Bilaga till rapport

Effekter av arbetsmarknadsinsatser för personer långvarigt sjukskrivna på grund av depression, ångest eller stressreaktion/
Effects of return-to-work interventions for persons on long-term sick-leave due to mood-, anxiety- or adjustment disorders
rapport 352, (2022)

Bilaga 3 Tabell över kvantitativa studier / Appendix 3 Characteristics of quantitative studies

Study (ref) **Year** **Country** **Study type**	**Population** *(who, where, when)* **Target and Comparison groups** **Age and Sex** **Follow-up**	**Interventions** **Study aim**
Bejerholm, U [1] **2017** **Sweden** **RCT**	<u>Description of the participants</u> Participants were recruited from outpatient settings in the county council of Skåne, diagnosed with depression and expression an interest in employment. **Intervention** n=33 **Comparison** n=25 **Sex** Female 72% **Age** (mean) 41 year	**Intervention/s for target group** **Intervention** Individual Enabling Support (IES). An employment specialist works closely with the participant in relation to the outpatient team, family, Social Insurance Agency, Public Employment Service, and employers. Most IES principles correspond to the IPS model. **Comparison** Traditional Vocational Rehabilitation (TVR). TVR is delivered by various professionals. The service is individualized to a lesser extent. The first step involves reducing symptoms and increasing work ability at a mental health service (1 h per week). Step 2 involves assessment of 50% work capacity (10–20 h per week). If

	Follow up 6 months 12 months	work capacity is not met, the participant is encouraged to enter Step 3 with pre-vocational activities at the municipality, 5–20 h per week. The last step is vocational training during internship placements (20–40 h per week), and these can lead to employment positions. **Study aim** To determine the effectiveness of IES as compared to TVR for persons with affective disorders.

Study (ref) **Year** **Country** **Study type**	**Population** *(who, where, when)* **Target and Comparison groups** **Age and Sex** **Follow-up**	**Interventions** **Study aim**	**Outcome/s** **Results**	**Risk of bias** **Adverse events** **Comments**
Dalgaard VL [2] **2017** **Denmark** **Secondary outcomes**: **Dalgaard VL 2017** **RCT**	<u>Description of the participants</u> Recruited through sickness benefit departments, all patients were on sick leave (full or part time) due to work-related stress complaints. **Intervention** N=58 **Age** (Mean, years) 45 (28 – 60)	**Intervention/s for target group** Work-focused cognitive behavioural therapy **Intervention Content/description** The intervention consisted of six, one-hour sessions with individual work-focused CBT conducted by a psychologist over 16 weeks and an optional workplace intervention.	**Primary outcome** **<u>Sick leave</u>** Number of weeks until lasting RTW at 44 weeks follow-up, m (CI) Intervention = 20 (12-19) Control A = 25 (21-28) Control B = 29 (25-34) Time until lasting RTW, hazard ratios (HR, CI), model adjusted for all measured confounders (model 2).	**Risk of bias**: Moderate **Adverse events/negative consequences** **Comments:** "During the inclusion period, we discovered that more participants than expected were excluded after clinical assessment for various

	Sex Female (n=43) Male (n=15) **Control group A:** N=56 **Age** (Mean, years) 44 (29 – 63) **Sex** Female (n=40) Male (n=16) **Control group B:** N=49 **Age** (Mean, years) 46 (26 – 62) **Sex** Female (n=37) Male (n=12) **Follow-up** 16 weeks (end of intervention) and 44 weeks.	**Control group A** No intervention but went through a clinical assessment. **Control group B** No intervention nor any clinical assessment. **Study aim** This study aimed to evaluate the effect of a stress management intervention (SMI) on lasting return to work (RTW) among patients with work-related stress complaints.	At 16 weeks follow-up: Intervention = 1.57 (0.87-2.82), 0.13 Control B = 0.66 (0.31 – 1.42), 0.29 At 44 weeks follow-up: Intervention = 1.44 (0.92-2.21), 0.09 Control B = 0.60 (0.36 – 1.00), 0.05 **Secondary outcomes** Mean-change (95%CI), Cohens *d*, (95%CI), **Stress, PSS-10** Intervention vs Control A= -1.47 (-3.91 to 0.97), -0.23 (-0.62 to 0.15), Intervention vs Control B = -3.54 (-6.11 to – 0.97), -0.56 (-0.97 to -0.15)** Control A vs Control B = -2.07 (-4.69 to 0.55), -0.33 (-0.75 to 0.09) **Sleep, BNSQ** Intervention vs Control A= -0.54 (-2.24 to 1.15), -0.33 (-0.54 to 0.28), Intervention vs Control B= -0.84 (-2.53 to 0-94, -0.20 (-0.54 to 0.28)	reasons, eg, their condition was not sufficiently work-related (see figure 1 for more details). Therefore, we elected to stop randomization to control group B in July 2011 when it contained 49 participants. This meant that all new potential participants were invited to the clinical assessment on the basis of the screening questionnaire. Once inclusion and exclusion criteria had been assessed, participants were randomly assigned to either the intervention or control group A." **Abbreviations:** PSS-10= Perceived Stress Scale BNSQ = Basic Nordic Sleep Questionnaire

