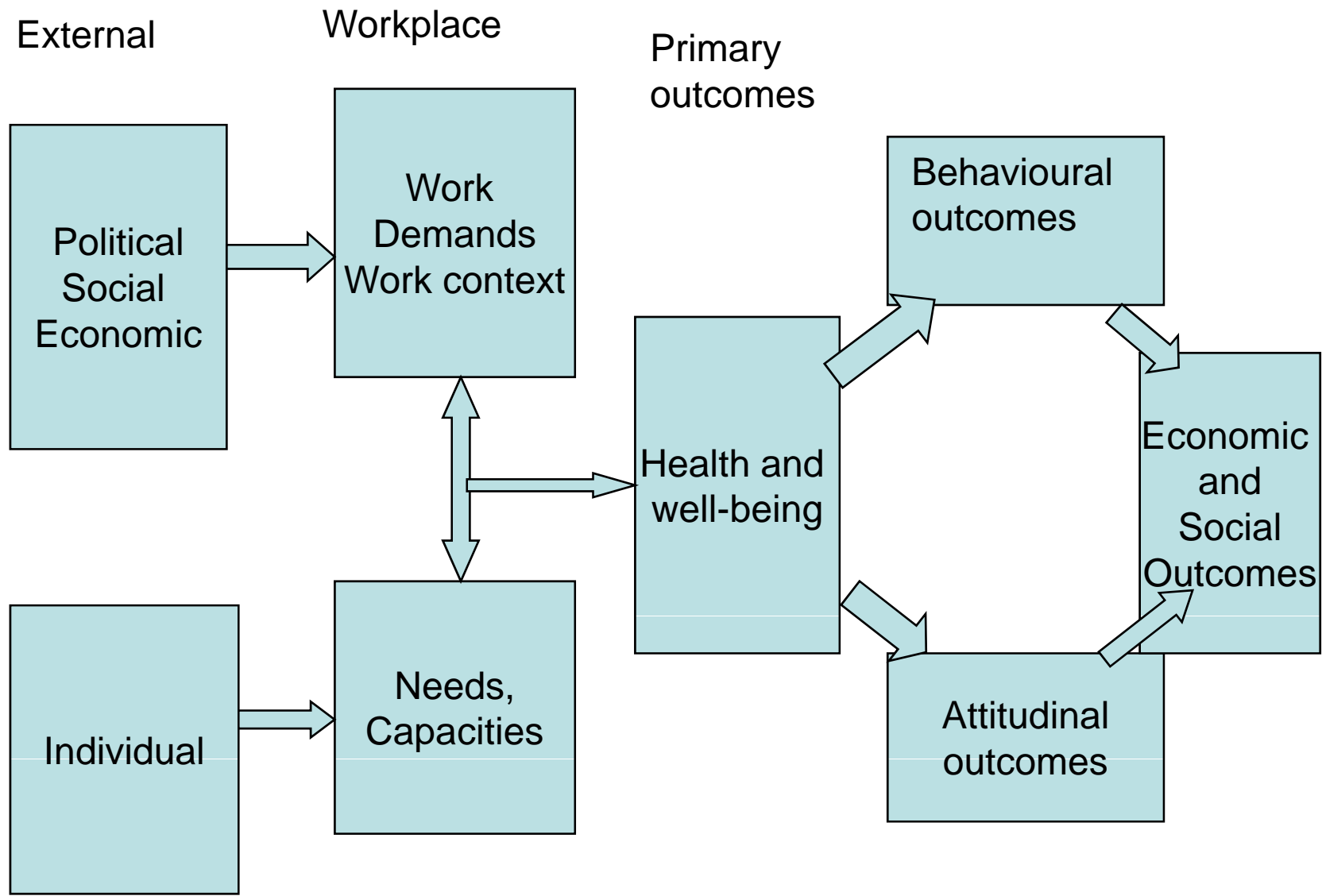


Fit for work *and* fit for the patient

Simon Pickvance
SOHAS and ScHARR



SOHAS

- Team of four advisers for city of 0.5M
- 30 practices with 200K patients, 100K in work
- 1200 patients p.a.
- Non-clinical training
- GP referrals
- 50% of workload is mental health related

