

Looking beyond return to work: towards sustainable work functioning

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Outline today...

- Mental health and Work
- Complex Context
- Sustainability; challenge
- Work functioning; new outcome
- Integrated framework
- Life course perspective



Mental health and Work

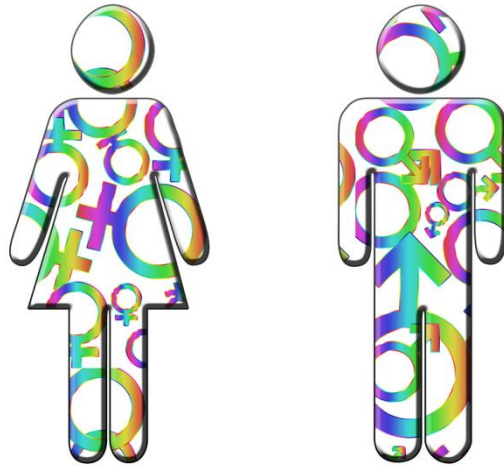


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Not all mental health problems are the same



mild

moderate

severe



distress, adjustment disorders

depressive symptoms, depressive & anxiety disorder

Mental health problems at work

- Impact on labor market participation
- Sickness absence & work disability
 - In northern EU, 1 in every 3 new work disability benefit recipients disabled for work due to mental health problems

➔ ***High cost implications: sickness absence, work disability benefits & at-work productivity loss***

OECD, 2015; OECD, 2014

Strong need for ...

- Facilitation of sustainable return to work (RTW)
- Relapse prevention
- Improvement of work functioning
- Better knowledge of the context and the life course

 ***IMPORTANT: convergence on different levels!***

Complex context



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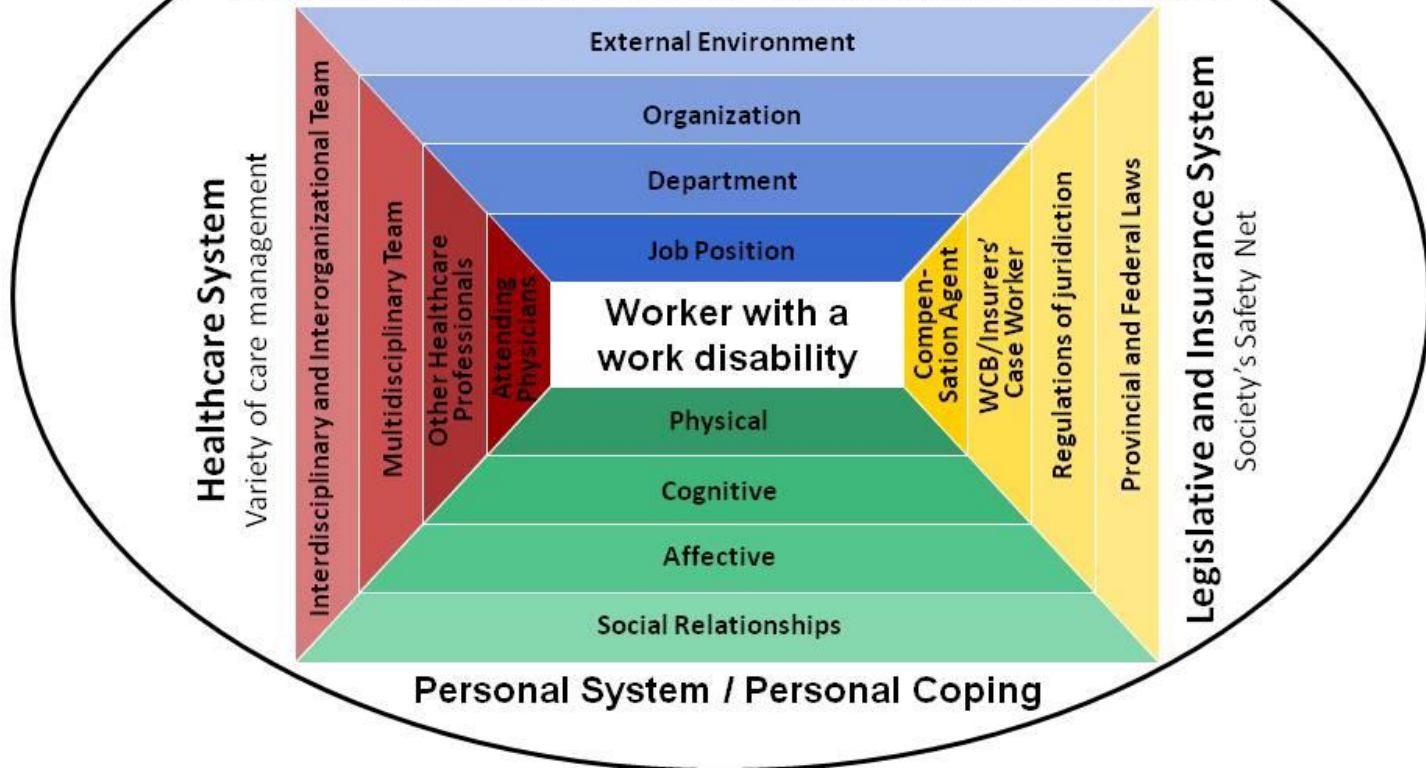
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Overall Societal Context

Culture and politics

Workplace System

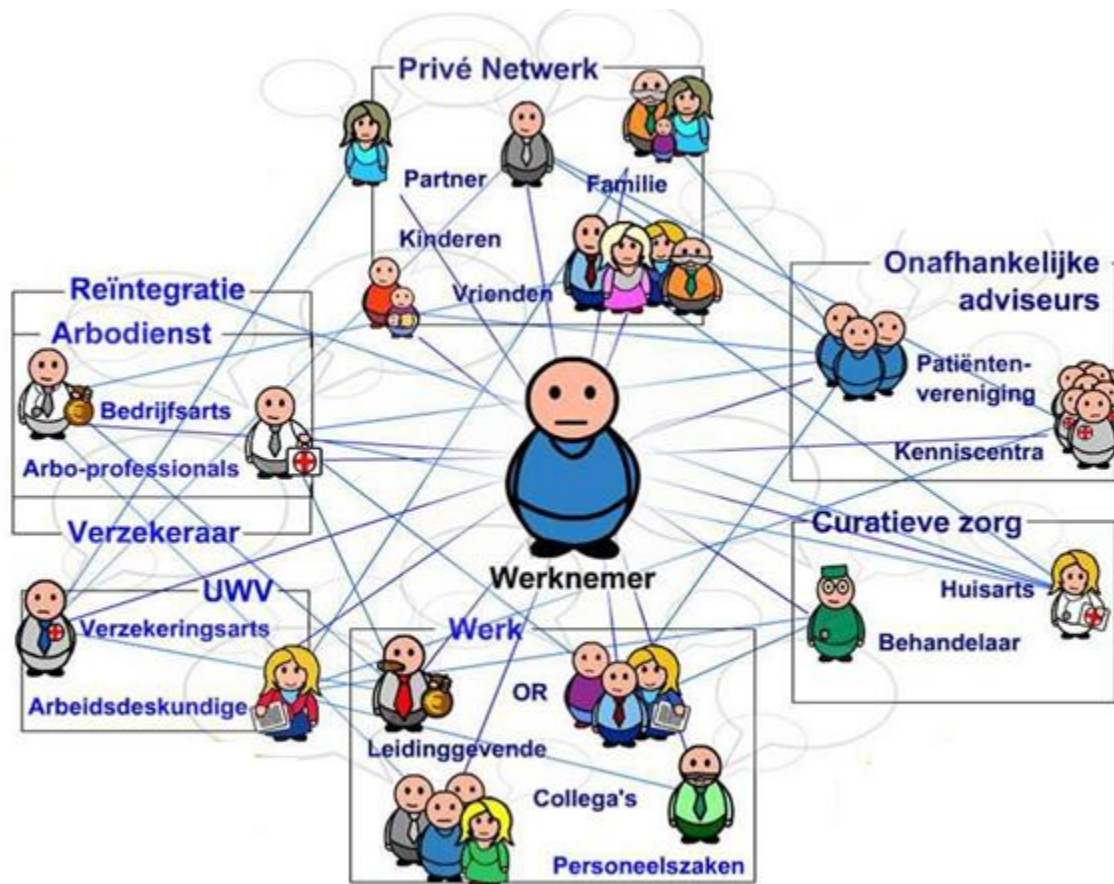
Work relatedness, employees assistance plans, workplace accommodation



