

THE ROLE OF HEALTH PROFESSIONALS

The bio-psycho-social model of (ill) health is helpful in understanding the complex interactions between the individual's mental health, attitudes to work and their social environment and focuses attention on the barriers to normal recovery and return to work.

Collaboration between key players is essential, and the lead role in managing an employee with less severe depression may be appropriately taken by their supervisor. More severe depression may require the physician to take the lead.

GPs behaviour can act as both facilitator and barrier to return to work - greater awareness of possible pathology may improve treatment but delay return to work: employment should be positioned as central to a person's recovery.

RECOMMENDATIONS FOR FURTHER RESEARCH

There is a need for an evidence base built on studies done in the UK, including:

- * Randomised controlled trials (RCTs) of comparative effectiveness and cost benefit analysis of different cognitive approaches such as individual and group CBT, computer-aided CBT, and inter-personal counselling
- * Case management approaches to retention and rehabilitation, with health professionals and/or supervisors
- * Realistic evaluation of complex multi-modal and social interventions
- * Primary prevention studies of employment practices and management style.
- * Organisational level interventions with an individually tailored focus

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FURTHER INFORMATION

British Occupational Health Research Foundation

www.bohrf.org.uk

The Sainsbury Centre for Mental Health

www.scmh.org.uk

Employers' Forum on Disability

www.employers-forum.co.uk



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Systematic Review of WORKPLACE INTERVENTIONS FOR PEOPLE WITH COMMON MENTAL HEALTH PROBLEMS

A summary for Health Professionals

ABOUT THIS SUMMARY

This leaflet summarises the findings of a systematic review into workplace interventions for people with common mental health problems. We describe the nature and extent of the problem, the methods we used to locate and review the evidence, the conclusions we have made based on the evidence, the role of health professionals in addressing common mental health problems amongst the working population and our suggestions for further research that might fill gaps in existing knowledge. But we begin by offering recommendations for practice that emerged from the current evidence base.

For the purposes of this review we have treated the term common mental health problems as synonymous with mild to moderate mental illness when referring to any form of mental distress or disorder which has acquired clinical caseness, excluding those which meet the criteria for severe mental illness as defined in the National Service Framework for Mental Health.

We have therefore defined common mental health problems as those that:

- * occur most frequently and are more prevalent;
- * are mostly successfully treated in primary rather than secondary care settings;
- * are least disabling in terms of stigmatising attitudes and discriminatory behaviour.

Between one in four and one in six of the working population suffer common mental health problems, whereas severe mental health problems affect only between 1-3% of the working population.

Increased incidence is associated with socially disadvantaged populations, unemployment, less education and low income or material standard of living.

RESEARCH QUESTIONS

We focused broadly on themes of prevention, retention and rehabilitation. Our main research questions were:-

1. What is the evidence for preventative programmes at work and what are the conditions under which they are most effective?
2. For those employees identified as at risk, what interventions most effectively enable them to remain at work?
3. For those employees who have had periods of mental ill health related sickness, what interventions most effectively support their rehabilitation and return to work?

RECOMMENDATIONS FOR PRACTICE

Interventions conducted by GPs or OH Physicians or by referral to psychologists or psychotherapists, should be cognitive in nature e.g. up to 8 brief weekly sessions of cognitive behavioural therapy (CBT).

Early psychological interventions comprising 4-5 sessions of CBT to increase activity and coping skills may be effectively delivered in the workplace for those off sick for two weeks.

CBT is most effective for jobs that already involve a high degree of decision latitude (jobs with low decision latitude should prioritise increasing control potential accompanied by CBT interventions).

Supervisors should keep in touch with employees on mental ill health sickness absence at least once every two weeks.

Training programmes might be more effective at sustaining changes if they include booster and follow-up sessions.

THE COST OF MENTAL HEALTH PROBLEMS AT WORK

- * 91 million working days are lost each year due to mental health.
- * Mental health problems are the second largest category of occupational ill health after musculo-skeletal disorders.
- * Combined costs of sickness absence, non-employment, effects on unpaid work and output losses from premature mortality reached £23.1 billion in 2002/3.

CONCLUSIONS

Prevention

- * Amongst employees who have not manifested with common mental health problems or who are not at high risk, the evidence suggests that a range of stress management interventions can have a beneficial and practical impact.
- * These interventions also provide employees with a range of useful skills that can be exploited to their own and their organisation's wider benefit.
- * The extent to which any of these interventions prevent common mental health problems remains unclear.

Retention

- * Amongst employees deemed to be at risk, either through their job role or who have been assessed as at risk, the evidence from the included studies demonstrates that individual rather than organisational approaches to managing common mental health problems are most likely to be effective.
- * However it is imperative that those populations are identified accurately so that interventions can be correctly targeted and applied and the anticipated benefits of retaining key skills in organisations can be realised.

Rehabilitation

- * For people already experiencing common mental health problems at work, the evidence from the included studies demonstrate that, the most effective approach is brief (up to 8 weeks) of individual therapy, especially cognitive behavioural in nature (CBT).
- * The intervention seems to be effective whether delivered face-to-face or via computer-aided software. However the research on CBT delivered via computer-aided software would ideally benefit from a corroborative study. Whilst the approach is promising its effectiveness has currently been demonstrated only in the short term i.e. one month.
- * A stronger effect is associated with employees in high-control jobs.