



Individual approach of mental health problems at work

Seventh EASOM Summer School

Teaching Management of Mental Health Problems

Zaragoza

Prof. dr. Jac J.L. van der Klink
NSPOH / University Medical Center Groningen

umcg

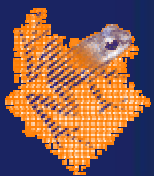
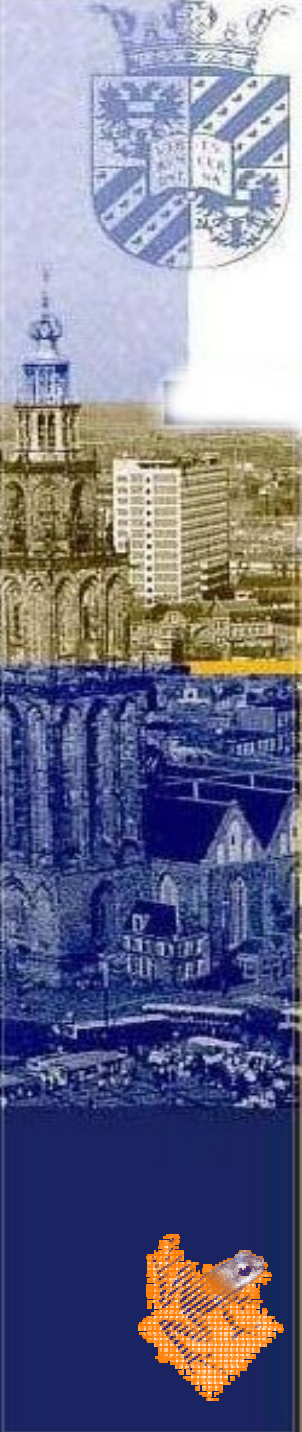
September 6th 2007





Outline of presentation

- Context of mental health at work
- Evidence: limited but hopeful
- Good practice: the Dutch guideline as example
- Example of a training course
- Recent developments

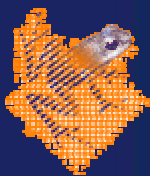
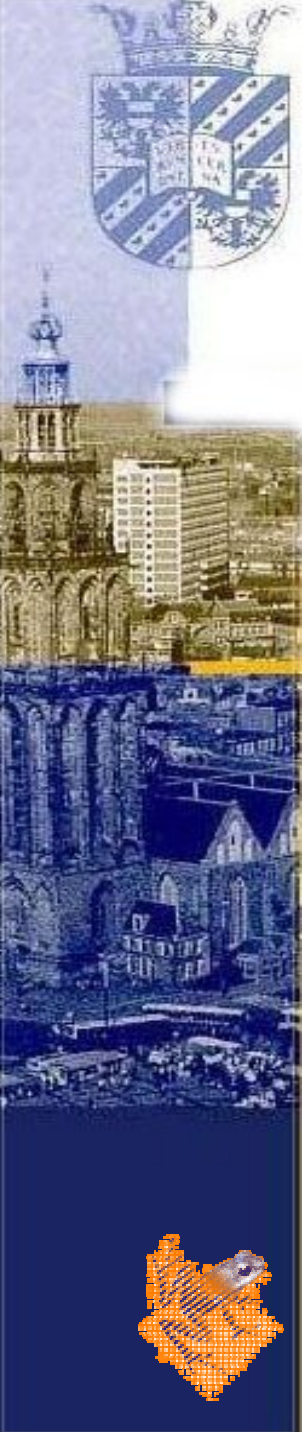




What is the basis for occupational mental health?

- Work related mental diseases (caused by or influenced by work)
- The prevalence of mental diseases and their impact on work
- Interventions that are effective from a curative perspective are not automatically effective on work outcomes
- Work factors can influence the effectiveness of an intervention

