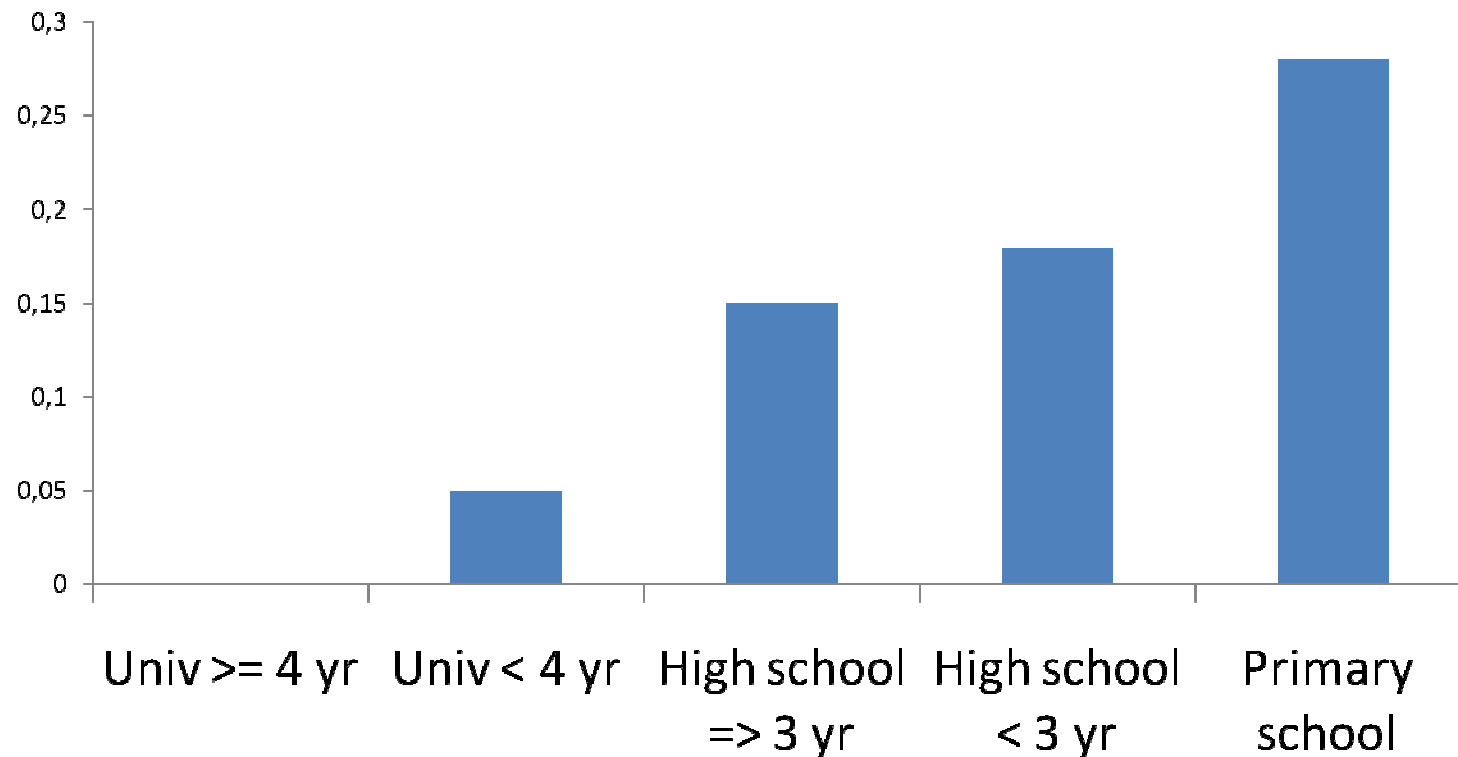


School dropout and mental illness. Cause, effect, or both?

Arnstein Mykletun

Norwegian Institute of Public Health

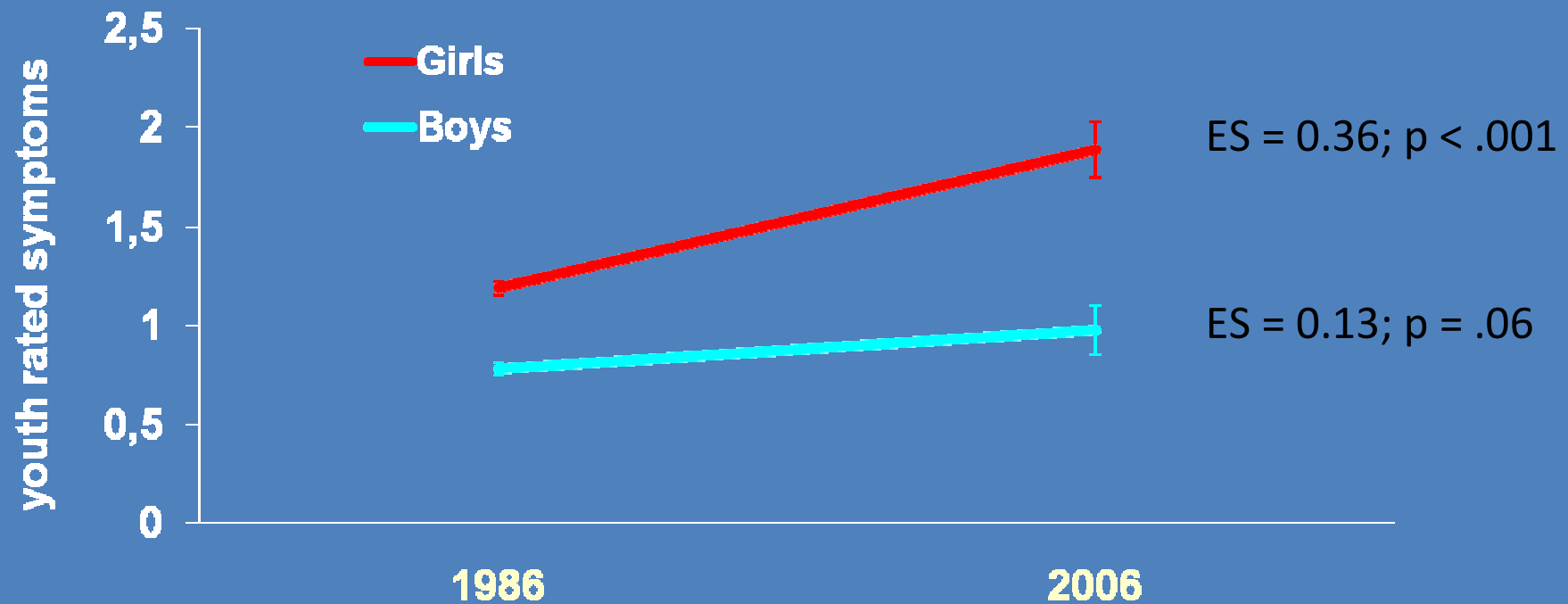
Well established association between educational level and mental disorder