			Control A vs Control B = -0-30 (-2.11 to 1.51), 0.07 (-0.51 to 0.37)	

Study (ref) **Year** **Country** **Study type**	**Population** *(who, where, when)* **Target and Comparison groups** **Age and Sex** **Follow-up**	**Interventions** **Study aim**	**Outcome/s** **Results**	**Risk of bias** **Adverse events** **Comments**
Finnes A [3] **2019** **Sweden** **RCT**	<u>Description of the participants</u> Participants from Stockholm County, Sweden, of working holding a current employment status of at least 50% and a current sickness absence (SA) status between 25% and	**Intervention/s for target group** **Acceptance and commitment therapy (ACT),** Work-focused cognitive behavioural therapy **Workplace Dialogue Intervention (WDI),** **Intervention ACT** The ACT protocol consisted of six manual-based	**Primary outcome** **Sickness absence**, days, 9 months follow-up, m (sd) ACT = 19.4 (27.7) WDI = 19.3 (28.5) ACT + WDI = 20.8 (28.5) Treatment as usual = 17.4 (27.7) _____ **Secondary outcomes** **Work Ability (WAI),** 9 months follow-up, m (sd) ACT = 34.1 (9.0) WDI = 31.7 (9.2) ACT + WDI = 32.4 (8.3) Treatment as usual = 32.4 (8.6) **Depression (HADS),** 9 months follow-up, m (sd) ACT = 6.3 (4.5)	**Risk of bias**: Moderate **Adverse events/negative consequences** - **Comments:** - **Abbreviations**: ACT = Acceptance and Comittment Therapy WDI = Workplace Dialogue

	100% for the past 1 to 12 months were included in the study. Inclusion criteria also included diagnostic criteria of an anxiety disorder, depression, or stress-related ill-health as defined by the diagnostic criteria for exhaustion disorder. **ACT** N=89 Follow-up: Pre: 89 Post: 66 3MFU: 75 9MFU: 80 **Age** (years (SD)) 46.0 (8.2) **Sex**	face-to-face sessions. The manual incorporated the six core processes in the ACT-model: acceptance, mindfulness, defusion, self as context, values, and committed action. **WDI** The WDI aims at the facilitation of dialogue between the participant and the workplace through a series of steps involving the participant and the nearest supervisor. The aim is to generate mutual understanding on which arrangements are necessary or helpful in facilitating RTW. **ACT + WDI**	WDI = 6.4 (4.9) ACT + WDI = 6.0 (4.4) Treatment as usual = 6.6 (4.8) **Anxiety (HADS?),** 9 months follow-up, m (sd) ACT = 7.6 (4.8) WDI = 7.6 (4.4) ACT + WDI = 7.1 (3.7) Treatment as usual = 6.9 (4.6) **Depression (KEDS),** 9 months follow-up, m (sd) ACT = 19.7 (9.7) WDI = 21.1 (9.9) ACT + WDI = 19.5 (9.0) Treatment as usual = 20.8 (9.4) **Satisfaction with life (SWLS),** 9 months follow-up, m (sd) ACT = 21.7 (7.9) WDI = 21.6 (7.2) ACT + WDI = 21.3 (6.6) Treatment as usual = 21.1 (7.7)	HADS = The Hospital Anxiety and Depression Scale (HADS) WAI = The Work Ability Index KEDS = Karolinska Depression Rating Scale SWLS = Satisfaction with Life Scale