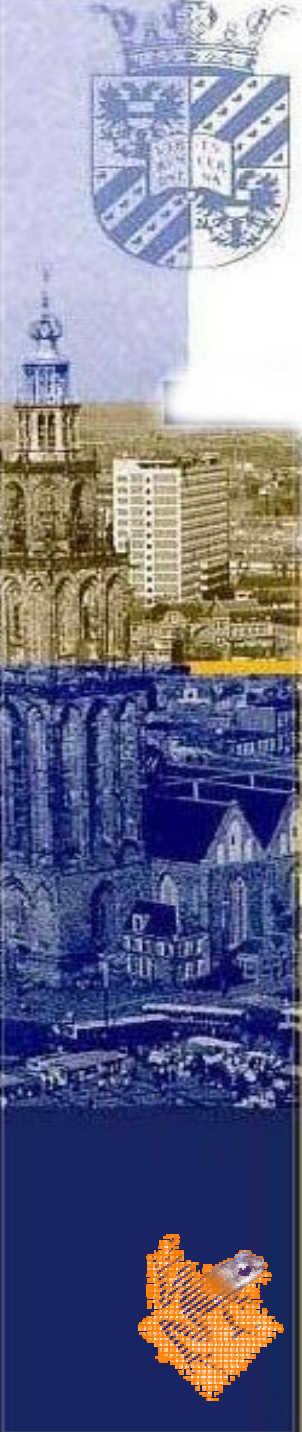
umcg





The context of occupational mental health

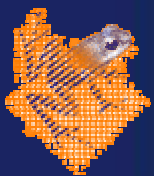
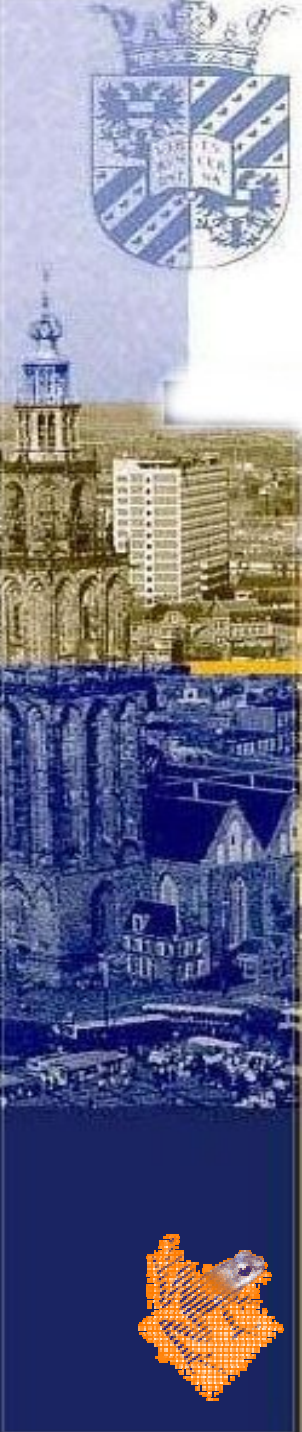
- Changing concepts of work and health and a changing view on their relationship





Developments in the views on work and health

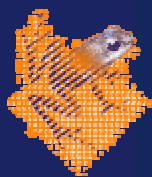
- The view on health encompasses increasingly the aspect of functioning
- The concept of work develops from health threat to health opportunity





WHO definition of health

“ Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

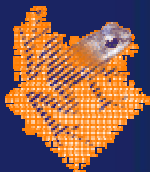
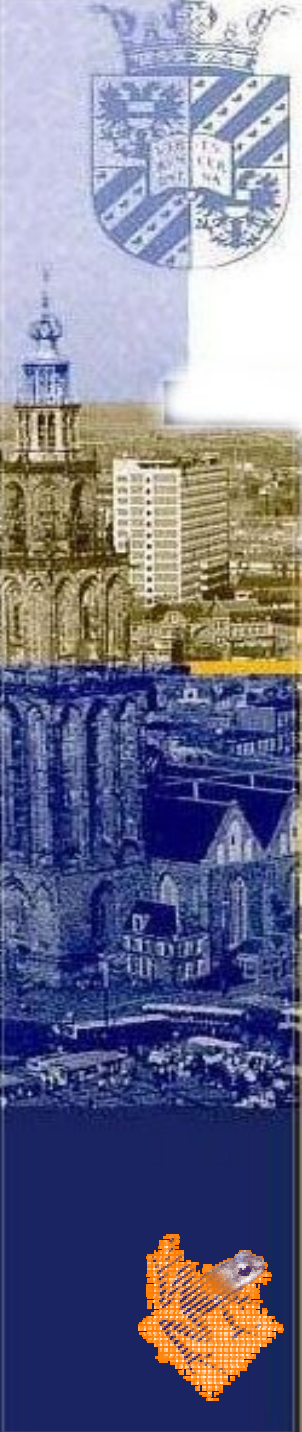




Developments in Work

- From industrial economy to service economy
- From 'labor' to 'opus'
- Changing relation between employer and employee
- From physical workload to psychosocial
- More decision latitude and more responsibility
- Happy but at the brim of overstrain

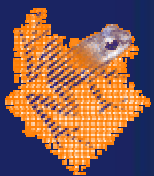
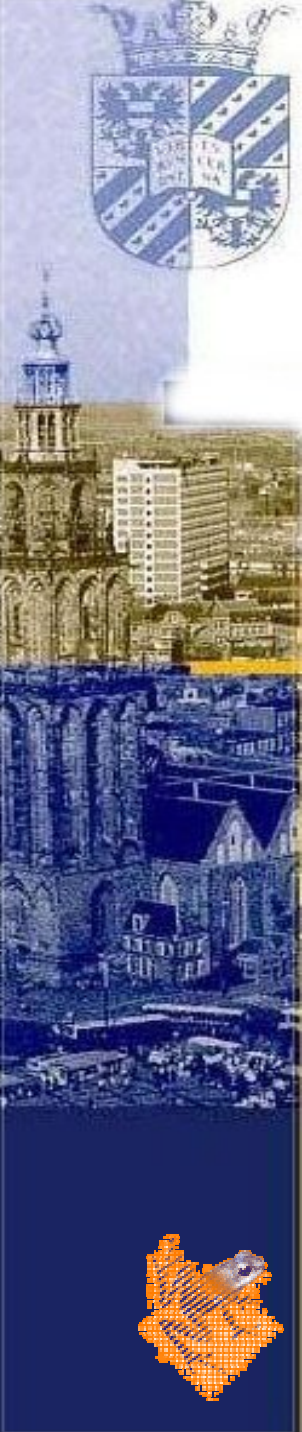
umcg





