



Institute
for Work &
Health

Research Excellence
Advancing Employee
Health

Managing Depression in the Workplace: A Systematic Review

IWH Speakers Series

January 30th, 2018

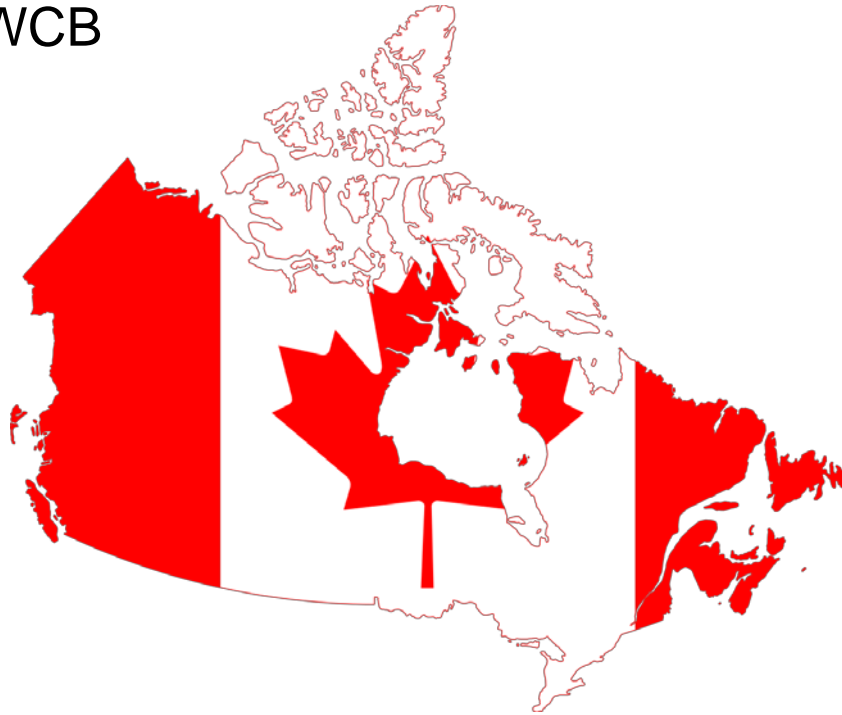
Emma Irvin, Kim Cullen, Dwayne Van Eerd

Evidence in Context for Occupational Health & Safety



This project was part of an interprovincial research team

Grant: Research and Workplace Innovation Program of the **Manitoba** WCB



Co Leads: Stephen Bornstein (**NFLD**) and Emma Irvin (**ON**)

Team: Amanda Butt (**NFLD**), Kim Cullen (**ON**), Leslie Johnson, Steven Passmore (**MB**), Ron Saunders, Dwayne Van Eerd (**ON**)

Stakeholders: Mike Jones, Sonia Kowalewich, Allen Kraut, Sandra Mowat, Rick Rennie, Richard Rusk, Nick Turner, Norman Tran (**MB**)



Project Objectives

- To **develop** and **test** an innovative approach for synthesizing current scientific knowledge on questions identified as important and urgent by OHS stakeholders; and
- To tailor the syntheses for effective use in specific provincial and local contexts.
- In most research synthesis studies, the aim is to answer the question: **what works?**. This methodology was designed to answer an additional question: **will it work here?**



Why context is important

*“ ...helps us to understand if an intervention identified as promising in general is likely to work in a specific place, setting, situation, time. In other words, **will it work here?**”*

Contextual factors may impact:

- the health equity of an intervention – the effects may be different depending on the population
- the acceptability of an intervention from the perspective of relevant stakeholders
- the feasibility of implementing an intervention.



Putting evidence into context...





Contextual Factors



Population/
workforce



Other system
factors



Geography



Service
design/location



Economics



Industry



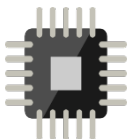
Health/ Human
Resources



Service organization
& delivery



Political factors



Technology



Legislation



We achieved this by:

- 1. blending** the unique features of two existing approaches:
 - IWH Systematic Review (SR) methodology
 - Methodology for stakeholder engagement and contextualized synthesis (SafetyNet & NL Centre for Applied Health Research)
- 2. applying** this blended methodology to IWH Systematic Reviews
- 3. applying** the blended methodology to a new topic
(selected by and in collaboration with the Manitoba Stakeholder Advisory Committee)

SRs that were contextualized

1. The effectiveness of interventions in health-care settings to protect musculoskeletal health - NL

- *Ben Amick, Jessica Tullar, Shelley Brewer, Emma Irvin, Quenby Mahood, Lisa Pompeii, Anna Wang, Dwayne Van Eerd, David Gimeno, Bradley Evanoff.*

2. A systematic review of the effectiveness of training & education for the protection of workers - NL

- *Lynda Robson, Carol Stephenson, Paul Schulte, Ben Amick, Stella Chan, Amber Bielecky, Anna Wang, Terri Heidotting, Emma Irvin, Don Eggerth, Robert, Peters, Judy Clarke, Kimberley Cullen, Lani Boldt, Cathy Rotunda, Paula Grubb*

3. Preventing work disability in workers with depression; a systematic review - MB

What do we know about depression in the workplace?

