

# Dr Les Smith

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**What do you see?**



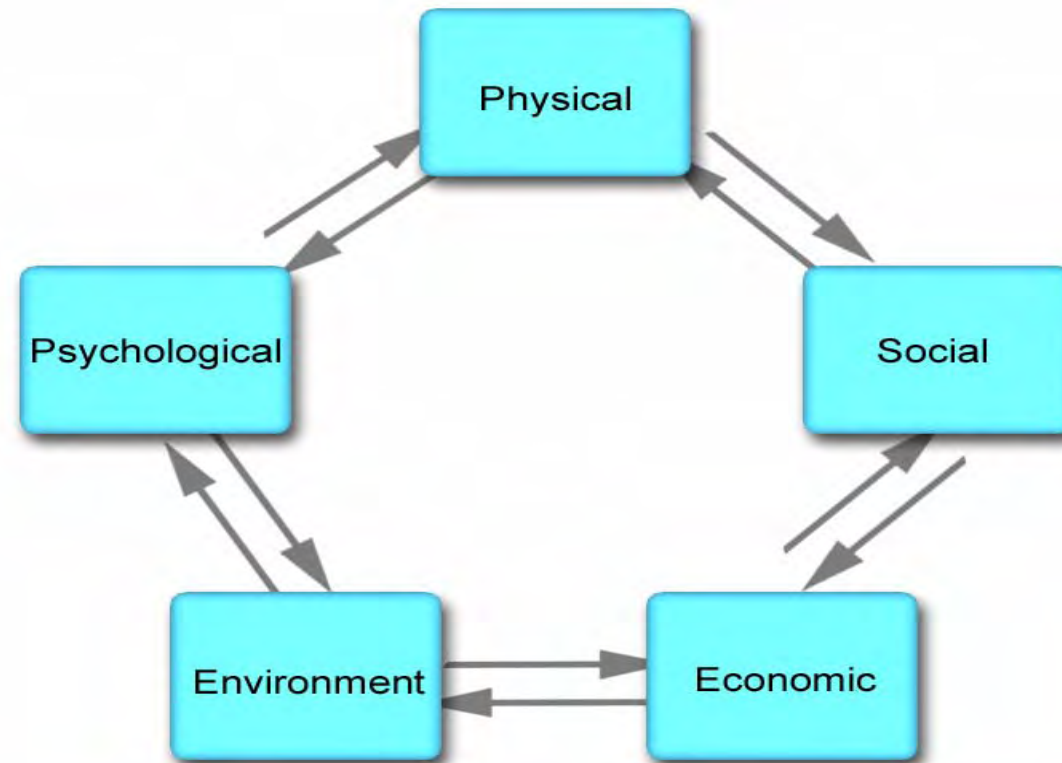
## What is Health?

“A complete state of physical mental, social and spiritual *wellbeing* – not just the absence of disease”(World Health Organisation)

“The ability to recognise a good bottle of Chablis, consume it and live the experience the next day”

“A used pair of trainers, an empty medicine cabinet and not knowing the name of your GP”

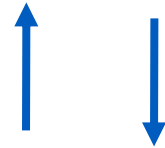
## What is Wellbeing?



**“The art of living consists of dying young as late as possible”**

# What is Occupational Health?

Effects of Work on Health



Effects of Health on Work

Safeguarding and enhancing employee health

**“Managed Employee Wellbeing”**

*Population Health Management*

## Well Being & Occupational Health

**WORK ON HEALTH** ↔ **HEALTH ON WORK**

**Physical**

“Workstyle” Health”