Changing view of employee on (occupational) health care

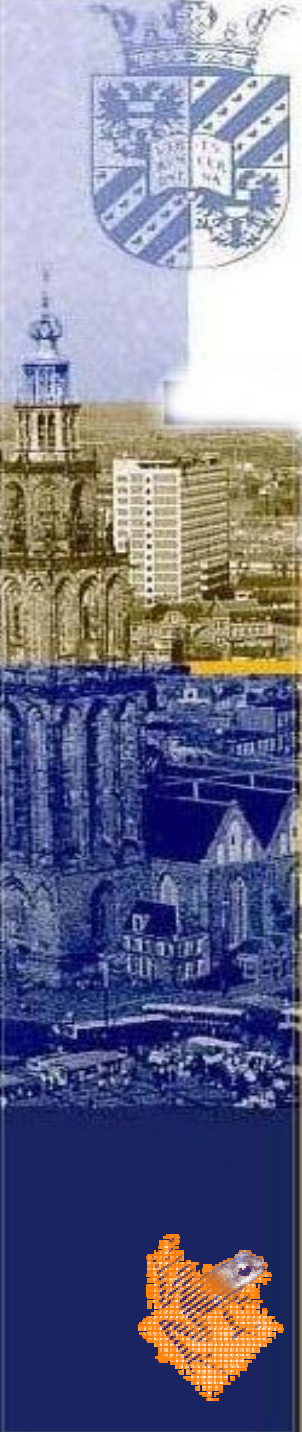
- From: protection against hazardous aspects of work
- Towards: coping with psycho-mental work load





Double focus of health care

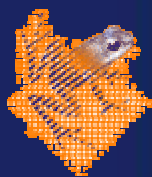
- reduction of symptoms (curative/clinical care)
- preserving or restoring functioning (occupational health)





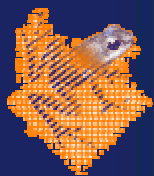
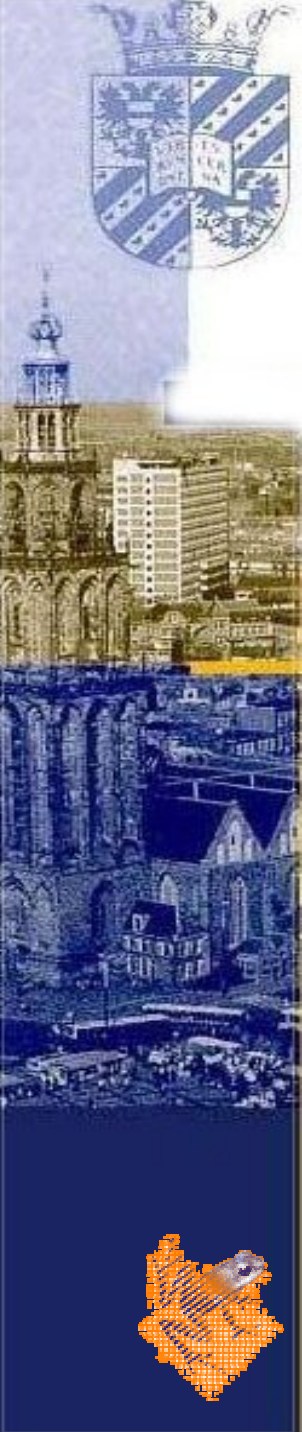
Relation between the two focus

- Be aware of the 'logical' sequence: treat symptoms first and than functioning
- Reduction of symptoms is not conditional for work resumption but work resumption is conditional for symptom reduction



Common mental disorders

- Still relatively little intervention studies with work outcomes in the field of common mental disorders





Example: depression

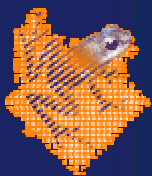
- Depression as MeSH term in PubMed: ca. 100000 hits
- Intervention studies (depression): 5500 hits
- Evaluation on work outcomes: 12 hits (review by Nieuwenhuijsen et al.)