The burden associated with managing the effects of depression in the workplace is extensive.

Workers with depression:

- lose significantly more health-related productive time,
- have higher rates of absenteeism and short-term disability and,
- experience higher rates of job turnover than those without depression



Managing Depression in the Workplace: A Systematic Review



The SR Research & Stakeholder Involvement

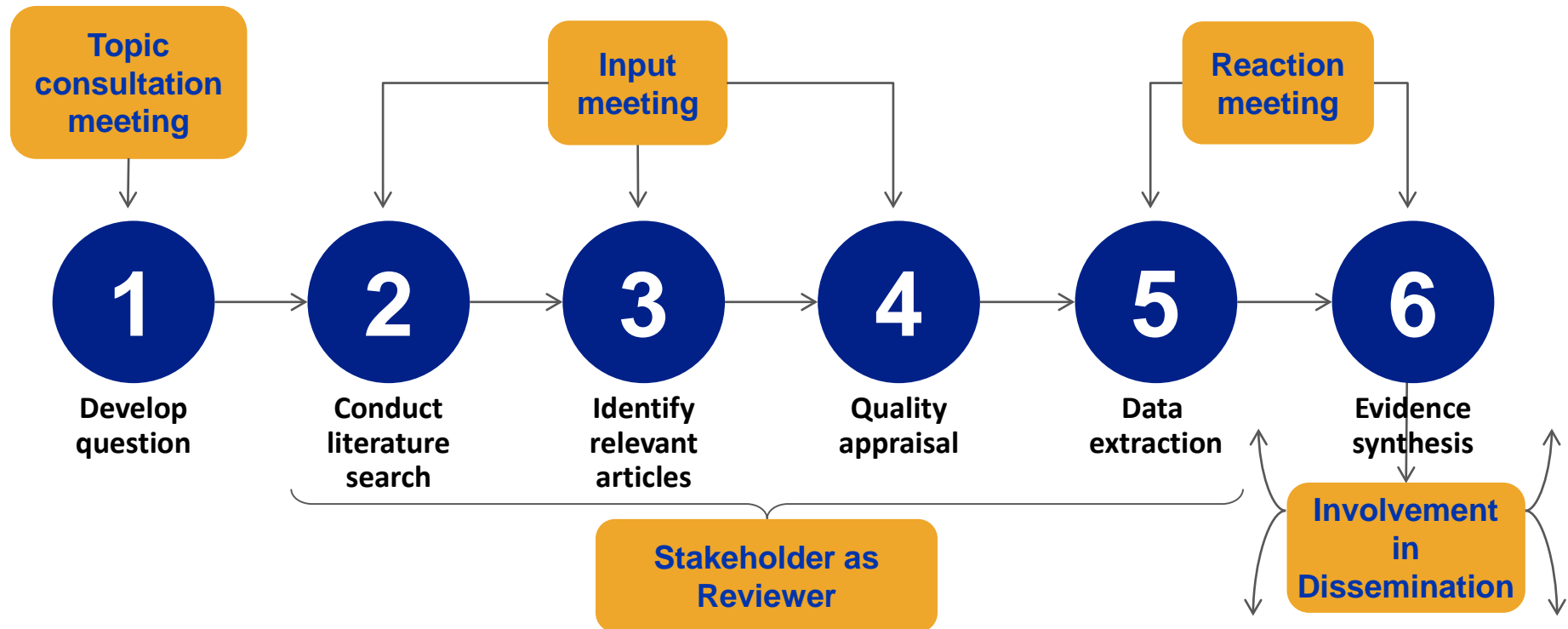
The Research Team

Emma Irvin
Kim Cullen
Dwayne Van Eerd
Ron Saunders

Our Stakeholders in ON, MB and BC from:

Workers compensation boards
Government authorities
Employers
Injured worker advocates
Organized labour
Disability management consultants
OHS Practitioners
Employee assistance program providers (EAP)
Clinicians
Researchers/Scientists
Health & safety associations