	Female (n=72) Male (n=17) **WDI:** N=87 Follow-up: Pre: 86 Post: 52 3 MFU: 64 9 MFU: 66 **Age** (years (SD)) 44.9 (8.6) **Sex** Female (n=69) Male (n=18) **ACT+WDI:** N=88 Follow-up: Pre: 86 Post: 65 3MFU: 73 9MFU: 78 **Age** (years (SD)) 47.2 (9.2) **Sex** Female (n=69)	In the combined ACT and WDI condition, the two interventions as described were combined, resulting in nine intervention meetings. Two different therapists carried out the two interventions. **Treatment as usual** Participants continued the normal course of treatment or rehabilitation in standard care facilities. **Study aim** The aim of the present study was to evaluate the efficacy of 3 interventions targeting SA of workers.		

	Male (n=19) **Comparison TAU:** N=88 Follow-up: Pre: 87 Post: 65 3MFU: 70 9MFU: 77 **Age** (years (SD)) 46.9 (9.5) **Sex** Female (n=66) Male (n=22) **Follow-up** Pre-study, post-study, 3 months and 9 months.			

Study (ref) Year Country Study type	Population *(who, where, when)* Target and Comparison groups Age and Sex Follow-up	Interventions Study aim	Outcome/s Results	Risk of bias Adverse events Comments
L Hellström [4] **2017** **Denmark** **RCT**	Description of the participants Participants were recruited from mental health centres (inpatients and outpatients) and private practising psychiatrists. **Intervention participants** N=162 Loss to follow-up: 12 months: 29/162 24 months: 37/162 Age (years (SD)) 34 (10) Sex Female (n=115) Male (n=47) **Comparison group participants:** N= 164	**Intervention/s for target group** **Type or name** Individual Placement and Support (IPS) -MA. **Content/description** 1-1,5 hours/week, continued for as long as needed. IPS is based on eight principles: eligibility based on client choice, focus on competitive employment, integration of mental health and employment services, attention to client preferences, work incentives planning, rapid job search, systematic job development and individualised job supports. **Intervention/s for comparison group**	**Primary outcome** **Return to work or education** n (%), OR, 95% CI, p value **At 12 months** Intervention: 51 (32.5), 1.19, 0.74 – 1.92, 0.20 Comparison: 46 (28.0) **At 24 months** Intervention: 72 (44.2), 1.34, 0.86 – 2.10, 0.20 Comparison: 62 (37.8) **Weeks worked** Mean (SE), mean difference (SE), p value **At 12 months** Intervention: 11.6 (1.35), -2.06 – 5.42 Comparison: 32.4 (2.76), 1.68 (1.90), 0.14 **At 24 months** Intervention: 32.4 (2.76), -1.93 to 13.37 Comparison: 26.7 (2.74), 5.72 (3.89), 0.14	**Risk of bias**: Low **Adverse events/negative consequences** - **Comments:** - **Abbreviations**: IPS – MA = Individual Placement and Support modified for people with mood and anxiety disorders

	Loss to follow-up: 12 months: 55/164 24 months: 60/164 Age (years (SD)) 36 (11) Sex Female (n=106) Male (n=59) **Follow-up** 12 and 24 months.	Participants all received SAU as offered by the job centers in Denmark, for instance, courses, company internship programs, wage subsidy jobs, skill development and guidance, mentor support or gradual return to employment. Normally, benefits can be received for a maximum of 52 weeks. **Study aim** To examine the effect of IPS modified for people with mood and anxiety disorders (IPS-MA) on return to work and education compared with services as usual (SAU).	**Secondary Outcome** **Depression** **At 12 months** HAM-D6, Hamilton Depression 6-Item Scale; Mean (SE), mean difference (SE) Intervention: 6.5 (0.38), -1.15 to 0.61 Comparison: 6.7 (0.41), 0.27 (0.45) **At 24 months** HAM-D6, Hamilton Depression 6-Item Scale; Mean (SE), mean difference (SE), p-value Intervention: 5.7 (0.43), -0.17 to 1.71 Comparison: 5.0 (0.44), 0.77 (0.48), 0.23 **Anxiety** **At 12 months** HAM-A6, Hamilton Anxiety 6-Item Scale; Mean (SE), mean difference (SE) Intervention: 6.8 (0.42), -0.83 to 1.13 Comparison: 6.6 (0.45), 0.15 (0.50) **At 24 months** HAM-A6, Hamilton Anxiety 6-Item Scale; Mean (SE), mean difference (SE), p-value Intervention: 5.8 (0.42), -0.28 to 1.60 Comparison: 5.1 (0.42), 0.66 (0.48), 0.13	