Limited evidence

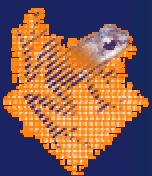
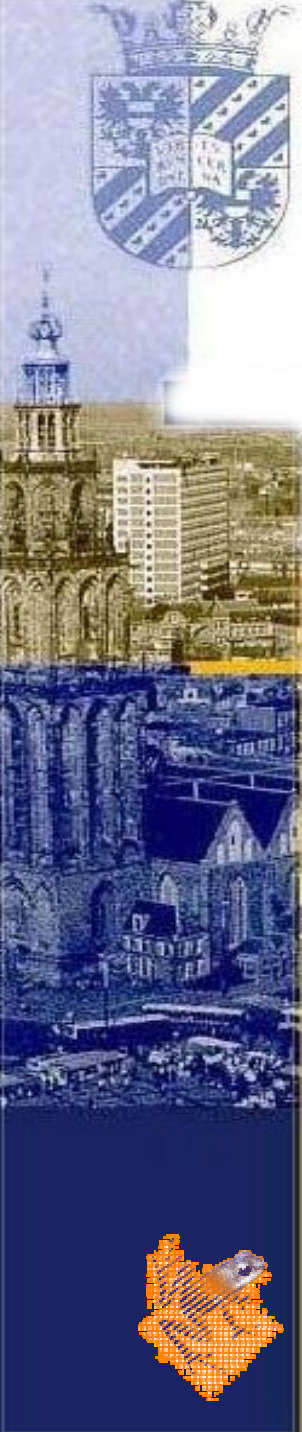
- Anxiety disorders: 7 studies (review by Noordik et al.)
- Stressrelated disorders: 7 studies (review by Bruinvels et al)
- Stressmanagement interventions: 3 studies (meta-analysis by Van der Klink et al.)





What instruments do we have in the individual approach of occupational mental health?

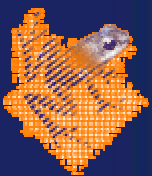
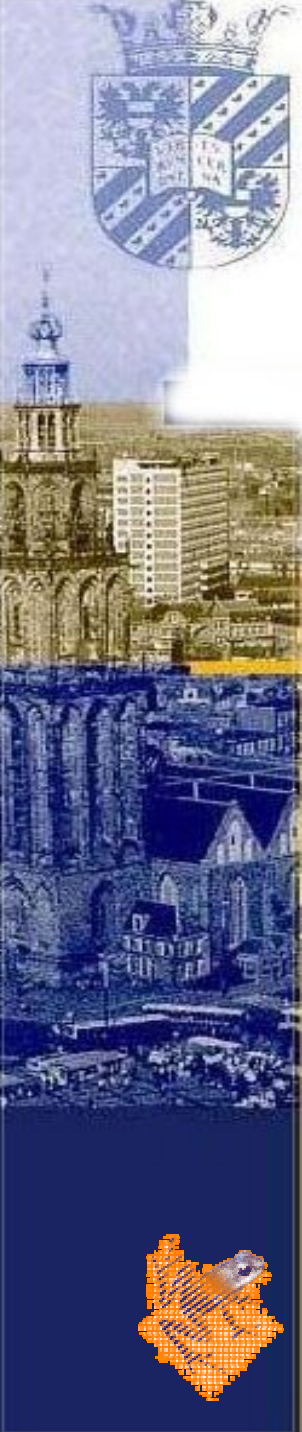
- Preventive interventions: stress / health management
- Stay at work interventions
- Return to work interventions





Relevant and specific outcomes in occupational mental health

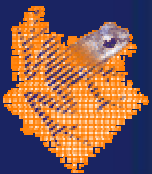
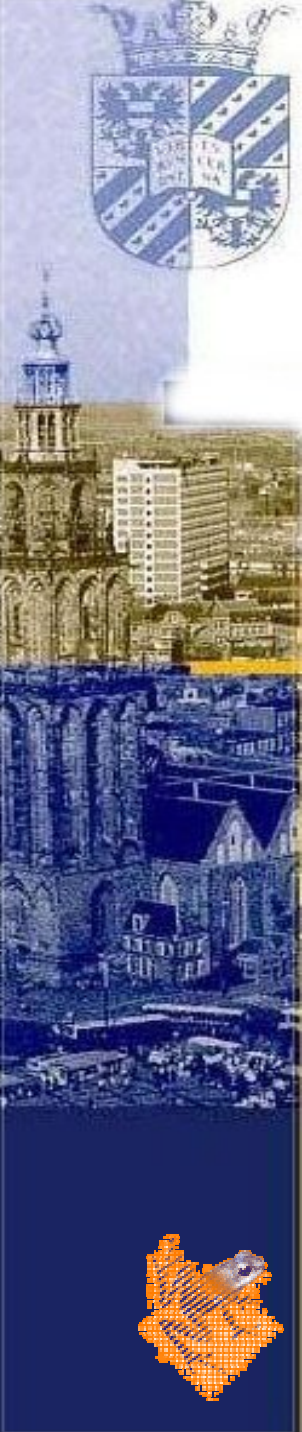
- Return to work (related to absenteeism)
- Performance at work (related to presenteeism)
- Employee well being at work





Guideline for Mental Health Problems

- An example of good practice



Guidelines for return to work / stay at work interventions

- Professional guidelines for OP performance since 1999 by the Netherlands Society of Occupational Medicine (NVAB)
- Guideline for Mental Health Problems is 2000
- Revision in 2007





