Mental Vitality @ Work

Two strategies for a Workers' Health Surveillance mental module for nurses and allied health professionals

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Background

- Nurses have high risk for developing Common Mental Disorders (CMD)

- CMDs can have serious consequences on work functioning of nurses

- Often CMDs & related work functioning problems are detected too late

- Workers Health Surveillance (WHS) aims at monitoring and improving work functioning and (mental) health
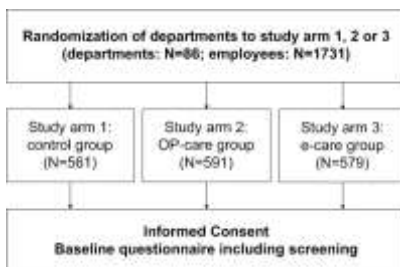

Research aims

I Effectiveness of WHS strategies in enhancing:
    help seeking behavior,
    work functioning
    mental health

II Effectiveness of WHS strategies in enhancing wellbeing

III Cost-effectiveness of WHS strategies

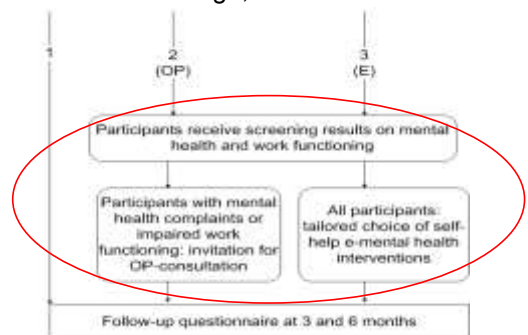---

Population: eligible workers

- One academic medical center in The Netherlands

- Nurses

- Allied Health Professionals

- Not on sick leave

Design, T0

Randomization of departments to study arm 1, 2 or 3 (departments: N=86; employees: N=1731)

| Study arm 1: control group (N=561) | Study arm 2: OP-care group (N=591) | Study arm 3: e-care group (N=579) |

Informed Consent
Baseline questionnaire including screening

Design, cont'd

1   2 (OP)   3 (E)

Participants receive screening results on mental health and work functioning

Participants with mental health complaints or impaired work functioning: invitation for OP-consultation

All participants: tailored choice of self-help e-mental health interventions

Follow-up questionnaire at 3 and 6 months

Worker's Health Surveillance: screening I

Part I Work functioning

Nurses Work Functioning
Questionnaire
(Gärtner et al., 2011)

Subscales (in total 6)
1. Cognitive aspects of task execution & general incidents
2. Causing incidents at work
3. Avoidance behavior
4. Conflicts & irritations with colleagues
5. Impaired contact with patients & their family
6. Lack of energy & motivation

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Worker's Health Surveillance: screening II

Part II Mental Health

Distress: 4 DSQ

Work-related fatigue: Need for Recovery

Depression: BSI-D

Anxiety: BSI-A

Post Traumatic Stress: IES

Risky drinking: Audit-C

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Worker's Health Surveillance: feedback

- Online:

  On screen & in E-mail

  For each aspect separately

  Complaints but no diagnosis

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Worker's Health Surveillance: strategy 1

- Occupational Physician group:

- Invitation for consultation

- Protocol:
  Discussion results

  Advice on enhancing mental health and work functioning

  Referrals

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Worker's Health Surveillance: strategy 2

E-care group:

Tailored choice of e-interventions:
- Mental fitness
- Work stress
- Depression
- Panic
- Risky drinking behaviour

Work advice brochure

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Process evaluation

Both groups:
Participation rate at baseline: 32%
84% would consider participation in the future

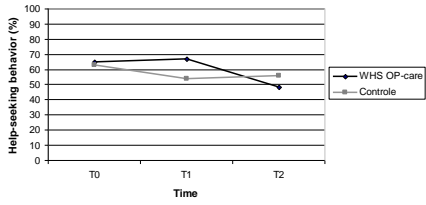OP-care group:
34% of those invited attended the consultation:
- 97% felt they could be open and honest with OP
- 80% followed advice of OP

E-care group:
17% participated in online intervention

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Preliminary results: OP care

Preliminary results: OP care, II

	3 months			6 months		
	OP	Control	Fisher's exact	OP	Control	Fisher's exact
Relevant positive change in work functioning	45%	30%	**0.03**	41%	28%	**0.05**

Conclusions

- Online WHS mental module enables large-scale screening

- Stand alone E-care not feasible

- OP strategy effective in enhancing work functioning

- OP strategy leads to OP attendance, but not to help seeking with other professionals

Questions?

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