Study (ref) Year Country Study type	Population *(who, where, when)* Target and Comparison groups Age and Sex Follow-up	Interventions Study aim	Outcome/s Results	Risk of bias Adverse events Comments
Hoff, A [5] **2022** **Denmark** **RCT**	Description of the participants Recruited from 4 municipalities, >4 weeks sick-leave due to depression, generalized anxiety disorder, social phobia or panic disorder Intervention n=206 Comparison n=203 Sex Female 73-74% Age (mean) 40-43 year Follow-up 6 months 12 months	Intervention/s for target group **Intervention** Integrated vocational rehabilitation and mental health care. A joint team from municipal jobcentres and mental healthcare gave service as usual (SAU). In addition, closer support was given by an employment consultant (m=<6 physical meetings, m= <4 digital contacts) and care manager (m=<22 weeks). A joint plan was formed with the participant. The support consisted of mentoring during job interviews, problem solving and how to manage job and illness in return to work. **Comparison** Standard vocational rehabilitation in municipal job-centers and mental healthcare through general practitioners.	Primary outcome Time to return to stable work (weeks, HR, 98.3%CI, p-value) 12-month follow-up INT=30, 0.96, 0.71 to 1.29, 0.715 SAU = 31 Proportion in work (%, OR) INT=56.2, 0.64, 0.39 to 1.05, 0.0293* SAU = 45, Secondary outcomes Depression, m (sd), diff (98.3% CI) p-value Beck Depression Inventory (BDI) INT = 11.14 (10.58), 0.41(-1.18 to 2.01)0.536 SAU = 12.54 (11.56) Four-dimensional-Symptom Questionnaire (4DSQ) INT = 1.59 (2.64), 0.33(-0.43 to 1.08)0.3 SAU = 2.12 (3.25) Anxiety, m (sd), diff (98.3% CI)	**Risk of bias:** Moderate **Comments:** - **Abbreviations**: HR= hazard rate OR = odds rate INT= integrated vocational rehabilitation and mental care SAU =standard service as usual

		Study aim To investigate the effect of integrated intervention (INT).	Beck Anxiety Inventory (BAI) INT = 12.05 (9.03), 0.87(-0.59 to 2.34)0.154 SAU = 12.34 (9.22) Four-dimensional-Symptom Questionnaire (4DSQ) INT = 3.39 (4.15), 0.28(-0.99 to 1.55)0.6 SAU = 3.58 (4.72) Stress, m (sd), diff (98.3% CI) Perceived Stress Scale (PSS) INT = 15.52 (7.82), 0.58(-0.62 to 1.77)0.25 SAU = 15.93 (7.62) Life quality, m (sd), diff (98.3% CI) Health-related quality of life (EQ5DL) INT = 0.8 (0.16), -0.01 to 0.03)0.678 SAU = 0.79 (0.16) Functioning, m (sd), diff (98.3% CI) Work and Social Adjustment Scale (WSAS) INT = 11.85 (9.81), 0.18(-1.46 to 1.82)0.796 SAU = 12.22 (10.55) Exhaustion, m (sd), diff (98.3% CI)	

			Karolinska Exhaustion Disorder Scale (KEDS) INT = 57.73 (19.05), 2.07(-2.09 to 6.24)0.233 SAU = 60.62 (19.97	

