

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 5 Tabell över inkluderade hälsoekonomiska studier / Appendix 5 Table of included health economic studies

Table 1. Economic evaluation of a modified Individual Placement and Support intervention for people with mood and anxiety disorders (IPS-MA).

Author	Hellström et al.
Year	2021
Reference	[1]. Main trial results are reported in Hellström 2017
Country	Denmark [2]
Study design	RCT-based cost-effectiveness and cost-utility analysis. Time horizon: 12 months.
Population	Participants between 18 and 60 years diagnosed with an affective disorder or anxiety. Participants could not have had contact with mental health services for more than the past 3 years, and they had to have been employed or enrolled in education at some time during the past 3 years. Participants had to be motivated to return to work or education; however, they should be estimated not to be ready to return to work within three months. Mean (SD) age 34 (10) years. 71% female.
Setting	The intervention was provided by career counsellors and mentors. Usual services could be provided by either municipal social services or labour market services.
Perspective	Societal. The analysis included costs of the intervention, social services, health care, prescription pharmaceuticals and productivity costs.
Intervention	Individual Placement and Support modified for people with mood and anxiety disorders (IPS-MA) (n=162)
vs control	vs Services as usual (SAU) in a Danish context (n=164)
Incremental cost	<p><u>Difference in total costs, IPS-MA vs SAU:</u></p> <ul style="list-style-type: none"> • Complete cases (n=143) : 1551 EUR (95% CI -3 004 EUR; 6 107 EUR) • Missing values imputed (n=255): -1059 (-5311; 3194) <p>There was no statistically significant difference in overall costs between groups at 12 months. Costs of labour market services were lower in the IPS-MA group compared with the control group (IPS-MA 1329 EUR vs 5591 EUR; p=0.009 for difference). Average wage earnings were however significantly higher in the control group (8410 EUR for SAU vs 5034 EUR for IPS-MA; p=0.017 for difference).</p> <p>Costs reported in EUR year 2016</p>
Incremental	<u>Incremental QALYs gained, IPS-MA vs SAU:</u>

Effect	<ul style="list-style-type: none"> Complete cases (n=143): 0.023 (95% CI 0.133-0.012) Missing values imputed (n=255): 0.072 (95% CI -0.085-0.040) <p><u>Incremental hours worked, IPS-MA vs SAU:</u></p> <ul style="list-style-type: none"> Participants in the control group worked significantly more hours during the 12-month follow-up than participants in IPS-MA (mean 297 h, SE: 30.73 vs 177 h, SE:39.91; p=0.018)
ICER	None of the ICER estimates were statistically significant.
Study quality and transferability*	Moderate quality. Moderate/high transferability to the Swedish setting.
Further information Comments	The difference in QALYs gained and associated 95% CI that appear in the publication appear to be incorrect for some values as they are negative whereas they should be positive, considering the values in the respective groups. In this table we report the positive difference and 95% CI between groups.

*Assessed using SBU's checklist for trial-based health economic studies.

Abbreviations: RCT = Randomized controlled trial; EUR = Euro; QALY = Quality adjusted life years; ICER = Incremental cost-effectiveness ratio; IPS-MA = Individual Placement and Support modified for people with mood and anxiety disorders; SAU = Services as usual.

Table 2. Economic evaluation comparing a participatory supportive return to work program with usual care for workers sick listed due to mental health problems.

Author	Lammerts et al.
Year	2017
Reference	[3] Main trial results are reported in Lammerts 2016
Country	Netherlands [4].
Study design	RCT-based cost-effectiveness and cost-utility analysis. Financial return on investment from the social insurer's perspective was also evaluated. Time horizon: 12 months.
Population	Workers sick-listed between two and 14 weeks, who had applied for a sickness benefit at the Dutch Social Security Agency (SSA) due to the (partial) absence of an employment contract, with mental health problems as the main reason for their claim.
Setting	Occupational health care
Perspective	Societal. The analysis included intervention costs, costs of health care utilisation, medication and absenteeism costs.
Intervention	Participatory supportive return to work (RTW) program (n=94). This program was based on three best practices in occupational healthcare (OHC): a participatory approach, integrated care, and direct placement in a competitive job.
vs control	vs Usual occupational health care (n=92)
Incremental cost	<p><u>Difference in total societal costs, intervention vs control:</u></p> <ul style="list-style-type: none"> Model not corrected for confounders: 2809 EUR (95% CI -2451 to 8385) Model corrected for differences in baseline characteristics: 1712 EUR (-3520 to 6650) <p><u>Difference in absenteeism costs, intervention vs control:</u></p>

