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Shifting Your Primary Focus to Health and Capacity - a New Paradigm - Concurrent Workshop Repeated

Saturday, 22 June 2013

Start 2:00pm

Duration: 55mins

Monet

Start 3:05pm

Duration: 55mins

Monet



Rotorua GP CME 2013
NZMA
New Zealand Medical Association

General Practice Conference & Medical Exhibition

20-23 June 2013 | Energy Events Centre | Rotorua



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Shifting Your Primary Focus to Health and Capacity – A New Paradigm

GP CME Presentation – June 2013

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Today's Challenge

- What do you want to know?
- What do you need to know?
- Welfare and Welfare Reform
- Is there a problem?
- If there is does it matter?
- What are the changes?
- How will they affect you?
- Lets make the right thing the easy thing.

ARE WE THERE YET?



Lets Make it Real –a Patient

- 20 yr old young male presents in your surgery in a wheel chair indicating he wants you to fill out a Work and Income (commonly called WINZ) Work Capacity Medical Certificate to “put me on an Invalid Benefit”. Immediate thoughts?
- A look at his file indicates he has Lumbo-sacral agenesis.
- He reports he did well at school, and has just returned from a Gap year in the UK and is proposing to go to University.

Social Welfare

- What do you understand this means?
- How is it relevant to you – As Medical Practitioners? As New Zealand citizens?

Main Benefit Categories - Current

- ?????

Main Benefit Categories – Current

- Unemployment Benefit (UB)
- Domestic Purposes Benefit – solo-parent
- Domestic Purposes Benefit – CSI
- Sickness Benefit (SB)
- Invalid Benefit (IB)
- Emergency Benefit (EB)
- Several other specific group benefits eg Widows, Youth

New Benefit Categories – July 15

- **Job Seeker Support**
- **Supported Living Payment**
- **Sole Parent Support**

Children and Families in NZ

- **How many New Zealand children live in a household where there is no-one in paid work?**
- (a) 1 in 3 ? (33%)
- (b) 1 in 5 ? (20%)
- (c) 1 in 8 ? (12%)
- (d) 1 in 20 ? (5%)

Children and Families in NZ

- **How many New Zealand children live in a household where there is no-one in paid work?**
- (a) 1 in 3 (33%) – in Northland
- **(b) 1 in 5 (20%) – in NZ**
- (c) 1 in 8 (12%) – adults out of work
- (d) 1 in 2 (50%) – Maori children in Northland
- And it is estimated nearly 25% of NZ children live in relative poverty

