



Work and Mental Health: evidence from The Netherlands

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Do adverse psychosocial working conditions cause the onset of depression? International scientific evidence

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Outline of presentation

- Longitudinal study about the role of psychosocial work characteristics.
- Overview of guidelines
 - Mixed method study about identification of psychosocial risk factors
- Occupational intervention study on depression
- Prevention in the future



The incidence of anxiety and depression; the role of psychosocial work characteristics

Sampling frame: Maastricht Cohort study

- May 2000: psychosocial work characteristics
- April 2002: incidence depression and anxiety

Andrea, Bültmann et al., accepted



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Psychosocial work characteristics: results

- psychological job demands**
- decision latitude
- social support
- emotional demands
- conflict with co-worker and
- job insecurity**



Identification of psychosocial risk factors

- Aim: to support a guideline for depression as an occupational disease
- Analysis of occupational diseases reports
- Interviews with reporting OP's
- Review

De Roos en Sluiter, 2004



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Identification of psychosocial risk factors: results

Reports and interviews

- work load / job demands
- lack of social support
- job insecurity

Review

- non fitting work
- lack of social support (mobbing)



Guidelines

- Dutch institute for Health Care Improvement (CBO), work module
- Netherlands Centre of Occupational Diseases (NCvB), decision rules
- Dutch Association of Occupational Physicians (NVAB), employee guidance



Work Module in CBO depression guideline

- The occupational physician pays attention to burdensome psychosocial work conditions
- The general practitioner or mental health professional refers to the occupational physician if there are adverse psychosocial working conditions
- The occupational physician involves in his advise the possible beneficial psychosocial working conditions



NCvB guideline on Occupational Diseases, factors

Factors with a risk for the onset of a depression

- **1.** job ambiguity, non-fitting job
- **2.** lack of social support (mobbing)

Psychosocial factors contributing to the onset of depression:

- **a.** high workload
- **b.** high emotional job demands
- **c.** low job control
- **d.** traumatic work experiences
- **e.** organisational injustice.



NCvB guideline on Occupational Diseases, decision rules

- Exposition to factor 1 or 2: depression is work related
- Exposition to at least two of the factors a – e: depression is work related
- Exposition to one of the factors a – e: decision whether depression is work related or not depends from the intensity of the exposition and the balancing against factors outside the workplace.



NVAB guideline on Mental Health Problems, intervention part

- Employee explores his problems (risk factors)
- Employee explores problem solving strategies
- Employee explores the application of problem solving strategies



Adjuvant occupational therapy in work related depression

Hypotheses:

Addition of occupational therapy (OT) to treatment as usual (TAU) will:

- accelerate recovery from depression
- accelerate work resumption
- not increase work stress for those who return to work
- not increase total costs (health care costs and productivity)

Schene et al., 2006



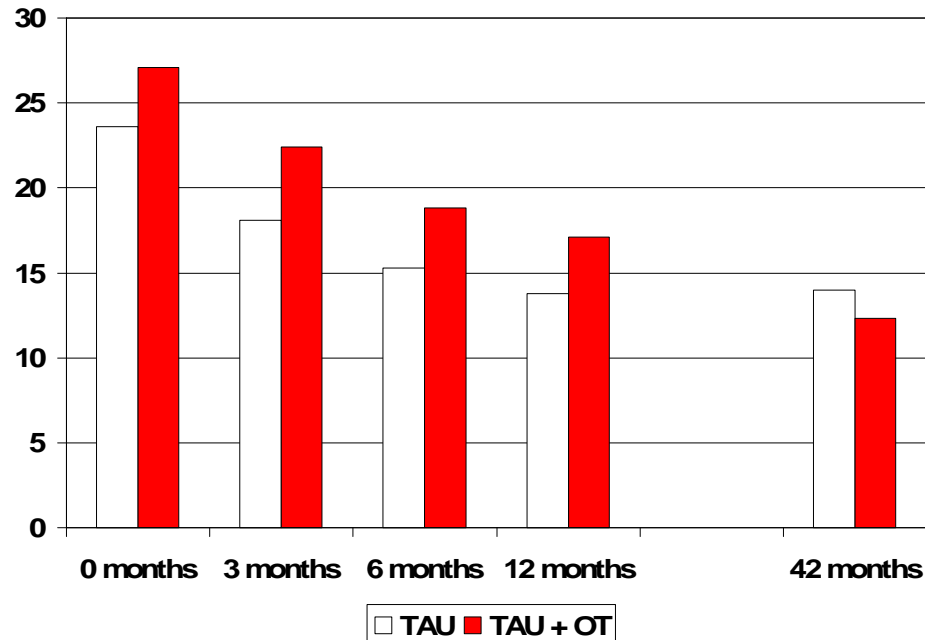
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Occupational therapy