IWH Systematic Review Steps





Step 1: Our Research Question

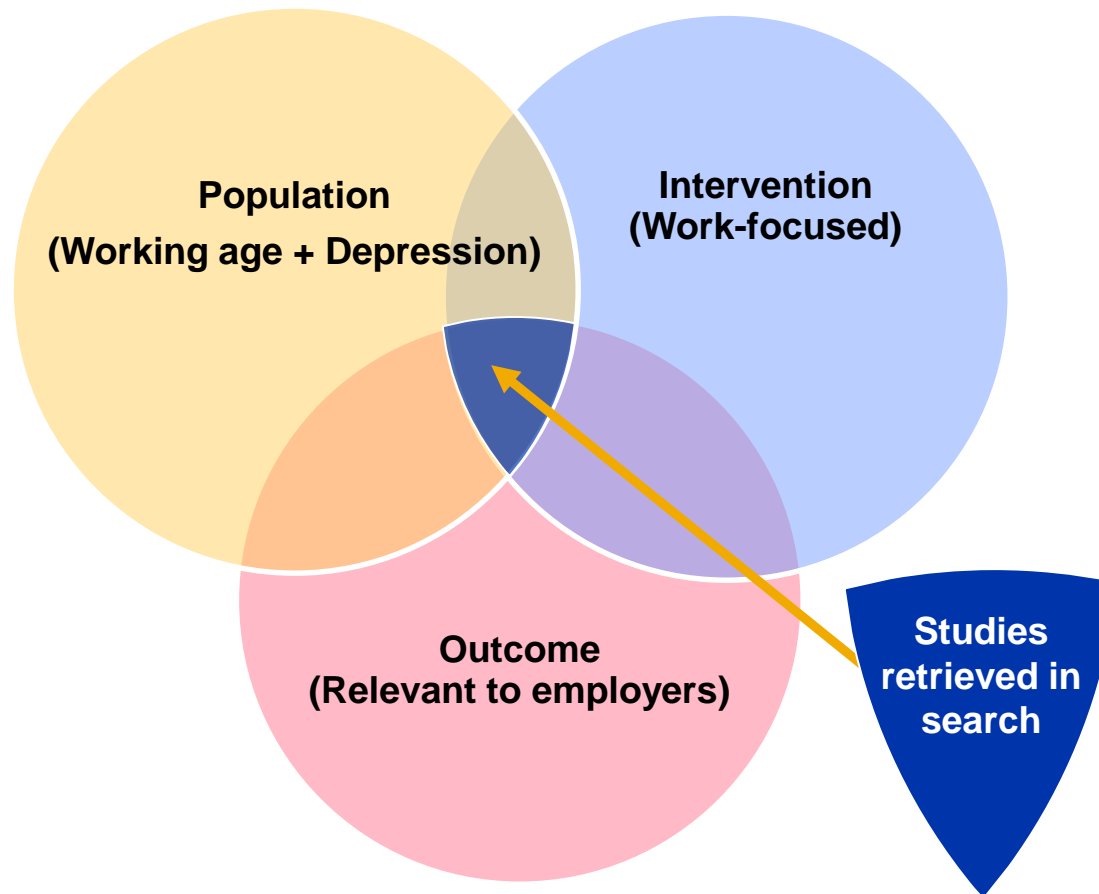
Workplace parties are seeking guidance to:

Determine what **intervention** approaches to **manage depression** in the **workplace** have been successful and yielded value for employers in developed economies?





Step 2: Conduct Literature Search





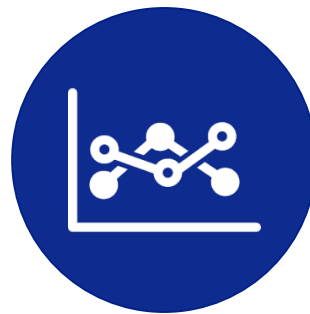
Step 3: Identify relevant studies (Inclusion criteria)



**Work-focused
intervention**



**Workers with
Depression**



**Comparison
group**



**SAW, RTW &
Recurrences**



PTSD



**Stress/Anxiety/
Burnout**



**Serious mental
disorder**



Step 6: Applying our evidence synthesis algorithm

Level of Evidence	Minimum Quality	Minimum Quantity	Consistency	Strength of Messages
Strong	High (H)	3	3H studies agree; If >3 studies, $\frac{3}{4}$ of the M + H agree	Recommendations
Moderate	Medium (M)	2H or 2M + 1H	2H studies agree or 2M + 1H agree; If >3 studies, $> \frac{2}{3}$ of the M + H agree	Practice Considerations
Limited	Medium (M)	1H or 2M or 1M + 1H	1 H or 2 (M and/or H) studies agree; If >2 studies, $> \frac{1}{2}$ of the M + H agree	Not enough evidence to make recommendations or practice considerations
Mixed	Medium (M)	2	Findings from M + H are contradictory	
Insufficient	No high quality studies. Only medium quality studies that do not meet the above criteria			