Bjelland, Krokstad, Mykletun, Dahl, Tell, Tambs. Soc Sci Med 2008.

First onset of mental disorders
usually occurs in childhood or
adolescence

Adolescent emotional symptoms (youth reports)



Collishaw et al (2010). Trends in adolescent emotional problems in England.
J Child Psychol Psych, 51, 885-94.

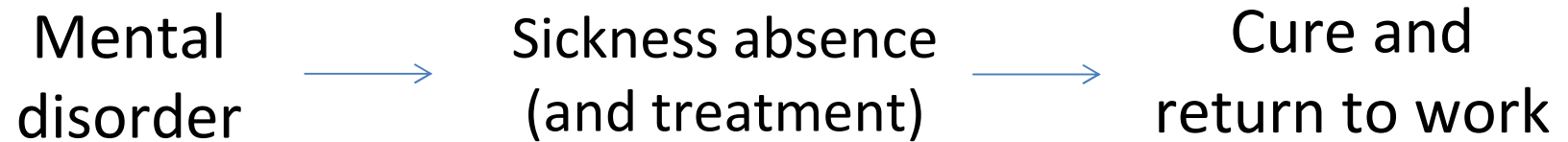
School dropout and mental illness:

Cause, effect or both?
Intervention?

*Lessons from
occupational mental health*

The two competing paradigms in occupational mental health

Traditional perspective



Symptoms of common mental disorder predict sickness absence and disability benefits



Population based
health study



Registry of
disability pension
award during follow-up

Mykletun et al. American Journal of Psychiatry, 2006.

Knudsen et al. Acta Psych Scand. 2013.

Mykletun et al. Psychosomatic Medicine 2009.

Øverland et al. Sleep, 2008.

Sivertsen et al. American Journal of Epidemiology, 2006.

Treatment and under-treatment

According to medical records

- One attempt, one drug only

Isometsa et al. Am J Psychiatry, 2000.

Honkonen et al. J Clinical Psychiatry, 2007.



Self-report after disability pension is award

- 32% claimed no treatment ever

Overland et al. Psychiatric Services, 2007.





Preventing the development of depression at work: a systematic review and meta-analysis of universal interventions in the workplace

Leona Tan^{1*}, Min-Jung Wang¹, Matthew Modini¹, Sadhbh Joyce¹, Arnstein Mykletun², Helen Christensen³ and Samuel B Harvey^{1,3,4}

“There is good quality evidence that universally delivered workplace mental health interventions can reduce the level of depression symptoms among workers.”

Work-place risk factors
for mental disorder:

The Karasek & Theorell model

The Karasek og Theorell model

		Demand	
		low	high
Control	low		
	high		

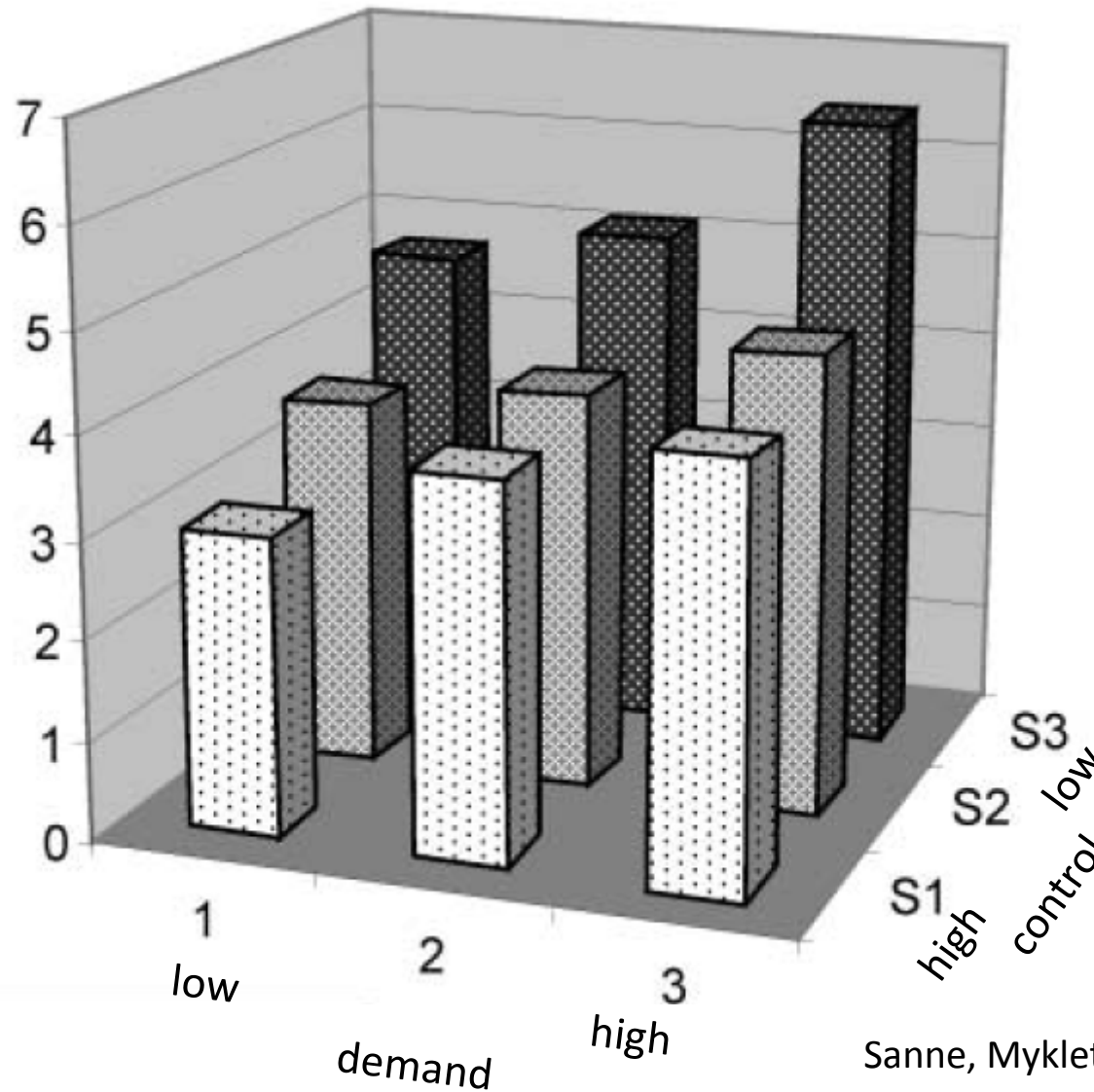
The Karasek og Theorell model

		Demand	
		low	high
Control	low		
	high		

The Karasek og Theorell model

		Demand	
		low	High
Control	low		Strain
	high		

CMD and job strain



Sanne, Mykletun, Dahl, Moen, Tell.
Occup Med 2005.

CMD and later sickness absence

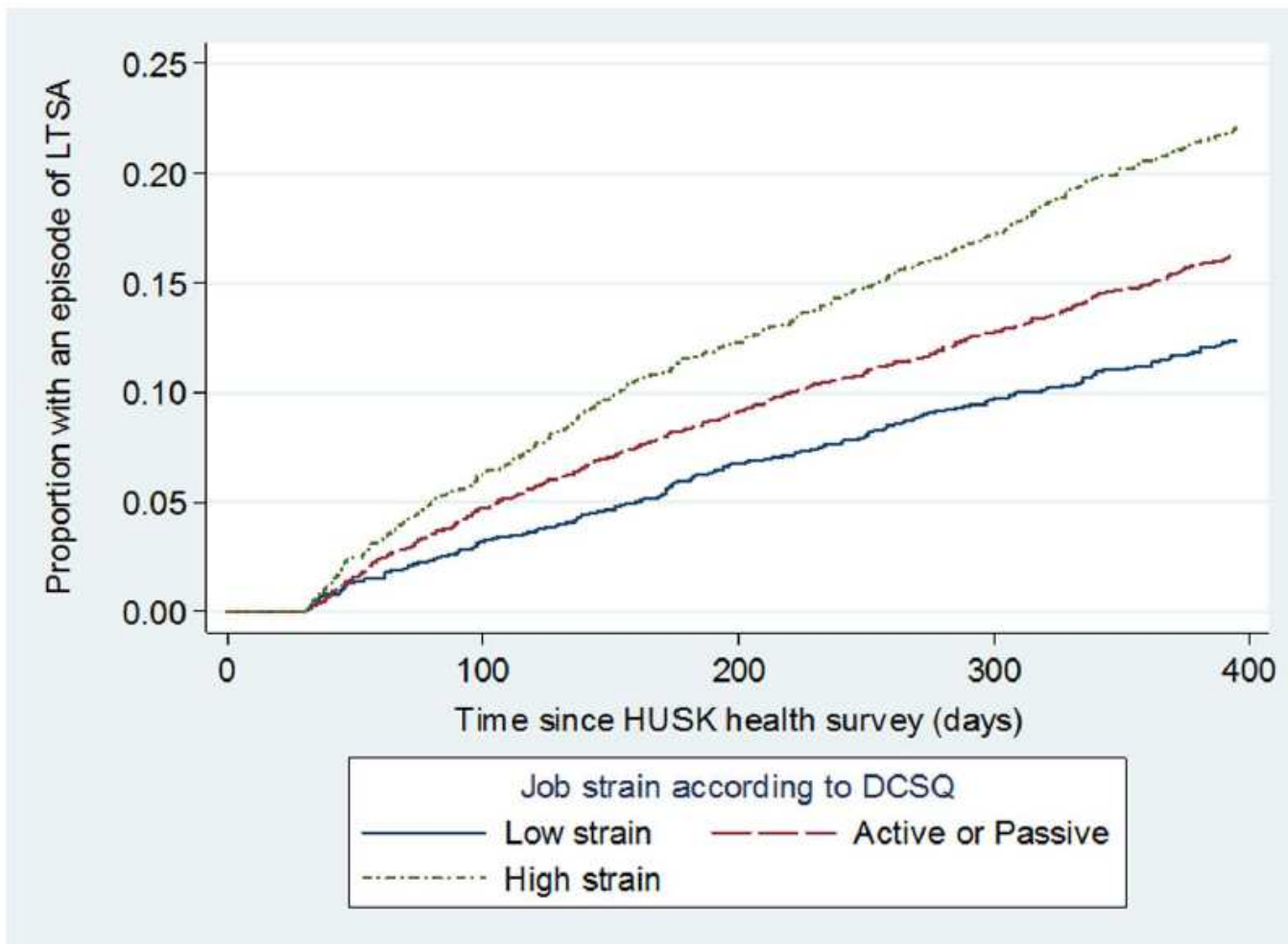
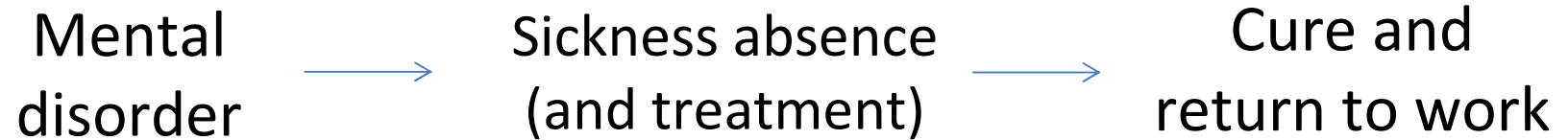


