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Complete Summary

GUIDELINE TITLE

Workplace interventions for people with common mental health problems: evidence review and recommendations.

BIBLIOGRAPHIC SOURCE(S)

Seymour L, Grove B. Workplace interventions for people with common mental health problems: evidence review and recommendations. London (UK): British Occupational Health Research Foundation (BOHRF); 2005 Sep. 96 p. [83 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
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SCOPE

DISEASE/CONDITION(S)

Mental health problems in the work environment

Note: Severe mental illnesses, such as psychosis, schizophrenia or bi-polar disorder were specifically excluded.

GUIDELINE CATEGORY

Management
Prevention
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Nursing
Preventive Medicine
Psychiatry
Psychology

INTENDED USERS

Allied Health Personnel
Health Care Providers
Nurses
Occupational Therapists
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

GUIDELINE OBJECTIVE(S)

- To provide evidence-based answers on key questions related to mental ill health in the workplace
- To assist managers, occupational health professionals and other interested parties in making management decisions and offering advice in the confidence that they are based on the most robust evidence available
- To provide employers and occupational health professionals with information to prevent or limit mental health in their workplace, minimise sickness absence and enable workers who experience mental ill health to remain in work, restored to full productivity

TARGET POPULATION

Adults in the workforce with common mental health problems

INTERVENTIONS AND PRACTICES CONSIDERED

Prevention

Stress management interventions

Retention and Rehabilitation Interventions

1. Cognitive behavioural therapy (CBT)
2. Job reorganisation
3. Other cognitive/educational interventions
4. Multi-modal interventions
5. Supervisory training
6. Selective case management
7. Computer-aided CBT

MAJOR OUTCOMES CONSIDERED

- Incidence and prevalence of common mental health problems
- Cost of mental health problems at work
- Incidence of absenteeism due to mental health problems
- Retention of employees with common mental health problems

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METHODOLOGY

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METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The literature was searched systematically to April 2004 using a variety of standard methods. (See Appendix B: Inclusion and exclusion criteria and Appendix C: Search history in the original guideline document for details on search strategy.)

Databases searched were PsychInfo, NIOSHTIC, CISDOC, MEDLINE, CINAHL, Sociofile, ASSIA, IBSS, Cochrane, Business Source Premier, Emerald, PubMed and EMBASE.

The Research Working Group (RWG) did not limit our data pool to experimental studies only; the RWG included a range of studies that were relevant to the research questions (i.e. cohort studies, case studies, participative action research and non-intervention studies).

The RWG also did not omit studies that described non-work based interventions; our main criteria were that the study passed the critical appraisal process and that employment was among the outcome measures. As a consequence there are several studies where the intervention was targeted at practitioners such as primary care physicians, but the outcomes were focused on return to work or remaining in employment for people with common mental health problems.

Electronic searches produced more than 15,000 references. Subsidiary searches included the Chartered Management Institute library database (200 references) and the Faculty of Occupational Medicine website (6 references).

The study selection is shown diagrammatically in Figure 1 on page 20 of the original guideline document. The process used is summarised as follows:

- More than 200 titles and abstracts were considered. Abstracts were reviewed independently by the Senior Researcher and Scientific Secretary. Members of the Research Working Group (RWG) subsequently reviewed identified abstracts to select full papers for review.

- 144 of these papers were retrieved. 59 of these papers informed the context of the review and were read only by the Scientific Secretary and the Senior Researcher.
- The remaining 85 papers were critically appraised by RWG members and assessed for methodological quality, using a pro-forma adapted from that used by CASP (Critical Appraisal Skills Programme) for this review. (see Appendix D of the original guideline document)
- RWG members identified 68 follow-on references for consideration, drawn from the bibliographies of the first tranche of studies. References were reviewed by the Scientific Secretary and the Senior Researcher.
- 48 of these studies were not followed up for a variety of reasons (i.e. a focus on severe and enduring mental ill health, not relevant to workplace outcomes, not relevant to mental health, already reviewed in the first tranche and included in a meta-analysis that had already been reviewed).
- RWG members reviewed and critically appraised a total of 20 follow-on papers.
- External peer reviewers also identified an additional six studies for consideration and these went through the critical appraisal process.
- 19 experimental studies were included dealing with various aspects of management relevant to occupational health guidelines and their main findings are listed in Table I of the original guideline document.
- 12 non-experimental and narrative studies were included and their main conclusions are listed in Table II of the original guideline document.

NUMBER OF SOURCE DOCUMENTS

19 experimental studies and 12 non-experimental and narrative studies

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Royal College of General Practitioners (RCGP) Three Star System

*** Strong evidence – provided by generally consistent findings in multiple, high quality scientific studies.

** Moderate evidence – provided by generally consistent findings in fewer, smaller or lower quality scientific studies.

* Limited or contradictory evidence – provided by one scientific study or inconsistent findings in multiple scientific or narrative studies.

- No scientific evidence – based on theoretical considerations.