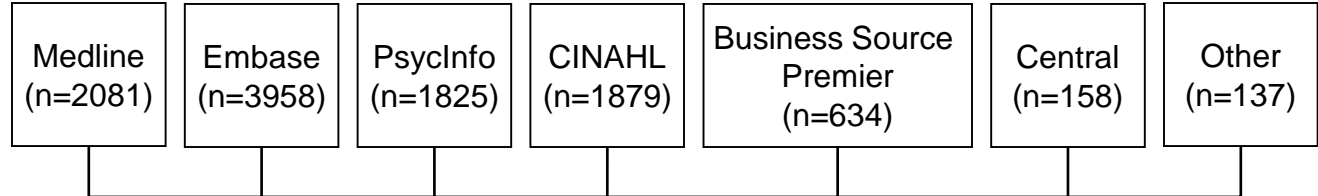
*High = >85% in quality assessment; Medium = 50-85% in quality assessment

What did we find?

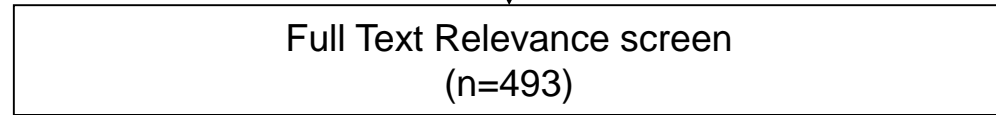
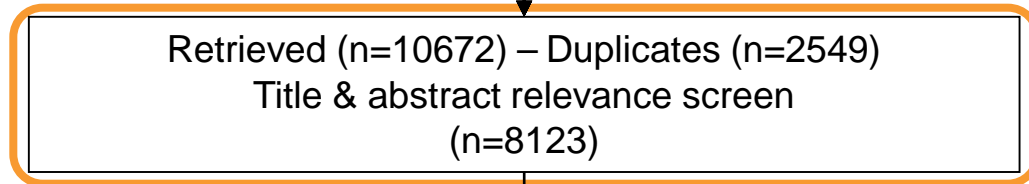
1. Develop Question

What intervention approaches to manage depression in the workplace have been successful and yielded value for employers in developed economies?

