

Implementation issues in interdisciplinary and coordinated return-to-work interventions in Denmark

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Objective

The objective of the analysis was to identify procedures that facilitate effective return-to-work programmes for workers who are sick-listed due to musculoskeletal or common mental disorders.

Methods

In Denmark, the municipalities have the main responsibility for providing sickness benefits and managing the return-to-work process. Since 2008, five return-to-work interventions aimed at people on long-term sick leave due to musculoskeletal or common mental disorders have been carried out in nine Danish municipalities. The specific interventions differ, but the overall aim of all projects is to improve the coordination of different institutions and protagonists in the return-to-work process. NRCWE evaluates these ongoing projects. For the present analysis of the implementation process, we included 6 group interviews with case workers, 7 group interviews with intervention teams and 23 single interviews with participants. Interviews have been carried out in 2008-2009. Data was analysed using the software programme Nvivo and with focus on five main working mechanisms, which were deducted from the overall program theory: 1) *Early identification of participants*, 2) *Interdisciplinary teams*, 3) *Focus on barriers and resources*, 4) *Regular follow up and feedback*, 5) *Coordination of stakeholders*

Results

1) *Early identification of participants*

- ~ Depends on procedures of referral in the municipality, workers are often referred after 8-12 weeks of sick leave
- ~ Requires continuous communication between intervention team and case workers to ensure that the visitation procedures match the needs of municipality, intervention team and sick-listed workers

2) *Interdisciplinary teams*

- ~ Requires development of a shared language and respect for each others expertise
- ~ Requires expertise regarding physical state, psychological state, work place accommodations, the social system and contextual factors
- ~ Requires cooperation and coordination when developing individual plans for each worker

3) *Focus on barriers and resources*

- ~ Requires a specific focus on return to work
- ~ Requires an evaluation of the worker's physical and mental state in connection with work place characteristics and contextual factors

4) *Regular follow up and feedback*

- ~ Is resource intensive
- ~ Procedures for taking changes in the worker's situation into consideration should be established
- ~ Should be a supplement to the regular follow up carried out by municipalities

5) *Coordination of stakeholders*

- ~ Requires clear communication with health care practitioners and case workers in the municipality
- ~ Requires procedures for counselling workers in case of discrepancies between advice from different health care practitioners

Conclusion

Visitation procedures and cooperation between different stakeholders in the process should to be considered carefully and clear communication channels should be established. The analysis is preliminary. Questionnaire data and register data are currently being gathered and analysed and will be included in the final evaluation.

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