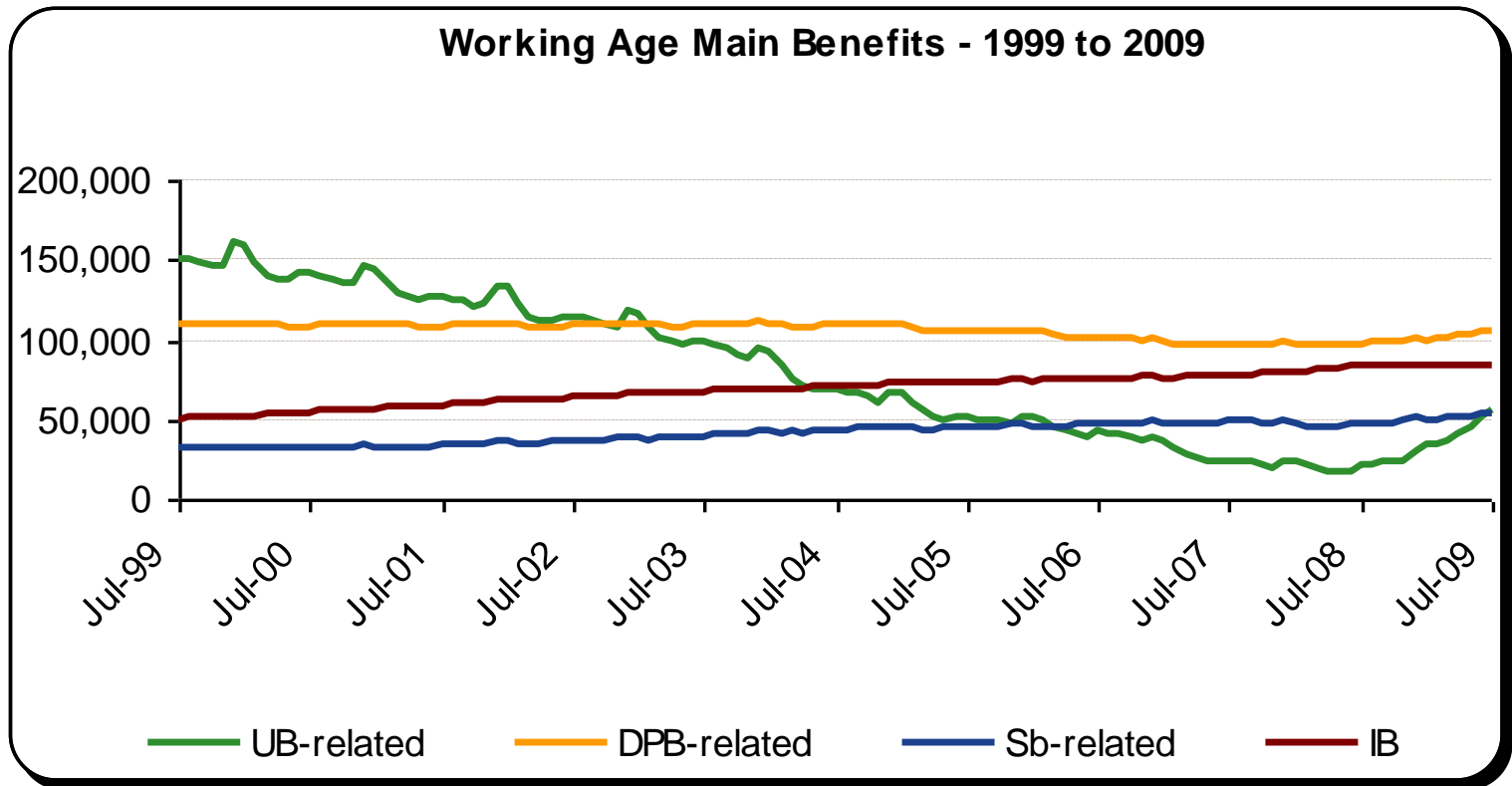
How many working-age (18 to 64yr) adults and their families in NZ depend on a tax-payer funded Benefit for income?

- (a) 150,000 ?
- (b) 250,000 ?
- (c) 300,000 ?
- (d) 350,000 ?

How many working-age (18 to 64yr) adults and their families in NZ depend on a tax-payer funded Benefit for income?

- (a) 150,000 ?
- (b) 250,000 ?
- **(c) 300,000 – 12% = 1 in 8**
- (d) 350,000

Main Benefits – 1999 to 2009



The numbers are people too!

7 June 2013

- UB - 47,501
- (UBY - 13,794)
- DPB - 104,816
- SB - 58,451
- IB - 83,836
- Other - 14,087
- **Total - 308,281**

31 July 2008

- UB - 20,712
 - UBY
 - DPB - 98,099
 - SB - 46,964
 - IB - 85,745
 - Other - 22,304
- Total - 273,824

A Life of Ease – Yeah Right!

- **How much does a Solo-parent get on the DPB to support themselves and their family?**
- (a) \$250 a week ?
- (b) \$300 a week ?
- (c) \$350 a week ?
- (d) \$400 a week ?

