perceived symptoms of depression in short term for persons on long-term sick leave for depression, anxiety or reaction to severe stress, compared to care as usual (low certainty of evidence).
- The Work-focused team-based support results in faster return to work compared to care as usual. Team-based support reduces the perceived symptoms of depression, compared to treatment or care as usual (low certainty of evidence).
- The effects of Individual Placement and Support (IPS) intervention on return to work could not be assessed.
- No studies regarding effects of return to work-interventions in the form of training, workplace practice or employer subsidies for persons on long-term sick leave due to depression, anxiety or reaction to severe stress were identified.

Intervention

Active labour market interventions that are, or could be, used in Sweden. The intervention should involve the employer or the workplace in some way. It can be in the form of manager involvement in planning return to work after the sick leave or adjustments regarding work time, tasks, workgroup etc. Interventions from occupational health care, social insurance agency, or the public employment services may also be relevant.

Four types of interventions, lasting for at least one month, were defined as:

- preparatory programs, e.g., job search assistance or counselling
- training
- workplace practice
- other interventions such as work-related rehabilitation, self-employment etc.

Control

No intervention, treatment as usual or other measures.

Outcome

Return to work, number of days on sick leave, income. Secondary outcomes: health measures such as sleep, depression, anxiety, stress, quality of life or capacity for work.

Study design

Randomized controlled studies (RCT) and studies based on qualitative data.

Language

English, Swedish, Norwegian and Danish.

Search period

1995 to 2022. Final search was conducted on February 2, 2022.

Databases searched:

- Medline (Ovid)
- Scopus (Elsevier)
- Ebsco Multi-Search (Psychology and Behavioural Sciences Collection; SocINDEX with Full Text; Academic Search Premier; ERIC)
- APA Psycinfo (Ebsco)
- Sociological Abstracts (ProQuest).

Patient involvement

No.

Results

Eight studies, published in eleven separate articles, were included in this review. Three studies were conducted in Sweden, three in Denmark, one in Norway and one in the Netherlands, all published between 2015 to 2021. The number of participants varied between 61 and 1193 persons who were on sick leave to various extents. The total number of participants were 2 902, out of which 70 percent were women. The median age was between 34 and 46 years. No undesirable consequences from the interventions were reported.

Five studies with qualitative data were also included in the review.

Table 1 Summary of findings – work-focused behavioural therapy.

Outcome	Effect	GRADE
Return to work	Work-focused CBT increases a person´s ability to return to work for up to 12 months, compared to care as usual or to no intervention. For persons on sick leave longer than 12 months, the effect was stronger.	Low certainty of evidence
Sick leave	The effect from work-focused behavioural therapy on sick leave could not be assessed.	Very low certainty of evidence
Income	The effect of CBT on income could not be assessed.	Very low certainty of evidence
Depression	Work-focused CBT reduces depression symptoms for follow up at ≤12 months compared to care as usual.	Low certainty of evidence
Anxiety	The effect of work-focused behavioural therapy on anxiety could not be assessed.	Very low certainty of evidence
Quality of life	The effect of work-focused behavioural therapy on quality of life could not be assessed.	Very low certainty of evidence
Stress	The effect of work-focused CBT on stress could not be assessed.	Very low certainty of evidence
Sleep	The effect of work-focused CBT on sleep could not be assessed.	Very low certainty of evidence
Fatigue	The effect of work-focused CBT on fatigue could not be assessed.	Very low certainty of evidence
Work capacity	The effect from work-focused Acceptance and Commitment Therapy, (ACT), on work capacity could not be assessed.	Very low certainty of evidence

Table 2 Summary of findings – work-focused team-based support.

Outcome	Effect	GRADE
Return to work	Work-focused team-based support increases a person's ability return to work after 12 months compared to care as usual.	Low certainty of evidence
Depression	Work-focused team-based support reduces depression symptoms for follow up at 12 months compared to care as usual.	Low certainty of evidence
Anxiety	The effect of work-focused team-based support on anxiety could not be assessed.	Very low certainty of evidence
Stress	The effect of work-focused team-based support on stress could not be assessed.	Very low certainty of evidence
Quality of life	The effect of work-focused team-based support on quality of life could not be assessed.	Very low certainty of evidence
Fatigue	The effect of work-focused team-based support on fatigue could not be assessed.	Very low certainty of evidence
Work capacity	The effect of work-focused team-based support on work capacity could not be assessed.	Very low certainty of evidence

Table 3 Summary of findings - IPS.

Outcome	Effect	GRADE
Return to work	The effect of IPS-adapted interventions on return to work could not be assessed.	Very low certainty of evidence
Perceived depression	The effect of IPS-adapted interventions on depression could not be assessed.	Very low certainty of evidence
Perceived anxiety	The effect of IPS-adapted interventions on anxiety could not be assessed.	Very low certainty of evidence
Quality of life	The effect of IPS-adapted interventions on quality of life could not be assessed.	Very low certainty of evidence

Health Economic Assessment

As the cost-effectiveness are connected to treatments effects, it is of particular interest to study the cost-effectiveness of cognitive behavioral therapy and team-based support with workplace involvement, respectively, as the results indicate a return to work-effect of those interventions, even though its only on short term.

One cost-effectiveness study about team-based support with workplace involvement was identified. The results from this Dutch study did not show any significant differences, neither in QALYs, nor in sustainable return to work, between persons receiving the supporting program and the persons receiving treatment as usual. However, on average, the costs were higher for persons who received the support program than for those receiving care as usual. The authors concluded that the program was not cost-effective.

