

The Effects of the Dutch national guideline on the management of employees with mental health problems by occupational physicians.

Submission date 20/12/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 20/12/2005	Overall study status Completed	<input checked="" type="checkbox"/> Protocol
Last Edited 06/11/2019	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Study information

Scientific Title

The Effects of the Dutch national guideline on the management of employees with mental health problems by occupational physicians.

Study objectives

Treatment according to the Dutch National Guideline on the Management of Employees with Mental Health Problems by Occupational Physicians will cause less work disability than treatment according to usual care, with minimal involvement of the occupational physician and frequent referral to a psychologist.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from the local medical ethics committee

Study design

Randomised, single blinded, active controlled, parallel group trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Mental health problems

Interventions

Treatment according to the Dutch national guideline on the management of employees with mental health problems by occupational physicians. This guideline focuses on four aspects of the management of mental health problems:

1. The occupational physician acknowledges the interaction between the disabled employee and his surroundings (work, personal and care)
2. A simplified classification of mental health problems is introduced, with only four categories
3. The occupational physician acts as case manager, who intervenes when recovery stagnates
4. Finally, the occupational physician may also act as care manager by counseling employees with work related problems

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

Return to work.

Key secondary outcome(s)

1. Patient satisfaction
2. Satisfaction of the employer
3. Evaluation of the occupational physician
4. Cost benefits

Completion date

01/01/2006

Eligibility

Key inclusion criteria

1. Physical or mental health symptoms which cause suffering or malfunctioning for the patient
2. Disability to work on the moment of inclusion by the occupational physician

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Not Specified

Sex

Not Specified

Key exclusion criteria

1. Symptoms are caused by a physical disorder
2. Disagreement about the diagnosis by the occupational physician and the patient
3. Mistrust between occupational physician and patient
4. Earlier inclusion in the study

Date of first enrolment

01/01/2002

Date of final enrolment

01/01/2006

Locations

Countries of recruitment

Netherlands

Study participating centre

Institute for Research in Extramural Medicine

Amsterdam

Netherlands

1081 BT

Sponsor information

Organisation

VU University Medical Center (The Netherlands)

ROR

<https://ror.org/00q6h8f30>

Funder(s)

Funder type

Government

Funder Name

Dutch Ministry of Internal Affairs (The Netherlands) - Occupational Health and Safety Service (OHSS) committee

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	Study protocol:	26/07/2007		Yes	No