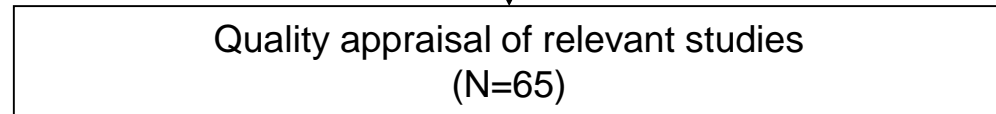
2. Literature Search



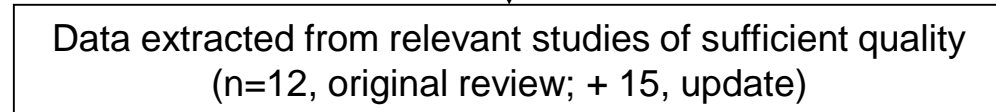
3. Relevance Screen



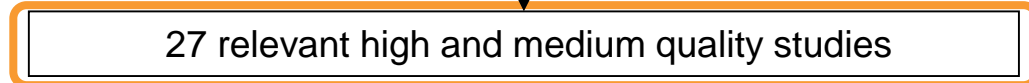
4. Quality Appraisal



5. Data extraction

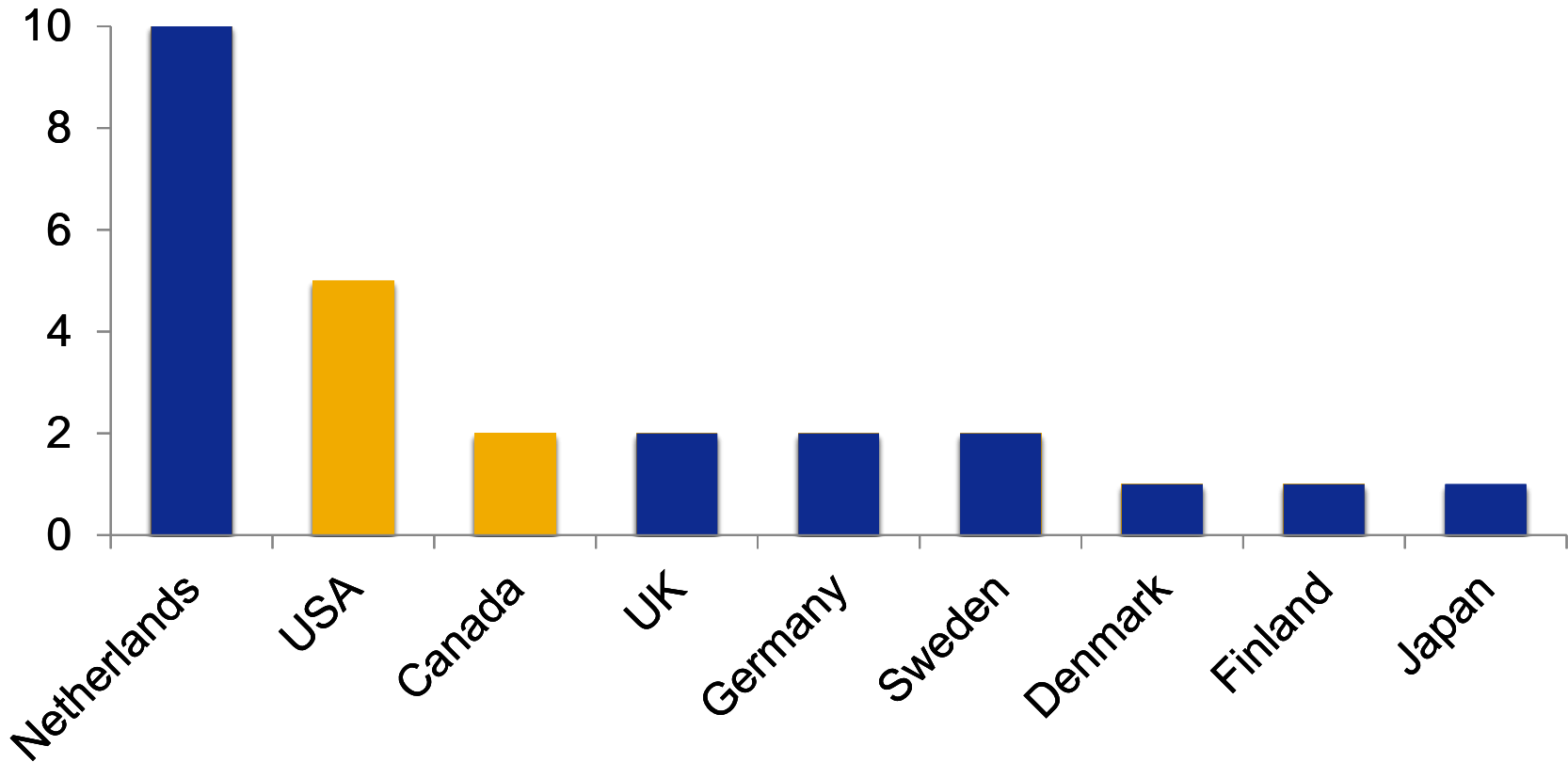