Our workload: 40% mental health and stress

- Newly diagnosed depression
 - RTW issues
- ‘Stress’
 - prevention or RTW implications
- Depression or Severe MH problems
 - job-finding support

Aspects of fitness advice

- Fitness of work and fitness of the worker
- Timely intervention means understanding processes
- Dealing with multiple outcomes
- Communicating between healthcare and the employer
- Treatment and prevention run side by side
- A tiered or stepped approach means case managing/integrating interventions

Prevention or Return to work advice ?

- HSE stats on sickness absence
 - 40% of sickness absence is related to mental health
 - 10% work-related stress
- Significant numbers per practice
- Trigger for chronic MH problems in a small number of cases

Workplace

Change in attitudes towards suspicion / reluctance to accept back →

Referral to OH or contact with GP

Referral to OH or contact with GP

SSP/Med 3

RTW expected

Replacement

SHIFT TOWARDS DISCIPLINARY/CAPABILITY PROCEDURES →

Unstable work

Long-term unemployment

Waiting for treatment to take effect
Waiting for counselling/therapy

RECOVERY PROCESSES →

ESA/IB/JSA

Further sicknotes

OSP changes to SSP

Variable expectation of RTW

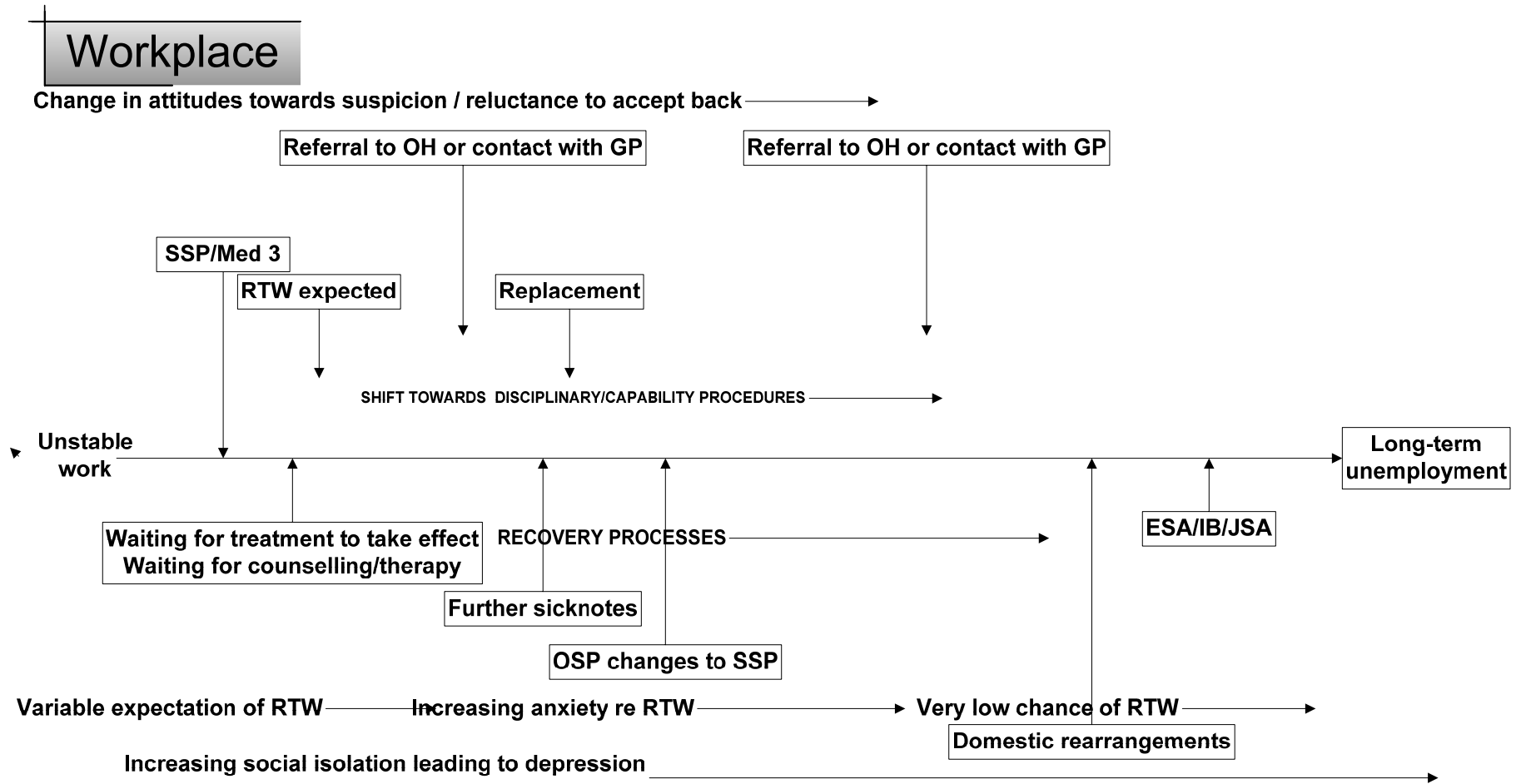
Increasing anxiety re RTW

Very low chance of RTW

Domestic rearrangements

Increasing social isolation leading to depression →

Worker/Patient



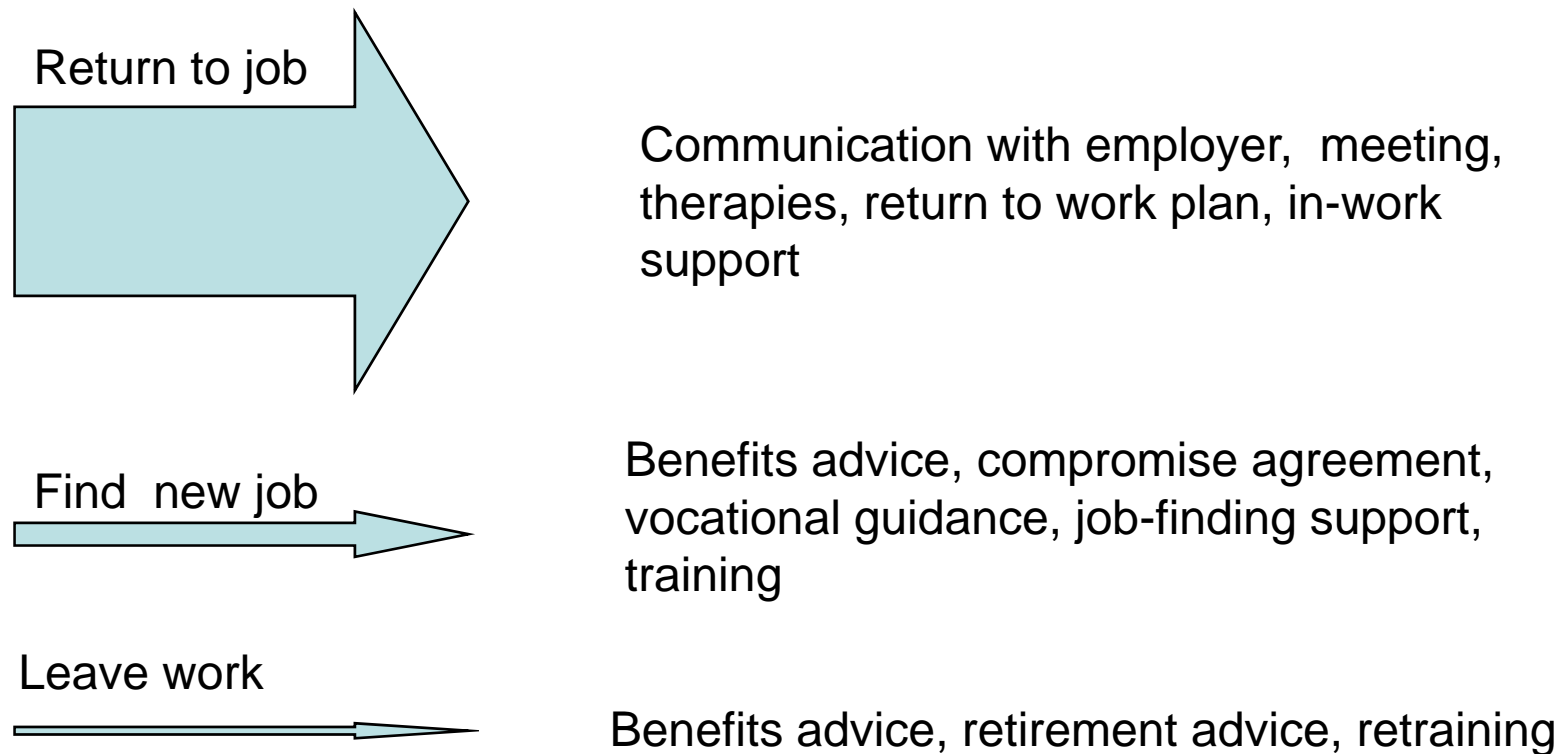
The job of an adviser is to address:

