Return to work for workers without a permanent employment contract, sick-listed due to a common mental disorder.

Gepubliceerd: 07-08-2012 Laatst bijgewerkt: 18-08-2022

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Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON27095

Bron
Nationaal Trial Register

Aandoening

Return-to-work (RTW); common mental disorders (CMD); distress; stress; stress-related disorders; anxiety; depression; temporary agency; unemployed; fixed-term contract; social security agency; sickness absence; Sickness Benefit Act; werkhervatting, terugkeer naar werk; re-integratie; psychische klachten; angsstoornissen; depressie; uitzendkrachten; werklozen; tijdelijk arbeidscontract; UWV; ziekteverzuim; Ziektewet; vangnetter.

Ondersteuning

Primaire sponsor: Department of Public and Occupational Health, EMGO Institute for Health and Care Research, VU University Medical Centre, Amsterdam
Overige ondersteuning: Dutch Institute for Employee Benefit Schemes (UWV)

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Duration until sustainable first return to work: The duration in calendar days from the day of enrolment until first sustainable return to work, i.e. return to work in regular paid work for at least 28 consecutive (calendar) days.

Toelichting onderzoek

Achtergrond van het onderzoek

The main study objective is to evaluate the cost-effectiveness of a new participatory supportive RTW program for sick-listed workers without a permanent employment contract sick-listed due to a CMD and with the baseline intention to RTW despite symptoms on the duration until sustainable first return to work and other forms of participation, compared to care as usual. The study design consists of a randomised controlled trial (RCT) with a follow-up of 18 months. Workers eligible to participate in this study are workers without a permanent employment contract in the working age range (18-64 years) and sick-listed between 6 and 14 weeks, with a CMD as main reason for the sickness benefit claim.

Doel van het onderzoek

Mental health is currently a major challenge facing Western countries. In the working population stress-related disorders, depression and anxiety disorders seem to be most common. Among sick-listed workers, the ones without (relative) permanent employment relationships represent a more vulnerable group, because they have no workplace to return to. To date, little attention has been paid to the development of return-to-work (RTW) interventions for sick-listed workers without a permanent employment contract who experience work limitations due to a common mental disorder (CMD).

Individual placement and support (IPS) is robustly validated by research among people with severe mental disorders. Furthermore, recent studies show that a participatory RTW intervention reduces time to RTW significantly for sick-listed employees with a CMD who have the intention to RTW despite symptoms. Therefore, it seems worthwhile to combine elements of IPS and the participatory RTW program in an integrated care setting. And to investigate the effectiveness of this new construct on the duration until RTW and other forms of participation for workers without a permanent employment contract sick-listed due to a CMD and with the baseline intention to RTW despite symptoms in the Dutch Social Security setting.

Onderzoeksopzet

1. Baseline (T0);
2. 3 months follow-up (T1);
3. 6 months follow-up (T2);
4. 9 months follow-up (T3);
5. 12 months follow-up (T4).

Onderzoeksproduct en/of interventie

Within two weeks after the randomization is performed and the sick-listed worker has been allocated to the intervention group, The participatory supportive RTW program starts with an examination of the sickness benefit claim by a RTW coordinator and a medical assessment by an insurance physician of the Social Security Agency (SSA), conform usual OHC. A strong collaboration and communication between the insurance physician, the GP and mental health care specialists is required. Therefore, the insurance physician contacts the caregivers of the sick-listed workers right after the first medical assessment by telephone to make sure that no conflicting advices will be given to the participant and to agree upon treatment and RTW options. When the participant seems ready to continue the program and if RTW and or other forms of social activities are possible, an interview between a labour expert of the SSA and the participant will be planned. The labour expert stimulates active involvement of both the participant and the RTW coordinator in the making of a RTW action plan. The goal of the meeting between the participant and the labour expert is to identify obstacles for RTW from the perspective of the participant. In a separate meeting between the labour expert and the RTW coordinator obstacles for RTW for the participant from the perspective of the RTW coordinator will be identified. Within two weeks after the meeting with the insurance physician the participant, the RTW coordinator and the labour expert have a joint meeting. A brainstorm session will take place, to think of solutions for the identified obstacles. The end goal of this session is to achieve consensus between the participant and the RTW coordinator about the most suitable and feasible solutions to achieve work resumption and/or to improve social activities. Proposed solutions for RTW will be prioritised and summarised in a RTW action plan, including a concrete work profile. Based on this action plan there will be searched for a suitable job in a competitive workplace. The sick-listed worker will be supported in the searching for a suitable workplace by a rehabilitation agency. Four weeks after the making of the consensus-based RTW action plan, the RTW coordinator contacts the participant and the case manager of the rehabilitation agency by telephone to inform whether placement in a workplace has been successful and if everything is satisfactory. The RTW coordinator evaluates together with the sick-listed worker which actions have been undertaken so far to overcome barriers for RTW. If necessary, the action plan for RTW is adapted to new circumstances. The RTW coordinator summarizes findings in a final report.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Workers eligible to participate in this study are temporary agency workers, unemployed workers and workers whose employment contract ended during sickness absence in the working age range (18-64 years), and sick-listed between 2 and 14 weeks, with a CMD as main reason for the sickness benefit claim.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Workers will be excluded in case of co-morbidity of such kind that participating in the supportive RTW program is not possible, i.e. (1) in case of a severe psychiatric disorder (mania, psychosis or suicidal), a severe cardiovascular disease or a terminal disease, (2) in case of insufficient proficiency of the Dutch language and/or (3) in case of a conflict with the UWV regarding a sickness benefit claim or a long-term disability claim.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Actieve controle groep

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-03-2013
Aantal proefpersonen:	172
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies

Datum:	07-08-2012
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL3413
NTR-old	NTR3563
Ander register	METC VUmc : WC2011-045
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten
N/A