A case management occupational health model to facilitate earlier return to work of NHS staff with common mental health disorders: a feasibility study

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Scientific summary

Ways back to work: feasibility study

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Scientific summary

Background

Poor mental health is the main cause of sickness absence in the NHS. Although 75% of employees will return to work eventually, fewer than half of those who are absent for 6 months or longer will do so, with many adverse consequences for the individual, the NHS and the economy. Therefore, it is important to find effective methods of interrupting the progression to long-term sick leave.

A Cochrane review of workplace interventions to improve capacity for work in people on sick leave found that the quality of evidence about their clinical effectiveness and cost-effectiveness was low (van Vilsteren M, van Oostrom SH, de Vet HC, Franche RL, Boot CR, Anema JR. Workplace interventions to prevent work disability in workers on sick leave. *Cochrane Database Syst Rev* 2015;**10**:CD006955). However, there is evidence that an intervention based on a case management model could be cost-effective and lead to earlier return to work. Key components of this approach include identifying obstacles to returning to work, problem-solving based on cognitive behaviour principles focusing on work outcomes, development of a return-to-work plan with other health-care professionals who are treating individuals, and peer support to increase return-to-work self-efficacy. Work adjustments, work visits or therapeutic return to work should also be considered.

Objective

The objective was to assess the feasibility and acceptability of conducting a trial of the clinical effectiveness and cost-effectiveness of an early occupational health referral and case management intervention to facilitate the return to work of NHS staff on sick leave with any common mental health disorder (e.g. depression or anxiety).

Research questions

1. What is the most up-to-date evidence about the efficacy and cost-effectiveness of interventions to improve the rate of return to work in workers who go on sick leave with a common mental health disorder?
2. What is the current practice of NHS occupational health departments in managing staff who go on sick leave with a common mental health disorder?
3. What form of intervention is most likely to be cost-effective in promoting return to work in NHS staff who go on sick leave with a common mental health disorder, and how can this be manualised (written as an instruction manual) to meet individual and organisational needs in different occupational health settings?
4. What data collection tools should be used to assess changes in clinical state and occupational functioning as a consequence of such an intervention?
5. How feasible and acceptable is it to train occupational health nurses as case managers? What is the impact of the training on skill acquisition during the study period? How much additional training would case managers need to achieve established competency targets and prevent decay in skills?
6. How feasible and acceptable would it be to deliver such an intervention in different NHS settings? What rate of uptake could be expected, and how good would the adherence by occupational health staff and study participants be? What would be the resource implications of the intervention?
7. If a trial were conducted to test such an intervention, how well would methods of recruitment and data collection work in practice? What rates of recruitment and follow-up would be expected? What would be the likelihood of 'contamination' if, within the same occupational health department, the intervention were delivered to some staff and not to others?

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Design

A mixed-methods study to develop and test the feasibility of an intervention to improve the rate of return to work in NHS staff who go on sick leave with a common mental health disorder. The study was divided into four complementary work packages, with specific outputs for each work package.

Work package 1

Aim

The aim was to gather evidence and information to develop a practical and acceptable evidence-informed intervention.

Outputs

- Systematic review of the literature.
    - Method: inclusion and exclusion criteria, search strategy, data extraction from five databases and appraisal.
- Survey of care as usual..
    - Method: cross-sectional survey of NHS occupational health departments.

Work package 2

Aim

The aim was to gather information to develop and refine a pragmatic protocol to evaluate the feasibility of the intervention.

Outputs

- Development and refinement of bespoke case management tool, case manager training workshop and data collection tools.
    - Method: mapping of evidence from the literature and expert feedback (stage 1), and stakeholder workshop (stage 2).

Work package 3

Aim

The aim was to test the feasibility and acceptability of the intervention (including case manager training) in the NHS and to assess the risk of contamination if the main trial were to be a randomised controlled trial randomised at the departmental level.

Outputs

- Provision of case manager training and conduct of a feasibility study.
    - Method: provision of case manager training (2-day bespoke training workshop).

