

Is work good for your health and well-being?

Kim Burton PhD

**Centre for Health and Social Care Research,
University of Huddersfield, UK**

(expert adviser to DWP)



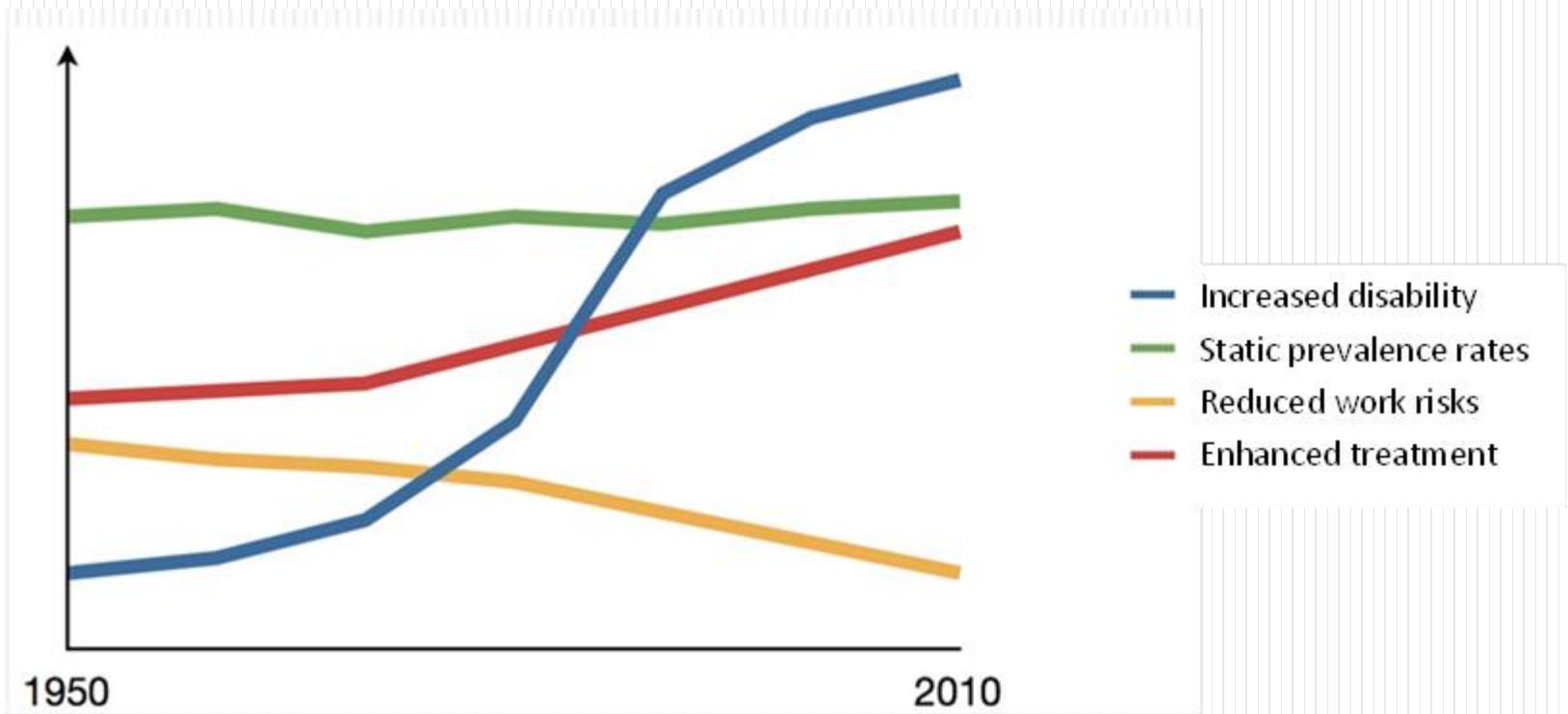


Work is what defines us:

“..... and what is it you do?”

But what does work do to us?

