Collaborative case management to aid return to work after long-term sickness absence: a pilot randomised controlled trial

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Plain English summary

The Case Management to Enhance Occupational Support (CAMEOS) study

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Plain English summary

Common health problems such as back pain, heart problems and depression are a frequent cause of sickness absence (time away from work off sick); significant periods of sickness absence can lead to long-term impacts on employment, health and quality of life.

This research sought to develop a simple collaborative case management programme to support employees on long-term sickness absence.

This study had two phases:

- 1. In phase 1 (development) we worked with a wide team of people to adapt existing case management to make it more suitable for occupational health (OH). A participant handbook was developed, the use of which would be supported by a case manager (a specially trained OH worker).
- 2. In phase 2 (pilot study) we tested whether or not we could recruit employees to a study of the case management programme, and whether or not OH staff could deliver the intervention in a way that was acceptable to participants.

Results

The aim was to recruit 100 employed people on long-term sickness absence (between 4 weeks and 12 months). However, recruitment of organisations to host the research and of employees was lower than planned. From over 1000 mailed invitations to people absent from work, we received just 61 responses, of whom only 16 entered the study.

Conclusions

This study shows that it was not possible to recruit enough employees to make a larger trial feasible with the conventional recruitment methods used.

The collaborative case management intervention appeared feasible and was acceptable to employees who took part in the sessions, but given the problems with recruitment, the data need to be treated with appropriate caution. It is clear that substantially different recruitment methods are needed for the OH setting and further research should explore these options, as developing effective and acceptable ways of reducing sickness absence remains a high priority.

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