(Loisel et al, J Occup Rehabil, 2005)



Return to work = Complex



Challenges for sustainable RTW

MEASURES & INTERVENTIONS

- System(s) shapes the context
- Integration of system(s) / stakeholders
- Life course perspective



Communication & Collaboration

Social security system



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The Dutch Social Insurance System



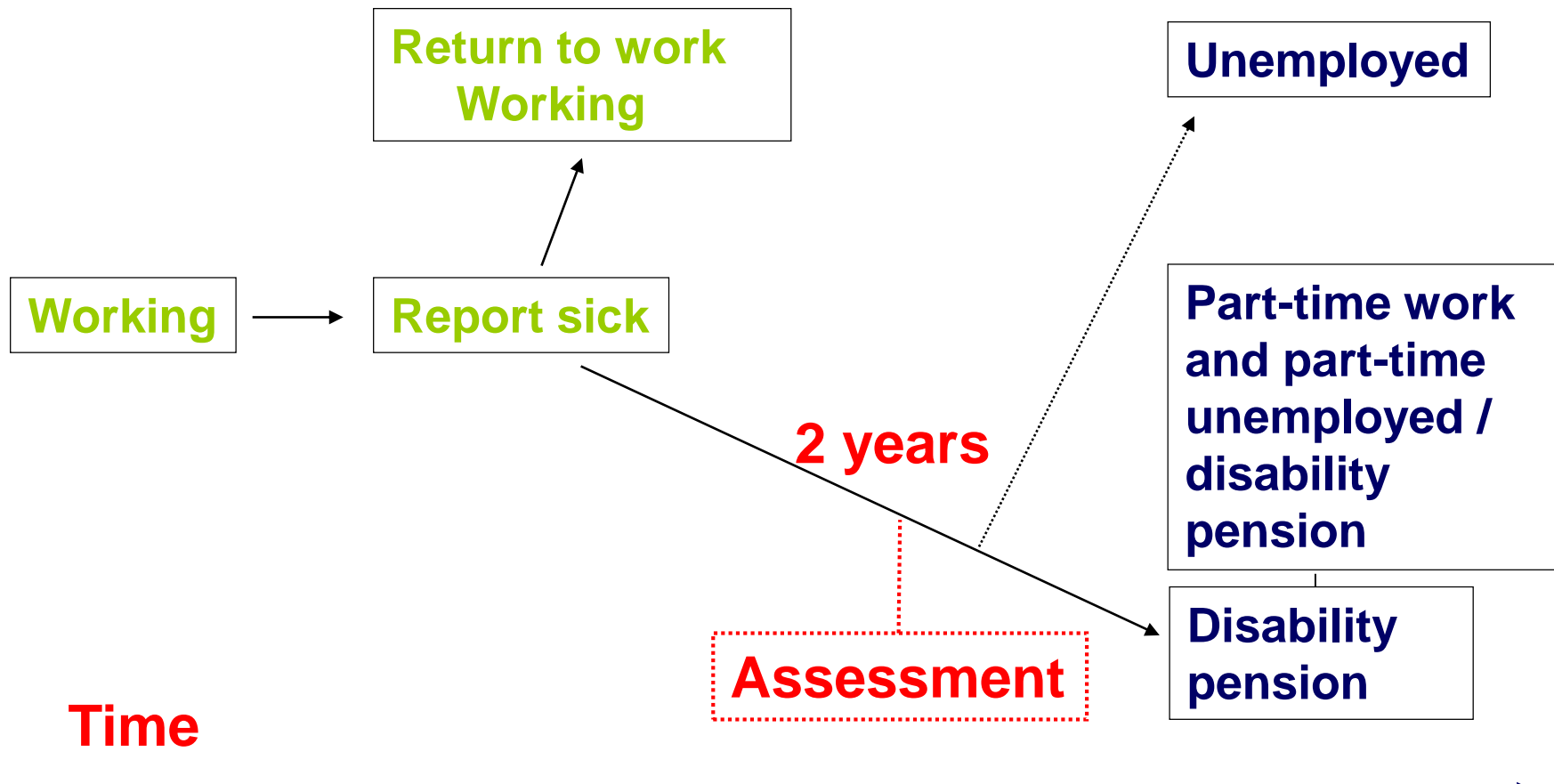
The Dutch Social Insurance System



Social security system

Occupational Health Care

Social Insurance



Legislation

- **Sickness absence management (2002)**
- Employer and Occupational Physician (OP) as **gatekeepers** for entrance in social insurance arrangements
- Responsibilities for employer **AND** employee
- Checked by Social Insurance Institute

*Gatekeeper Improvement Act, 2002

Guidelines

- **Dutch Association of Occupational Medicine**
- Mental health problems - employee guidance
 - Place then train
 - Activation
 - Gradual RTW

2000; 2007, revision expected in summer 2018

How to sustain RTW in workers with mental health problems?



What is “successful” RTW?

- Perspectives of **key stakeholders** regarding definition of successful RTW after sickness absence related to CMD
- Occupational physicians, supervisors, employees
- Focus groups & interviews (N=57); Questionnaires (N=178)
- Considerable **differences** among stakeholders

Hees et al., 2012

Key stakeholder perspectives

- **Employees**
 - Sustainability
 - Job satisfaction
 - Work-home balance
 - Mental functioning
- **Occupational physicians, supervisors**
 - Sustainability
 - At-work functioning

 Current RTW outcomes **may not adequately** reflect key stakeholder perspectives!

Hees et al., 2012

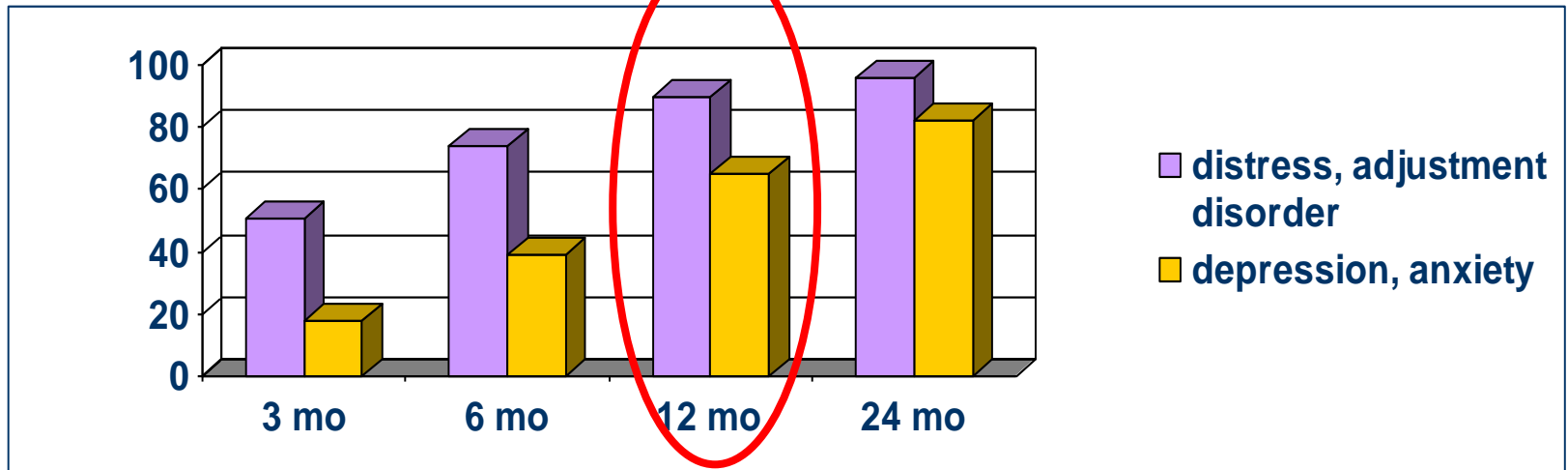


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Return to work



Note: Full RTW = resuming work with equal earnings

- Data: Occupational Health Service (OHS), approx. 1 million workers
- N=40,762 medically certified sickness absence episodes of ≥ 3 weeks