Prevailing paradox



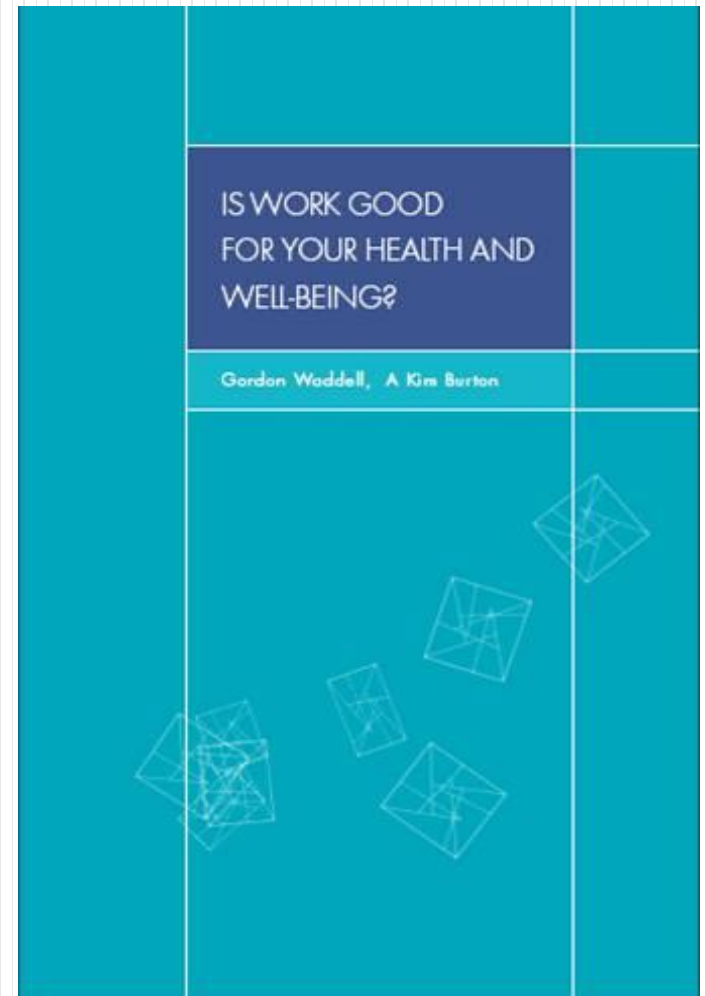
Rationale for UK government action



- Disability costs unsustainable
 - Stopping benefits not acceptable
 - Alternative is to help people back into work
- Political question:
 - Is that acceptable – is it actually good for people?
 - Needs scientific answer

WORK ↔ HEALTH

- *Is work actually good for your health and wellbeing?*
 - *Does the scientific evidence support promotion of work participation?*
- UK Department for Work & Pensions commissioned us to find out
 - *G Waddell, K Burton (2006)*



Review Methods

Review type



- Need to make sense of, and impose some order on, a complex set of issues.
- Evidence located across heterogeneous literatures
- **Best evidence synthesis**
 - summarises the available literature and draws conclusions about the balance of evidence, based on quality, quantity and consistency (Slavin 1995)

Presentation of the evidence

- >400 articles: data extracted and tabulated
- Evidence statements synthesised
- Each linked to the supporting evidence
- Rated for strength of evidence

e.g: Unemployment

U1 *** Strong positive association between unemployment and increased rates of overall mortality, mortality from cardiovascular disease, lung cancer and suicide.

(Brenner & Mooney 1983; Platt 1984; Jin et al. 1995; Lynge 1997; Mathers & Schofield 1998; Brenner 2002)

Review Findings

Headline evidence statements

Full references are given in the report

PDF: www.spineresearch.org.uk/library
www.tsoshop.co.uk/evidence-based

Unemployment



Strength of Evidence

- *** Higher mortality
- *** Poorer general health, somatic complaints, long-standing illness, limiting longstanding illness
- *** Poorer mental health and psychological well-being, more psychological distress, minor psychological/psychiatric morbidity, suicide.
- ** Higher medical consultation, medication consumption and hospital admission rates

Furthermore

- *** There is strong evidence that unemployment can **cause**, contribute to or aggravate most of these adverse health outcomes.