Figure 3. Unadjusted risk of participants having an episode of long term sickness absence (LTSA) by job strain.
doi:10.1371/journal.pone.0096025.g003

Challenging the traditional perspective



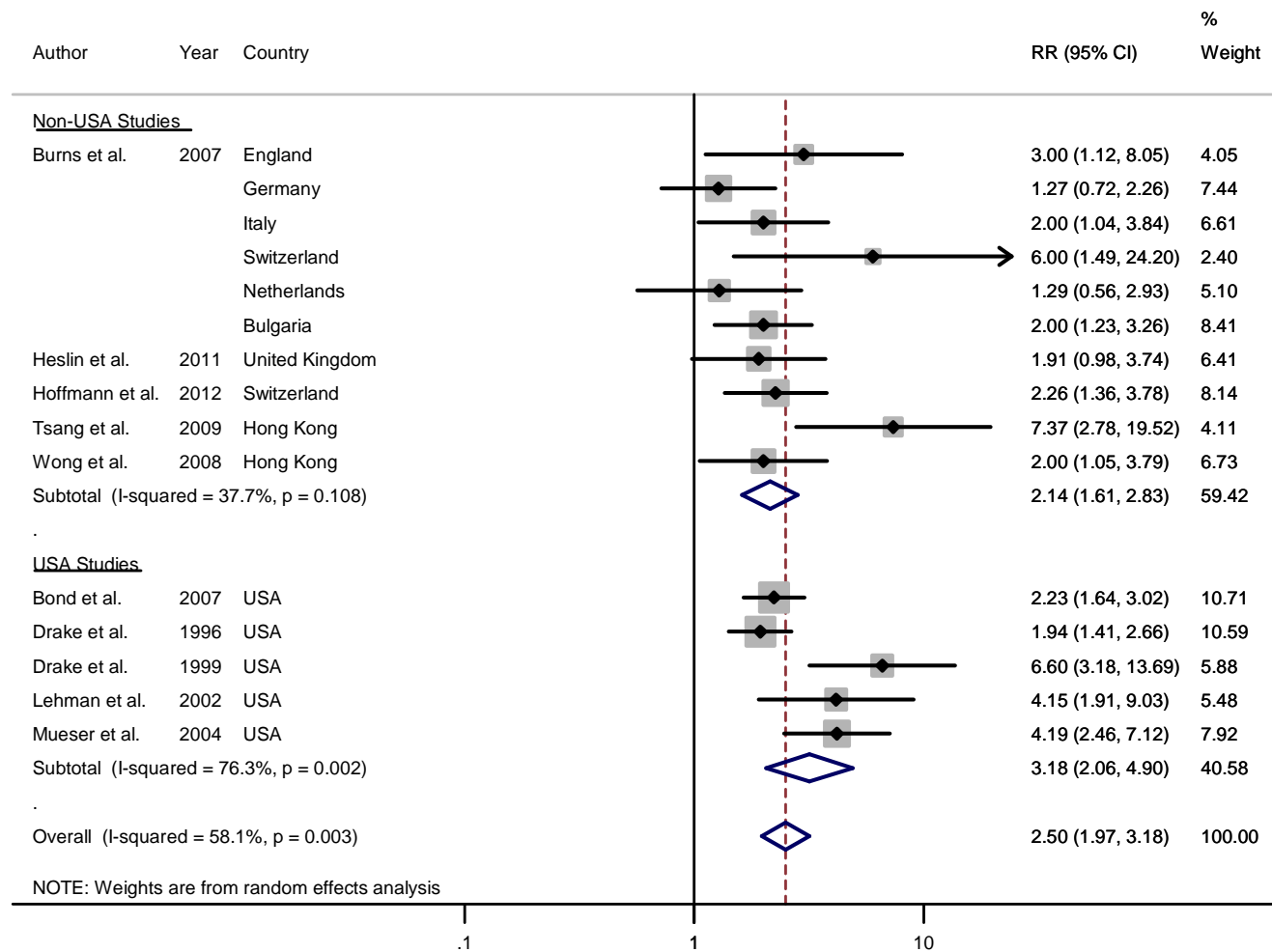
Calling upon clinical solutions may become an Achilles heel