■ N=33,317 episodes, median time to RTW = **90 days**
■ N=7,445 episodes, median time to RTW = **251 days**

Roelen et al., 2012

Recurrences of sickness absence

Little is known about recurrence of sickness absence due to common mental disorders (CMD)

Of 9,904 employees with first absence due to CMD's, **19%** experienced a recurrence of sickness absence due to CMD's after RTW

Median time until recurrence **8 to 11** months

Koopmans et al., 2010

Recurrences of sickness absence

10-year follow-up study among 8164 production and 6205 office workers

Median time until recurrence **9.5 – 17.3** months
(mood disorders – neurotic disorders)

Workers aged > 55 years at increased risk for recurrence within 12 months

Norder et al., 2014

Long-term follow-up

5-year follow-up study of 6678 male production workers after RTW from mental sickness absence (SA)

N=552 experienced mental SA and RTW, of which **18% left employment** (9% without mental SA)

Norder et al., 2016

Long-term follow-up

In the first year after mental SA, workers left employment on their own request; in later years they were dismissed because of poor functioning.

Workers with mental SA **more often** reduced work hours/week (RR 2.93, 1.83-4.03).

➔ More attention after RTW, monitoring of work functioning, and support to stay at work.

Norder et al., 2016

Sustainability challenge



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Sustainability is our challenge!

- What needs to be done to sustain RTW for workers with MHP's?

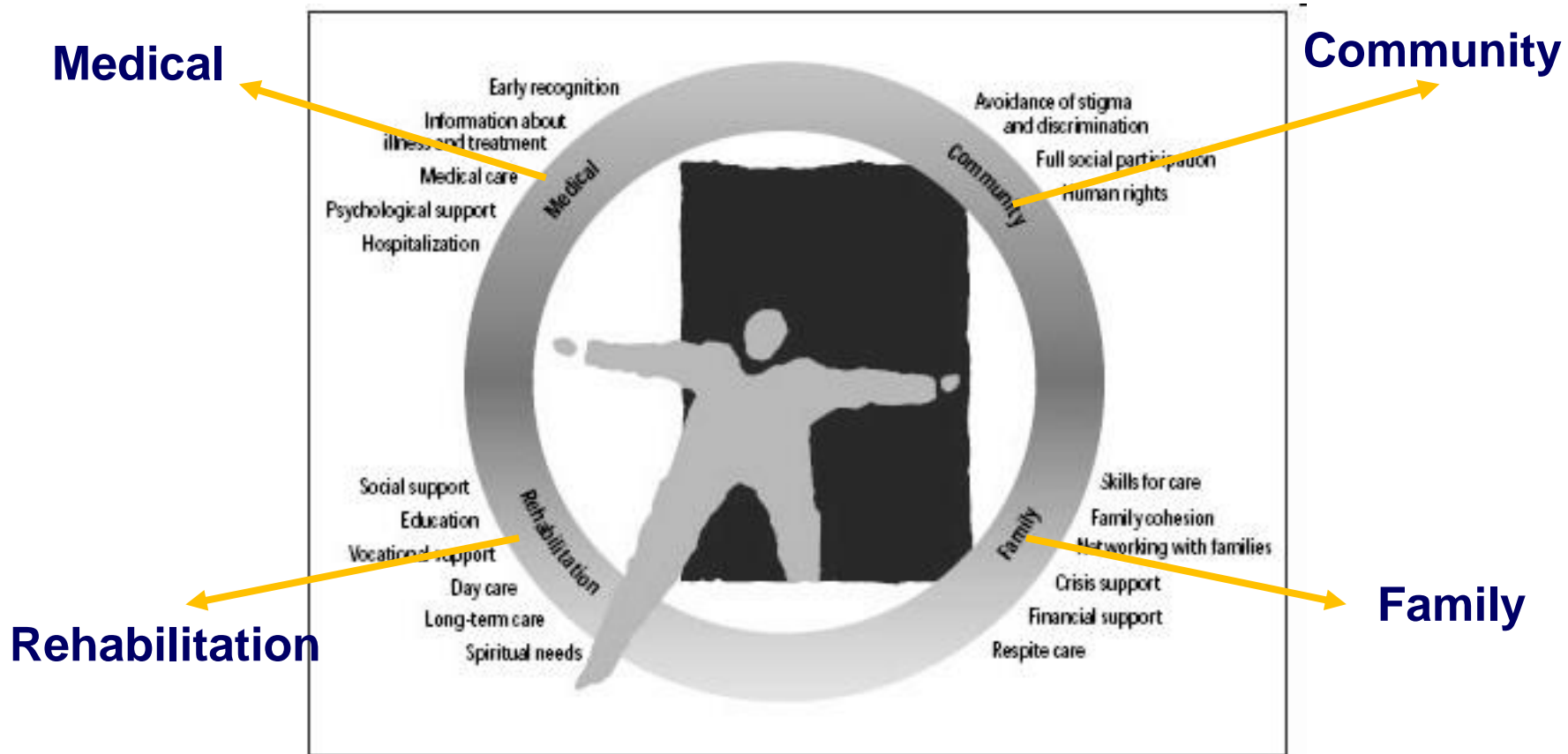
Reducing
recurrences

Improving
functioning at work

?

Work & Workplace? Social relationships?
Health care system? Social security system?

Needs of people with mental health problems



WHO report 2001 Mental Health: new understanding, new hope

“Workplace” in interventions



stigma & discrimination
work problems
work accommodations
workplace support
supervisor involvement
functioning at work

context for
sustainable RTW?

“SHARP-at work” intervention

- Aim
 - sustained RTW, relapse prevention in employees who have returned to work
- Intervention
 - extension of ***Dutch OP guideline for managing mental health problems***
 - **focus:** active guidance of workers by OP (application of skills at work)
 - **specific attention:** work problems + supervisor involvement



Arends et al., 2010, 2012, 2013, 2014

Incidence of recurrent sickness absence

	0-3 months		3-6 months		6-12 months	
	yes	no	yes	no	yes	no
SHARP	11%	89%	21%	79%	34%	66%
<small>N=80</small>		<small>N=75</small>		<small>N=72</small>		<small>N=71</small>
CAU	22%	78%	39%	61%	47%	53%
<small>N=78</small>		<small>N=76</small>		<small>N=74</small>		<small>N=74</small>

OR = 0.40, 95% CI 0.20 - 0.81

(adjusted for age, sex, educational level, baseline sickness absence days, mental health complaints)

Arends et al., 2014 a

Time to recurrent sickness absence

Median (IQR):