Guidelines for return to work / stay at work interventions

■ Procedure

- Working group of OP's selected from candidates
- Literature searches for scientific evidence
- Analysis of best practices
- Recommendations based on evidence, best practice or consensus
- Review by experts and practicing professionals
- Feasibility test among practicing professionals

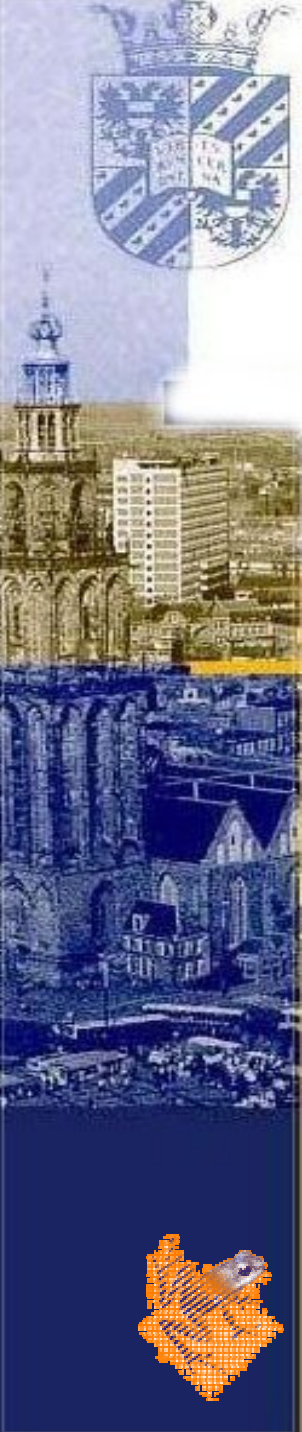
umcg ■ Authorisation by special committee of the NVAB





Guideline for Mental Health Problems

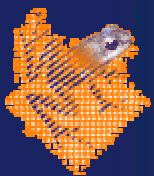
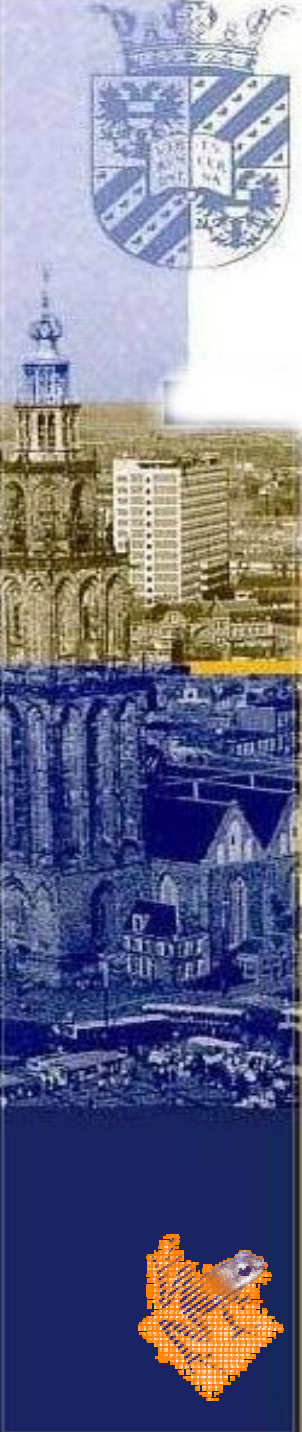
- 2000 edition
 - Mainly based on good practice and consensus
 - Submitted articles
- 2007 edition
 - More scientific evidence
 - 7 studies on adjustment disorders
 - 7 studies on anxiety disorders
 - 12 studies on depressive disorders





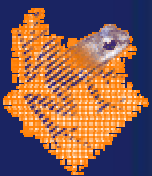
Three roles according to Dutch guideline for mental health problems

- Process monitoring
- Counselling the individual
- Coaching the work system / supervisor



The core of mental health problems

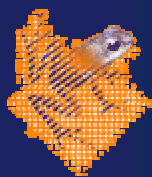
- Problem:
loss of control over de interaction
with de social environment
- Solution:
restoring control over the interaction