Study (ref) **Year** **Country** **Study type**	**Population** *(who, where, when)* **Target and Comparison groups** **Age and Sex** **Follow-up**	**Interventions** **Study aim**	**Outcome/s** **Results**	**Risk of bias** **Adverse events** **Comments**
Lammerts L [6] **2016** **Netherlands** **RCT**	Description of the participants Sick-listed workers (18–64 years), who applied for a sickness benefit at the Dutch SSA due to the (partial) absence of an employment contract and belonged to one of the participating SSA offices. Newly sick-listed worker received an invitation and was asked to indicate whether he/she was sick-listed due to mental health problems. **Participants** (who, where, when)	**Intervention/s for target group** **Participatory supportive RTW program** A standardized form of OHC that started early after sick-listing. **Content/description** A participatory approach, integrated care and direct placement in a competitive job were part of the new program. A more standardized form of OHC that started early after sick-listing, i.e., the participatory supportive RTW program.	**Primary Outcome** **Employment** Duration in calendar days from the day of enrolment in the study until first paid employment in a regular work-setting for ≥28 consecutive calendar days. Hazard ratios adjusted for all measured confounders (HR), 95% confidence intervals (CI), reference group = comparison group. Time to first sustainable RTW in competitive employment = 1.15 (0.61–2.16) Time to first RTW in any type of employment = 0.99 (0.58–1.67) **Sick leave**	**Risk of bias**: Moderate **Adverse events/negative consequences** - **Comments:** Depression and anxiety were measured with the Four-Dimensional symptom Questionnaire SF-36 = Short Form Health Survey **Abbreviations**: SSA = Dutch Social Security Agency

	N= 94 **Age** (years (SD)) 45.7 (10.6) **Sex** Female (n=45) Male (n=49) **Loss to follow-up:** Received intervention: N=36/94 **Comparison group** N= 92 **Age** (years (SD)) 46.3 (10.0) **Sex** Female (n=47) Male (n=45) **Follow-up** 12 months. Data about paid employment, sickness absence, type of worker, and SSA consultations could be collected from the SSA database for all participants (100%).	**Intervention/s for comparison group** The Dutch SSA provides OHC in a team of professionals, consisting of a RTW coordinator, an insurance physician, and a labor expert. **Study aim** To study the effectiveness of a new participatory, supportive RTW program for workers without an employment contract, sick-listed 2–14 weeks due to a common mental disorder, in comparison with usual care.	Sickness benefit duration (days) < 240 = 0.74 (0.45-1.23) >240 = 2.27 (0.85-6.07) _____ **Secondary Outcome** Ratings after 12 months mean (sd), mixed model analyses, beta, 95% CI, p value **Depression** Intervention = 3.7 (4.3), 0.0, -0.98 – 0.98, 1.0 Control = 4.6 (4.2) **Anxiety** Intervention = 6.1 (6.3), -1.05, -2.58 – 0.49, 0.18 Control = 6.9 (7.4) **SF-36 Physical component** Intervention = 46.1 (10.4), 0.69, -2.96 – 1.58, 0.55 Control = 48.3 (10.6) **SF-36 Mental component** Intervention = 35.5 (12.8), 1.59, -1.85 – 5.01, 0.36 Control = 32.8 (13.6)	OHC = Occupational Health Care

Study (ref) Year Country Study type	Population *(who, where, when)* Target and Comparison groups Age and Sex Follow-up	Interventions Study aim	Outcome/s Results	Risk of bias Adverse events Comments
Øverland S [7] **2018** **Norway** **RCT**	<u>Description of the participants</u> The target population for the trial was people aged 18–60 years old struggling with work participation due to common mental disorders, primarily anxiety and depression. Participants could be referred by their GP or case manager or self-refer to receive the AWaC programme. Subgroup long-term sample = > 12 months of sick leave <u>Age</u> (years, mean) 40.4 **Intervention participants** N=630 (incl. long term sample =132)	**Intervention/s for target group** **At Work and Coping (AWaC)** Work-directed CBT and job support intervention **Content/description** The AWaC programme combines individual CBT and job support. Mini teams of therapists and employment specialists ensured integration at each site. The job support adhered to the principles of IPS. **Intervention/s for comparison group** Standard treatment from general practitioners (GPs), any other employment scheme and/ or intervention offered by the Norwegian Labour and Welfare	**Primary outcome** **<u>Employment</u>** **Months in work, no benefit** after 46 months (median, sd) Full sample: intervention = 20.3 (21), control = 18.5 (15) Long term sample: intervention = 8.8 (0), control = 6.0 (0) **Work overtime**, intervention group compared with control group, difference in rates (SE), difference in %-units 24 of 36 months Full sample = 0.035 (0.039), 3,5 Long term sample = 0.071** (0.031), 7,1 22 of 36 months Full sample = 0.045 (0.037), 4,5 Long term sample = 0.077*** (0.028), 7,7 26 of 36 months Full sample = 0.007 (0.036), 0,7 Long term sample = 0.029 (0.031), 2,9 **<u>Income</u>**	**Risk of bias**: Low **Adverse events/negative consequences** - **Comments:** This is the same population as Study RN157, Reme 2015. Results adjusted for all measured confounders **Abbreviations**: AWaC = At Work and Coping GP = General Practitioner NAV = Norwegian Labour and Welfare Administration