There is an additional Accommodation Allowance of between \$55 to \$225 depending on where they live and the number of children

The Financial Reality

Benefit rates (May 2013)

	Net per week	Gross per year
• UB & SB < 25yr	\$171.84	\$9,984
• UB & SB > 25yr	\$206.21	\$11,980
• UB & SB couple	\$343.68	\$19,968
• IB – single	\$257.75	\$15,058
• IB – couple	\$429.58	\$24,959
• DPB	\$295.37	\$17,420

Context

- NZ average wage - \$855 a week net
- Average earnings before tax \$49,875 a year
- NZ Minimum wage \$13.75 an hour
- Minimum wage equals \$28,000 Gross a year
- Remember Solo parent gets \$17,420 Gross

What do we know being out of work?

- Loss of Income
- Destructive on self-respect
- Risks of ill-health
- The “psychological scar” persists
- Trans-generational effects
- All up unemployment is bad for your patients

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 unemployment (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



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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

Determinants of health

- education
- employment
- income
- housing
- access to medical and related services



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



DE-MEDICALIZING DISABILITY MANAGEMENT

LOOKING BEYOND MEDICAL DIAGNOSIS

Piotr S. Baranowski M.Rehab., M.Psych., CCRC

ReSolutions Consulting

Manager, Workplace Health Services

City of Halifax, Nova Scotia, Canada



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- “(...) Most physicians rely on their patients for information about the conditions in the workplace and on his or her ability to do the original job.”
- “(...) Ultimately, the patient makes the decision that they are too ill to work and then asks their physician to agree.”

Traditional/Diagnostic



Medical

The traditional clinical model: treatment is matched to the diagnosis, that is derived from a specific pathology.

APENDICITIS
A FRACTURE

We can all agree on:

