



Trust between healthcare providers in implementing a new collaboration model

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Referring psychiatric patients to occupational health services for earlier return to work – a qualitative implementation study of barriers and facilitators

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Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019

Lancet Psychiatry 2022; 9: 137–50

GBD 2019 Mental Disorders Collaborators*

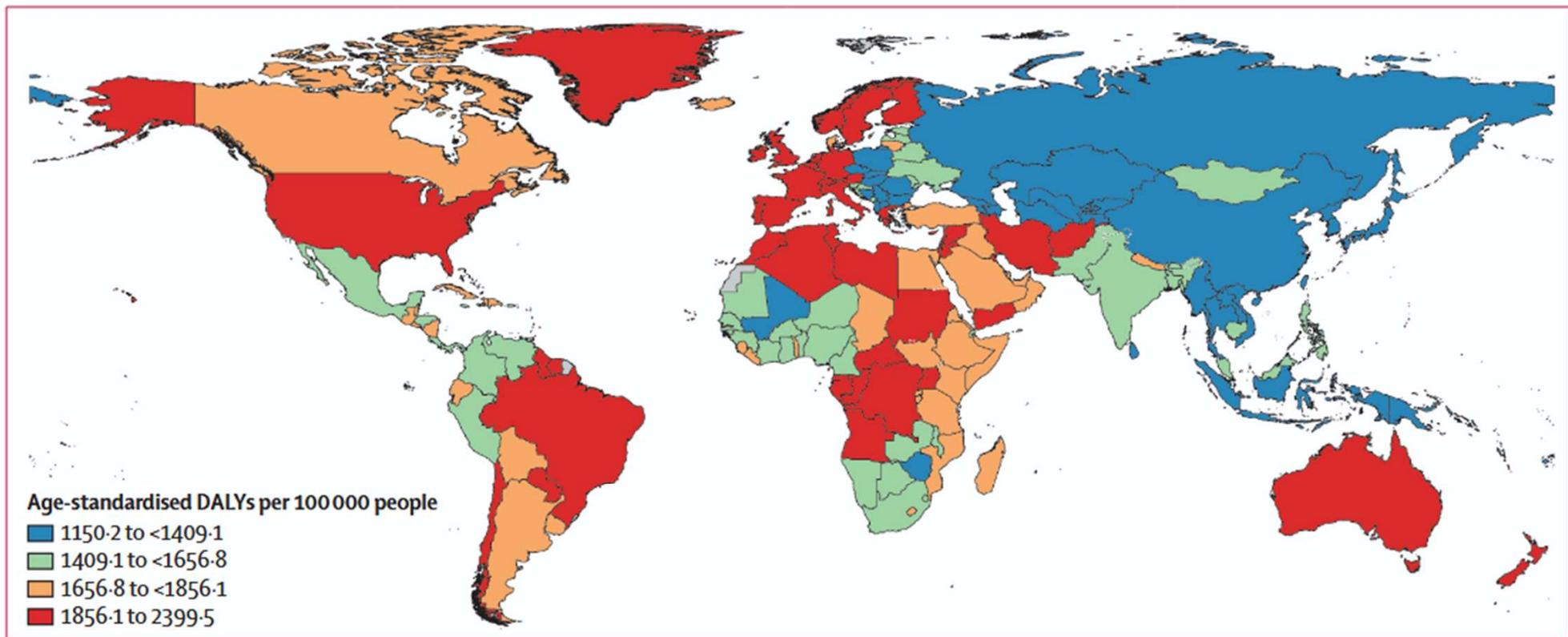
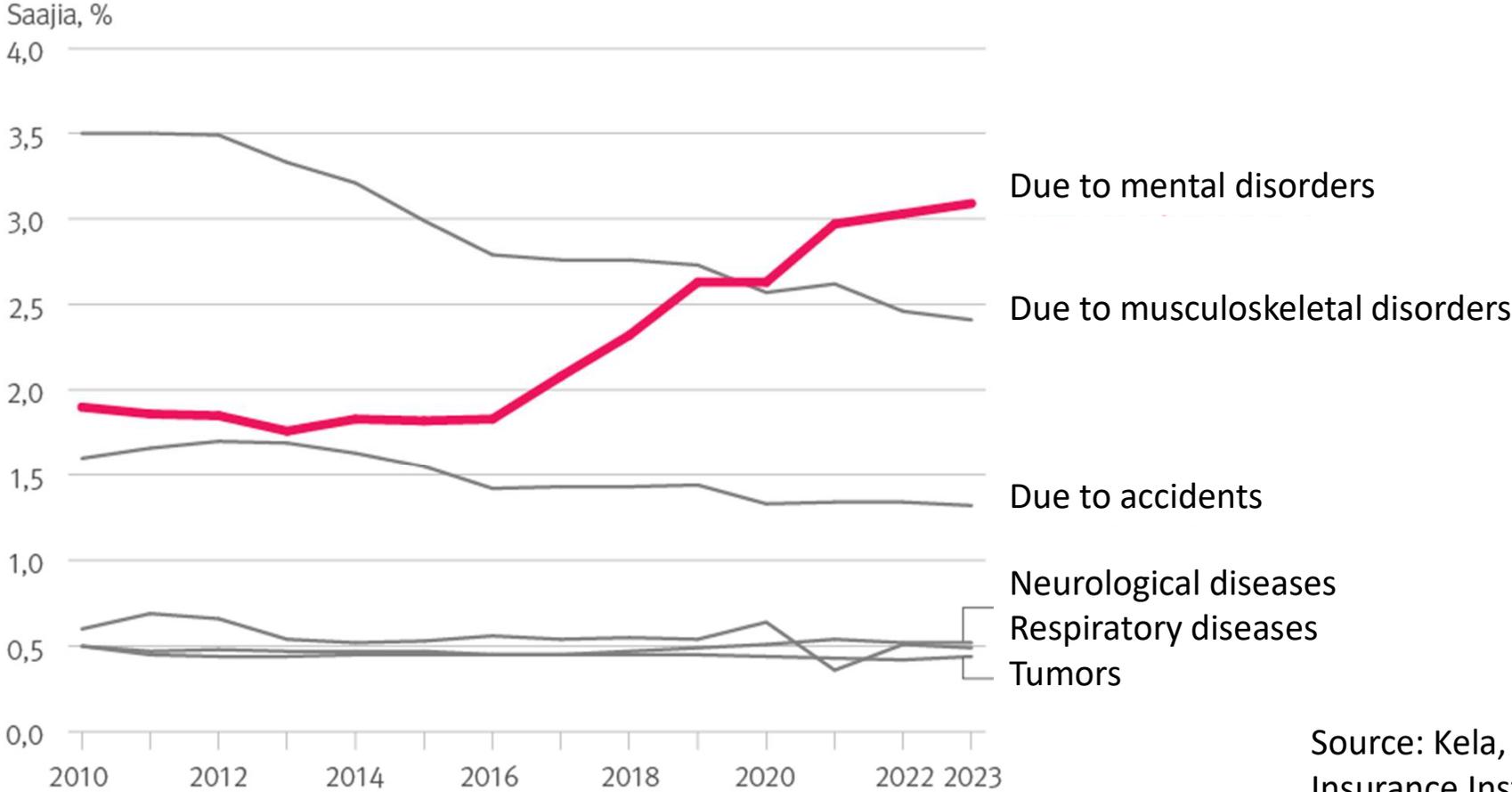