Process: core aspects of the guideline

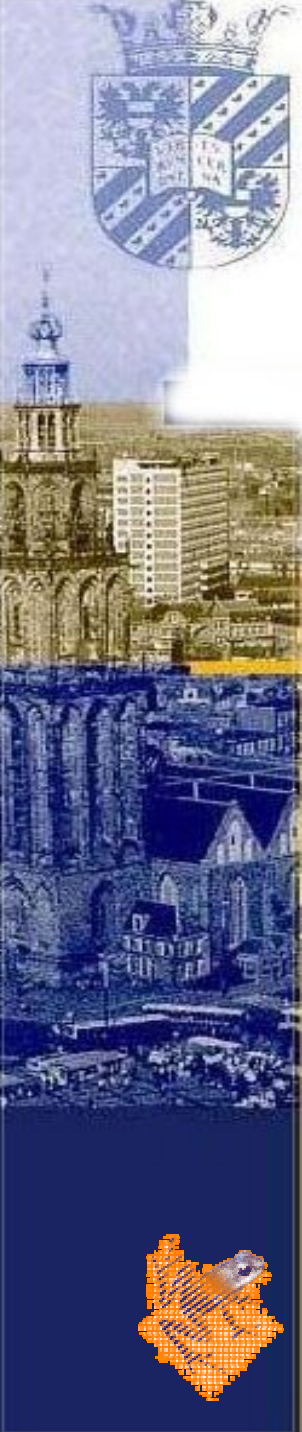
- the process of recovery is essentially a process of regaining control
- this counts for the employee but also for the work system
- in this process several phases can be identified





Phases in the process of problem solving

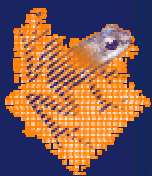
- Insight / acceptance
- Inventarisation of problems and finding strategies to cope with them (active or passive)
- Implementation of problem solving strategies in every day working life





‘Rehabilitation tasks’ for the patient

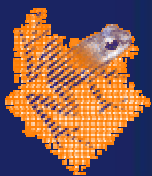
- Tasks :
- Understanding
- Acceptation, motivation for change
- Structure: activation and relaxation
- Orientation on problems
- Orientatie on solutions
- Orientatie on application





‘Rehabilitation tasks’ for the work system

- Tasks :
- Understanding
- Acceptation, motivation for change
- Structure: work adjustments
- Orientation on problems
- Orientatie on solutions
- Orientatie on application





How can we recognise stagnation?

- **At 3 weeks**

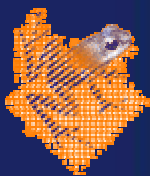
there should be an orientation on problems

- **At 6 weeks**

there should be an orientation on problem solving

- **9 to 12 weeks**

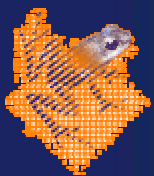
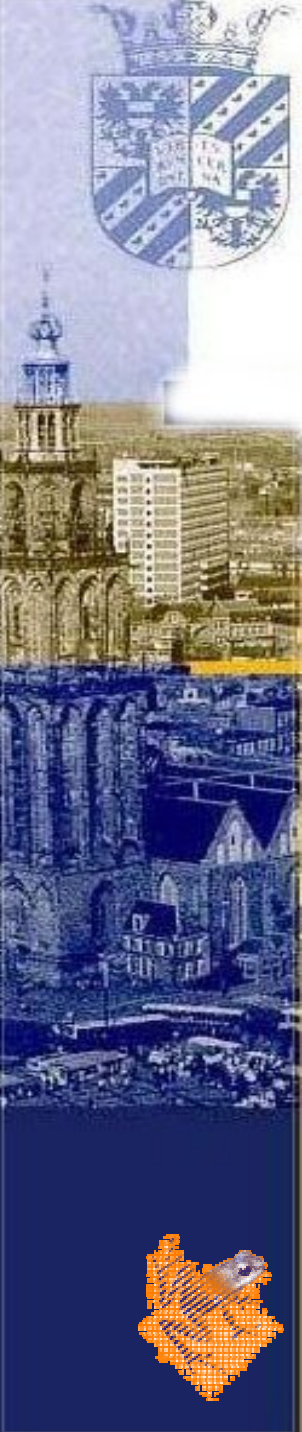
there should be an orientation on application





Process approach: strategy in case of stagnation

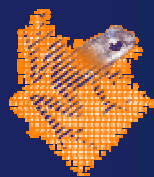
- Re-orientation on problem-orientation, diagnosis or interventions (process evaluation)
- Has sufficiently been dealt with tasks of former phases
- What is the role of the social environment





Effectiveness of focus (roles according to Dutch guidelines)

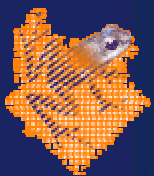
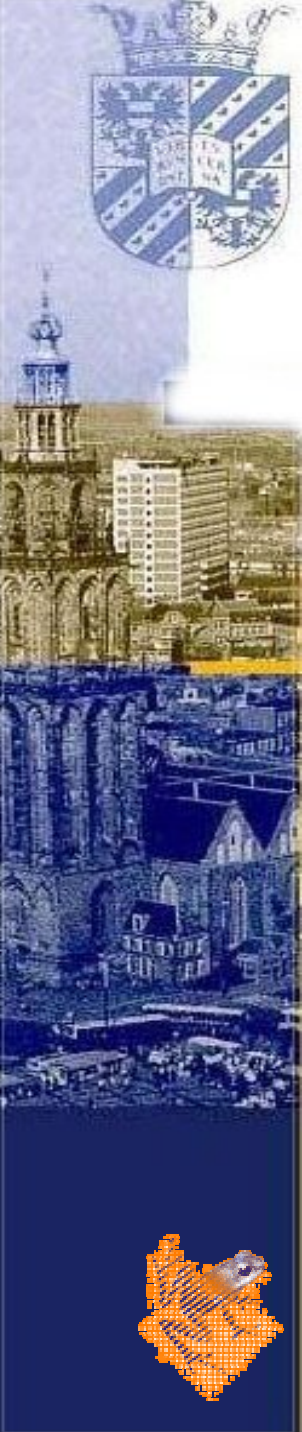
- Combination of roles appears to be effective (Van der Klink, 2003; Blonk, 2003; Van Nieuwenhuijsen, 2003)
- Just symptom orientated treatment (CBT) not noteworthy effective (Nystuen, 2003; Grime, 2004; Huibers, 2004)
- Supervisor orientated programmes promising (Kawakami, 2006; Tsutsumi, 2005; Anema, 2003)