Lifestyle Health

**Psychological**

Stress

Depression/anxiety

**Social**

Bullying, conflict

Family issues

**Environment**

Workplace

Housing problems

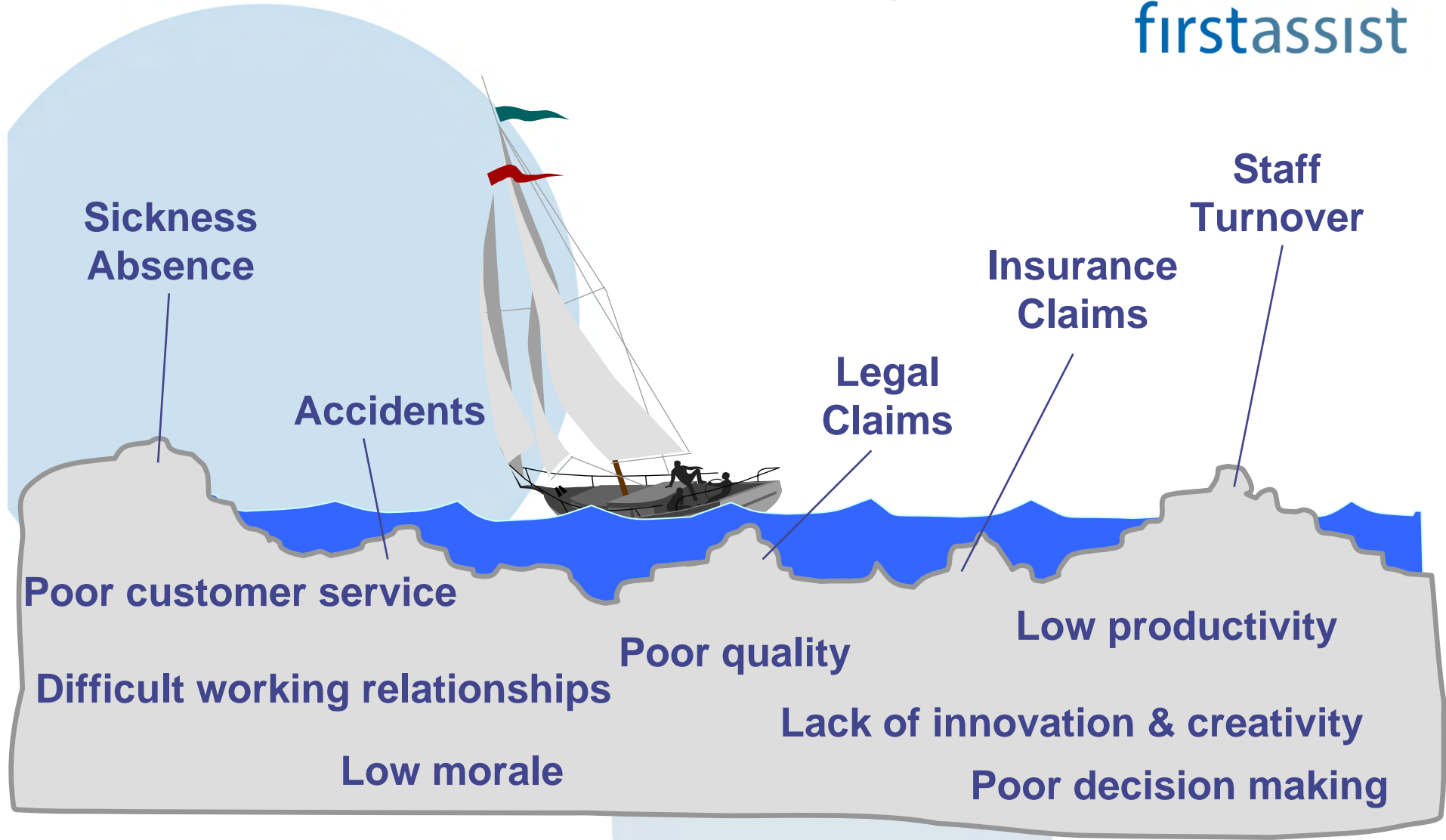
**Economic**

Salary, Benefits

Disposable income

**Combine the models**

# True cost of stress and poor wellbeing at work



**I n d i v i d u a l R i s k F a c t o r s**

# Change and more change



Business Change – restructuring, Government/Legislation

Global competition

Cost reduction - Downsizing - Anorexic organisations

Customers want more – pay less

Working hours “Work Life Balance”