- The majority with common mental disorders are actually at work
- Under-treatment will not find a solution soon
- Symptom reduction following treatment does not translate into return to work
- The most common GP response to CMD is sickness absence

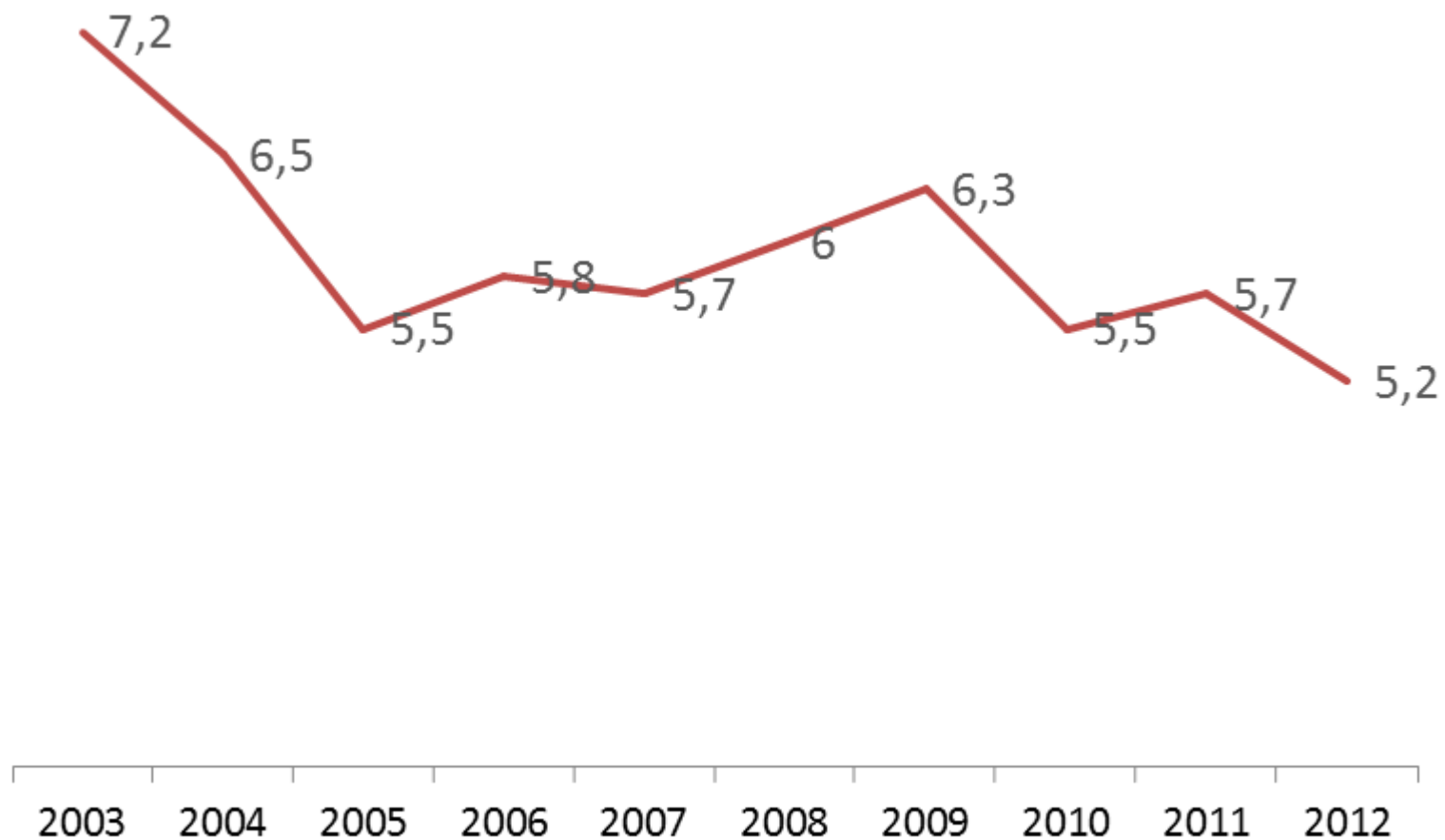
Supported Employment (SE)
Individual Placement and Support (IPS)

«Train-and-place» versus
«Place and train»

Relative risk of competitive employment within 13-24 months of receiving IPS compared to standard vocational rehabilitation



