

Psychoeducation for individuals on sick leave

Pernille Pedersen, pelped@rm.dk
DEFACTUM, Central Denmark Region



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RESEARCH ARTICLE

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Effectiveness of psychoeducation in reducing sickness absence and improving mental health in individuals at risk of having a mental disorder: a randomised controlled trial

Pernille Pedersen^{1,2,3*}, Hans Jørgen Søgaard^{1,2}, Merete Labriola^{3,4}, Ellen A. Nohr⁵ and Chris Jensen^{6,7}

Thoughts from individuals with mental health problems

- Individuals with mental health problems experience
 - concentration problems, memory problems, feelings of inadequacy, low self-esteem, low energy and negative thinking (Andersen MF et al. 2014)
- They experience
 - variations in symptoms
 - invisible and diffuse symptoms
 - lack of knowledge and lack of help to consider RTW (Andersen MF et al. 2014)

Psychoedukation

- **Concept** (e.g., Colom D et al. 2006, Donker T et al. 2009)
 - Health care professionals are experts on disease
 - Patients are experts on their own lives
 - Multidisciplinary team
 - Peer acts as a role model
 - Group based
- **Topics** (e.g., Smith D et al. 2010, Stafford N et al. 2013)
 - Symptoms, treatment, and lifestyle
- **Effect** (e.g., Hansson M et al. 2008, Colom F et al. 2009, Brown JS et al. 2004)
 - Reduce recurrences, increase activities and social interaction, and improve self-esteem
- **RTW** (Andersen MF et al. 2014)
 - apply new coping strategies when returning to work

Aim

- To evaluate the effect of psychoeducation targeted to facilitate RTW as an adjunct to standard case management for individuals on sick leave and at risk of having mental disorders



<http://bipolar.answers.com/therapy/avoiding-bipolar-relapse-using-psychoeducation-therapy>

Method

- RCT design
 - Psychoeducation + standard case management
 - Standard case management
- Participants
 - On sick leave from part-time or full-time work or unemployment
 - Age 18-64
 - SCL-8AD score ≥ 5
- Randomization
 - 400 were randomized equally to the two arms

SCL-8AD

How much were you in the last 4 weeks bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
Suddenly scared for no reason ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness or shakiness inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spells of terror?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling fearful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling hopeless about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling everything is an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of worthlessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of ending your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of being trapped or caught?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blaming yourself for things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Soegaard HJ *et al.* Psychometric analysis of common mental disorders -- Screening Questionnaire (CMD-SQ) in long-term sickness absence. 2009.

Psychoeducation

- Two hours once a week for six weeks in open groups
- Taught by
 - Psychiatric nurses, a physiotherapist, a psychologist, a social worker and a peer
- Psychoeducation focused on stress and work life
 - Symptoms of stress, depression and anxiety
 - Coping strategies, cognitive tools
 - Sickness absence legislation
 - Challenges and barriers related to RTW
 - Importance of exercise
 - Presentation from peer
 - Information to relatives

Outcome

- Time to full RTW (register data)
- Time to first RTW (register data)
- Psychological symptoms (SCL-90R)
- Mental health-related Quality of Life (SF-36)

Analyses

- RTW
 - Pseudo-value regression
 - Relative risk and CIP at 3 and 6 months
 - Intention-to-treat and per protocol analyses
- Symptoms and quality of life
 - Wilcoxon-Mann-Whitney test
 - 3 and 6 months

Comparison between groups

- No differences between groups at baseline
- No differences between groups in relation to standard care management and treatment after 3 month

Participation in sessions

- 132 (66%) participated in 4-6 sessions
 - 44 (22%) participated in 1-3 sessions
 - 24 (12%) did not participate
-
- 74 (37%) participants brought a relative to the special session for them

Results

Cumulative incidence proportion (CIP) and relative risk (RR) for individuals in the control group and the intervention group

		Control group n = 200	Intervention group Intention-to-treat n = 200	Intervention group Per-protocol n = 132
Full RTW^a				
3 mo	CIP % (95% CI)	28 (22;35)	19 (14;25)	11 (5;16)
	RR (95% CI)	1 (ref)	0.68 (0.47;0.98)	0.38 (0.22;0.65)
6 mo	CIP % (95% CI)	45 (38;52)	44 (37;51)	40 (31;48)
	RR (95% CI)	1 (ref)	0.97 (0.78;1.21)	0.89 (0.68;1.15)
First RTW^b				
3 mo	CIP % (95% CI)	38 (31;44)	31 (25;38)	26 (19;34)
	RR (95% CI)	1 (ref)	0.83 (0.63;1.09)	0.69 (0.49;0.97)
6 mo	CIP % (95% CI)	52 (45;59)	49 (42;56)	46 (38;55)
	RR (95% CI)	1 (ref)	0.94 (0.77;1.14)	0.88 (0.70;1.11)

CIP (Cumulative Incidence Proportion) shows the percentages of individuals having returned to work

^a Competing risk: death or other benefits such as early retirement or supported job

^b Competing risk: death or other benefits (except supported job)

Symptoms and quality of life

- No difference was found between groups in relation to psychological symptoms and mental health-related quality of life at any time

Discussion

- Negative impact of psychoeducation!
 - The content
 - Based too much on lectures, and too little on discussions, well-known information, lack of tools/exercises, too little focus on RTW
 - The implementation
 - Open groups, sessions during several weeks, too early start of intervention
- Workplaces were not part of the intervention

Conclusion

- Offering psychoeducation in this form in a municipal job centre setting in order to facilitate RTW cannot be recommended.

Thank you for your attention

Pernille Pedersen, pelped@rm.dk