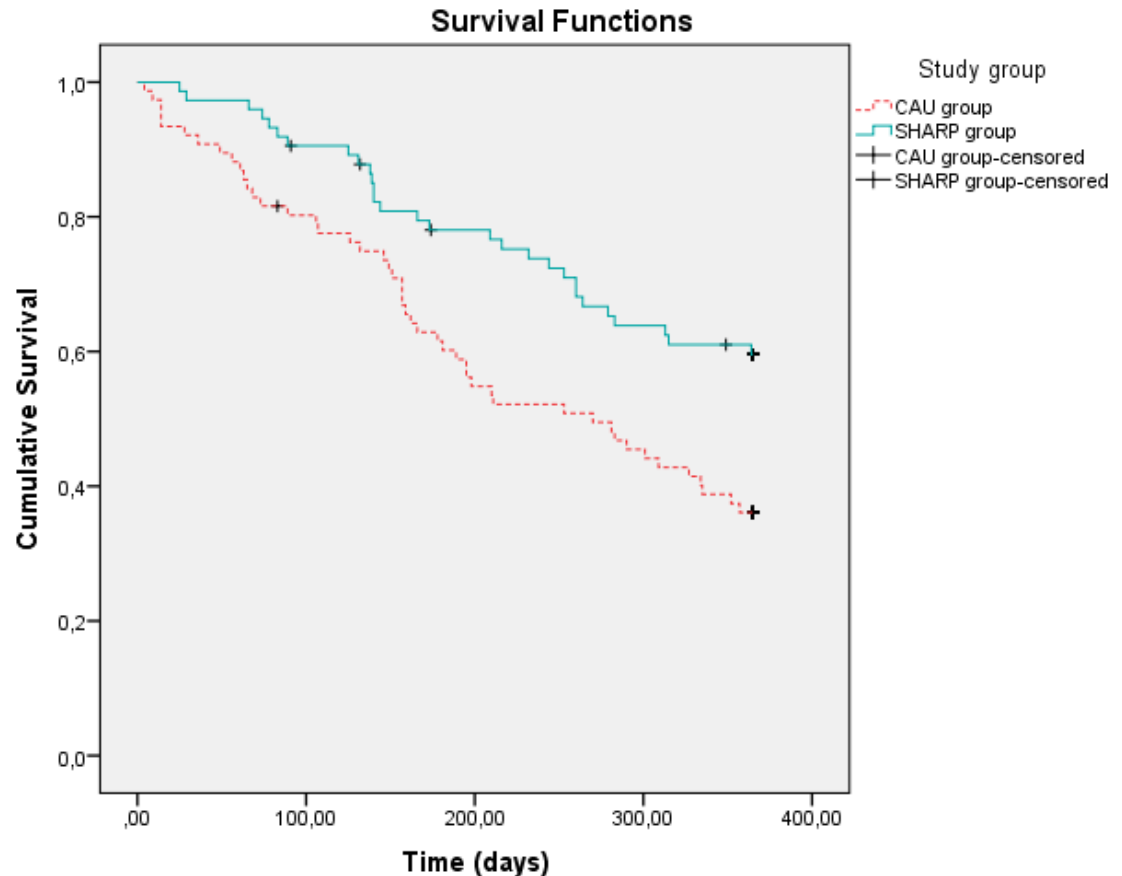
SHARP:
365 (174-365)

CAU:
253 (117-365)

adjusted HR = 0.53
(95% CI 0.33 - 0.86)



Continuous attention!



Arends et al., 2014 a

Work Functioning



Work functioning after RTW

- Several studies examined the effects of return to work (RTW) interventions
- Yet, little is known about **health-related functioning at work** in the **post RTW phase**
- New – updated - outcome measure

 **Work Role Functioning Questionnaire 2.0**

Work Role Functioning Questionnaire 2.0

YOUR WORK AND HEALTH

These questions ask you to rate the **amount of work time** during the **past four weeks** that you had difficulty handling certain parts of your job.

It concerns the hours you worked in the past four weeks.

Mark the “Does Not Apply to My Job” box only if the question describes something that is not part of your job.

In the past 4 weeks, how much of the work time did your physical health or emotional problems make it difficult for you to do the following??

I found it difficult to ...	All of the Time (100%)	Most of the Time	Half of the Time (50%)	Some of the Time	None of the Time (0%)	Does Not Apply to My Job
1. get going easily at the beginning of the workday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. start on my job as soon as I arrived at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Abma et al., 2017, 2013, 2012

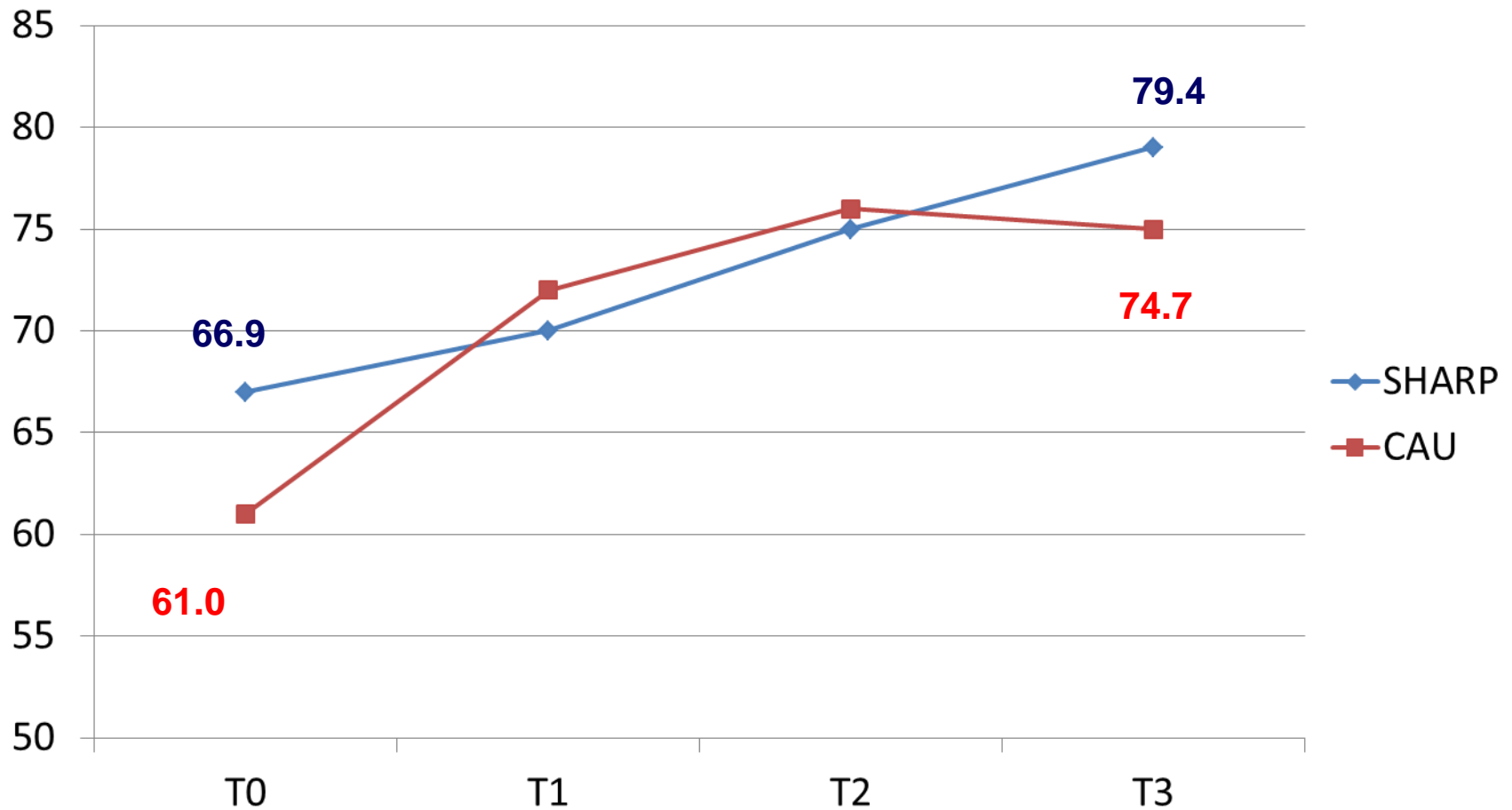
What do we need to know?

