

Adverse Effects

“Long term *unemployment* is one of the greatest risks to health in our society. It is more dangerous than the most dangerous jobs in the construction industry, or working on an oil rig in the North Sea, and too often we not only fail to protect our patients from long term worklessness, we sometimes actually push them into it.”

Prof Gordon Waddell 2007



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Long term Unemployment

- Health Risk equals smoking 10 packs of cigarettes per day (Ross 1995)
- Suicide in young men > 6mths out of work is increased 40x (Wessely, 2004)
- Suicide rate in general increased 6x in longer-term worklessness (Bartley et al, 2005)
- Health risk and life expectancy reduction is greater than in many “killer diseases” (Waddell & Aylward 2005)
- Greater risk than most dangerous jobs

What Adverse Effects?

- Increased risk of dying
- Increased risk of dying from Heart disease, lung cancer and suicide
- Poorer physical health, including heart disease, high blood pressure and chest infections
- Poorer general health and poorer self-reports of health and well-being
- Increased long term illness



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Psycho-social Impacts

- Depression
- Erosion of work skills
- Decreased income and social status
- Loss of social support networks
- Decreased confidence and Decreased sense of self-efficacy

From "Journal of Occupational Rehabilitation", Vol. 4, No 2, 1994



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But Wait – There's More!

Research into the impact of parental unemployment on children has found:

- higher incidence of chronic illnesses, psychosomatic symptoms and lower wellbeing
- more likely in the future to be out of work themselves, either for periods of time or over their entire life
- psychological distress in children whose parents face increased economic pressure – anxiety, depression, delinquent behaviour, substance abuse



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A Daily Reality!

- the “benefit” – an addictive debilitating drug with significant adverse effects to both the patient and their family (whānau) – not dissimilar to smoking
- and NZ doctors write 400,000 scripts for it every year!



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Non-Medical Factors in Work Absence

- perception that a diagnosis alone (without demonstrable functional impairment) justifies work absence
- fear of pain or re-injury
- conflicting advice and/or inadequate communication
- conflict in the workplace
- unhappiness with aspects of working environment unsupported, lack of acknowledgement
- family beliefs and actions



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Return to Work or Better@work?

- According to both Australian and NZ studies what is the likelihood of a person returning to the work after just 3 months out of work?



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“Unfit for Work” says the Doctor

If the person is off work for:

20 days the chance of ever getting back to work is 70%

45 days the chance of ever getting back to work is 50%

70 days the chance of ever getting back to work is 35%



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GP Barriers to managing health and work issues

- the doctor-patient relationship
- patient advocacy
- pressure on consultation time
- lack of occupational health expertise (or a perception of such)
- lack of knowledge of the workplace



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GP Survey 2010

- **Sources of pressure felt by GPs**
- 71% felt this was the mechanism to provide income to the patient
- 55% - felt W&I staff created an expectation
- 40% - because they believed there was no work available
- 31% - felt W&I weren't doing anything for the patient
- 30% - had experienced a sense of threat and intimidation

Never too Late

- Work is central to well-being and correlates with happiness
- Disadvantage is cumulative: prioritise transition to a more advantaged trajectory
- It is never too late, and always good sense to offer a helping hand
- Illness or disability which impairs work persistently reduces life satisfaction



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So What to Do

- encourage your patient to expect that they will recover and return to suitable work
- actively monitor your patients progress
- provide information about the role of work in rehabilitation and the importance of remaining active
- identify medical and non-medical barriers to return to work
- promote an “active management” approach to recovery, and work in tandem with other health professionals



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Consideration

“It’s much more important to know what sort of person has the disease than what sort of disease the person has”

Sir William Ostler, 1896



Welfare Reform – what's happened?

- **Youth** changes (Aug 2012) – 16–18 yr olds; need to undertake education, work-based training or employment; benefit is managed (key accounts such as rent paid) and a small amount of pocket money provided
- **Sole parent** changes (Oct 2012) – Work obligations, youngest child under 5yrs = work planning; 5yr-14yr part time work (15 hrs a wk); youngest over 14yr = full time work obligations. Also “subsequent children” – work obligations apply with youngest at time of benefit grant

Welfare Reform – what is to come?

- “Collapse” of Benefit types – July 15, 2013
- Unemployment Benefit, Sickness Benefit and DPB (child over 14yr) are combined as “**Job Seeker Support**”
- Invalid Benefit, DPB-CSI becomes “**Supported Living Payment**”
- Solo Parent Support



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Welfare Reform continued

- Social Obligations – for beneficiary parents
 - 1) Complete core WellChild/Tamariki Ora checks
 - 2) Enrol with a GP
 - 3) Attend school from age 5 or 6 yr
 - 4) Attend 15 hours a week Early Childhood Education from age 3yr



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But Wait there is More!

- Pre-employment Drug-testing for Jobseekers – there is considerable misunderstanding on the extent of this policy
- The obligation to be drug free such that a person on JSS could pass an employers pre-employment drug test **ONLY** applies to those persons being referred to such a job.
- 40% of the jobs listed with W&I indicate they do pre-employment drug testing
- Clients are given every opportunity to comply with this requirement



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Fundamental Precepts

- Main determinants of health and illness depend more upon lifestyle, socio-cultural environment and psychological (personal) factors than they do on biological status and conventional healthcare (Marmot, 2004)
- Work: most effective means to improve well-being of individuals, their families and their communities (Waddell & Burton(2008)
- Objective:- rigorously tackling an individual's obstacles to an independent life

Questions and Suggestions

- Any questions?
- Any suggestions?
- And Thank You!
- Dr David Bratt

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