Revised Scottish Intercollegiate Guidelines Network (SIGN) Grading System: Levels of Evidence

1++ High quality meta analyses, systematic reviews of randomised controlled trials or randomised controlled trials with a very low risk of bias

1+ Well conducted meta analyses, systematic reviews of randomised controlled trials or randomised controlled trials with a low risk of bias

1- Meta analyses, systematic reviews of randomised controlled trials or randomised controlled trials with a high risk of bias

2++ High quality systematic reviews of case-control or cohort or studies. High quality case-control or cohort studies with a very low risk of confounding, bias, or chance and a high probability that the relationship is causal

2+ Well conducted case control or cohort studies with a low risk of confounding, bias, or chance and a moderate probability that the relationship is causal

2- Case control or cohort studies with a high risk of confounding, bias, or chance and a significant risk that the relationship is not causal

3 Non-analytic studies (e.g. case reports, case series)

4 Expert opinion

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Studies were critically appraised by the Research Working Group members and assessed for methodological quality, using a pro-forma adapted from that used by CASP (Critical Appraisal Skills Programme) for this review. (see Appendix D of the original guideline document).

The revised Scottish Intercollegiate Guidelines Network (SIGN) grading system (2000) was used to grade each identified paper. The strength of evidence for each statement was graded using the Royal College of General Practitioners (RCGP) three star system (1995) as modified in the Swedish Council on Technology Assessment in Health Care report for scientific studies and the British Occupational Health Research Foundation (BOHRF) Occupational Health Guidelines for the Management of Low Back Pain at Work.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definition of Common Mental Health Problems

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

Prevention of Common Mental Health Problems

- 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 at Work

- 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 demonstrates that, the most effective approach is brief (up to 8 weeks) of individual therapy, especially cognitive behavioural in nature (CBT).
- The research on CBT delivered via computer-aided software would ideally benefit from a corroborative study. This approach appears promising, although its effectiveness has currently only been demonstrated in the short term (i.e., at one month).
- A stronger effect is associated with employees in high-control jobs.

Recommendations for Practice

The recommendations for practice have emerged from the data pool that supports evidence of effective practice.

- The evidence supports the use of CBT in brief therapy sessions of up to 8 weeks with people already presenting with common mental health problems.
- 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.
- Early psychological interventions are effective for common mental health problems, delivered in the workplace, comprising 4-5 sessions of CBT to increase activity and coping skills for those off sick for two weeks (van der Klink et al., 2003)
- Interventions conducted by general practitioners (GPs) or occupational health (OH) Physicians or referred by them to psychologists or psychotherapists should be cognitive in nature.
- Supervisors should keep in touch with employees on mental ill health sickness absence at least once every two weeks (Nieuwenhuijsen et al., 2004)
- No intervention has effects that last forever; training programmes might be more effective at sustaining changes if they include booster and follow-up sessions (Reynolds et al., 1993)

Interventions worth Consideration

Although the evidence base did not strongly support these practices, the guideline Working Group members think that any are worthy of implementation and review if a workplace cannot implement the recommendations for practice.

- Other cognitive/educational approaches (sometimes described as directive or activating)
- Multi-modal interventions (especially via the Internet or other forms of facilitated self help) for employees identified or deemed to be at high risk
- Interventions to train and improve supervisory behaviour
- Selective use of case management with those at risk of long term absence
- Computer-aided CBT available in an amended 3-4 session format, to make it more acceptable to employees.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The evidence included 19 experimental studies dealing with various aspects of management relevant to occupational health guidelines (see Table I in the original guideline document for details) and 12 non-experimental and narrative studies (see Table II in the original guideline for details). The 19 experimental studies included randomized controlled trials, quasi-randomized controlled studies, controlled intervention studies, systematic literature reviews, and a meta-analysis.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate use of workplace interventions for people with common mental health problems to:

- Prevent or limit mental ill health in the workplace
- Minimise sickness absence and enable workers who experience mental ill health to remain in work, restored to full productivity

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The studies that have informed this review had various limitations across a range of criteria. (See the section titled "Limitations in the Evidence" in the original guideline document for details.)

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Quick Reference Guides/Physician Guides

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness
Timeliness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Seymour L, Grove B. Workplace interventions for people with common mental health problems: evidence review and recommendations. London (UK): British Occupational Health Research Foundation (BOHRF); 2005 Sep. 96 p. [83 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005 Sep

GUIDELINE DEVELOPER(S)

British Occupational Health Research Foundation - Private Nonprofit Organization

SOURCE(S) OF FUNDING

British Occupational Health Research Foundation

GUIDELINE COMMITTEE

The Research Working Group

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Conflicts of interest were formally reviewed in respect of all members of the research working group. No conflicts of interest were found.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the British Occupational Health Research Foundation Web site.

Print copies: Available from the British Occupational Health Research Foundation, 6 St. Andrew's Place, Regent's Park, London NW1 4LB

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Systematic review of workplace interventions for people with common mental health problems: a summary for health professionals. Available from the British Occupational Health Research Foundation Web site.
- Workplace interventions for people with common mental health problems: a summary for employers and employees. Available from the British Occupational Health Research Foundation Web site.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on May 7, 2007. The information was verified by the guideline developer on May 23, 2007.

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