Ethics

The discussion of ethics illuminates the fact that there exists a diverse idea of what the interventions should lead to, where some see the value of more socioeconomical aimed goals (e.g., increased productivity and decreasing costs) and others focus on more person-centered goals (e.g., quality of life, health, self-empowerment). An ethical question is how these conflicts of goals should be solved and which goal might be viewed as superior in a potential conflict.

Discussion

Earlier studies have partly demonstrated poor scientific evidence about return to work-interventions after long term sick leave for persons with a psychiatric diagnosis. In addition, these studies have also stressed out the need for workplace involvement when providing the interventions, in order to secure that the individuals return to their workplace in a healthy way. A common denominator in this review is the work-focus when providing the studied interventions.

Primarily the studies included in this review were performed in the Nordic countries, but one study about team-based support was conducted in the Netherlands. Even if the Nordic countries are regarded as comparable to the Swedish context, there may be differences which may affect the possibility of return to work. There may for instance be differences in the labour markets, insurance legislation, how the working life rehabilitation is organized, legislation regarding job security, labour market policy and access to subsidized employment.

For some interventions, e.g., IPS-adapted interventions, the effects on return to work or health could not be assessed. When the data about effects on employment from the interventions are insufficient, we have not assessed the certainty of evidence leading to a very low certainty of evidence. However, it is important to stress out that a very low certainty of evidence should not be interpreted as a lacking in effect is ensured. Instead, it emphasizes the need of further intervention evaluation in well performed studies.

Reasons for lacking certainty of evidence might be too few participants, that the effects investigated in different studies were measured or presented in different manners. It would be valuable with a consensus regarding what is most important to measure and how it may be measured in an agreed list of prioritized results, a Core Outcome Set (COS). According to the organization COMET (Core Outcome Measures in Effectiveness Trials), there is ongoing work to bring forth a COS for "work participation", but at present nothing is published.

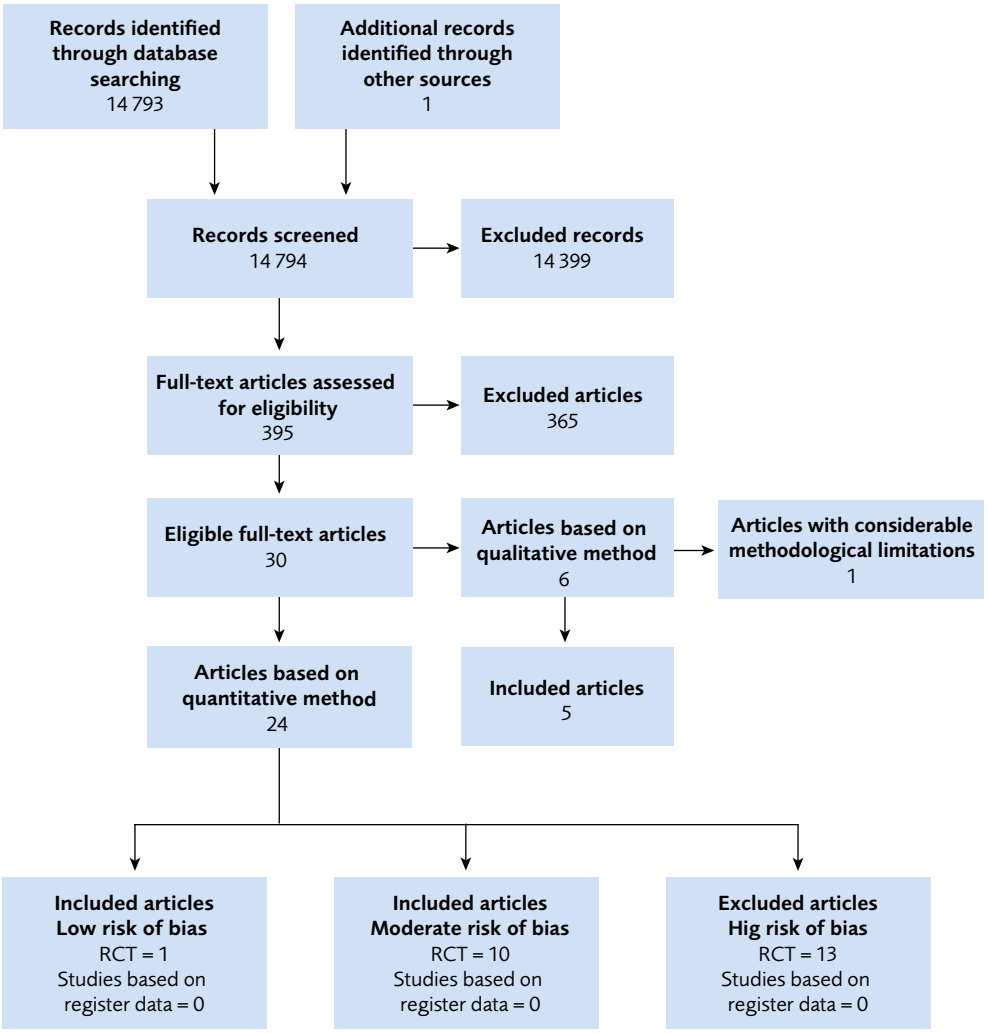
Future studies need a sufficiently large population so that measures of possible differences between the groups can be identified.

Studies based on qualitative data, primarily with women, brought forth both positive and negative experiences of the interventions. The interventions could help creating good routines, feelings of normality and a decreased sense of loneliness. These data also showed that treatments could be experienced as too extensive and that the participants perceived an inadequate support when returning to work.

Conflicts of Interest

In accordance with SBU's requirements, the experts and scientific reviewers participating in this project have submitted statements about conflicts of interest. These documents are available at SBU's secretariat. SBU has determined that the conditions described in the submissions are compatible with SBU's requirements for objectivity and impartiality

Flowchart



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