

# 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 seems 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?