6. Evidence synthesis



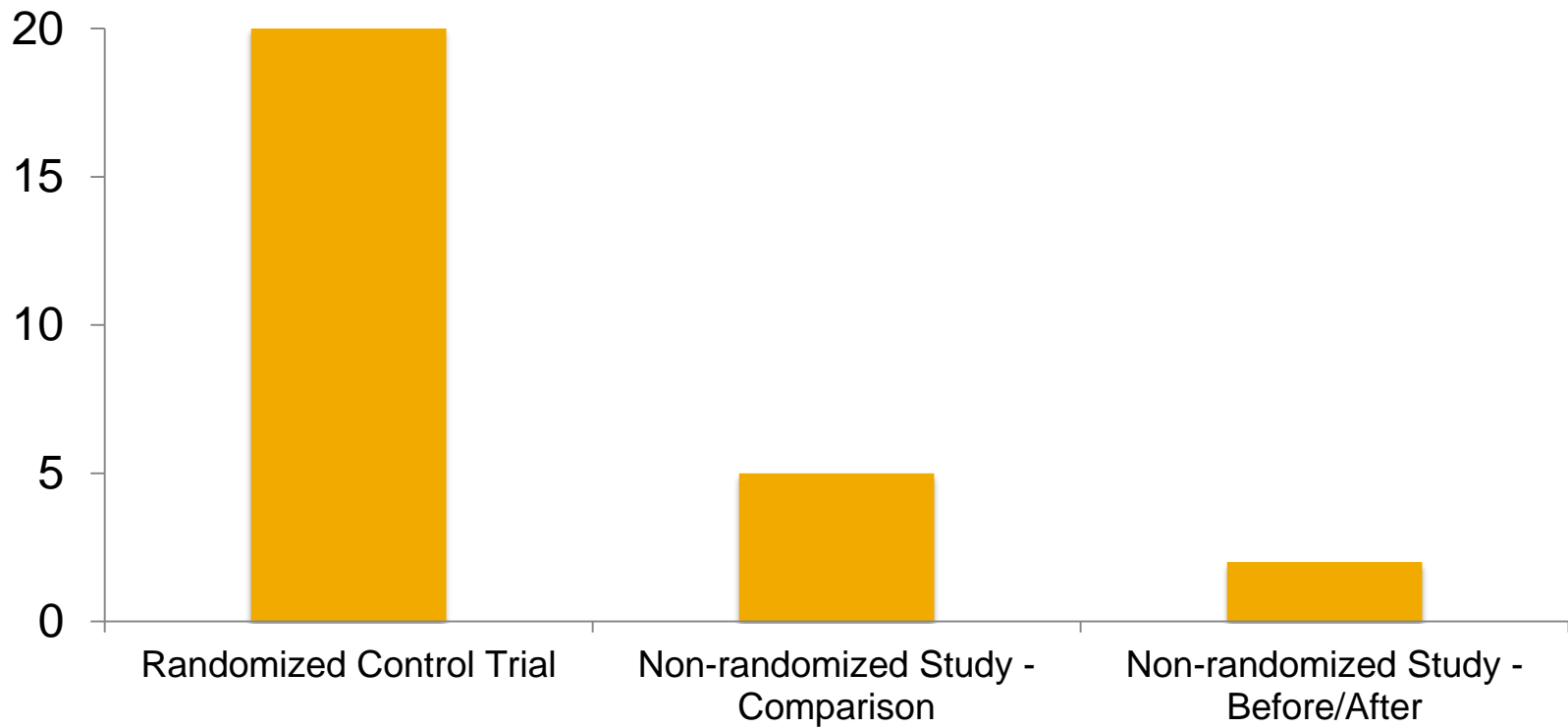


Jurisdiction



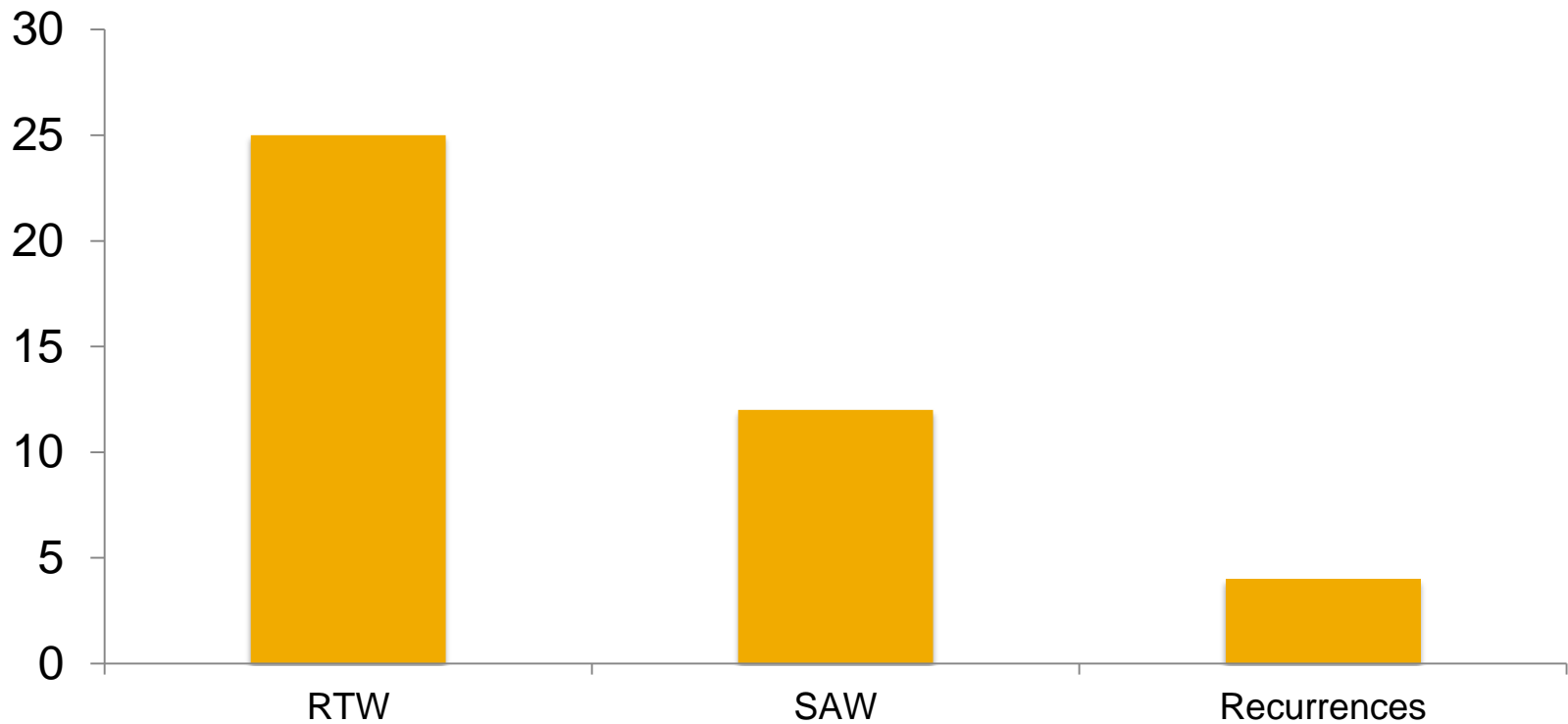


Study Design





Outcomes of Interest





Interventions identified in the literature (n=13)