(Bartley 1994; Janlert 1997; Shortt 1996; Murphy & Athanasou 1999)

Re-employment

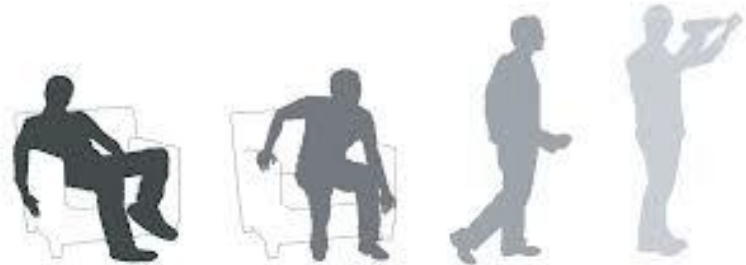


Strength of Evidence

- *** Re-employment of unemployed adults improves various measures of general health and well-being, such as self-esteem, self-rated health, self-satisfaction, physical health, financial concerns.
- *** Re-employment of unemployed adults improves psychological distress and minor psychiatric morbidity.
- *** The beneficial effects of re-employment depend mainly on the security of the new job, and also on the individual's motivation, desires and satisfaction.

Overall, the magnitude of improvement in health is comparable to the harmful effects of losing a job

Coming off social security benefits AND (re)-entering work



Strength of Evidence

- *** Improvements in health and well-being from coming off benefits are associated with (re-)entering work, not simply a result of leaving the benefits system.
- ** Moving off benefits and (re-)entering work is generally associated with improved psychological health and quality of life.
- *** If after leaving benefits, claimants go into poorly paid or low quality jobs, increased risk of further periods of unemployment or sickness, and return to benefits.

Work for sick and disabled people



- Direct evidence somewhat limited
- Synthesis of >40 articles and reports →
based on extensive clinical experience and on principles of fairness and social justice,
there is
broad consensus across multiple disciplines, disability groups, employers, unions, insurers and all political parties:
- Statement:
 - **Most sick and disabled people, when possible, should remain in work or return to work as soon as possible**

Work for people with common health problems

Account for most work disability

- Work is (generally) therapeutic
 - helps promote recovery
- Leads to better health outcomes
 - minimises the harmful physical, mental and social effects of long-term sickness absence
- Reduces the risk of chronic disability and long-term incapacity
 - reduces poverty and social exclusion
- Improves quality of life and well-being
- But, *temporary* accommodations may be needed to achieve early return to work



Conclusions



- Work is generally good for physical and mental health and well-being
 - true for healthy people of working age, for many disabled people, for most people with common health problems, and for social security recipients
- Provisos
 - social gradients in health
 - beneficial effects depend on the nature and security of work
 - ‘acceptable’ jobs are good for health
 - but, overall, ***the effect of employment status on health is greater than the effect of health on employment status***

Policy implications for the UK

- **Social policy**
 - Work is the best form of welfare
 - Support people into work
 - Provide 'good' jobs
 - Get employer and public engagement
- **How can we achieve work participation for people with health problems?**