- The physical and mental causes of ill-health
- Environmental influences on ill-health
- Expectations of the patient and in the workplace
- The employer's response to sickness absence
- The patient's (and family's) response to SA
- The financial impact of SA or job loss

Multiple outcomes

- Return to same job (full or phased RTW)
- Return to modified job
- Redeployment
- New job
- Vocational guidance and training
- Voluntary work
- Early retirement/Carer or family roles

Intervention by outcome aspiration



Communicating with employers

- Med 3
- Med 3 with work-related diagnosis
- Med 3 with Doctors' Comments
- Fit notes ?
- Letters in response to employers' requests
- Letters to managers
- Visits by advisers

What should a letter to an employer say ?

X is a patient at this practice. I understand that she works as... at... As you know she is currently signed of with.... She has been referred to me by her GP.

From the history she has given me, it seems that...is playing a significant role. I enclose guidance on...

We are keen for X to return to work and would appreciate your help with addressing... I have suggested that she contacts you to arrange a meeting to discuss her RTW.

If you feel it would be helpful ...(visits, formal medical opinion, etc)

Common MH problems may be caused or aggravated by work

Problem	Psychological symptoms
Bullying	Depression
Insecurity	Anxiety
Workload	Exhaustion, depression and anxiety, burnout
Organisational injustice	Anger, depression
Routine work	Depression

Relationship between therapies and organisational interventions

Problem	Therapies	Workplace
Bullying	Cognitive approaches	Anti-bullying procedures Personnel changes
Workload	Time-off, Solution-focussed therapy, CBT, assertiveness	Management standards, role clarity, reduce working hours
Unfairness	Cognitive approach when workplace issues addressed	Representation, Mediation, grievance (??),
Change of management	? Cognitive approaches	Job-finding support
Low control	Assertiveness	Use of procedures, standards, benchmarks, affiliation, training

Addressing work factors: mental health

- Workload
 - Cognitive
 - Affective
 - Physical
- Bullying
- Change of management
- Long working hours
- Lack of flexible working hours
- Low control
- Unfairness (Organisational justice)
 - Rewards
 - Procedures
- Lack of care
- Uncertainty/Insecurity
- Routine work
- Lack of development opportunities
- Work-life balance: interaction with
 - Debt
 - Caring responsibilities
 - Chronic illness
 - Bereavement
 - Relationship breakdown
 - Community responsibilities
 - Parenting

Advising and case-managing

- Benefits advice/debt advice
- Help with vocational guidance
- Help with job-finding
- Mediation
- Pre-mediation training for managers/co-workers
- In-work support
- Facilitator/Companion role at meetings

