Mental Vitality @ Work
Two strategies for a Workers’ Health Surveillance mental module for nurses and allied health professionals

Fania R. Gärtner, MSc.
Sarah M. Ketelaar, MSc.
Odile Smeets, MSc.
Linda Bolier, MSc.

Eva Fischer, PhD
Prof. Dr. Frank J.H. van Dijk, MD
Dr. Karen Nauwelaers, PhD
Dr. Judith K. Sluiter, PhD

Coronel Institute of Occupational Health, Academic Medical Center, Amsterdam, The Netherlands
ICOH, March 19th, Cancun, Mexico

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=581)
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
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

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

Worker’s Health Surveillance: strategy 1

Part I 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

Worker’s Health Surveillance: feedback

- Online:
  - On screen & in e-mail
  - For each aspect separately
  - Complaints but no diagnosis

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

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
Preliminary results: OP care

- Help-seeking behavior (%)

<table>
<thead>
<tr>
<th>Time</th>
<th>WHS OP-care</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>T0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>T1</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>T2</td>
<td>0.8</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Preliminary results: OP care, II

<table>
<thead>
<tr>
<th></th>
<th>3 months</th>
<th>6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP</td>
<td>Control</td>
<td>Fisher’s exact</td>
</tr>
<tr>
<td>OP</td>
<td>Control</td>
<td>Fisher’s exact</td>
</tr>
</tbody>
</table>

- Relevant positive change in work functioning:
  - 2 months: 45% vs. 30%, p = 0.03
  - 6 months: 41% vs. 28%, p = 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?

K.Nieuwenhuijsen@amc.nl