Finnish Institute of Occupational Health

80 YEARS OF WELL-BEING THROUGH WORK

The association of brief psychotherapy with sickness absence trajectories – a register-based study

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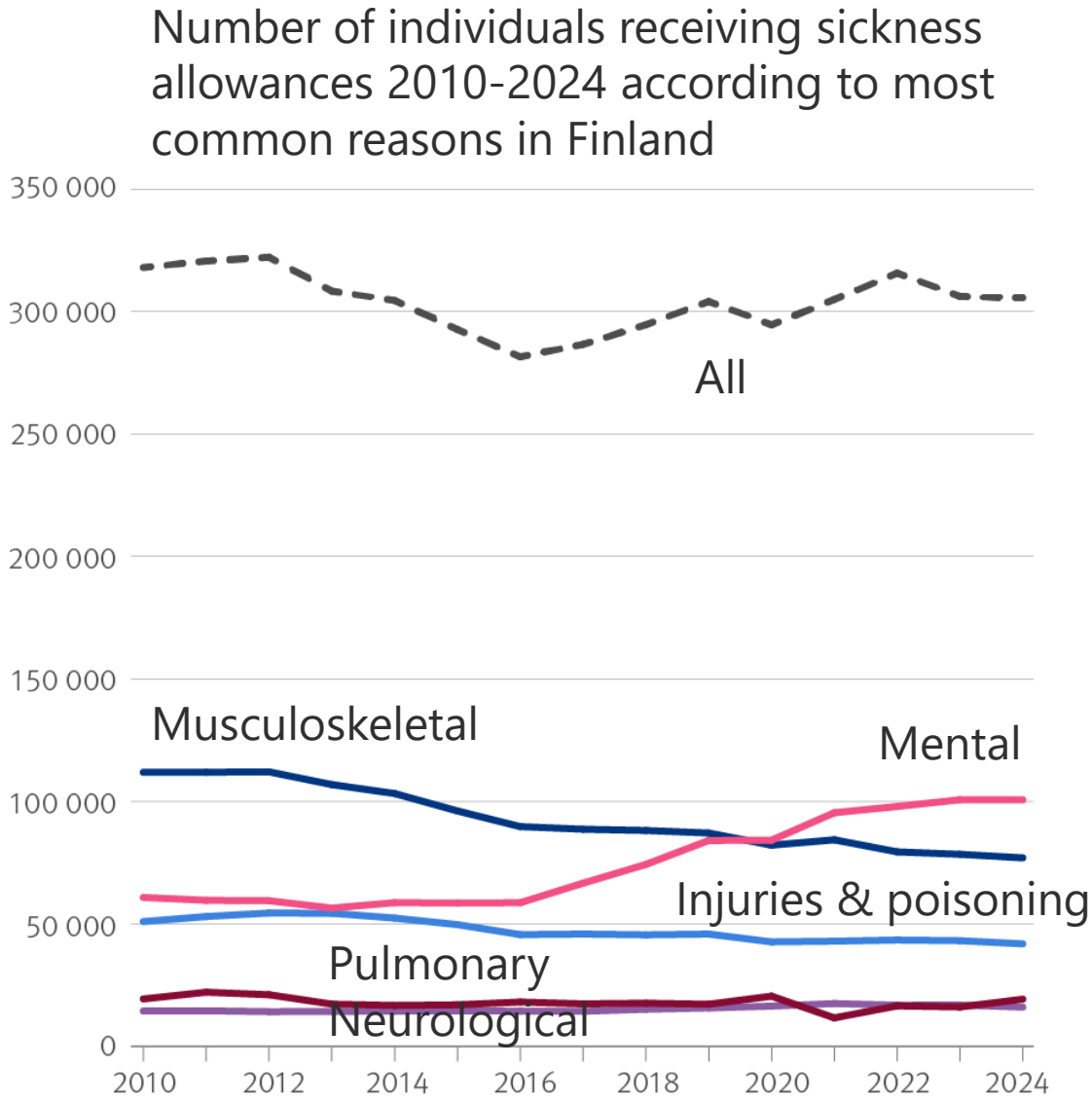
Mental disorders

- Globally: an estimated 12 billion working days are lost annually (WHO)
- In Finland: the most common reason for receiving sickness allowance
- Psychotherapy for work disability?
  - Evidence-based treatment
  - Work-related outcomes vary or do not align with a decrease in symptoms (Salomonsson 2018)
- Disparities between population groups



Graph: Kela

Aims and hypothesis

The objectives were to:

1. Describe anxiety and depression-related sickness absence trajectories
2. Assess whether trajectories are associated with workers' socioeconomic characteristics and employers´ company size or field of industry
3. Examine whether psychotherapy was associated with the change in sickness absences compared to matched controls without the treatment

Hypothesis: a disadvantaged social position, compared to a more advantaged position, is associated with a more severe sickness absence trajectory and a diminished likelihood of benefitting from the treatment