Figure 3: Age-standardised DALYs per 100 000 attributable to mental disorders, 2019
DALYs=disability-adjusted life-years.

Sickness absences in Finland: Mental disorders are on the rise

Paid sickness allowances to 16-67 year old residents, proportion of the population (%) who received sickness benefits in 2010-2023

Cost: 1 billion € /year



Source: Kela, the Social Insurance Institution of Finland

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Return to Work Following Hip or Knee Arthroplasty: A One-Year Prospective Cohort Study in Participants with Direct Referral from Hospital to Occupational Health Care Services

Pauliina Kangas¹ · Satu Soini¹ · Konsta Pamilo² · Visa Kervinen^{3,4} · Marja-Liisa Kinnunen^{4,5}

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Methods: 209 participants with occupational health care service underwent primary hip (THA) or total/unicondylar knee (KJA) arthroplasty and completed self-reported questionnaires after arthroplasty and at time of RTW.

Conclusions The CRTW model seems to shorten time to RTW after THA and KJA. Occupational health care and workplace play important roles in supporting RTW. Patients' own expectations should be noted when giving pre-arthroplasty information.

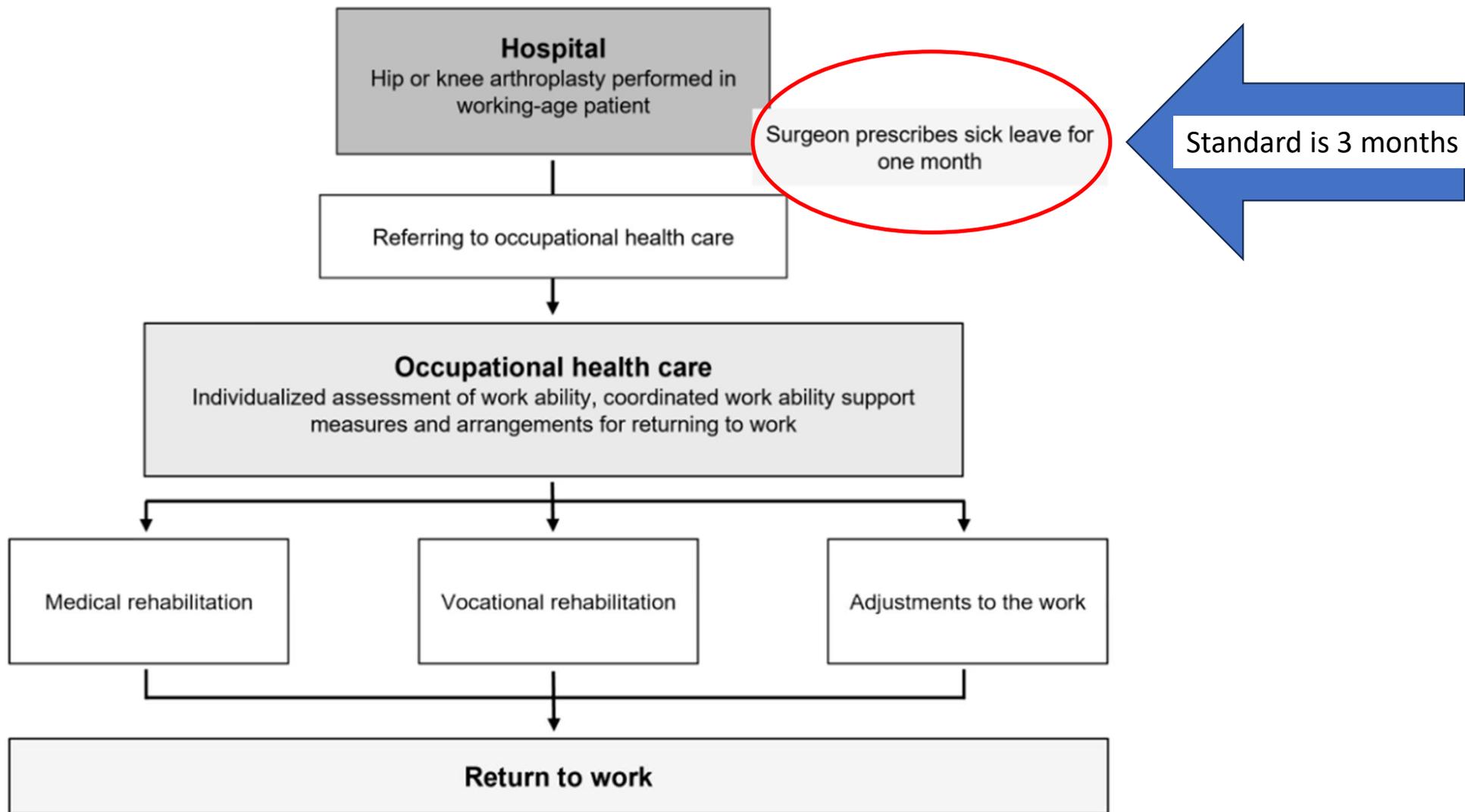


Fig. 1 The principle of the CRTW model in THA or KJA patients

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..... An implementation study, also known as implementation research, examines how evidence-based interventions or policies are adopted, integrated, and sustained in real-world settings.....

Methods

- We collected data from the viewpoints of the developers of the referral model and the deliverers of the services (psychiatrists and occupational health physicians)
- We invited 40 participants to join the study, 17 of whom consented.
- We conducted nine **semi-structured group and individual interviews**.
- Data analysis consisted of analysing the sessions, systematically coding the transcribed texts according to the main domains of CFIR, thematic analysis, and identifying the overarching themes and context-related mechanisms.

Results

During the analysis, we discovered and formed three overarching themes A, B and C.

- A. Discussion of the scope and boundaries of the cooperation in the new referral model: **What was the innovation?**
