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

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Erratum
Authors’ correction note:
Upon reviewing our recently published review [1], we discovered that two of the nine studies we identified in our meta-analysis were in fact using results from the same dataset. We would not normally include the same data twice in a meta-analysis, so since discovering this we have re-run the analysis removing one of the studies [2]. This resulted in a very slight change in the pooled effect size for workplace universal interventions on depression measures (was originally 0.16, now 0.17, 95% CI: 0.07, 0.27) and the subgroup analysis of cognitive behaviour–based universal prevention interventions on depression measures (remains unchanged at 0.12, but with a slight alteration in the confidence intervals, 95% CI: −0.01, 0.24). These are very minor changes in effect sizes which do not change our overall conclusions regarding the effectiveness of workplace universal interventions.

Corrected text:
(Page 1: Abstract, final sentence of Results)
Please replace:
A separate analysis using only CBT-based interventions yielded a significant SMD of 0.12 (95% CI: 0.02, 0.22, P = 0.01).

With the amended text:
A separate analysis using only CBT-based interventions yielded a SMD of 0.12 (95% CI: −0.01, 0.24, P = 0.07).

(Page 5: Results. Overview of search results and included studies)
Please add the following text at the end of the second paragraph:
However, upon closer inspection two studies [2,3] were found to have used the same dataset which resulted in one [2] of these being excluded from the meta-analysis.

(Page 6: Effects of workplace intervention program compared to control conditions, first paragraph)
Please replace:
Figure 2 presents the SMDs at post-test and the pooled mean effect size using the random effects model (REM), for the nine studies included in the meta-analysis. The overall mean difference between the intervention and control groups was 0.16 (95% CI: 0.07, 0.24, P = 0.0002), with effect sizes varying from small negative effects (d = −0.01) to moderate positive effects (d = 0.61). No heterogeneity was detected (Q = 6.56; I² = 0%; P = 0.68). As noted above, more than half of the included studies (n = 5) examined the impact of interventions based on CBT. A separate meta-analysis including only CBT-based intervention studies was conducted, the results of which are presented in Figure 3. The overall mean difference between CBT-based interventions and the control groups was 0.12 (95% CI: 0.02, 0.22, P = 0.01), indicating a positive effect for CBT-based interventions. There was no evidence of heterogeneity in this analysis (Q = 5; I² = 0%; P = 0.93).

With the amended text:
Figure 2 presents the SMDs at post-test and the pooled mean effect size using the random effects model (REM), for the eight studies included in the meta-analysis. The overall mean difference between the intervention and control groups was 0.17 (95% CI: 0.07, 0.27, P = 0.0009), with effect sizes varying from small negative effects (d = −0.01) to moderate positive effects (d = 0.61).
No heterogeneity was detected (Q = 6.44; I² = 0%; P = 0.60). As noted above, more than half of the included studies (n = 5) examined the impact of interventions based on CBT. A separate meta-analysis including only CBT-based intervention studies was conducted, the results of which are presented in Figure 3. The overall mean difference between CBT-based interventions and the control groups was 0.12 (95% CI: −0.01, 0.24, P = 0.07), indicating a small effect, of borderline statistical significance, for CBT-based interventions. There was no evidence of heterogeneity in this analysis (Q = 1.28; I² = 0%; P = 0.86).

When analyzed separately universally delivered CBT-based interventions significantly reduced levels of depressive symptoms among workers.

Specifically, workplace CBT-based interventions are effective at universal symptom reduction for depression.

There is emerging evidence that workplace CBT-based interventions are likely to be effective at universal symptom reduction for depression.

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2. Vuori J, Toppinen-Tanner S, Mutanen P: Effects of resource-building group intervention on career management and mental health in work organizations: randomized controlled field trial. J Appl Psychol 2012, 97:273–286.
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