Example of a training course based on the guideline

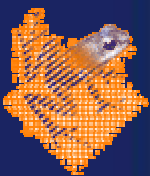
- 1200 professionals of the biggest OHS (ArboUnie) were trained
- Train-the-trainer program for 10 trainers
- Three days training for all professionals





Training Program

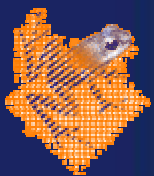
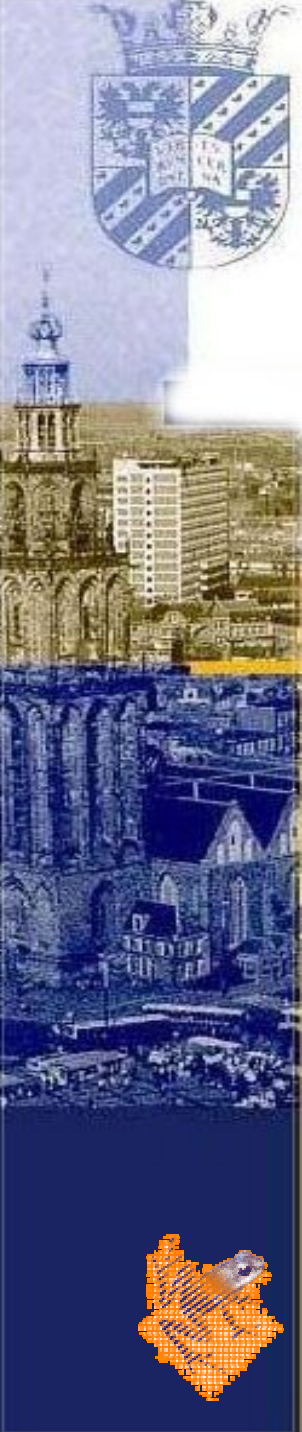
- Day 1: monitoring the process (process diagnostics, diagnostics)
- Day 2: the guideline in practice (problem solving interventions, evaluation, relapse prevention)
- Day 3: basic cognitive-behavioural interventions





Training characteristics

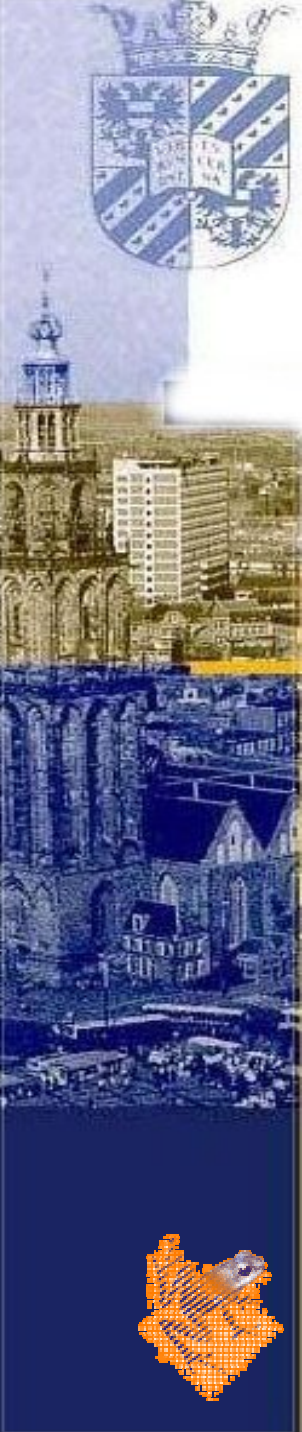
- A lot of practicing during training days
- Homework assignments between training days
- Personal implementation plan