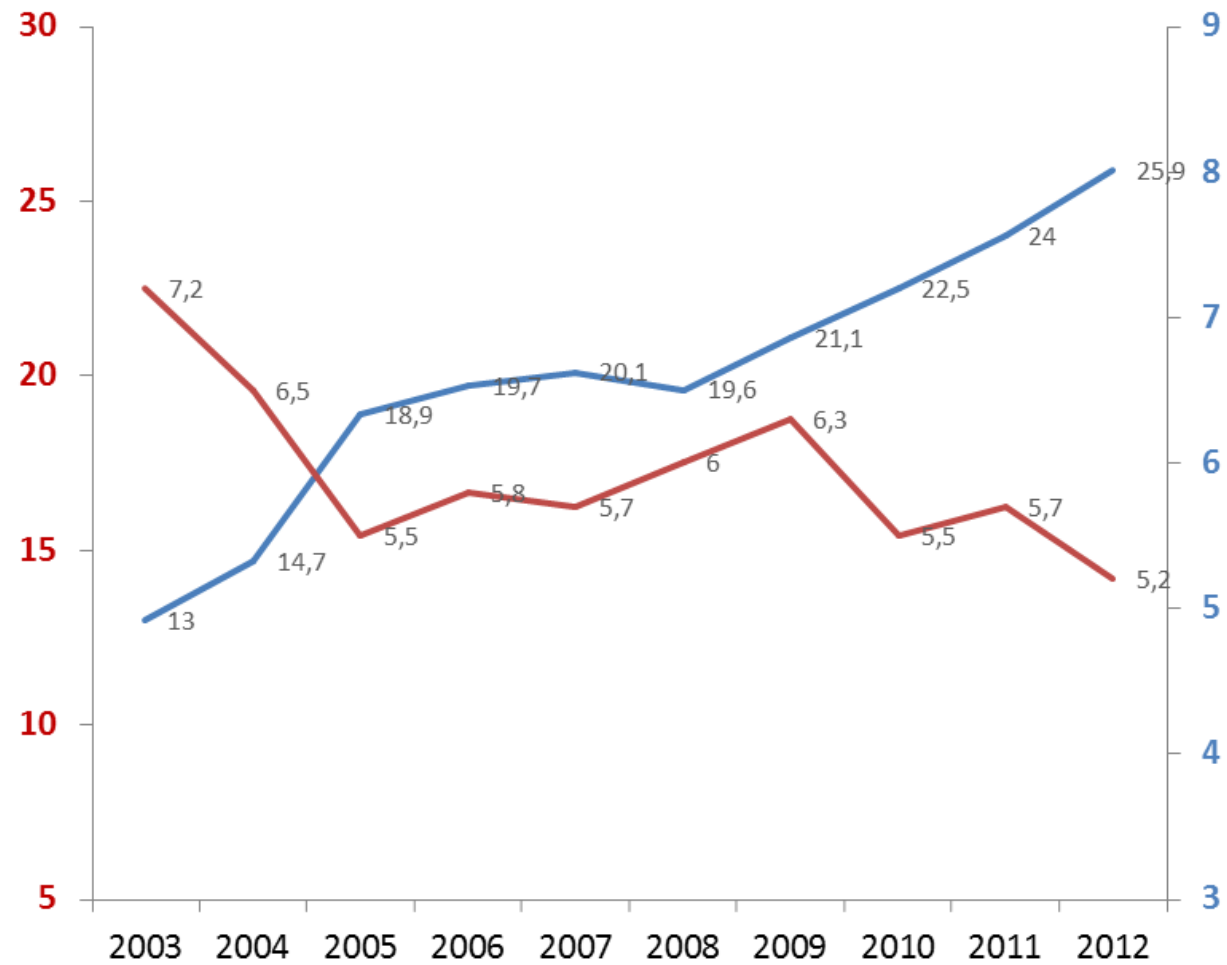
Total sickness absence

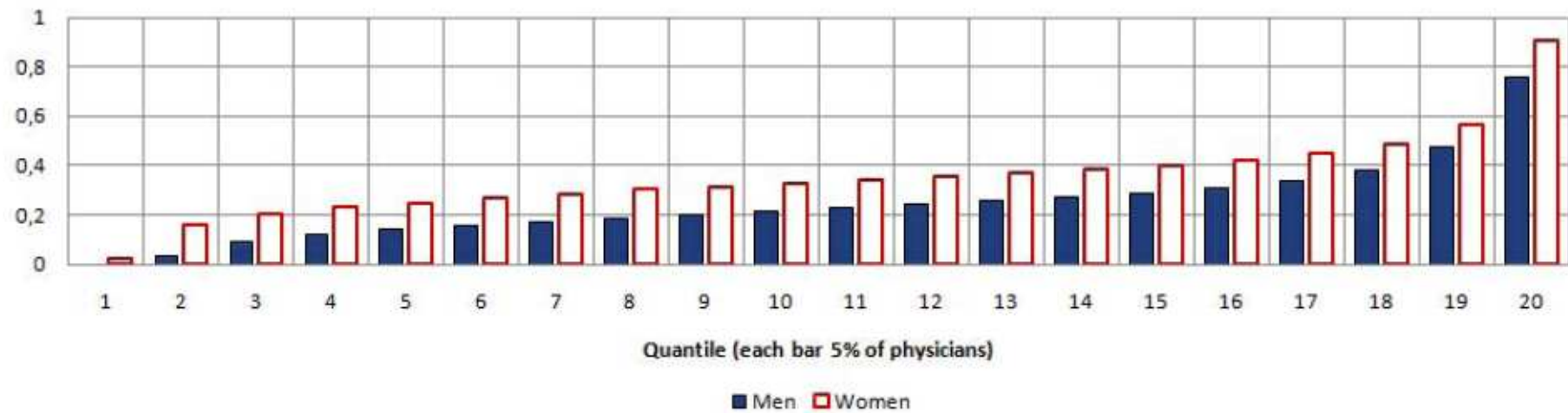


Kilde: Tall hentet fra NAVs notatserie. Kun legemeldt sykefravær inngår. Tall i prosent.