	<ul style="list-style-type: none"> • Model not corrected for confounders: -569 EUR (95% CI -5185 to 4472) • Model corrected for differences in baseline characteristics: -549 EUR (95% CI -5185 to 4472) <p>Cost reported in EUR year 2014</p>
Incremental effect	<p>Small and non-statistically significant differences in effects were found between the intervention and control group.</p> <ul style="list-style-type: none"> • Difference in days until sustainable return to work, intervention vs control: -6.6 (95% CI = -37.8 to 24.6) • Difference in QALYs gained, intervention vs control: -0.01 (95% CI -0.08 to 0.06)
ICER	<p>Incremental direct costs per day until sustainable return to work: -487 EUR. The majority of incremental CE-pairs (67.3%) was located in the northeast quadrant of the CE-plane, indicating that the intervention was on average more costly and more effective.</p> <p>Incremental total costs per QALY gained: -125 357 EUR. The majority of incremental CE-pairs (50.9%) was located in the northwest quadrant of the CE-plane, indicating that the intervention was on average more costly and less effective.</p> <p>Financial return: The net benefit was on average EUR -1224 (95%CI -4048 to -1503), suggesting a net loss for the SSA of EUR 1224 per intervention group participant.</p>
Study quality and transferability*	<p>Moderate/high quality. Moderate transferability to the Swedish setting</p>
Further information Comments	<ul style="list-style-type: none"> • Absenteeism costs were excluded from the CEA, as these costs could be considered as a proxy for the effect measure (i.e., time to sustainable RTW). • The wide distribution of incremental CE-pairs in CE-planes illustrates a large level of uncertainty around the cost-effectiveness estimates. • Within the CEA, productivity loss was valued using the human capital approach. In the analysis of financial return from the social insurer's perspective, absenteeism costs were calculated using the real costs for sickness benefit and employment benefit payment during follow-up obtained from the SSA database.

*Assessed using SBU's checklist for trial-based health economic studies.

Abbreviations: CE = cost-effectiveness; CEA = cost-effectiveness analysis; RCT = Randomized Controlled Trial; EUR = euros; QALY = Quality adjusted life years; ICER = Incremental cost-effectiveness ratio; OHC = occupational healthcare; SSA = Social Security Agency.

References

1. Hellstrom L, Kruse M, Christensen TN, Trap Wolf R, Eplöv LF. Cost-effectiveness analysis of a supported employment intervention for people with mood and anxiety disorders in Denmark - the IPS-MA intervention. *Nordic journal of psychiatry*. 2021;75(5):389-96.
2. Hellstrom L, Bech P, Hjorthøj C, Nordentoft M, Lindschou J, Eplöv LF. Effect on return to work or education of Individual Placement and Support modified for people with mood and anxiety disorders: results of a randomised clinical trial. *Occupational and environmental medicine*. 2017;74(10):717-25.
3. Lammerts L, van Dongen JM, Schaafsma FG, van Mechelen W, Anema JR. A participatory supportive return to work program for workers without an employment contract, sick-listed due to a common mental disorder: an economic evaluation alongside a randomized controlled trial. *BMC public health*. 2017;17(1):162.
4. Lammerts L, Schaafsma FG, Bonefaas-Groenewoud K, van Mechelen W, Anema J. Effectiveness of a return-to-work program for workers without an employment contract, sick-listed due to common mental disorders. *Scandinavian journal of work, environment & health*. 2016;42(6):469-80.