Materials and methods

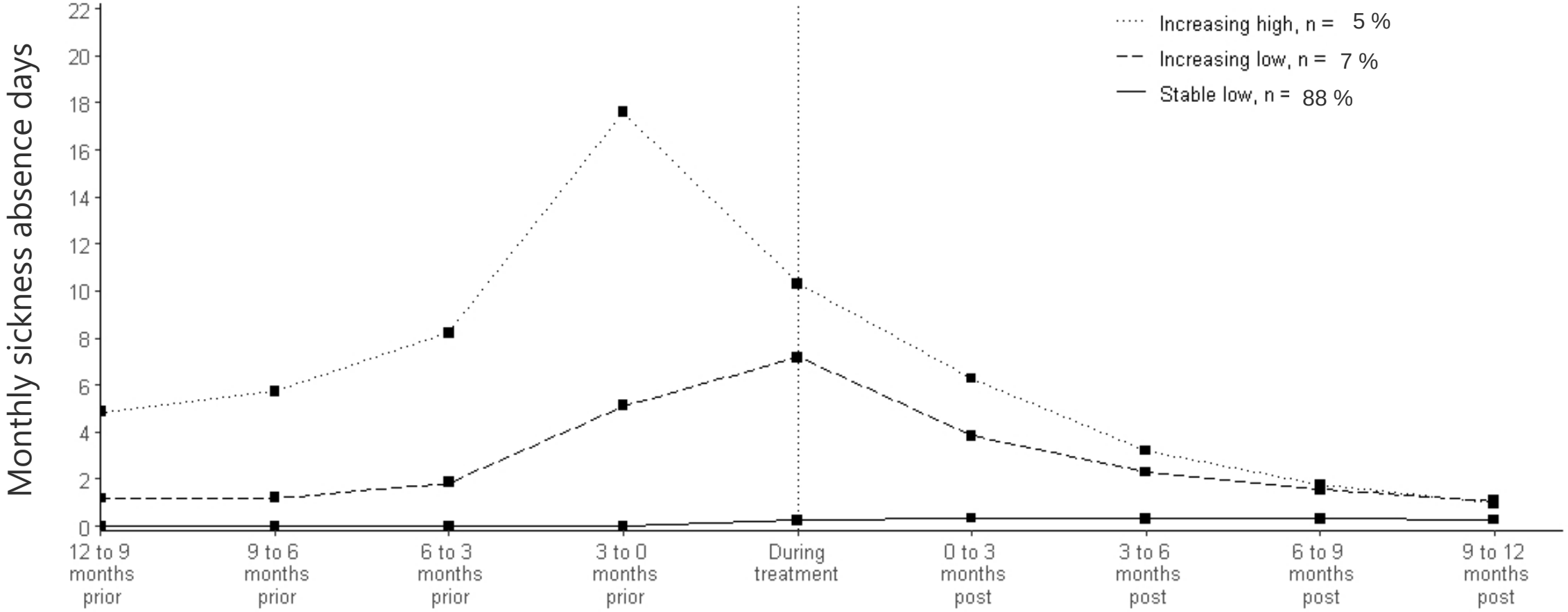
- Register-based data from the GapMind project: Terveystalo, Finland's largest occupational health service (OHS) provider, combined with national registers
  - Analysis: those who received brief psychotherapy (N = 2 656) between 2018 and 2021 and their matched controls (N = 7 958)

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Study population: occupational health service clients (n = 1,5 mil workers)						Occupational health service register (Terveystalo Oyj)					
						Employer register (Terveystalo Oyj)					
	Register of sociodemographic factors (Statistics Finland)										
	Cause of Death Register (Statistics Finland)										
	Sickness Absence Register (Social Insurance Institution)										
	Register of recipients of rehabilitation allowance and benefits (Social Insurance Institution)										
	Register of Reimbursements for Prescription Medicines (Social Insurance Institution)										
	Pension register (Finnish Centre for Pensions)										