	Loss to follow-up: Outcome data were derived from registry data with no attrition. Only 5% dropped out of treatment (defined as receiving less than three treatment sessions) in the AWaC group. Sex Female (n=437) Male (n=193) **Comparison group participants** N= 563 (incl. long term sample =136) Loss to follow-up: Outcome data were derived from registry data with no attrition. Adherence to services in the control group was not registered. Sex Female (n=365) Male (n=198) **Follow-up** 24 and 36 months.	Administration (NAV), and services offered by other health professionals and providers. **Study aim** There is moderate quality evidence that integrating work-directed interventions and components from psychological therapies reduces sickness absence in the medium term. We aimed to extend this evidence by examining objectively ascertained income and work participation status up to 4 years after an intervention to improve outcomes among people who struggle with work from common mental disorder.	Annual income, 2015 Norwegian kroner, mean difference (SE) intervention group compared with control group. Year 2: Full sample = 15 494 (12 102) Long term sample = 31 627 (10 488) Year 3: Full sample = 12 148 (12 780) Long term sample = 37 859 (19 132) **Secondary outcome** None	

Study (ref) **Year** **Country** **Study type**	**Population** *(who, where, when)* **Target and Comparison groups** **Age and Sex** **Follow-up**	**Interventions** **Study aim**	**Outcome/s** **Results**	**Risk of bias** **Adverse events** **Comments**
Reme Endresen S **[8]** **2015** **Norway** **RCT**	<u>Description of the participants</u> The target population for the trial was people aged 18–60 years old struggling with work participation due to common mental disorders, primarily anxiety and depression. Participants could be referred by their GP or case manager or self-refer to receive the AWaC programme. **Age** (years) 40.4 years (95% CI 39.9 to 41.0) **Intervention participants** N=630 <u>Loss to follow-up:</u>	**Intervention/s for target group** **AWaC (At Work and Coping),** Work-focused CBT with individual job support. **Content/description** The AWaC programme combines individual CBT and job support. Mini teams of therapists and employment specialists ensured integration at each site. Up to 15 sessions of CBT were offered. The job support was based on the IPS approach.	**Primary outcome** **<u>Employment</u>** Work participation, intervention versus control, regression estimates: marginal effect (CI). All participants: 12 months follow-up = 0.062 (0.005 – 0.118) 18 months follow-up = 0.070 (0.024 – 0.165) Participants on long-term benefits: 12 months follow-up = 0.074 (0.011 – 0.37) 18 months follow-up = 0.178 (0.104 – 0.253) **Secondary outcome** Changes in mental health and health-related quality of life, after 12 months. Mean (SE), t-test, df	**Risk of bias**: Low **Adverse events/negative consequences** - **Comments:** This is the same population as Study RN146, Overland 2018 **Abbreviations**: AWaC = At Work and Coping GP = General Practitioner NAV = Norwegian Labour and Welfare Administration HAD = Hospital Anxiety and Depression scale