- B. **Size of target group smaller** than expected. Further, the number of **eligible patients** was unclear to the deliverers. Together, these formed a major barrier to the successful implementation of the referral model.
- C. **Importance of stigma** associated with mental health problems in the return-to-work process. Stigma was described as both a sociocultural phenomenon, such as attitudes within OHS or workplaces, and as self-stigma.

Main facilitators of successful implementation

- Shared belief in the importance and the positive effects of the model
- Trust in the developers
- The developers and deliverers were both motivated by the shared belief that supporting workers with mental health issues is important and that the innovation would have a positive effect on patients' health outcomes, quality of life and RTW.

Psychiatrists:

“Well, if we consider how mental health disorders lead to early retirement, the retirement among those under 35 is absolutely significant. And considering how much mental health issues contribute to work disability and retirement, it’s, of course, crucial to receive assistance and support, especially from occupational health services, where they have a more detailed understanding of the employee’s job description, work-related stressors, both mental and physical aspects.”

“...we rely on the fact that occupational health has the good assessment tools and connections to the workplace so that all possible support for returning to work and restoring or maintaining work capacity can be utilized to support people’s recovery and work ability.”

Main barriers

- The limited availability of the e-referral system between the psychiatrists and OHS
- Uncertainty regarding the number of eligible patients
- The low number of actual referrals during implementation

Conclusions

- Mental health care is more complex than somatic health care with various stakeholders and actors.
 - Collaborative models in mental health care should accommodate various stakeholders from different sectors involved in the treatment and rehabilitation of workers with diagnosed mental health conditions.
 - Helping health care workers contact possible cooperation partners and knowing how to address important individual, workplace-related and sociocultural factors such as stigma may strengthen collaboration between different sectors.
- More implementation studies needed



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Thank you for your attention
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