- **Enhanced care (EC)**
 - **Cognitive behavioural therapy (CBT)**
 - **Work-focused CBT**
-
- Coordination of services
 - ST Psychodynamic psychotherapy
 - LT Psychodynamic psychotherapy
 - Stress reduction program
 - Strength training
 - Aerobic training
 - Relaxation training
 - Part-time sick-leave
 - Nature-based rehab
 - Problem-based method



Details on the interventions with sufficient evidence

Enhanced care (EC):

Enhancement of usual care.

It includes:

- Integrated and coordinated services across health care providers.
- Care givers were explicitly trained in the *diagnosis*, and *treatment* of depressive disorders and RTW strategies.

Cognitive-behavioural therapy (CBT):

Based on a positive, shared therapeutic relationship between therapist and client (CAMH).

It includes:

- structured,
- time-limited,
- problem-focused and
- goal-oriented,
- teaches strategies and skill

Work-focused CBT:

- Focused on work-relevant problems for SAW and/or RTW



What are the findings?

Intervention	SAW	RTW	Recurrences
EC	Mixed	Moderate =	No evidence
CBT	Strong +	Moderate =	Limited =
W-CBT	Moderate +	Moderate +	Moderate =



- + Intervention has a **POSITIVE** effect on outcome
- = Intervention has **NO** effect on outcome



Key Messages

For workers managing their symptoms (IN the workplace):

- CBT is effective, with or without work-focus

For workers experiencing a work absence (OUT of the workplace):

- There is a gradient effect that suggests that workers need more therapeutic support AND a focus on identifying work-relevant strategies related to their RTW.

Regarding the prevention of recurrences of work absence:

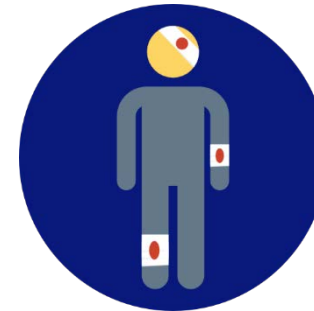
- There is work to be done to find effective approaches to help prevent recurrent work absence.

What does CBT look like?

Type of intervention provider



Clinician



Non-clinician

Few studies have examined non-clinician led interventions
(RTW: n=2, SAW: n=1)

Of those in the review, they seem to have positive effect on these outcomes.

What does CBT look like?

Delivery to groups or individuals



Group



Individual

Few studies have examined group-based interventions
(RTW: $n=2$, SAW: $n=2$).

Of those in the review, they seem to have positive effect on these outcomes.

What does CBT look like?