Increase in home working & flexible working

Ageing workforce

Employee choice - regular job changes - “Gold Collar” employees

Commuting and travel

Changes in technology - mobile phones, keyboards

Information overload

**“E MAIL HELL!”**

# We're all changing



No worries, no aches, no tension,  
no bladder control



Worries, aches, tension,



Aches, no bladder control

# Jack and Jill



*“A tale of 2 stress cases”*

**Jack 15 years with Company A**

**Jill 15 years with Company B**

**Similar sales team roles**

**Good sickness absence records**

**Both go off work with “Stress”**



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## Company A

- No Stress policy
- No Stress related policies
- No management training
- No sickness absence policy
- No defined trigger points
- No Occupational Health Service
- No OHS
- No risk assessment
- No EAP
- No wellbeing initiatives

## Company B

- Stress policy
- Harassment policy
- Management training
- Sickness Absence policy
- Remote Day 1 Intervention
- OHS
- Risk assessment
- EAP
- Wellness programme
- Virtual Health Club

## Jill 1-2 weeks



Day 1 reports to Sickness Absence Help Line

Red Flag case identified

**Referred to Occupational Health Adviser**

Referred to EAP Counsellor

Management informed, contact maintained

Manager reviewing risk assessment and control measures

## Jack 1-2 weeks



Attends GP - signed off for further 4 weeks

Given antidepressant medication

On waiting list for NHS counselling

Sitting at home

Manager "We don't want him back until he is fully fit"

No evaluation of work practices

## Jill 4-6 weeks



Has had 4 counselling sessions

Reviewed by Occupational Health Physician

Improving but CBT sessions arranged with Psychologist

Management contact maintained

Return to work interview

Returns to work on interim adjusted duties/phased return.

Progressive increase in duties

Referred to Virtual Health Club for Physical Activity Programme

Values company interest and investment

## Jack 4-6 weeks



No management contact - other than to chase him for medical certificate

Sitting at home - losing confidence, socially isolated, becoming clinically depressed.

No appointment for counselling yet

"Does this company not value me after 15 years?"

Continuing certificates from GP who has no interface with workplace

# Jill 12 weeks



Back to full duties

High level management support and regular meetings

Exercise program to maintain positive behaviour change and coping skills

Control measures modified at work to reduce risk of future problems

Company retains 15 years worth of experience, skill, knowledge and goodwill

No mention of Personal Injury Claim

# Jack 12 weeks



Tries to come back to work - recurrence of symptoms within 2 weeks due to lack of changes to work practice, job demands.

Counselling appointment at last but has developed entrenched attitude, reinforced by failed return to work.

GP refers to Psychiatrist – both blaming work - 6 month wait

Chances of return to work at 12 months now approaching only 50%

Company incurring ongoing costs from operational loss and replacement staff

Jill 6 months

Remains at work

Enjoying her job again

No further symptoms



# Jack 6 months



Still off work

Losing income - financial problems adding to stressors

Disaffected

Demoralised

Relationships affected – obstacles to returning to work increasing

Deeply depressed

Suing company for stress supported by GP

Work reluctant to take him back until after the outcome of psychiatric assessment

## Jack 12 months

Still pursuing EL action £

Depression continues - under psychiatrist £

Job terminated on grounds of ill-health – pension fund £

Considering tribunal action under the DDA £

Company loses 15 years of knowledge, skill, experience and goodwill £

Company has to recruit and train replacement £

Jack now reliant on DSS benefits £

Other workers at risk of similar fate £

Company insurers increase EL premiums by 200% £

Human cost ?