Feasibility study

Setting

Six NHS trusts (occupational health departments) were recruited to take part in the study, although one trust decided to withdraw prior to participant recruitment.

Participants

Participants were NHS staff with a common mental health disorder who had been off sick for a period of 7 or more consecutive days and less than 90 consecutive days.

Case management intervention

The intervention was case management delivered by occupational health nurses following training. The intervention included comprehensive occupational and mental state assessment, identification of barriers to returning to work, problem identification and problem-solving, peer-support networking, optimisation of clinical treatment, provision of specially produced resource material for participants and line managers, signposting to support services, and goal-setting. The intervention also involved development of a tailored, written return-to-work plan with workplace adjustments, based on discussion between participants and their manager and shared with the participants' health-care professionals, coupled with regular, timed reviews to monitor progress.

Main outcome measures

The outcomes were change in anxiety/depression; change in use of medication for common mental health disorders; early, part, full and sustained return to work; change in health-related quality of life and well-being; relapse rates; and adverse events. We assessed the cost-effectiveness of the intervention from both an NHS and a societal perspective. In addition, the financial implications for employers were investigated.

Control treatment

The control treatment was care as usual.

Work package 4

Aim

The aim was to finalise the manualised intervention and make recommendations to inform the preparation for a future multisite trial in the UK.

Outputs

- Final manualised intervention and recommendation for further development work.
    - Method: stakeholder consultation.

Results

Work package 1

Systematic review (stage 1)

Forty papers and several key guidelines were included. Collectively, the literature suggested that our intervention should include (1) identification of obstacles to returning to work, (2) work-focused problem-solving, (3) focus on engagement and motivational interviewing techniques, optimisation of clinical treatment, goal-setting and written return-to-work plans, (4) work adjustments, regular review

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and communication between stakeholders and (5) maintenance of contact between line manager and sick-listed employee.

Survey of care as usual (stage 2)

Out of the 126 occupational health providers approached, 49 (39%) participated in a survey of care as usual. Only 29 (59%) of the NHS trusts surveyed used a case manager approach when supporting employees on sick leave with a common mental health disorder; the majority used non-case management forms of interventions.

The evidence from the systematic review was extracted and mapped onto a draft case management intervention. We undertook an iterative process with stakeholders to ensure that the final case management intervention was relevant and acceptable.

Work package 2: development of a bespoke case management intervention, case manager training workshop and data collection tools

A work-focused case management intervention and training workshop was developed along with data collection tools to measure outcomes and assess adherence and acceptability of the intervention and study processes. To support the delivery of the case management intervention, we also developed, delivered and evaluated a 2-day case manager training workshop for experienced occupational health nurses. A series of data collection tools were developed and tested during the study. These included participant questionnaires and site-level case report forms.

Work package 3

Provision of case manager training workshop (stage 1)

Six experienced occupational health nurses from four NHS trusts completed the 2-day case manager training workshop. Pre- and post-workshop evaluation measures showed an overall improvement in knowledge, confidence and skill acquisition.

Conduct of a feasibility study (stage 2)

The feasibility study was conducted in five NHS trusts. Approximately 49,737 staff were employed across participating sites during the study period; among these, 1938 (3.9%) staff were on sick leave with a common mental health disorder. Forty-two sick-listed staff were screened for eligibility on receipt of occupational health referrals from line managers. Twenty-four (57%) participants who met the inclusion criteria consented to take part in the study. A total of 11 out of the 24 participants (46%) received the case management intervention and 13 (54%) received care as usual. Baseline data were collected from 18 (75%) of the participants. Based on the data available from these 18 participants, the mean age of participants was 43 years and 17 (94%) participants were female. The majority of participants were 'nursing, midwifery/ health visiting staff', followed by 'administration/estate staff' and 'health-care assistant/other support staff' (39%, 17% and 17%, respectively). The majority (78%) worked day shifts only.

Work package 4: finalisation of the manualised intervention and recommendations for future development work and design for main study

The case management intervention was shown to be acceptable, feasible and of low cost to deliver in the NHS environment. However, it was not considered feasible to recommend a large-scale effectiveness trial unless a new system to increase occupational health referral rates for sick-listed staff with a common mental health disorder could be shown to be effective.