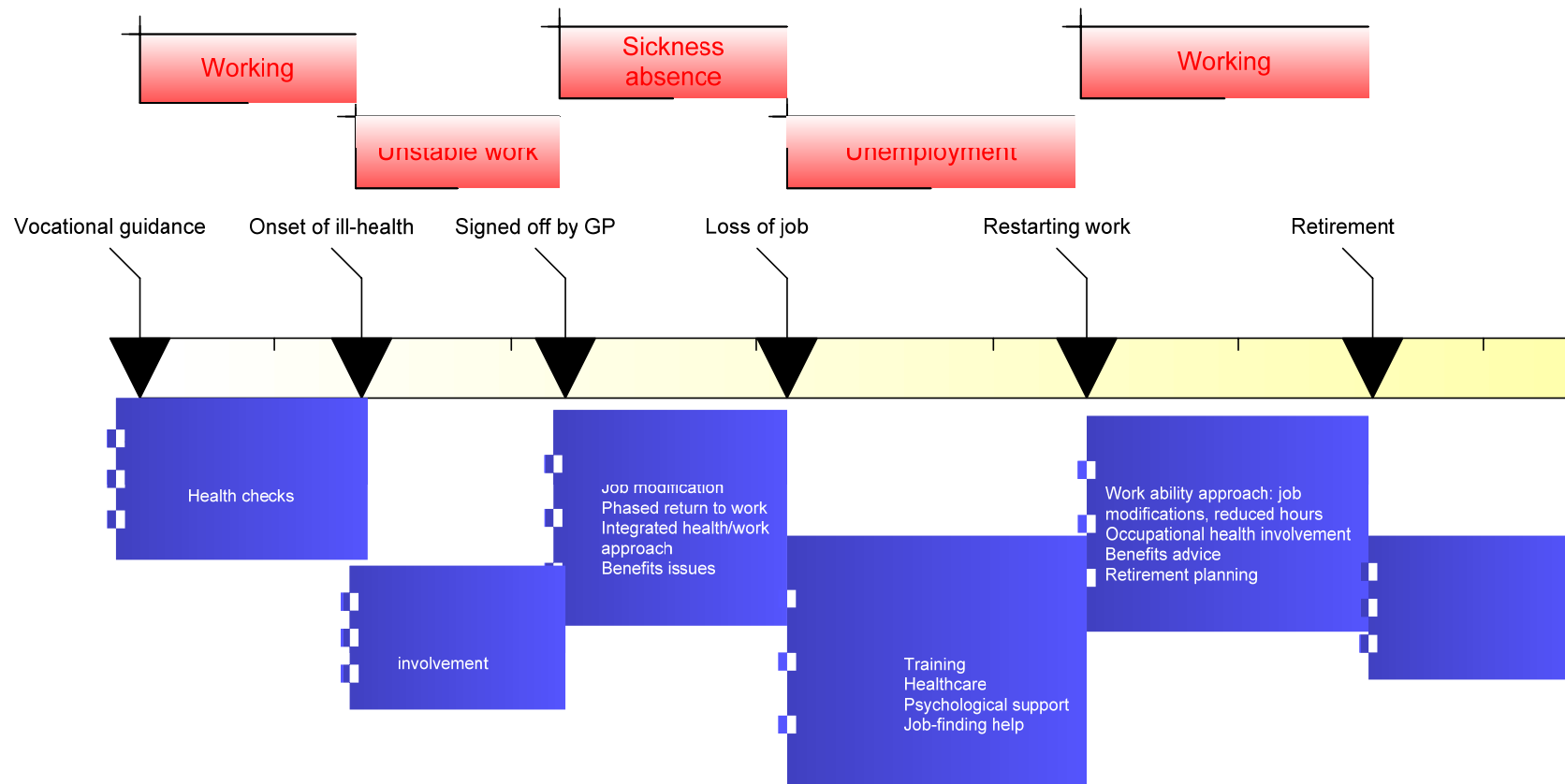
A role for primary care

Suited to:

- Triage
- Common mental health problems
- Low intensity interventions
- Joint work with GPs, therapists
- Prevention
- In-work support

Less well suited to

- Major case management
- Helping patients with severe mental health problems
- Help with job-finding
- Help with social engagement



Mental health and employment: a life course approach in primary care