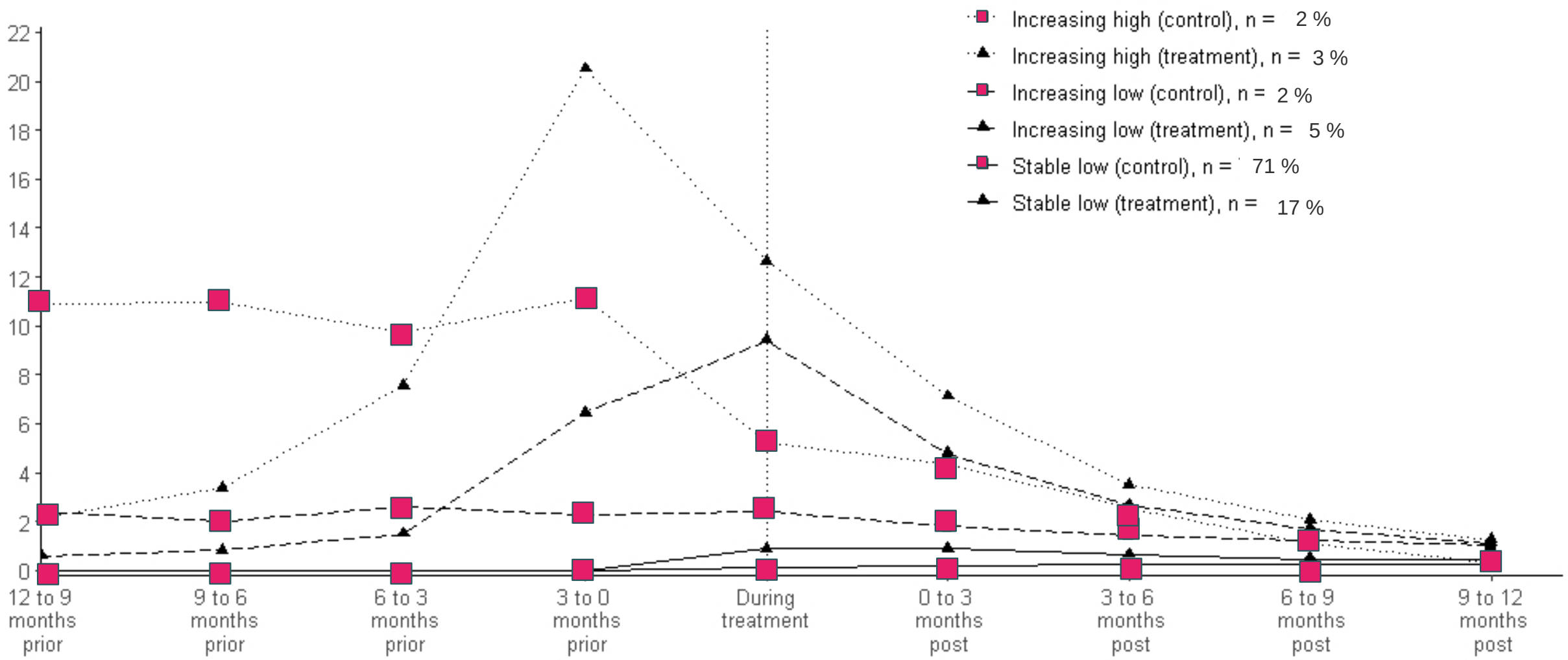
Materials and methods

- Individuals using psychotherapy were matched with controls based on propensity to receive psychotherapy:
  - Criteria: age, gender, income, education and occupational status; morbidity indicators (number of depression- and anxiety-related diagnoses and other medical diagnoses; psychotrophic drug purchases; sickness absences in the preceding year); employer's size and industry
- Group-based trajectory modelling:
  - Sickness absence trajectories were identified using group-based trajectory modelling
  - From one year before to one year after the psychotherapy
  - Multinomial logistic regression analysis: associations between socioeconomic and other characteristics with the group memberships

Results: trajectories



Results: trajectories in treatment and control groups



Results: key associations with trajectories

When risks in belonging to adverse trajectories were compared with belonging a to stable low trajectory:

- SES:
  - Higher age had a small negative association with increasing low and a small positive association with increasing high trajectory
  - Higher education had a negative association with the risk of belonging to either of increasing trajectories
- Employer-related factors: size and field of industry had only negligible associations
- Clinical factors:
  - Number of comorbid diagnoses had a positive and prior sickness absences a strong positive association with increased risk in belonging either of increasing trajectories

Key findings

- Those with lower social positions had a higher level of sickness absences longer before psychotherapy
- Psychotherapy was associated with a decrease in mental health-related sickness absence
  - Despite the pre-treatment level of disability
  - Nearly 70% of those having to psychotherapy showed negligible levels of sickness absences

Strengths and limitations

Limitations

- No information on:
  - non-compensated short sickness absences (less than ten days)
  - other concurrent treatments or job modifications
  - type of psychotherapy (approach)

Strengths

- Comprehensive register-based data
- Propensity score matching: balancing baseline covariates between treatment and control groups

Conclusions

- Differences in sickness absence trajectories severity before, during and after psychotherapy
  - Social position is associated with the trajectory
- Most of the treated do not exhibit long-term sickness absences, whereas a small portion perceives high levels of absences
- Expecting 100% treatment coverage for mental disorders is unrealistic
  - Addressing factors that modify sickness absences and psychotherapy use should be a key target when improving employees´ occupational health services

The team

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Funding:

Kela

Työsuojelurahasto
Arbetarskyddsfonden
The Finnish Work Environment Fund

Finnish Institute of Occupational Health

Thank you for your interest

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