Process evaluation

Quantitative

The response rate to the questionnaires was fair, with 8 out of 24 participants returning all three questionnaires. The quantitative work showed reasonable intervention fidelity. All 11 (100%)

participants in the intervention arm were exposed to most components of the case management intervention, and all were found to have engaged in the problem identification and problem-solving components (considered a core element of the intervention to facilitate return to work). All participants in the intervention arm received a written return-to-work plan, the majority (91%) were signposted to support services and over half (64%) needed workplace adjustments to support them in their return to work. No participants in the intervention arm were found to have engaged in peer support and no case conferencing or workplace visits were required. Moreover, among the participants who returned the final questionnaire, some found the support material (sleep hygiene and return to work booklet) useful. As anticipated, consultation times (at first and subsequent appointments) were longer for those in the intervention arm than for those in the care-as-usual arm. We found poor agreement between return-to-work times reported by case managers and self-reported by participants. There was fair consistency between participant self-report and organisational records about periods of sickness absence.

Qualitative

Five participants, six case managers/field workers and 48 stakeholders took part in the qualitative work. The interviews provided an opportunity to explore views and experiences specific to key aspects of the study. Crucially, the case managers found the training to be acceptable and reported that it provided them with sufficient skills development to deliver the intervention as prescribed. Overall, case managers were enthusiastic about their newly acquired knowledge and skills and felt enabled to deliver a superior level of occupational health care. Notwithstanding, they reported that they encountered difficulties with study promotion and screening and recruitment. From the participants' perspective, the intervention provided an important opportunity to discuss issues and concerns about work in a supportive environment, had a therapeutic benefit and helped to facilitate greater engagement from the employee with the workplace.

Economic evaluation

We obtained satisfactorily high completion rates for the EuroQol 5 Dimensions, five level version, and Client Service Receipt Inventory measures, although the results showed that most participants had not accessed health-care services during the study period. For a future trial, a shortened version of the Client Service Receipt Inventory would be deemed more appropriate. The cost of delivering the case management intervention, in terms of extended consultation times, was relatively low.

Conclusions

We completed an update of an existing systematic review of interventions to improve the return to work of workers on sick leave with a common mental health disorder and conducted the first national survey of care as usual with respect to the occupational health clinical management of NHS staff who go on sick leave with a common mental health disorder. We developed a bespoke, work-focused, evidence-based case management intervention and trained a group of occupational health nurses to be case managers in the delivery of this intervention. We produced a series of data collection tools to monitor delivery of the intervention and the impact of the intervention on key outcomes (occupational and clinical).

Although we recruited 24 participants, it was disappointing that this was well below our anticipated recruitment target, particularly because this represented a very small proportion of the total number of NHS staff who were on sick leave with a common mental health disorder during the study period. Logistical constraints in terms of promoting the study across management networks coupled with the challenges of identifying potentially eligible staff and changing managers' behaviours in terms of earlier occupational health referrals combined to affect the overall success of participant recruitment. Nevertheless, the results show that the case management intervention is fit for purpose and is acceptable to deliver in the NHS setting.

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Future work

The main obstacle to undertaking an evaluation of the intervention is the lack of early referral of employees sick-listed with common mental health disorder to occupational health. If this could be overcome then a study to evaluate the intervention would be warranted. It is recommended that the feasibility of improving early referral of occupational health of employees sick-listed with common mental health disorder is tested in one NHS setting in the first instance. If it is possible to improve the rate of early referral to occupational health then it would be possible to progress to a main study. We recommend a pre-specified minimum recruitment rate as a stop/go criterion before introducing the intervention and rolling out the recruitment methods to other trusts, as per a stepped-wedge approach. Case management interventions targeting sick-listed staff are used in a few European countries but a definitive clinical effectiveness and cost-effectiveness study in the UK remains a priority.

Trial registration

This trial is registered as ISRCTN14621901.

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This report

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