	Data on the main outcome measure, work participation, were complete for all participants. However, for secondary outcomes based on self-report, 740 (62%) participants at 6 months follow-up and 636 (52%) participants at 12 months follow-up returned their questionnaires. Only 5% dropped out of treatment (defined as receiving less than three treatment sessions) in the AWaC group. <u>Sex</u> Female (n=437) Male (n=193) **Comparison group participants:** N= 563 <u>Loss to follow-up:</u> Data on the main outcome measure, work participation, were complete for all participants. However, for secondary outcomes based on self-report, 740	**Intervention/s for comparison group** Received standard treatment from their GP, national insurance office (NAV), other health professionals, and received a letter with information and encouragement to use available services and self-help resources. **Study aim** The aim of this study was to evaluate the effectiveness of work-focused cognitive–behavioural therapy (CBT) and individual job support for people struggling with work participation due to CMDs.	**Depression, HAD-D** Intervention (n=376): 5.11 (0.23), 3.23, 625 Control (n=251): 6.27 (0.28) **Anxiety, HAD-A** Intervention: 7.88 (0.24), 2.56, 625 Control: 8.86 (0.30) **Health-related quality of life, EQ5D** Intervention: 65.64 (1.15), 2.24, 616 Control: 61.57 (1.41)	EQ5D = The EuroQOL five dimensions questionnaire (EQ-5D)

	(62%) participants at 6 months follow-up and 636 (52%) participants at 12 months follow-up returned their questionnaires. Adherence to services in the control group was not registered. <u>Sex</u> Female (n=365) Male (n=198) **Follow-up** 12 months			

Study (ref) **Year** **Country** **Study type**	**Population** *(who, where, when)* **Target and Comparison groups** **Age and Sex** **Follow-up**	**Interventions** **Study aim**	**Outcome/s** **Results**	**Risk of bias** **Adverse events** **Comments**
Salomonsson S **[9]** **2020** **Sweden** **RCT**	<u>Description of the participants</u> Participants were recruited from primary healthcare centres by their general practitioner, who referred all patients with mild to moderate	**Intervention/s for target group** Cognitive behaviour therapy (CBT) Return to work intervention (RTW-I) Combination treatment (COMBO)	**Primary Outcome** **<u>Sick leave</u>** Days on sick leave one year after treatment start, mean (sd) Stress subgroup (n=152) CBT = 136.5 (119.5) RTW-1 = 132.1 (105.4) Combo = 147.8 (115.7)	**Risk of bias**: Low **Adverse events/negative consequences** -

	mental disorders who were interested in receiving psychological treatment. **Stress subgroup** Description of the participants Patients with stress-related disorders adjustment disorder (AD) and exhaustion disorder (ED). N=152 **Cognitive behaviour therapy (CBT)** N=52 Age (years (SD)) 42.0 (9.9) **Sex** Female (n=46) Male (n=6) **Return to work intervention (RTW-I)** N=49 Age (years (SD)) 43.4 (9.3) **Sex** Female (n=41) Male (n=8) **Combination treatment (COMBO):** N=51 Age (years (SD)) 42.8 (9.9) **Sex** Female (n=45) Male (n=6)	**Cognitive behaviour therapy (CBT)** Treatments were based on available evidence-based CBT protocols for each specific disorder. Depending on psychiatric disorder, the length of CBT varied between 8 and 20 weekly sessions. **Return to work intervention (RTW-I)** The treatment consisted of four central modules: (1) conceptualization, (2) psychoeducation, (3) planning and (4) monitoring. These modules were worked through in 10 sessions over a period of 20 weeks, initially weekly then follow-ups more sparsely. **Combination treatment (COMBO):** In COMBO, the treatments were combined, starting with three RTW-I sessions (the first three modules), followed by CBT for the specific disorder.	Depression/anxiety subgroup (n=59) CBT = 189.5 (140.9) RTW-1 = 100.2 (101.1) Combo = 107.1 (93. 0 **Secondary outcomes** Mean (sd), d (95% CI) **Anxiety, HADS** CBT = 6.9 (3.4), vs RTW 0.10 (-0.34 – 0.53) RTW-1 = 7.3 (4.7) vs Combo 0.04 (-0.21 – 0.66) Combo = 7.1 (4.2) vs CBT -0.05 (-0.38 – 0.48) **Depression, MADRS-S** CBT = 9.6 (7.0), vs RTW 0.23 (-0.21 – 0.66) RTW-1 = 11.4 (8.8) vs Combo -0.20 (-0.63 – 0.23) Combo = 9.7 (7.8) vs CBT -0.01 (-0.41 – 0.44) **Exhaustion, SMBQ-22** CBT = 3.3 (1.4), vs RTW 0.35 (-0.13 – 0.82) RTW-1 = 3.7 (1.4) vs Combo 0.03 (-0.49 – 0.43) Combo = 3.8 (1.5) vs CBT -0.31 (-0.78 – 0.17)	**Comments:** This is a post-hoc subgroup analysis of the same population as Study RN165, Salomonsson 2017 **Abbreviations**: HADS = Hospital and Anxiety Rating Scale MADRS-S = Montgomery Åsberg Depression Rating Scale-Self Rated SMBQ-22 = Shirom-Melamed Burnout Questionnaire