- How do workers who returned to work after sickness absence due to CMDs **function at work?**

Why do we need to know this?

- To prioritize and target efforts of (occupational) **health care professionals** and the **workplace** to assist and support workers after RTW.

Work functioning after RTW

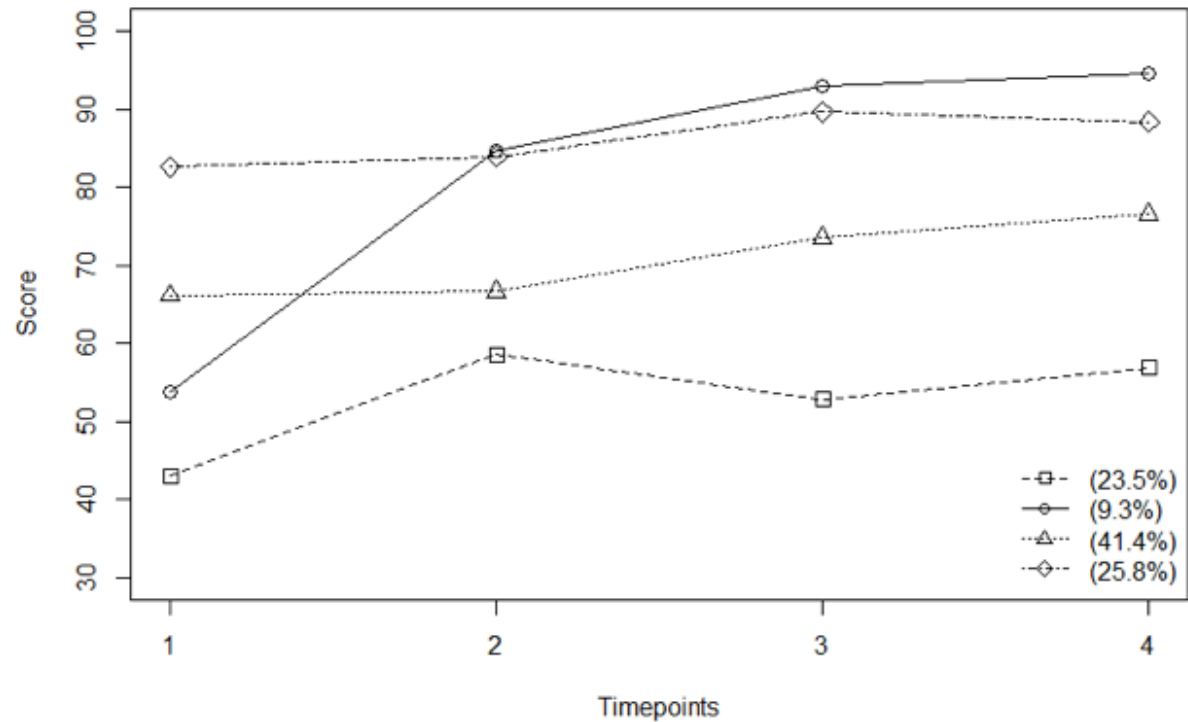


Arends et al., OEM 2014

Conclusions

- Both groups had **low scores** on work functioning at baseline, but **improved** during 1-year follow-up
- Despite improvement over time, work functioning is **rather low** compared to the healthy population and other populations, e.g., cancer patients.

Work functioning patterns



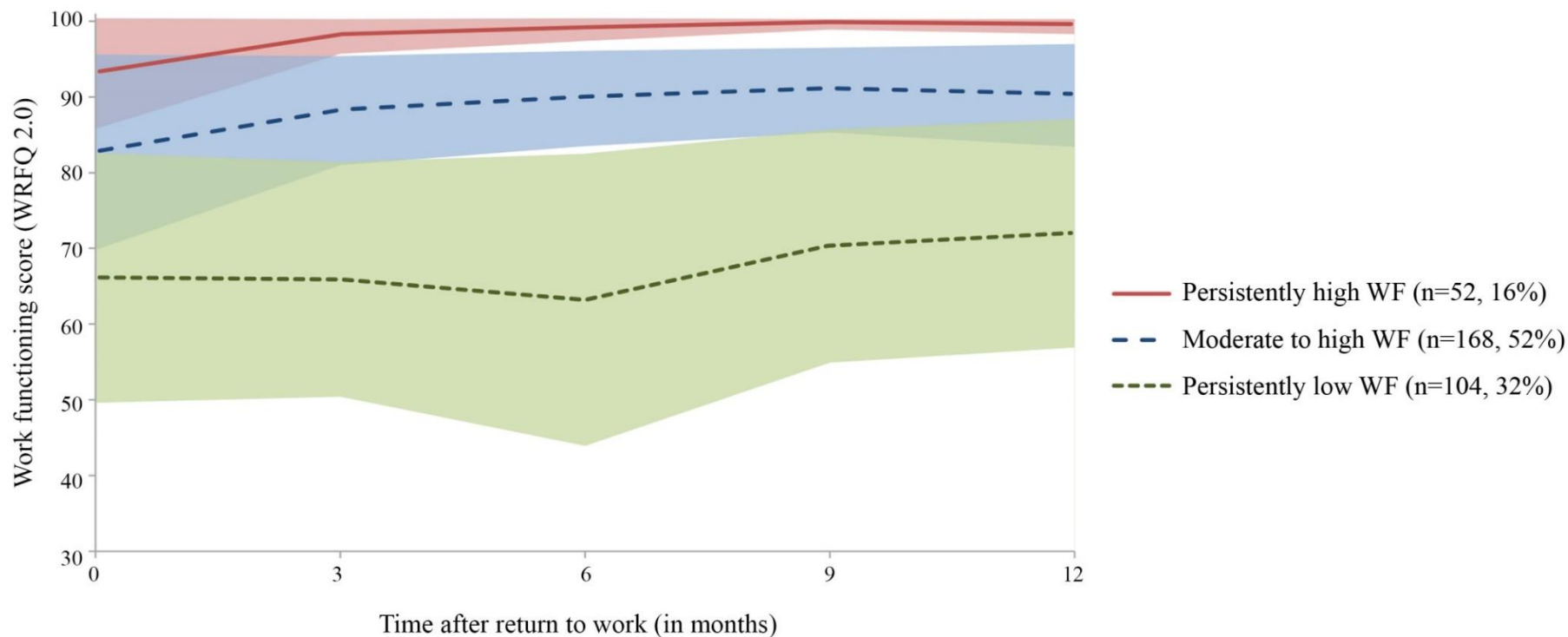
Ubalde-Lopez et al., JOR, 2017

Work functioning and multimorbidity

- Four work functioning trajectories were identified:
 - ‘Increasing’ (12%), stable with low (23%), medium (41%) and high (25%) work functioning scores
- Multimorbidity did not predict membership in any trajectory
- Over time, multimorbidity **negatively impacts** work functioning after RTW in workers with CMDs

Ubalde-Lopez et al., JOR, 2017

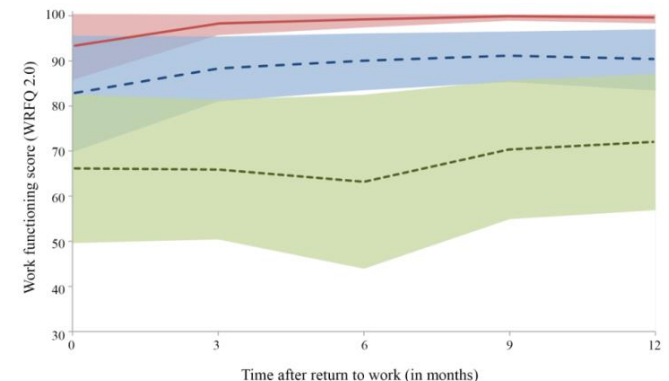
Work functioning trajectories of 384 cancer patients