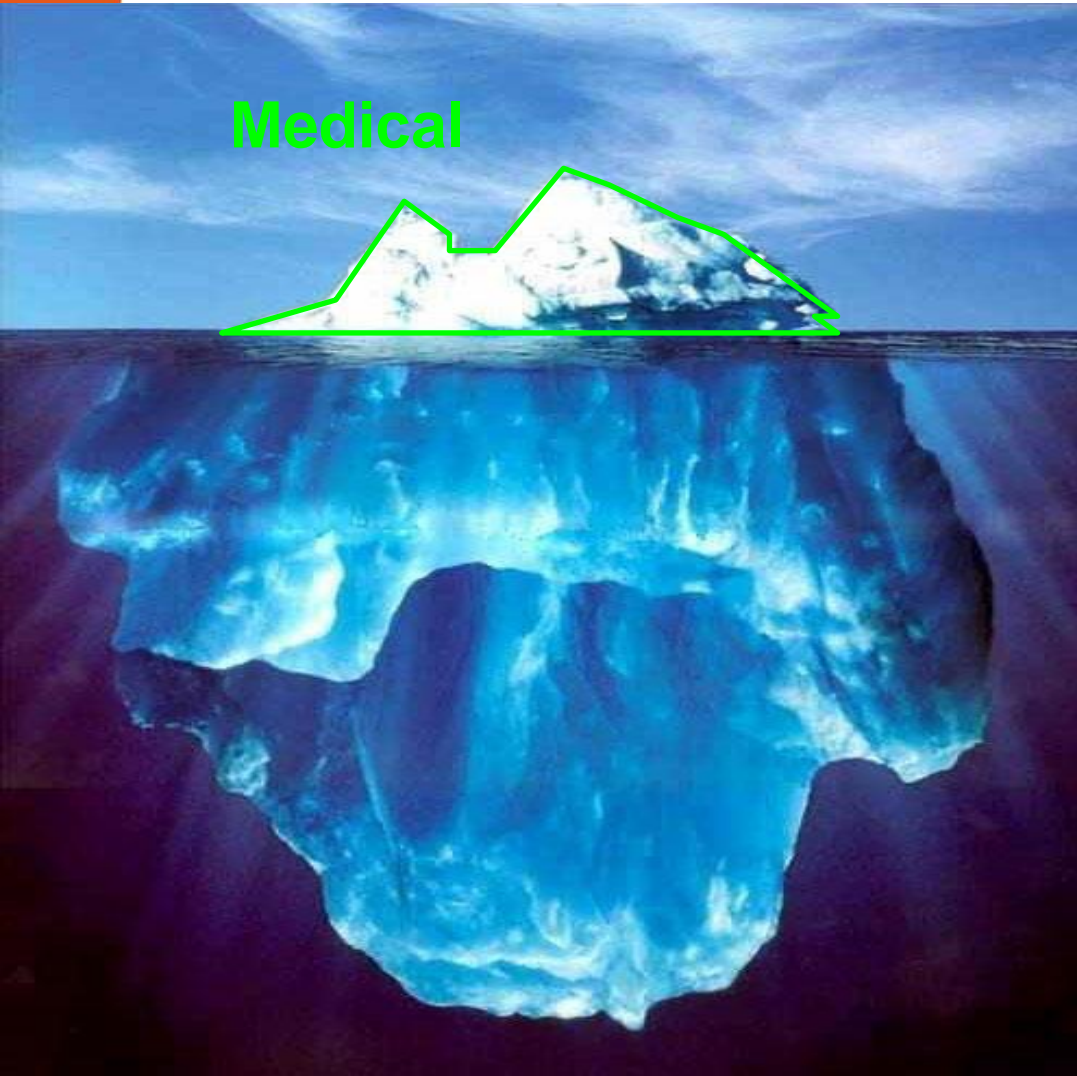
The cause

The medical findings

The treatment

