An open, randomised study to compare the effects of a computerised cognitive behavioural therapy programme ("Beating the Blues") plus conventional care, vs conventional care alone, on absence from work due to anxiety, depression or stress

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ABSTRACT

This study aimed to evaluate the effect of a computerised cognitive behavioural therapy programme, "Beating the Blues", on absence from work and psychological wellbeing. The trial was open and randomised, comparing the intervention as an adjunct to conventional care, with conventional care alone. Outcome measures were post-treatment days and spells of absence from work due to stress, and due to all causes; and depression, anxiety and attributional style scores. Psychological data were collected at the end of treatment, and one, three and six months later. Work absences in the six months post-treatment were compared with the six months pre-randomisation. Forty-eight participants were recruited over eighteen months, 41 were followed up (18 in the intervention group and 23 controls), and thirty (13 in the intervention group and 17 controls) completed six months follow-up. The study was statistically under-powered by a factor of about 20 for the absence data, and by a factor of five for the psychological data. Statistically significant differences were found only in attributional style scores at two different post-treatment time-points. These were ambiguous, and were probably an artefact of sample size. Only a small minority of those eligible for the study volunteered. Study participation was much less popular than the occupational health counselling services. Non-participation was related to access problems, preference for other treatments, time commitment, lack of faith in the intervention and the employer connection. Organisational attitudes to the study and the intervention varied. Twenty-nine per-cent of participants received cognitive behavioural therapy other than the intervention, but 23% received no conventional care. Work related stress was the most commonly cited factor precipitating psychological upset and absence from work. Participants’ anxiety scores were generally higher than depression scores. Participants found "Beating the Blues" acceptable, but one third did not complete the programme. Uptake might be improved by a shorter programme, with better
access, possibly on-line, and tailored more to anxiety than depression. A comprehensive, organisational approach to stress and absence management is more likely to be effective than a single intervention. Relevant outcome measures should be used to evaluate interventions. Assessment of the impact on absenteeism requires large, probably multi-centre studies, which need appropriate resourcing.