Dorland et al., Intl. J. Cancer 2017

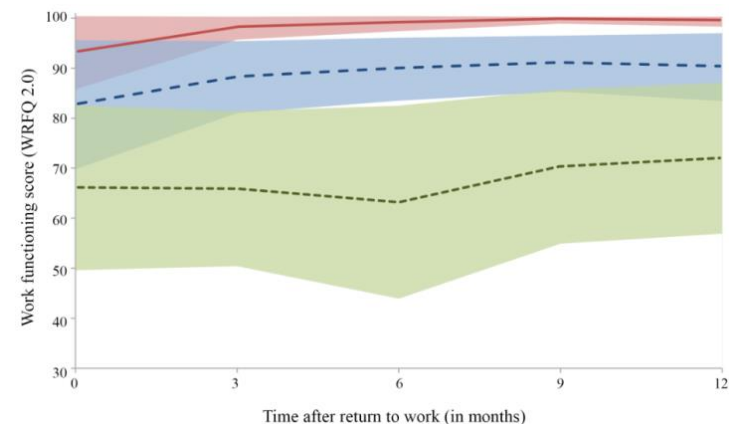
Cancer patients with *persistently high work functioning*

- **Less time** between diagnosis and RTW
- More often excellent to good general health
- More often a **manual job**
- Experienced **more often social support** from colleagues
- **Less often** a changed meaning of work



Cancer patients with *persistently low work functioning*

- **More cognitive symptoms**
- More depressive symptoms, fatigue
- Worked fewer hours per week
- More often work accommodations (pauses)
- More often perceived RTW moment as **too early**



Implications

Careful attention needed for **work functioning** after RTW by OH professionals and the workplace **to support workers** after their RTW

Towards sustainable RTW



Work & Stress

An International Journal of Work, Health & Organisations

ISSN: 0267-8373 (Print) 1464-5335 (Online) Journal homepage: <http://www.tandfonline.com/loi/twst20>

IGLOO: An integrated framework for sustainable return to work in workers with common mental disorders

Karina Nielsen, Joanna Yarker, Fehmidah Munir & Ute Bültmann

Nielsen, Yarker, Munir, Bultmann 2018

Towards sustainable RTW

- RTW activities for CMD suffer from 2 limitations:
 1. focus on resources during absence period, **ignoring resources** that may facilitate sustainable RTW
 2. fail to consider the interaction of resources at the **individual, group, leader and organizational level**, and the **integration of work and non-work domains**
- + overarching context, societal context, culture and legislation (**IGLOO**)

Nielsen, Yarker, Munir, Bultmann 2018

Non-work context		Work
Individual cognitive, affective, and behavioural factors, e.g. life style behaviours	Individual	Work-specific cognitive, affective and behavioural factors, e.g. work-related self-efficacy, job crafting
Friends, family, frequency of contact, support etc.	Group	Colleague support, attitudes towards CMD and return, work group climate,
KSAs, attitudes, behaviour, support	Leader	KSAs, attitudes, behaviour, support
Community and voluntary organizations e.g. charities, local networks, telephone helplines and online chat fora	Organization	Human Resource Management practices and policies, job design – espoused and actual
Legislation and societal practices and procedures, e.g. care support, societal attitudes	Omnibus/ outside context	Country legislation, social welfare policy

Nielsen, Yarker, Munir, Bultmann 2018

Towards sustainable RTW

- 10 propositions on IGLOO-levels

“Employees with CMDs who experience inclusive, considerate and individualized line management are more likely to achieve sustainable RTW” (#5)

“Employees with CMDs who have returned to an organization where work is organized, designed and managed to support return are more likely to achieve sustainable RTW” (#7)

Nielsen, Yarker, Munir, Bultmann 2018

Socio-political context ... changes

- Increasing awareness for work participation!
 - nature of work - flexibilization, digitalization
 - labour market - short-term contracts, self-employed
 - paradigm shift from compensation to participation

Challenges to building a society of good work and good health

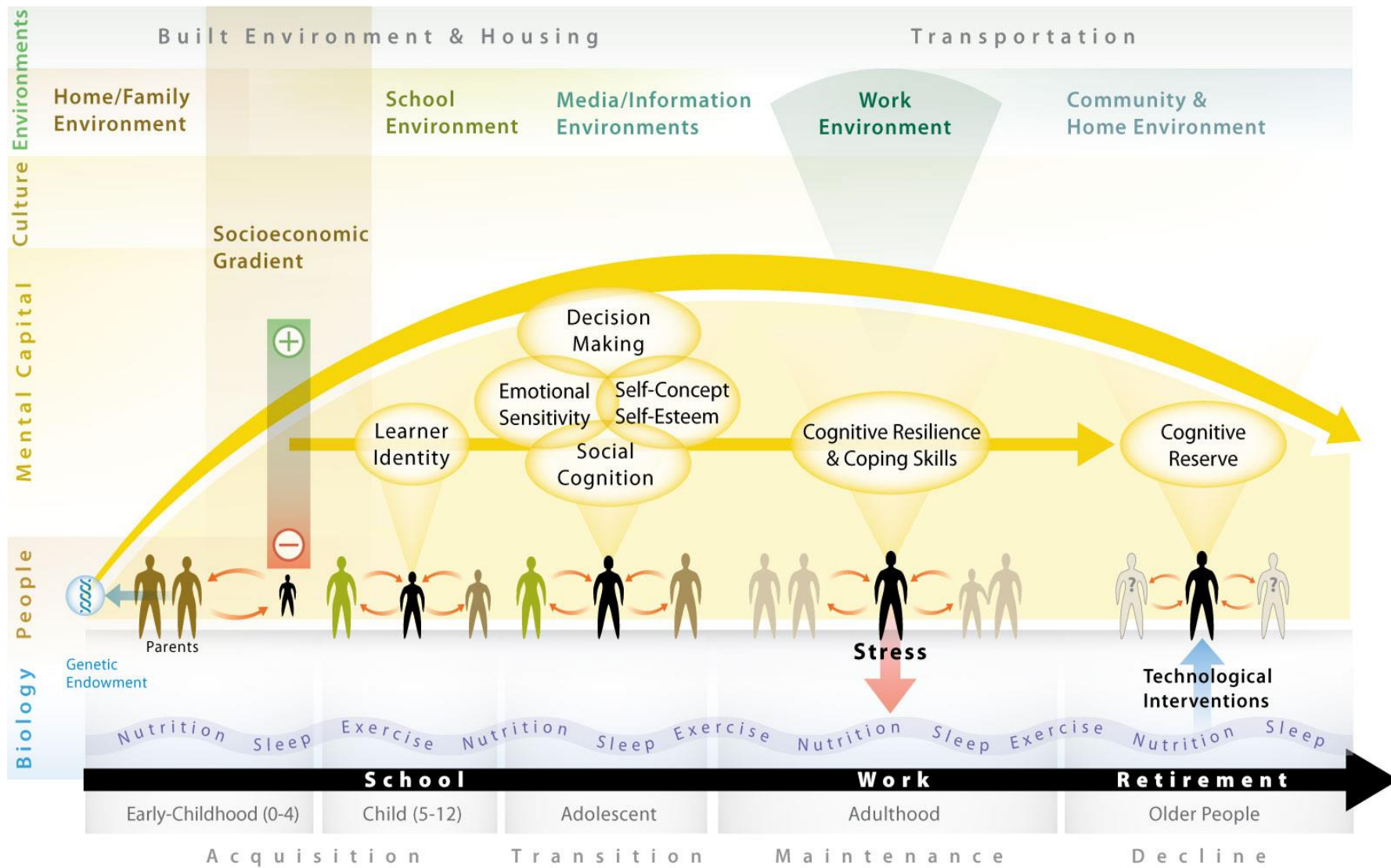
1. To minimize ill-health and its effects on work functioning.
2. To ensure good physical and psychosocial work environments.