The recovery

Traditional/Diagnostic



Medical

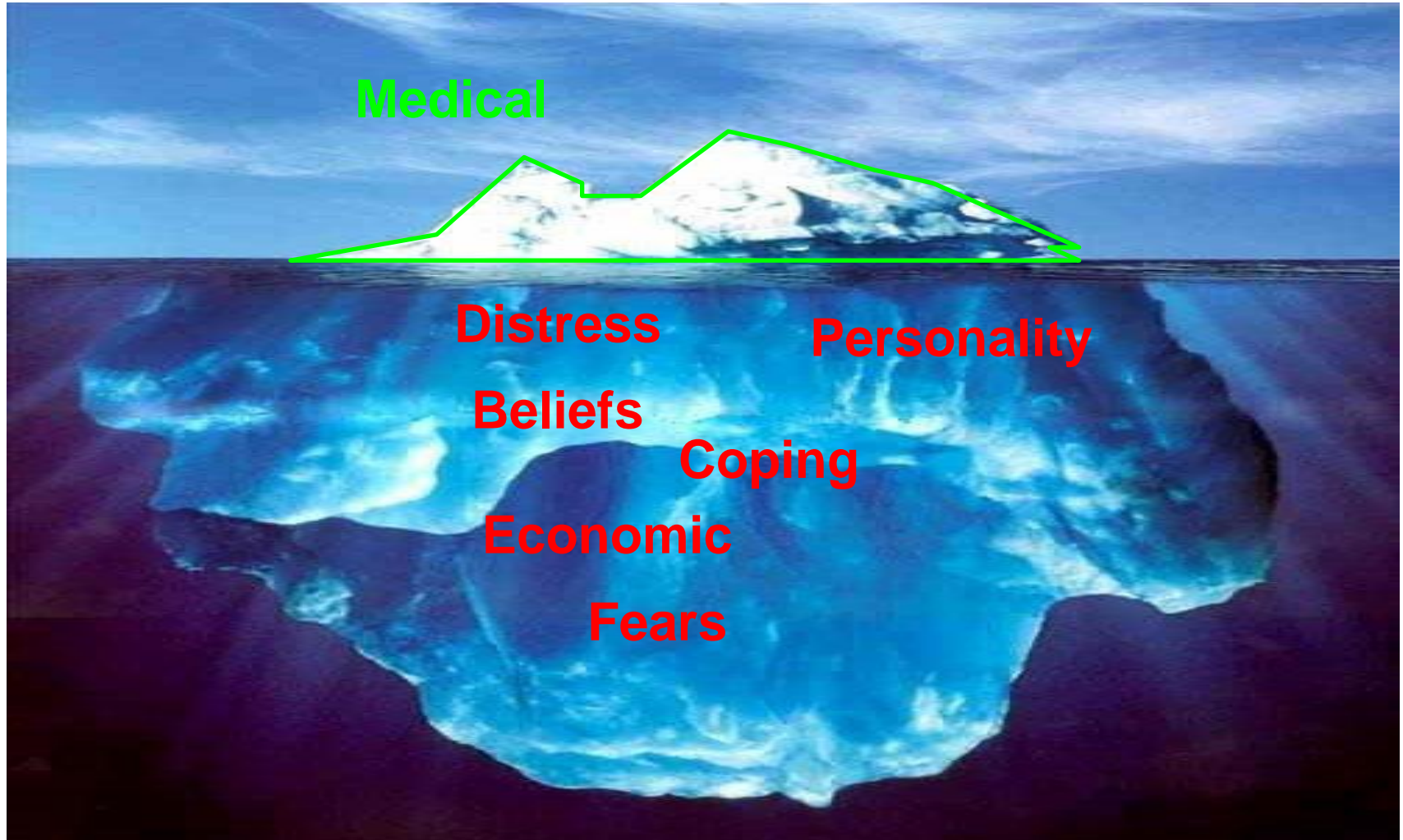
Stress?