- Diagnostic phase (4 weeks)
- Therapeutic phase (24 weeks):
 - 12 individual sessions (45 minutes)
 - exploration of work problems
 - analyses of relation work & depression
 - support and evaluation of work resumption
 - 24 weekly group sessions (8-10 patients, 120 minutes):
 - first half: discussing & exchanging individual progress
 - second half: 7 themes: (1) being passive, (2) stress on the work place, (3) personal bounds and limits, (4) powerful and powerless, (5) perfectionism, (6) conflicts and (7) prevention
- Follow up 3,6,12 and 42 months



Results: depression total score

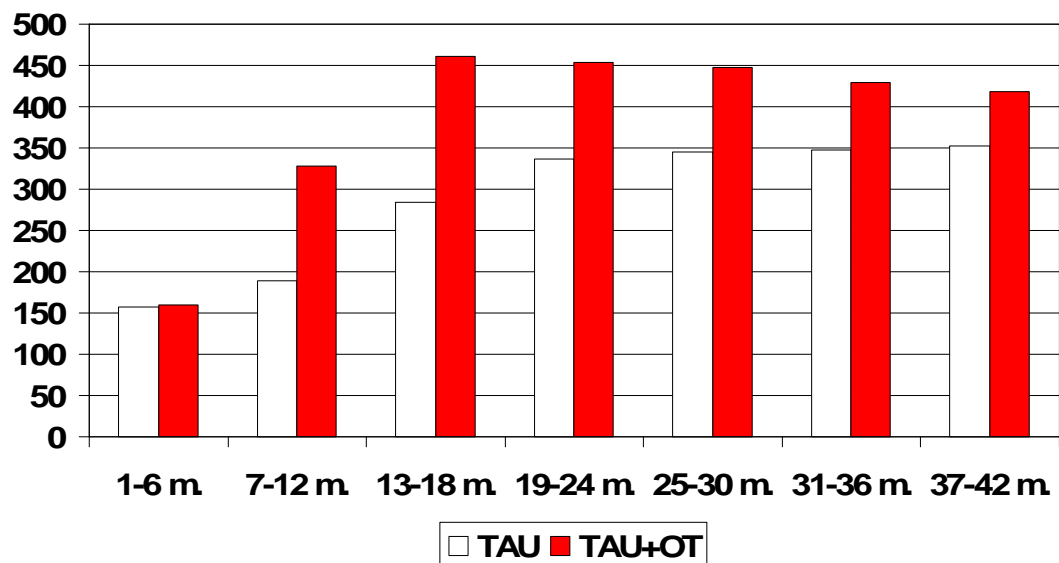


Treatment as Usual (TAU; n=32) versus
Treatment as Usual + Occupational Therapy (TAU+OT; n=30)

Time/treatment effect month 0-12: $p = .95$
Time/treatment effect month 13-42: $p = .03$



Results: mean hours worked per 6 months



Treatment as Usual (TAU; n=32) versus
Treatment as Usual + Occupational Therapy (TAU+OT; n=30)



Conclusion

- addition of occupational therapy to treatment as usual:
 - did not improve depression outcome
 - improved work resumption:
 - earlier return to work (about 90 days)
 - more hours worked during month 7 - 42
 - might also improve work performance
 - increased total mental health care costs
 - median total economic gain of \$ 5.370 because of greater productivity in TAU+OT group



Final remarks

- In the service economy work is increasingly individualised
- There remains a need for collective prevention but there is also a need for a tailor made prevention on the individual level
- For practice the assesment of adverse psychosocial working conditions should take place on the group level as well as on the individual level





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