All solutions should work for workers / families at the top and bottom of society and throughout the **life course**.

Expected life course

Foresight Report: Mental Capital and Wellbeing 2008



Help workers to participate in work and to extend working life in good health

- (Chronic) health problems
- Changing work and labor markets
- Socio-economic gradient



Why a life course lens for looking at work and health?



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Why a life course lens for looking at work and health?

A person's health does not start when work begins!

Where a person works depends on where the person grew up, who the person grew up with and the education.



A more integrated approach is needed that considers the **working life course**.

An illustrative working life course

MODEL 4



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School-to-work transition

Mental health, educational attainment
and employment:
A life course perspective



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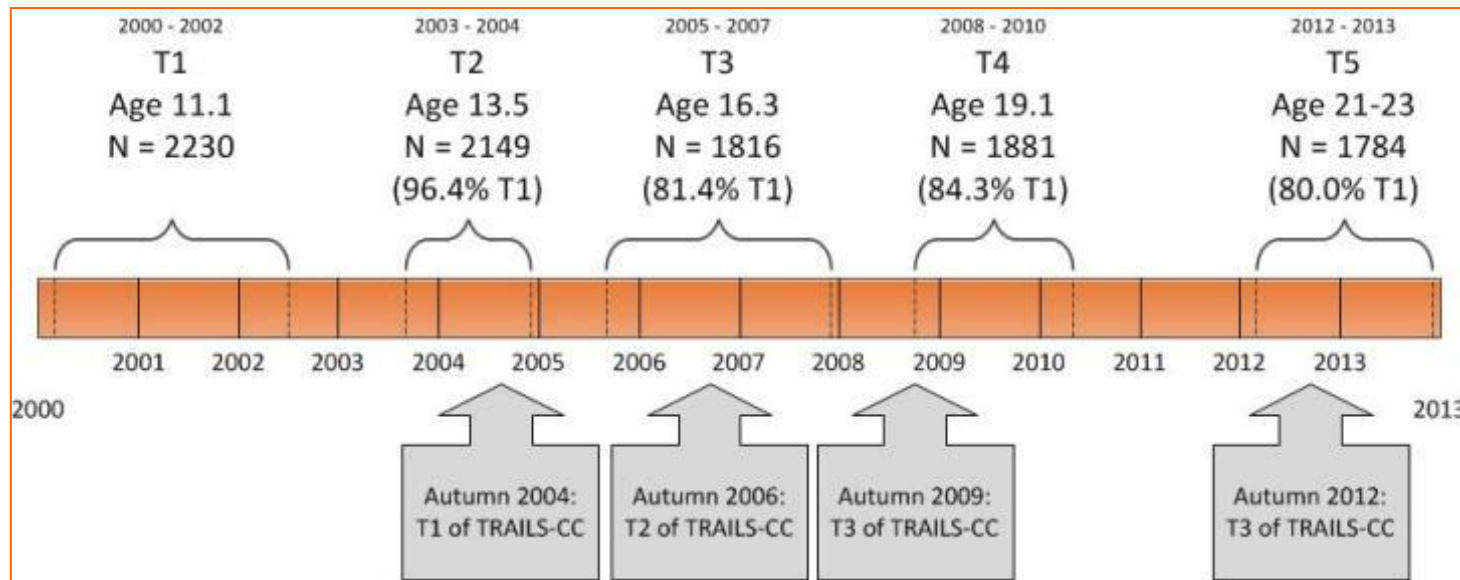
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Sampling frame:

trails

TRacking Adolescents' Individual Lives Survey



2016
T6
Age 25-27
N = 1617
(72.5%
T1)

Huisman et al., 2008

Mental health trajectories from childhood to young adulthood affect the educational and employment status of young adults: results from the TRAILS study

Karin Veldman,¹ Sijmen A Reijneveld,¹ Josue Almansa Ortiz,¹ Frank C Verhulst,² Ute Bültmann¹

1. To identify trajectories of mental health problems from childhood to young adulthood.
2. To investigate the relation between these trajectories and the educational or employment status of young adults.

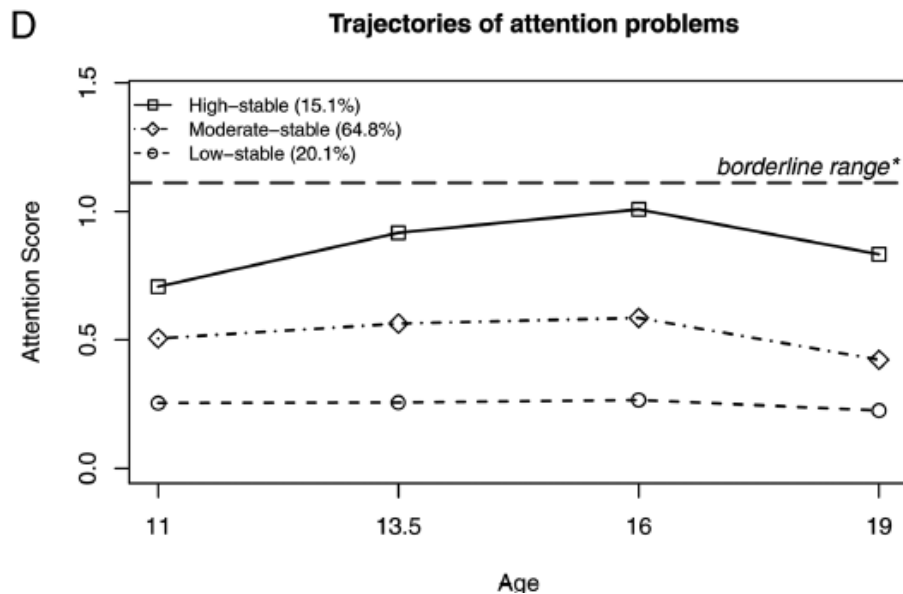
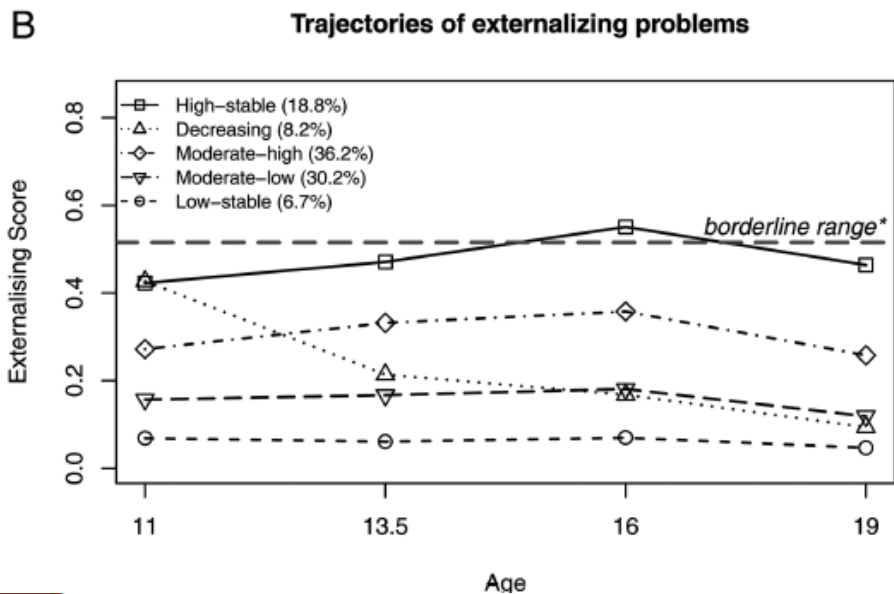
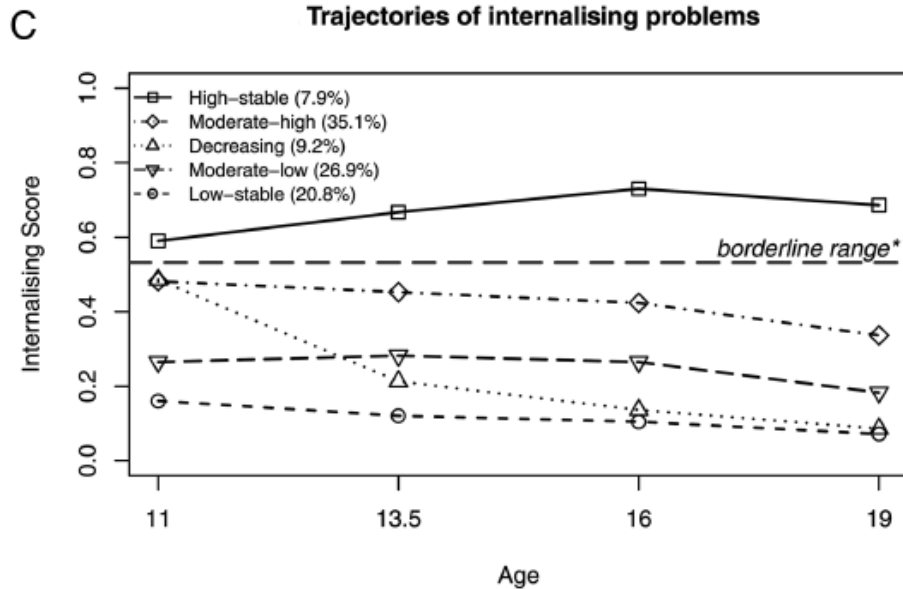
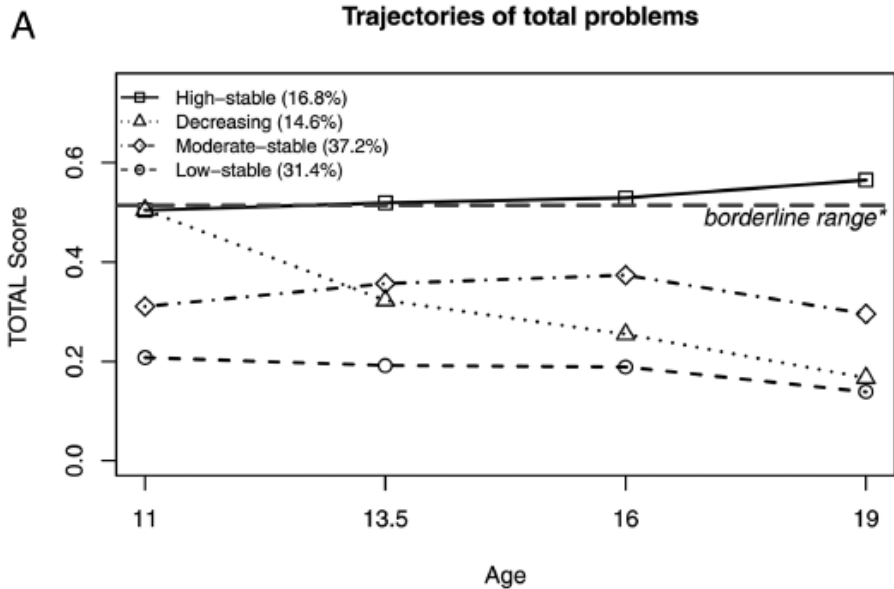
Latent Growth Modeling (growth mixture models, GMM)