UK Government

“Pathways to Work” Initiative

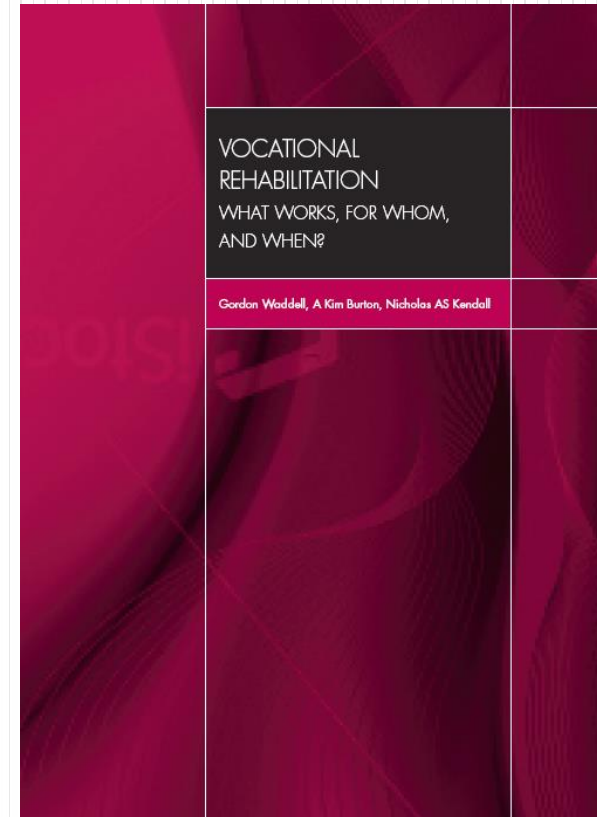


Part of the Department
for Work and Pensions

- Incapacity Benefit recipients
 - 6 months out of work
- Case managers + Condition-Management Programs:
 - helping people to understand and manage their condition
- Shift to social rather than a healthcare intervention
- Promising initial results, but
 - turned out to provide poor value for money
 - future programs need to be based on a robust and clear evidence base

Review of vocational rehabilitation

- Commissioned by stakeholders
 - government, insurance, unions, health
 - *G Waddell, K Burton, N Kendall (2008)*
- Best evidence synthesis of ~450 scientific reviews & reports



Headline messages re: VR



- *VR is whatever helps someone with a health problem to stay at, return to, and remain in work*
- **VR can be effective + cost benefits**
- **Sooner rather than later!**
 - action before benefits
- **Integrated approach**
 - Work focused healthcare + accommodating workplace
 - **cultural shift → working whilst recovering**

Change to sickness certification (2010)

- Focus on stay-at-work
- “Fit note”
- Change from certifying ‘unfit for work’ to ‘can work with workplace help’
- Positive public health message:
 - work is therapeutic
 - employer is helper



Statement
of Fitness
for Work

A guide for General
Practitioners and
other doctors

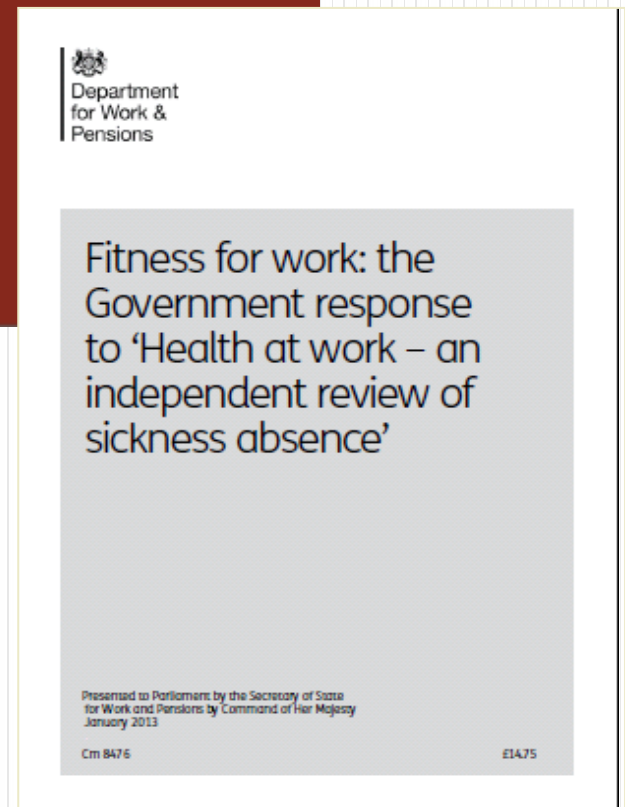


This guide has been
developed in
partnership with the
Royal College of
General Practitioners
and the British
Medical Association.

DWP Department for
Work and Pensions

What was next?

- Black & Frost review 2010
- System is broken
 - Too slow to get the right support to people
- Recommended early access to occupational health advice
- Government responded positively 2013
 - funding independent service
 - reduce flow onto benefits



Proposed new service

- Early referral : at 4 weeks of absence
 - Case managed, stepped care intervention
 - just what's needed when its needed
 - Overcome obstacles to (expected) return to work
 - person; workplace; context
- Goal is to reduce flow onto benefits.....





Thanks for letting me talk with you

kim@spineresearch.org

uk