# The Biopsychosocial Model in case management



*“An individual focused model that considers the Person, their Health Problem, and their Social Context”*

**Biological** – *the physical or mental health condition*

**Psychological** – *recognises that personal or psychological factors also influence functioning and that the individual must take some measure of personal responsibility for their behaviour*

**Social** – *recognises the the importance of the social context , pressures and constraints on behaviour and functioning.*

**COMMON HEALTH CONDITIONS**

# Obstacles to recovery/return to work



*“Modern rehab has to change from attempts to adapt, compensate for impairment and address factors (obstacles) that delay or prevent recovery and return to work.”*

## ***Biological Obstacles***

The physical or mental health condition (and available healthcare)  
Physical & mental capacity & activity level -v-Physical & mental demands of work

## ***Psychological Obstacles***

Personal & Psychological factors influencing functioning,activity  
Perceptions, beliefs, attitudes,behaviour(especially about work)  
The psycho social aspects of work

## ***Social***

Social interactions, pressures, and constraints on behaviour.  
Cultural, organisational and system obstacles  
The sick role – attitudes to health & disability.  
Environmental factors – work/home

# Stress Management Programme



## **Tertiary**

*“Casualty Treatment” / Case management*

- **Employee Assistance Programmes**  
Telephone and face to face access to Counsellors or Psychologists (Cognitive Behaviour Therapists).
- **Occupational Health interventions**
- **Physical Activity and Lifestyle Behaviour change**

## **Secondary**

*Awareness, training and education*

- **Training seminars and workshops**

## **Primary**

*Prevention - Risk Assessment*

*HSE new management standards Nov 04)*

- **Stress audit – ‘Stress Risk Assessment’**
- **Stress policy**

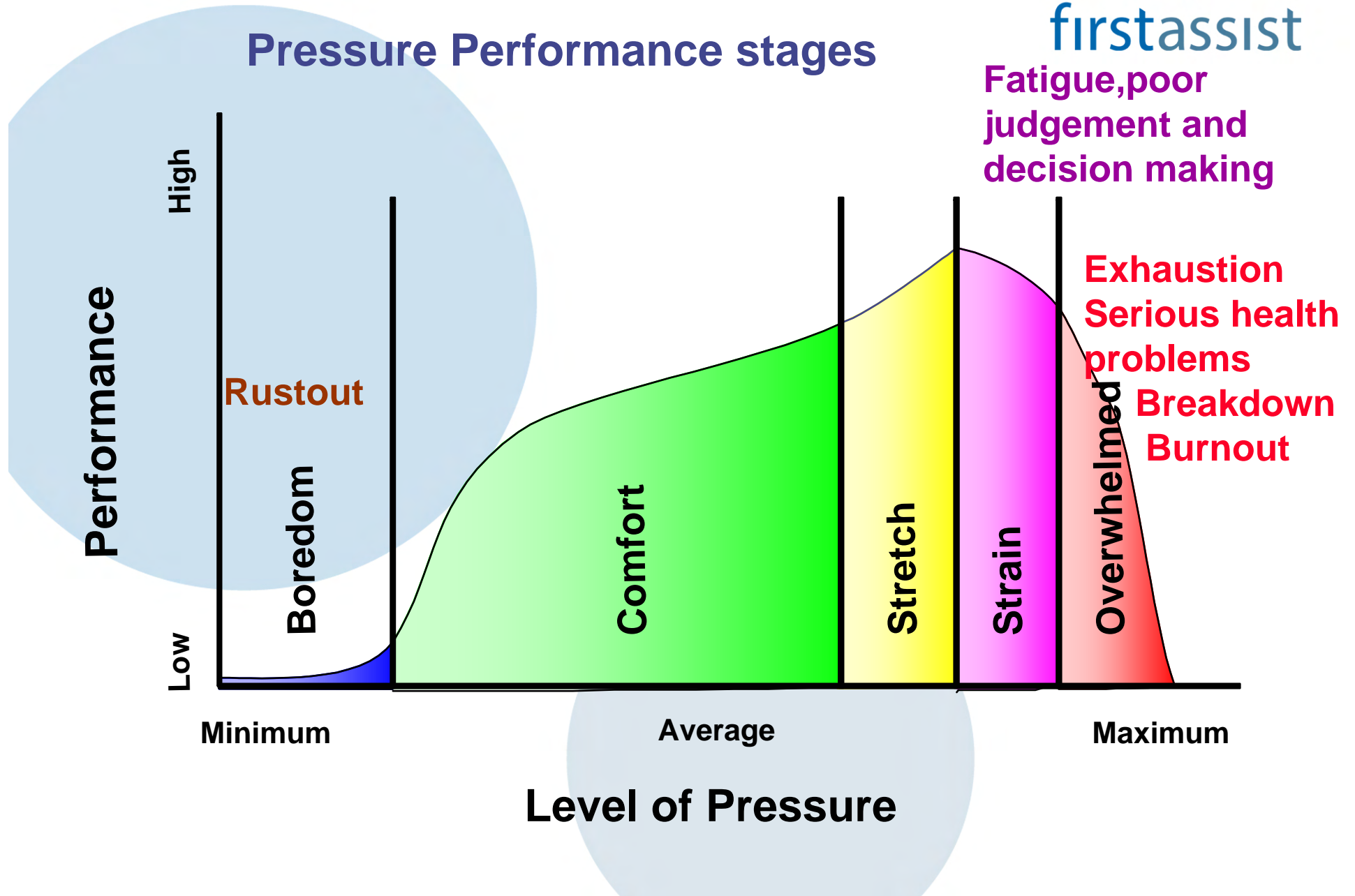
*“Stress occurs when the perceived pressure on the individual exceeds that individual’s perceived ability to cope.”*