Alternate forms of delivery



Telephone

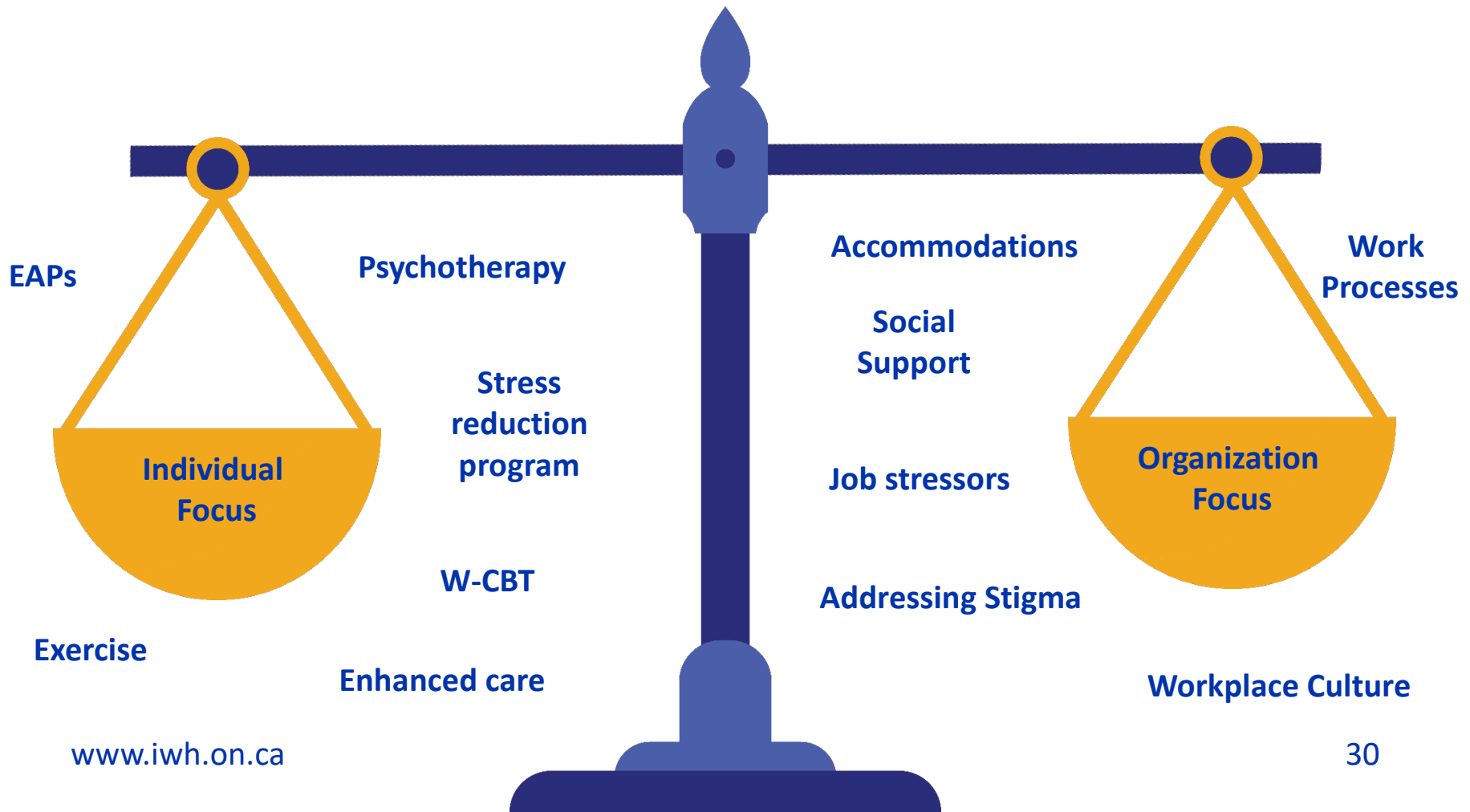


Computer

There is moderate evidence that alternate forms of delivery have a **positive** effect for SAW



Putting these findings into context





Putting these findings into context





Next steps

- Publish & present findings in peer-review
- These findings were used in the development of a **Best Practice Guide** for **Managing Depression in the Workplace** (funded by WorkSafeBC).



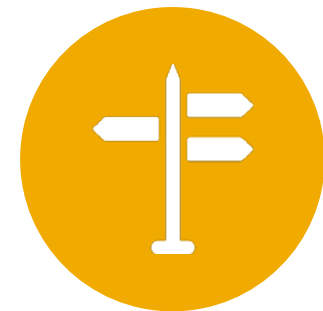
Research
evidence



Practitioner
expertise



Stakeholder
experience



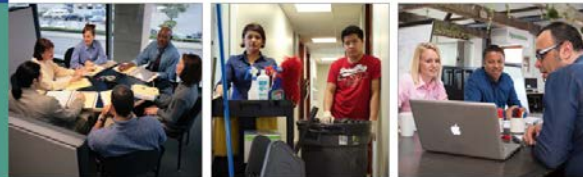
DM Guide



Products to date...

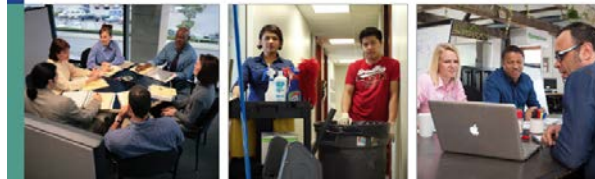
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Evidence in Context for Occupational Health & Safety
OPERATIONAL HANDBOOK

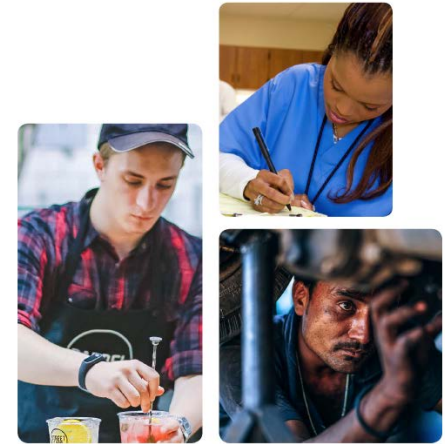


March 2017

Managing depression in the workplace:
A systematic review contextualized for Manitoba



An evidence-informed guide to supporting people with depression in the workplace





Questions





Acknowledgements

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Contextual Factors

Can have an impact on workplace, and health outcomes and cost effectiveness:



Population/
workforce



Other system
factors



Geography



Service
design/location



Economics



Industry



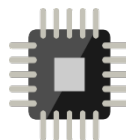
Health/ Human
Resources



Service organization
& delivery



Political factors



Technology



Legislation