	DepAnxIn subgroup Description of the participants Patients diagnosed with depression, any of the anxiety disorders or insomnia. N=59 **Cognitive behaviour therapy (CBT)** N=12 Age (years (SD)) 44.4 (10.1) **Sex** Female (n=8) Male (n=4) **Return to work intervention (RTW-I)** N=18 Age (years (SD)) 39.4 (9.5) **Sex** Female (n=12) Male (n=6) **Combination treatment (COMBO):** N=29 Age (years (SD)) 39.2 (10.9) **Sex** Female (n=22) Male (n=7) **Follow-up** 6 and 12 months Loss to follow-up:	Depending on the specific disorder and CBT protocol, the COMBO treatment thus varied between 10 and 25 sessions during a period of maximum 25 weeks. **Study aim** The aim of the present study was to evaluate cognitive behaviour therapy, return to-work interventions and a combination of the two for primary care patients on sick leave due to common mental disorders.		

	There was no data loss concerning sick leave.			

Study (ref) **Year** **Country** **Study type**	**Population** *(who, where, when)* **Target and Comparison groups** **Age and Sex** **Follow-up**	**Interventions** **Study aim**	**Outcome/s** **Results**	**Risk of bias** **Adverse events** **Comments**
Salomonsson S **[10]** **2017** **Sweden** **RCT**	Description of the participants Participants were recruited from primary healthcare centres by their general practitioner, who referred all patients with mild to moderate mental disorders who were interested in receiving psychological treatment. **Cognitive behaviour therapy (CBT)** N=64 Age (years (SD)) 42.5 (9.2) **Sex** Female (n=54) Male (n=10)	**Intervention/s for target group** Cognitive behaviour therapy (CBT) Return to work intervention (RTW-I) Combination treatment (COMBO) **Cognitive behaviour therapy (CBT)** Treatments were based on available evidence-based CBT protocols for each specific disorder. Depending on psychiatric disorder, the length of CBT varied between 8 and 20 weekly sessions.	**Primary Outcome** **Sick leave**, days 0-12 months after randomization, m (sd) CBT = 146.5 (124.3) RTW-1 = 123.5 (104.5) Combo = 133.0 (109.2) Difference in days on sick leave, RTW vs - CBT = 27 (95% CI 8.7 – 62.8) - Combo = 18 (95% CI 15.8 – 52) **Secondary outcomes** None	**Risk of bias**: Low **Adverse events/negative consequences** - **Comments:** This is the same population as Study RN164, Salomonsson 2020

	Return to work intervention (RTW-I) N=67 Age (years (SD)) 42.2 (9.5) **Sex** Female (n=53) Male (n=14) **Combination treatment (COMBO):** N=80 **Age** (years (SD)) 41.5 (10.4) **Sex** Female (n=67) Male (n=13) **Follow-up** 6 and 12 months Loss to follow-up: There was no data loss concerning sick leave.	**Return to work intervention (RTW-I)** The treatment consisted of four central modules: (1) conceptualization, (2) psychoeducation, (3) planning and (4) monitoring. These modules were worked through in 10 sessions over a period of 20 weeks, initially weekly then follow-ups more sparsely. **Combination treatment (COMBO):** In COMBO, the treatments were combined, starting with three RTW-I sessions (the first three modules), followed by CBT for the specific disorder. Depending on the specific disorder and CBT protocol, the COMBO treatment thus varied between 10 and 25 sessions during a period of maximum 25 weeks. **Study aim** The aim of this study was to evaluate specific effects for patients with adjustment or exhaustion disorder, regarding symptom severity		

		and sick leave after CBT, a return-to-work intervention, and a combination of them, using data from a randomized trial.		

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