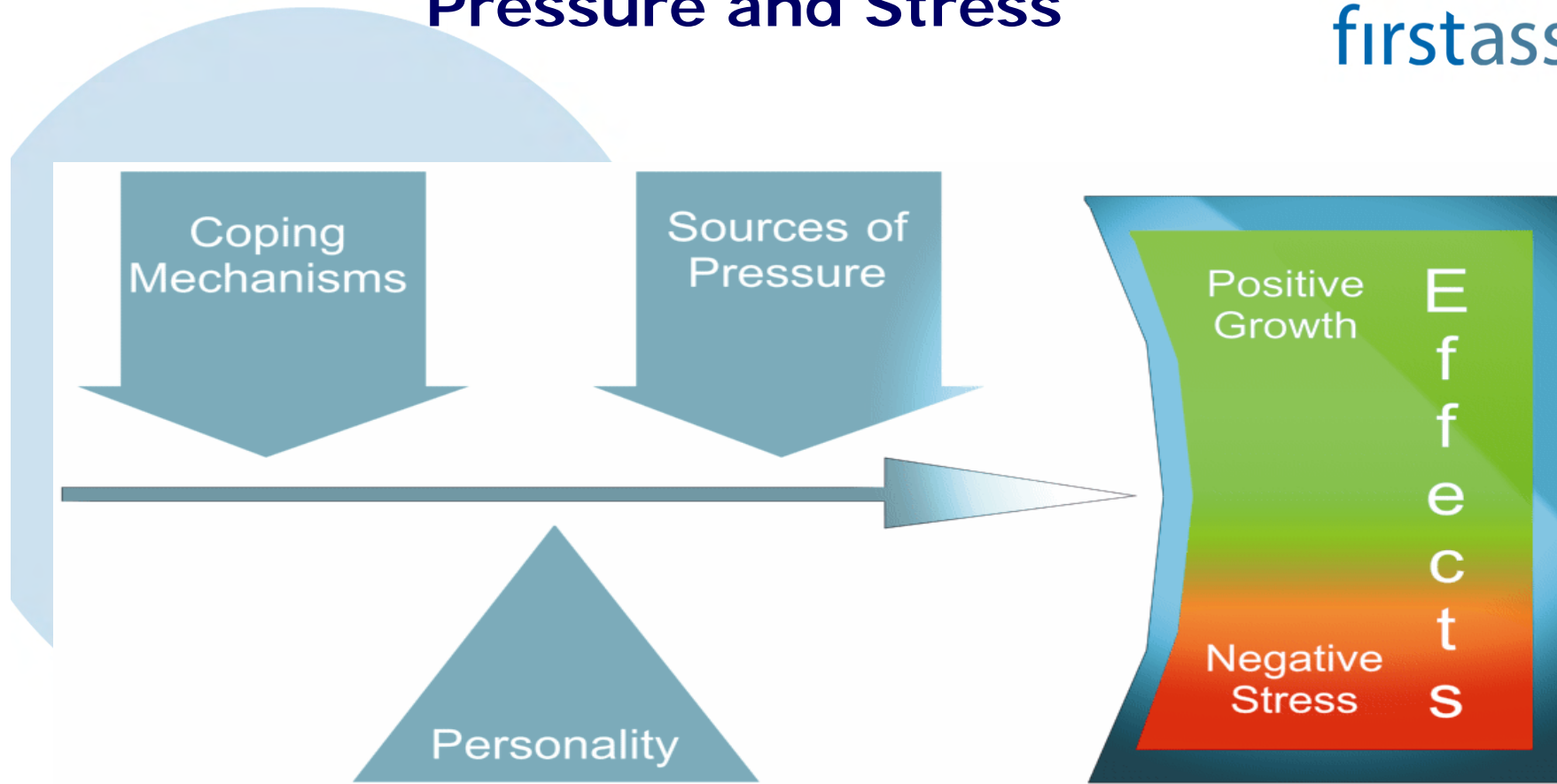
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Fatigue, poor judgement and decision making