Journal of Epidemiology and Community Health, 2015, 69:588-593

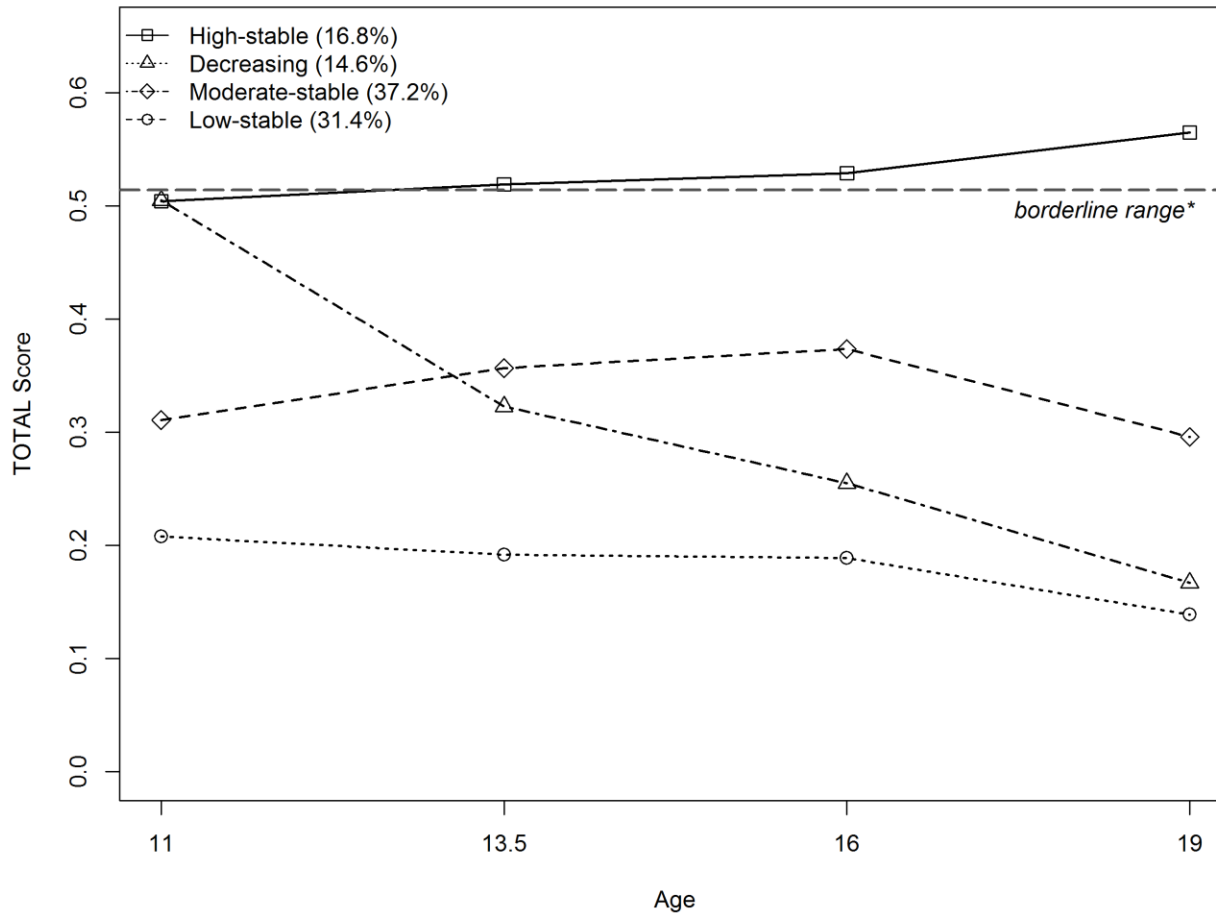
Educational or employment status

1. At school or at work with Basic Educational Level (BEL)
2. At work without BEL or in NEET
(Neither in Education, Employment or Training)





Trajectories: Total problems



Mental health trajectories & status

- Young adults with **high-stable** trajectories of total problems were more likely to work without BEL or be in NEET at age 19, than to be at school or at work with BEL (28% vs. 16%, $p=0.01$).
- Idem for externalizing problems (29% vs. 18%, $p=0.03$).
- For internalizing and attention problems, no statistically significant differences were found.

Today's youth is tomorrow's workforce

Ute Bültmann



Generation


@ Work

Take home messages

- Sustainable RTW - integrated approach.
- Improve work functioning and resources.
- Look beyond, at the context and the life course.

Hartelijk dank!



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