

HAPPY@WORK: EFFECTIVENESS OF A PREVENTIVE WEB-BASED GUIDED SELF-HELP COURSE FOR EMPLOYEES WITH DEPRESSIVE SYMPTOMS

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Depressive disorders are highly prevalent in the working population and are associated with excessive costs for both society and companies [1]. A substantial part of the total costs of depressive disorders are due to work absenteeism, work impairment, and loss of work productivity with estimates ranging between 70-85% [2]. These costs are directly paid for by companies. Research has shown that depressive symptoms can be treated effectively via web-based guided self-help. It has also been shown that this kind of treatment is cost-effective and has high accessibility [3]. However, a web-based guided self-help intervention for depressive symptoms that incorporates work related (stress) problems has not yet been developed. Such an intervention could be valuable and cost efficient because it might not only reduce depressive symptoms, work absenteeism and presenteeism but also increase work productivity. Therefore, we developed a web-based guided self-help course for employees with depressive symptoms who are not on sick leave called Happy@Work.

Methods

The study is a two arm randomized controlled trial comparing a web-based guided self-help course with care-as-usual (CAU). A total of 200 employees will be recruited via several (multinational) companies in the Netherlands. Participants are recruited via different methods such as banners and pamphlets on the company's intranet. Employees with elevated depressive symptoms, Internet access and an e-mail address are eligible for this study. Work absenteeism, unstable medication use for depressive symptoms and a legal labor dispute with the employer are exclusion criteria. The intervention Happy@Work is a brief web-based self-help course with guidance from a coach. Happy@Work is based on Problem Solving Treatment, Cognitive Therapy and a guideline to help employees with work related stress problems. It contains 6 weekly lessons with information and assignments. The assignments are provided with feedback from a coach via the website. Data from online questionnaires is collected at baseline and 8 weeks after baseline (post treatment). Primary outcome is depressive symptoms measured with the Center for Epidemiological Studies Depression – scale. Secondary outcomes are anxiety symptoms, burnout symptoms, absenteeism, presenteeism and work performance. We also collect data on the evaluation of Happy@Work.

Analyses and results

On October 2012 a total of 134 employees were included in the study. We expect to have recruited all intended 200 participants at the end of December 2012. We were able to analyze the data from 52 participants on the primary outcome depressive symptoms and the secondary outcomes anxiety symptoms and burnout symptoms. We have also examined participants' evaluations of Happy@Work. The preliminary results showed a decrease in depressive symptoms in both the intervention group (n= 21) and the care-as-usual (CAU) group (n= 31) at post treatment measurement. However, participants in the intervention group showed more improvement in depression scores than the CAU group (md= 4.16, Cohen's d= 0.42). The same pattern was seen in anxiety symptoms (md= 1.57, Cohen's d= 0.43). There was a decrease in burnout symptoms on all three subscales (Emotional Exhaustion, Depersonalization and Personal Accomplishment). The intervention group showed more improvement than the CAU group on the Emotional Exhaustion subscale (md= 2.80, Cohen's d= 0.48), but not on the other two subscales (Depersonalization md= 0.39, Cohen's d= 0.08; Personal Accomplishment md= 0.80, Cohen's d= 0.14). Evaluations of Happy@Work were positive. On a scale from 1-10 the website scored 7.3, the course itself scored 7.7, and the feedback scored 7.8. Final results of the effect of the intervention (baseline – post treatment difference) on the outcomes of depressive symptoms, anxiety symptoms, burnout symptoms, absenteeism, presenteeism, work performance and the evaluation of Happy@Work will be presented at the conference.

Discussion

Preliminary results show that Happy@Work is an effective treatment for employees with depressive symptoms. The results showed an effect on the primary outcome (depressive symptoms) and on two secondary outcomes; anxiety symptoms and emotional exhaustion. Additionally, evaluations of Happy@Work were positive. One of the limitations of this study is that all the participants are white collar workers. Therefore, our results have limited generalizability. One of the major strengths of this study is the unique combination of treatment of depressive symptoms via internet and a focus on work related (stress) problems.

Implications

To our knowledge, this is the first study in the field of depression treatment for employees which has an e-mental health approach that is aimed at reducing depressive symptoms and also incorporates absenteeism, presenteeism, and work performance. Our preliminary results show promising evidence to use e-mental health at the workplace to improve employees' mental health.

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