Health and work

Will Spiring
Illness and Work

The government would like you to know:

- Costs to the economy of the ill-health of people of working age in the UK are estimated to be around **£100 billion** each year (including sickness absence, lost production, benefit expenditure, health services, foregone taxes, etc).

- Over **170 million** working days are lost each year in the UK due to sickness absence.

- Musculoskeletal disorders affect more than **one million people** in the UK and cost society **£7.4 billion a year** - accounting for up to a third of all GP consultations and 9.5 million lost working days.

- Lower productivity whilst at work arising from common mental health problems is estimated to cost in excess of **£15 billion a year**.

- **2.6 million** people are on Incapacity Benefits (IB) – the majority have been on these benefits for five years or more. There are 600,000 new cases each year.
Work is good for health

- Work is an integral part of life, which is central to individual identity, social roles and social status, as well as meeting financial and psychosocial needs.
- For people with common health problems, there is strong evidence that work
  - promotes recovery and aids rehabilitation
  - leads to better health outcomes
  - minimizes the harmful physical, mental and social effects of long-term sickness absence
  - improves quality of life and well-being
  - reduces social exclusion and poverty
Unemployment is bad for health

• There is strong evidence that long periods out of work can cause or contribute to:
  – higher consultation, medication consumption and hospital admission rates
  – 2 to 3 times increased risk of poor general health
  – 2 to 3 times increased risk of mental health problems
  – 20% excess mortality

• The longer anyone is off work, the lower their chances of getting back to work.

• These health risks are greater than many ‘killer diseases’ or some of the most dangerous jobs in the construction industry or the North Sea.

• Overall, the beneficial effects of work outweigh the risks of work, and are greater than the harmful effects of being out of work.
Obstacles to recovery (i)

• Health-related obstacles
  – Ineffective treatments
  – Inappropriate referrals
  – Waiting lists for investigations or specialist appointments
  – Unnecessary sick leave
  – Unhelpful advice
  – Failure to encourage and support return to work.
Obstacles to recovery (ii)

- **Personal/psychological obstacles**
  - Negative attitudes and beliefs about health and work
  - Uncertainty about what is wrong, what to do, and the future
  - Anxiety and depression.
Obstacles to recovery (iii)

• Occupational/social obstacles
  – Poor absence management
  – Loss of contact with workplace
  – Lack of modified duties
  – Lack of support
  – Breakdown of social and working relationships
  – Litigation.
Occupation History

• Employed/not employed? Job?
• Off sick? How long?
• On disability or incapacity benefits?
• Sick certificates issued?
• What is preventing you going back to work?
• What could be done to overcome these obstacles?
• How about modified duties?
Effect of Health on Work

'S.M.A.R.T.I.E.S.'

- **Stamina**: duration, better in the morning or the afternoon
- **Mobility**: walking, bending, stooping
- **Agility**: dexterity, posture, co-ordination
- **Rational**: mental state, mood
- **Treatment**: side-effects, duration of
- **Intellectual**: cognitive abilities
- **Essential for job**: either statutory (LGV driving) or industry standards (food handlers)
- **Sensory aspects**: hearing / vision / touch (affecting safety of self and others)
Effect of Work on Health

Remember 'D.E.T.T.O.L.'

- **Demands** of the job; physical, intellectual, emotional
- **Environment**: shop floor / office, simple risk factors (e.g. dusts, chemicals)
- **Temporal**: shift working, early start
- **Travel**: business travel – between sites, overseas
- **Organisational**: lone-working, dealing with irate customers / the public
- **Layout**: of their work ergonomic aspects of workstation, work equipment
Management Plan

Agree realistic goals and expectations of health care:
• Encourage incremental increase in activity levels
• Agree clear goals and timeline for return to work
• Discuss what patients can do rather than tell them what they can’t
• Discuss how to overcome any obstacles to return to work, and think about communication with the employer
• Talk about possible sources of support to help cope with the condition
Joan Rowlands is a 50 year old woman who works in a nursery school as a cook. She injured her ankle ten days ago and although it is improving she doesn’t feel it is yet strong enough to work in the kitchen standing. The GP examines her and sees she is improving but feels she would benefit from a further few days before returning to work. He explains she should continue with the exercises she has been given and return to work in 5 days time and she wouldn’t need to see him again unless she felt there was a continued problem.
Resources


• Department of Work and Pensions resources links available at http://www.dwp.gov.uk/healthcare-professional/links-and-resources/

• The fit note e-learning page: http://www.healthyworkinguk.co.uk/uploads/fitnote/

• Faculty of occupational medicine resources for medical students available at http://www.facoccmed.ac.uk/edtrain/ugresrce/index.jsp