## Pressure Performance stages



# Pressure and Stress



# Employee Assistance Programmes



## Telephone

First line therapeutic intervention

BACP Accredited Service – professional, quality monitored

24 hour service delivery

Easy to use and accessible

Qualified and experienced counsellors

Up to 50 minutes allowed for each call

Full co-ordination of counselling and other support services

## Face to face

Simple referral to qualified and experienced counsellors, & clinical Psychologists (CBT etc)

Extensive geographical coverage

# Stress and Wellbeing Workshops and Seminars



# StressRisk

## Managing Pressure and Wellbeing

Individual Results prepared for:

Liza Test



Section	<< less risk	more risk >>
Culture		
Demands		
Control		
Relationships		
Change		
Role		
Support		

Key: Less than average risk About average risk More than average risk

# Virtual Health Club



## Negative Behaviours

- Physical inactivity
- Unhealthy diet
- Obesity risk
- Diabetes risk
- Cardiovascular risk
- Lifestyle cancer risk
- Sleep problems
- Smoking
- Alcohol / drugs misuse
- Headaches and migraine
- Irritable bowel syndrome

## Behaviour Change Model

### Stages of change

- Pre contemplator
- Contemplator
- **Preparation**
- **Action**
- Maintenance

# Barriers to success



Failure of employers to realise benefits or to be proactive

Failure of employers to intervene early in use of sickness absence processes OH, EAP, counselling and other services

System of liability insurance focussed on blame + lengthy

Gap between NHS and what employers provide

Shortage of specialist providers

# Simple keys to success



Policy + 'do it'

Stress audit in line with HSE Management Standards

Manager training, guidance and awareness

Early contact + positive solution focused intervention

Access to services - OH, counselling, psychology

Proactive case management – remote and face to face

Break down the obstacles and make adjustments

Communication - managers, interprofessional

Monitor outcomes/costs

Manage health (and safety) risk

Health and wellbeing promotion especially physical activity

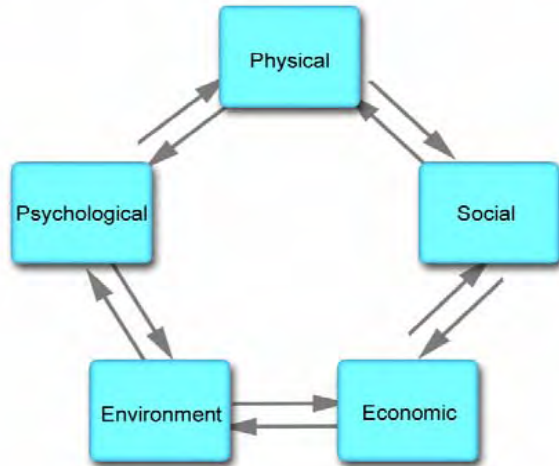
# Vision and Mission

*“Optimise performance and availability in the workplace”*



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Wellness  
Enhancement  
Model



Illness  
Repair  
Model

