Return work measures for long-term sick-listed employees

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Outline

- The Danish sick leave policy in short
- The effect of return-to-work measures: findings from Danish studies about long-term sick-listed employees (with various diagnoses)
- Selected finding from a systematic review of the mental health literature
- Conclusion and points for discussion
The Danish sick leave policy

The sickness benefit scheme is administered by the municipalities:
- covers wage earners, self-employed, unemployed (in UI)
- benefit = 100 % of previous wage up to a ceiling
- max duration: normally 1 year
- follow-up within 8 weeks
- VR either within the SB scheme or the VR scheme
- Instruments include: courses, education, part-time sick leave, wage subsidised job training, subsidies to workplace adaptations, work trail, and working-capacity tests

Effects of educational measures

- 433 employees sick-listed with low back pain for 3 months+
- Interview ½, 1, 2, and 4½ years after the start of sick leave
- 33 % participated in a course or an education on average 17 months after the beginning of the sick leave. The measures lasted on average 9 months
- Model: 1) duration to enrolment, 2) duration to RTW
- Selection problem: assuming random variation in the exact timing of the enrolment into education
- Findings: Big and negative lock-in effect; little and insignificant ex-post effect
Effects of educational measures

- Other RTW studies of sick-listed (there are few):
  - Educational measures: negative effect (Frölich, Heshmati, Lechner, 2004)

- Conclusion:
  - Weak evidence suggesting that educational measures have no or limited RTW effects
  - More research needed

Effects of part-time sick leave (graded RTW)

- 934 employees who were fully sick-listed over 8 weeks
- Combined survey and register information
- Return to ordinary work = termination of sickness benefit payment and reporting fresh for duty
- 28% were enrolled in part-time sick leave
- Selection problem: the random variation assumption, again
- Findings: Mental illness reduces probability of enrolment
  - Participants have good ex-ante employment chances
  - Positive effect during enrolment
  - Positive but insignificant ex-post effect
Effects of part-time sick leave (graded RTW)

- Other RTW studies: positive effects for long durations (Andrén, Andrén, 2009)
- More generally: Workplace-based interventions seem to be effective, e.g. literature review of Franche et al. (2005)

Effects of case management interview

- Data from 2002 and 2006 about persons sick-listed over 8 weeks (same population and data collection)
- Same empirical model (2 durations, correction for selection)
- 58 % (2002) and 80 % (2006) participated in an interview
- Findings: - Participants have low (unobserved) ex-ante employment chances
  - People with self-assessed mental illness have same probability of participating in an interview as people with musculoskeletal and ‘other diagnoses’
  - Interviews have no RTW effect in 2002. However, they have a temporary RTW effect in 2006
Effects of case management interview

- Other studies suggest that case management (coordination) in combination other interventions improves the chance of RTW (Loisel, et al., 1997 & 2002; Steenstra, et al., 2006; Anema et. al., 2007; Bültmann et al., 2009).

Conclusions from ‘non-mental’ illness studies

- Educational VR: limited or no effects (more evidence needed)
- Workplace interventions (including part-time sick leave) seem to have positive RTW effects
- Case-management/coordination (possible in combination with other measures) seem to have positive RTW effects
Findings from literature review of mental health, sick leave and RTW

Borg, Nexø, Kolte, Andersen (2010). Selected findings:

- So far no evidence of positive return-to-work effects of person-oriented interventions (e.g. education in stress coping, relaxation, conflict management) but

- Studies showing that interventions involving a combination of person-oriented and work-oriented elements are effective

Conclusion and points for discussion

Conclusion

- Apparently similar findings about RTW interventions for people with mental and musculoskeletal illness:
  - Workplace based interventions seem to be effective
  - Person-oriented interventions seem to be less effective or even ineffective – at least when they are carried out without involving the workplace

- These findings suggest that will be beneficial to enhance the integration of workplaces in the RTW process of sick-listed employees with mental illnesses
Conclusion and points for discussion

Discussion

- How can we improve the RTW interventions for people with mental illness?
  - Integrate person-oriented and workplace interventions - how?
  - Information about mental illness to employers, employees, and case managers?
  - (Better) education of case managers?
  - Assistance to companies to handle people with mental illness?
  - Demand companies to have sick leave and RTW policies?