Part time sickness absence

Total sickness absence

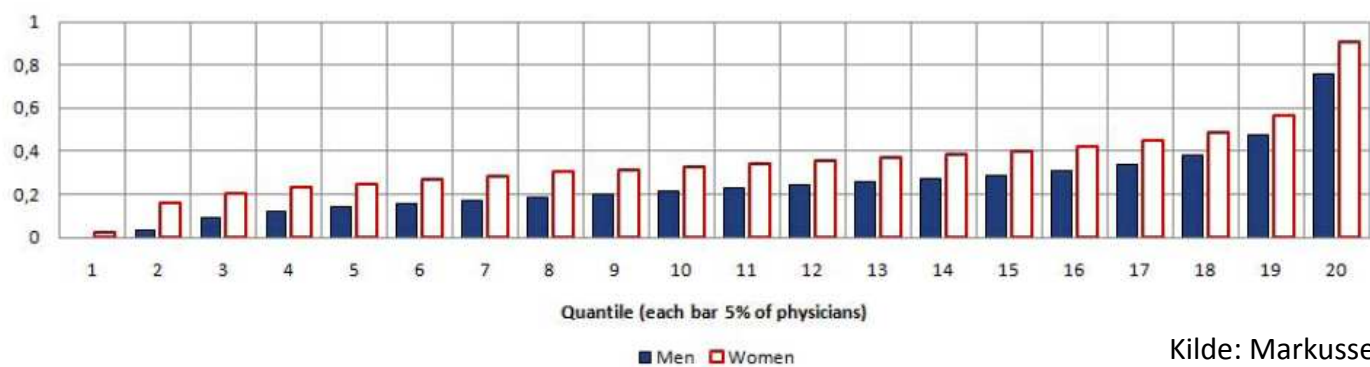
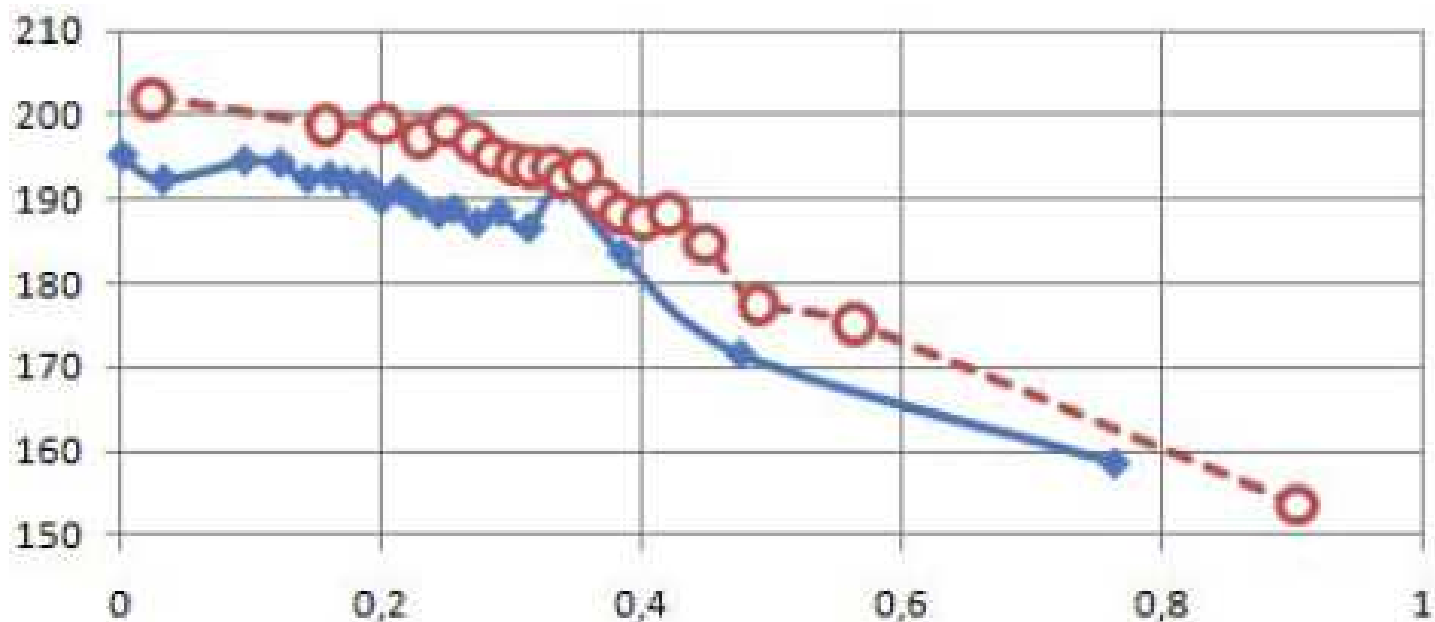




Kilde: Markussen, Mykletun, Røed.
IZA DP No 5343

Senere publisert som Markussen, Mykletun, Røed (2012). The Case for Presenteeism. *Journal of Public Economics*, 96(11-- - 12), 959-- - 972.