Depression?

Mental Illness?

Multiple diagnoses?

Beyond Diagnosis

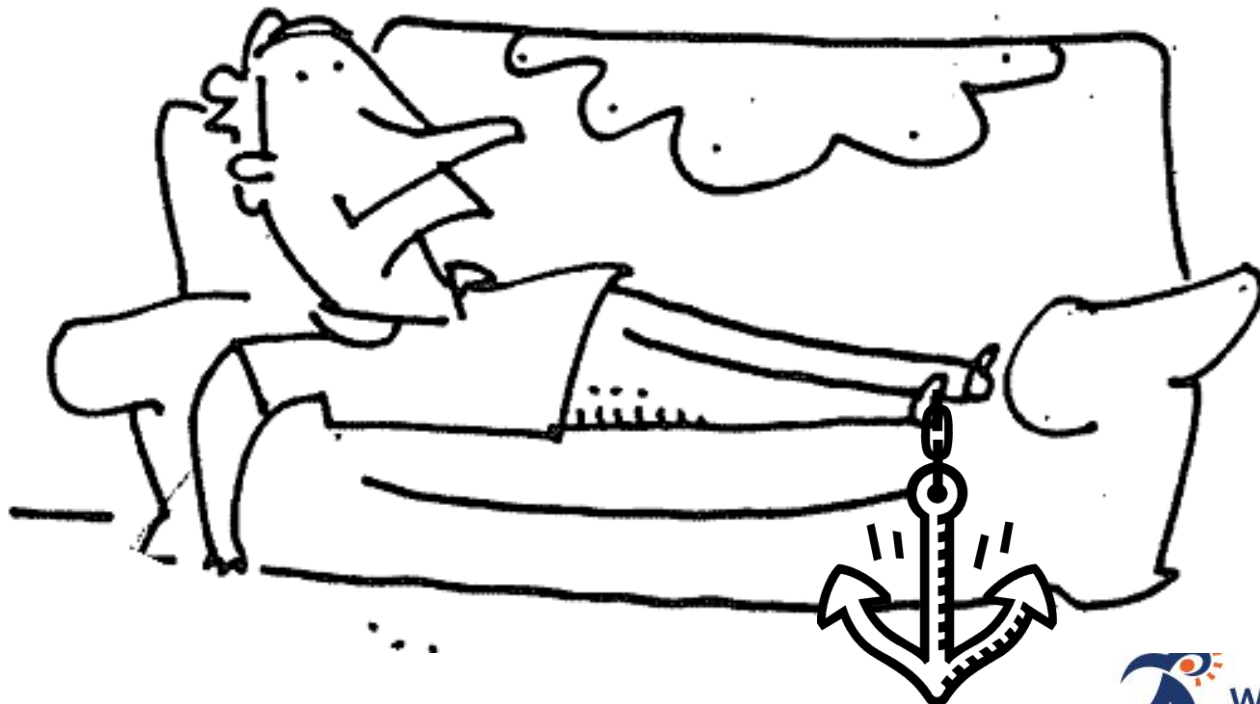


Medical
Issues

Vocational
Issues

Personal
Issues

Anxiety



Beyond Diagnosis

1. Medical issues

- functional impairments

2. Vocational issues

- relationships at work
- job satisfaction, future options
- burnout, disengagement (“presenteeism”)

3. Personal issues

- personality (catastrophising)
- relationships with self & with others
- secondary gains

DM Plan

1. Medical/Treatment component

- address functional limitations (Tx, OT)

2. Vocational component

- addressing work environment issues

3. Personal component

- offering assistance in managing personal matters

4. Expected plan outcomes:

- **reduce the anxiety**
- **provide options**

Prescribing Considerations?

- What am I treating?
- Is the treatment based on evidence?
- Is it effective?
- What are the possible side-effects?
- What are the adverse effects?
- Interactions?

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?

“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%

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

Mental Health and Benefits

- 40% of all adults on a Health or Disability related benefit have a Mental Health diagnosis
- What does the evidence say about people with mental health conditions and employment?

Another Real Person

- 20 yr old young man who is always been pleasant to deal with, had been working successfully as a barista in a café but lost his job 4 months ago. He reports it was because the other employees were talking about him behind his back, that he wasn't sleeping and had been late for work a couple of times.

Cont.

- Normally tidily dressed he presents unshaven , scruffy and wearing a heavy coat despite the warm conditions. He doesn't make eye contact, is muttering to himself, and becomes agitated in the waiting room accusing the other patients of talking about him.
- Likely problem?
- Likely outcome – short term and long term?

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

So What to Do

- encourage your patient to expect that they will recover and return to suitable work
- actively monitor your patient's progress
- identify medical and non-medical barriers to return to work
- Identify the limitations of your client and indicate the supports and accommodations required
- promote an “active management” approach to recovery, and work in tandem with other services

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

Welfare Reform- to date continued

- **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**
- **Job Seeker Support** = Unemployment Benefit, Sickness Benefit and DPB (child over 14yr) are combined
- **Supported Living Payment** = Invalid Benefit, DPB-CSI (Carers benefit)
- **Solo Parent Support**

Pre-Employment Drug Testing

- Work and Income is not about to start drug testing people
- A beneficiary who is being offered a suitable job which routinely does pre-employment drug testing will be required to pass the test. A failure or refusal will be noted and the person then required to pass a second test in a month's time or face sanctions
- Support services are being contracted for addiction assessment

LARC and Beneficiaries

- A non-recoverable Special Needs grant is available to female beneficiaries to facilitate access to subsidised Long Acting Reversible Contraception – IUCDs (Mirena only when subsidised) and Jadelle implants
- It covers the cost of the assessment, fitting and if required removal up to a total of \$500 a year

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

A Challenge

- If the patient sitting in front of you currently requesting a Medical Certificate for a Sickness Benefit was a worker with a job to go back to – how long would you expect to certify them for as “incapable of any suitable work”?

Questions and Suggestions

- Any questions?
- Any suggestions?
- And Thank You!
- Dr David Bratt – david.bratt001@msd.govt.nz Mobile 029 6600075