SWEDISH SOCIAL
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The Rehabilitation Guarantee

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Summary

The Swedish Social Insurance Inspectorate (Inspektionen för socialförsäkringen, ISF) is an independent supervisory agency for the Swedish social insurance system. The objectives of the agency are to strengthen compliance with legislation and other statutes, and to improve the efficiency of the social insurance system through system supervision and efficiency analysis and evaluation.

The ISF's work is mainly conducted on a project basis and is commissioned by the Government or initiated autonomously by the agency. This report has been commissioned by the Government and is a collaboration between the ISF and The Institute for Evaluation of Labour Market and Education Policy (IFAU).

This report analyses the effects of a Swedish national programme (the *Rehabilitation Guarantee*), providing cognitive behavioural therapy (CBT) to patients with light or moderate mental and behavioural disorders, and multimodal rehabilitation (MMR) for patients with musculoskeletal-related pain in the back, neck and shoulders. The programme was introduced in 2008 with the purpose to prevent sickness absence and to increase return to work among patients with these diagnoses. Effects of treatment are analysed in three dimensions, i) reported sickness absence, ii) number of healthcare visits, and iii) number of medical prescriptions, up to one year after programme start. The analysis concerns those living in the Swedish region of Skåne in 2010-2011.

To create a comparison group for those given treatment in the programme, a matching approach is applied using register data to identify identical patients among those not given treatment. This method is appropriate for two reasons. Firstly, detailed health data on all patients in Skåne, combined with data on the patients' previous reported sickness absence, socioeconomic and demographic profile, provides a unique possibility to capture true health status in the

absence of the programme. Secondly, due to the lack of appropriate skills among caregivers providing the treatments, the availability of the programme varied between different municipalities of the region. Since the variation was not related to the underlying health among patients, this also suggests that matching is an appropriate method.

The main results of the report are that CBT reduced sickness absence and the number of medical prescriptions for patients who were not on sickness absence when the programme started. For patients on sickness absence, only the number of prescriptions was reduced. MMR, in turn, increased sickness absence regardless of the patient's status at programme start. For both CBT- and MMR-patients, the number of healthcare visits in the following year increased, as a result of the rehabilitation itself.

When interpreting the negative results of the MMR-treatment, two hypotheses are presented in the report. Firstly, the divergent goals of the sickness insurance and the healthcare systems, where working ability and return to work are at focus in the sickness insurance system and functional ability and general health are pronounced in the healthcare system, could cause ambiguity regarding the main objective of the programme. The results from a survey among the MMR-patients give some support for this hypothesis, showing that the MMR-patients, despite the significantly increased sickness absence, reported large improvements in mobility and health in general after treatment.

Secondly, if the caregivers regard sickness absence as part of rehabilitation, the programme could cause locking-in effects. This would be further accentuated if the caregivers express that the patient should be fully recovered before returning to work. The fact that the MMR-patients reported increased sickness absence immediately after the start of the programme gives support for this hypothesis. There are also other potential sources of locking-in effects. For instance, medical research has shown that active rehabilitation could consolidate a self image of being ill among the patients which could prolong sickness absence. Also, if the rehabilitation consists of sequential steps where waiting periods arise between the different steps; this would also prolong sickness absence.