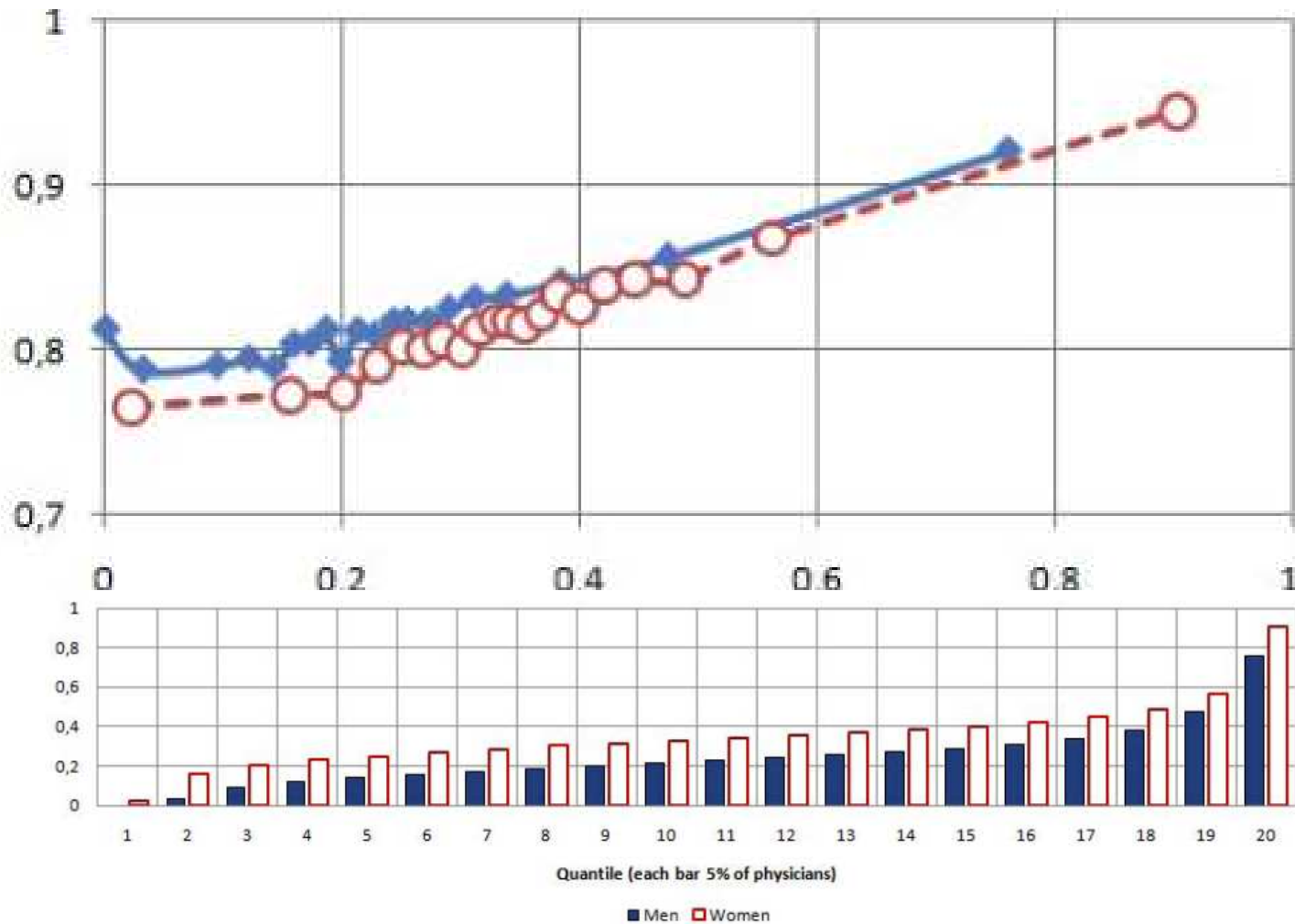
Total sickness absence



Kilde: Markussen, Mykletun, Røed.
IZA DP No 5343

Senere publisert som Markussen, Mykletun, Røed (2012). The Case for Presenteeism. *Journal of Public Economics*, 96(11-- 12), 959-- 972.

Proportion still holding a job t+2 years



Kilde: Markussen, Mykletun, Røed.
IZA DP No 5343

Senere publisert som Markussen, Mykletun, Røed (2012). The Case for Presenteeism. *Journal of Public Economics*, 96(11-- 12), 959-- 972.

IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING?

Gordon Waddell, A Kim Burton



CMD and school dropout
Cause, effect, or both?

About 46% of high school non-completion in the US may be attributed to psychiatric disorders

Preliminary findings

- Linkge study between health survey and registry data
- As expected: We find increased CMD related to educational attainment (n=7968, age 30-46)

Does mental disorder predict dropout?

- Record linkage, data from n=8113, age 13-19
- Registry information on later educational attainment

Does mental disorder predict dropout?

- Record linkage, data from n=8113, age 13-19
- Registry information on later educational attainment

- No effect of internalizing problems (HSCL-5)
- Effects as expected of attention problems and conduct problems

Externalizing problems are well established risk factor for school dropout

Galera et al. Psychological Med 2009.

Van Der Kolk et al. J Ment H Policy and Economics 2011.

Systematic review CMD and dropout

- We found
 - 4 prospective studies
 - 3 trajectory studies
 - 7 retrospective
- Limited support for an effect of CMD on school dropout

Implications for interventions?

- George Patton (16.12.14):
Late development of impulse control
- Prevention of CMD and dropout simply by preventing school absence?

Thank