Model shift

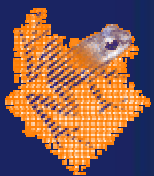
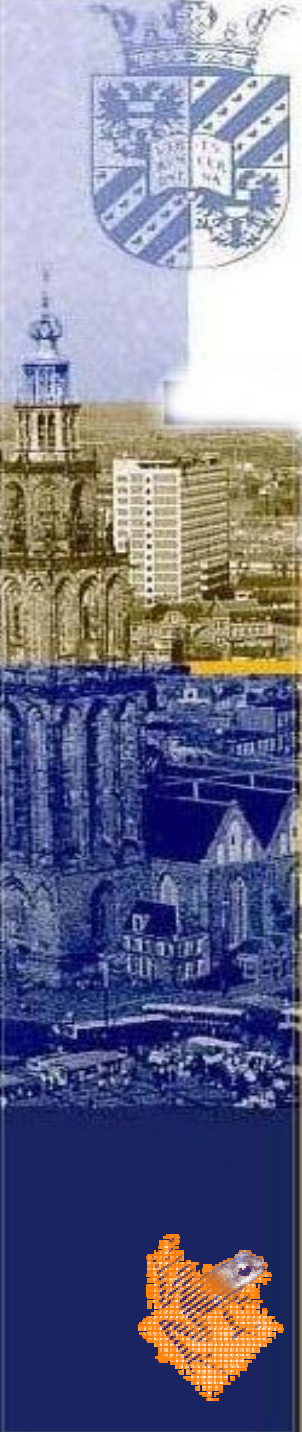
- From 'train-then-place' to 'place-then-train'
- 'It is in the water that you learn to swim'





Increasing evidence

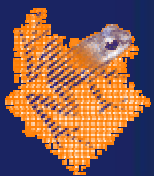
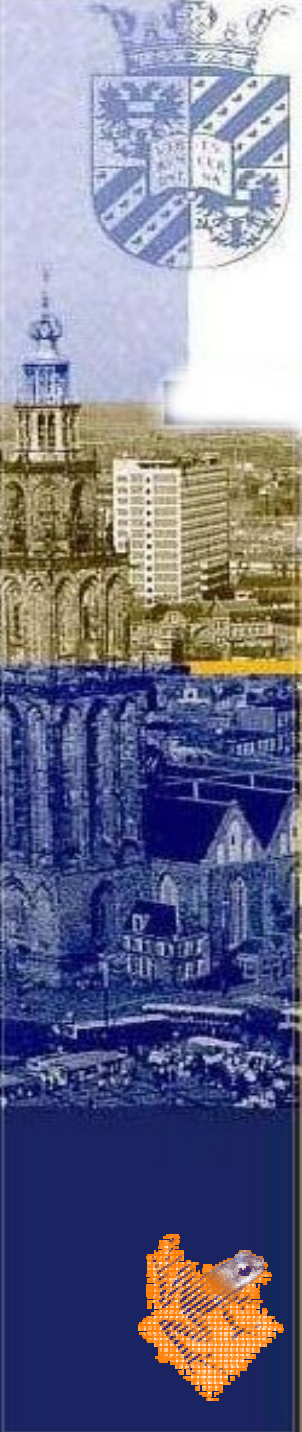
- Individual Placement and Support (IPS) and Supported Employment (SE) research in de US (Drake, Bond, meta-analysis by Twamley)
- Research on depression in The Netherlands (Schene e.a.)





Place-then-train: de contextual dimension is essential

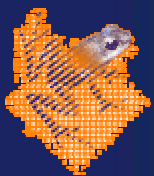
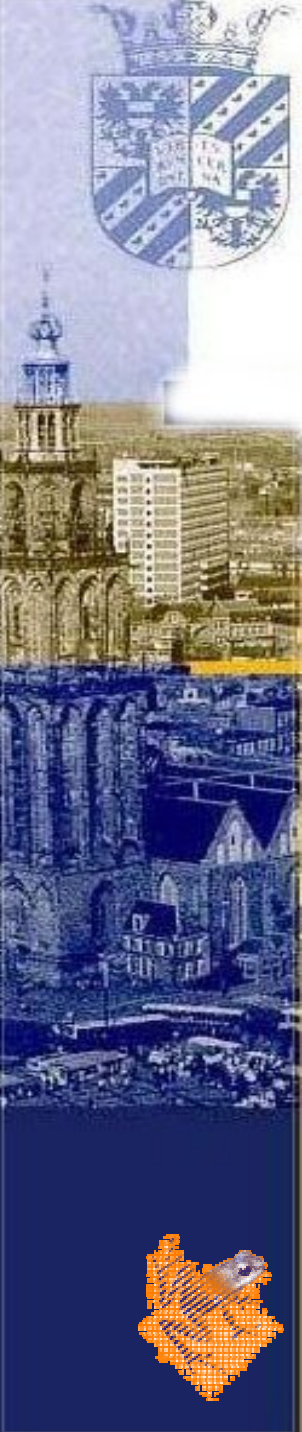
- When the focus changes from symptoms to functioning than health, prevention and curation become contextual conceptions





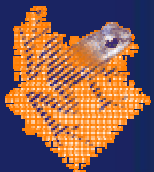
The contextual dimension: the strength of occupational (mental) health care

- Problem solving with respect to health problems, either preventive or curative, is closely related to the context where the problems are experienced.





Thank you for your
attention



umcg