

Health and Care Conference

A new dawn – new opportunities?

Rethinking our Attitudes to Work and Illness

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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.¹**
 - **Work: most effective means to improve well-being of individuals, their families and their communities.²**
 - **Objective: rigorously tackling an individual's obstacles to a life in work.**
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1. Marmot M. *Status Syndrome*, Bloomsbury, London: 2004

2. Waddell G, Burton K. *Is work good for your health and well-being?* TSO, London: 2006

Symptoms:

- **Symptoms: subjective bodily or mental sensations that reach awareness and are generally “bothersome” or “of concern” to the person.**
 - **clinical representation/manifestation of disease**
 - **associated with normal or unaccustomed activities of daily living**
 - **unassociated with any identifiable disease ^{1,2}**
 - **ubiquitous and omnipresent ^{3,4}**
 - **limited correlation with illness, disability and (in) capacity for work ^{5,6}**

1. Ursin H: 1997

2. Deyo RA et al : 1998

3. Eriksen H et al: 1998

4. Buck R et al: 2009

5. Waddell,G: 2004

6. Waddell G, Aylward M : 2005

Cardiff Health Experiences Survey (CHES): Face-to-Face Interviews [N=1000] GB population: Main Complaint

	<u>Open Question:</u>	<u>Inventory:</u>
LBP	8.9%	14.6%
Musculoskeletal	4.6%	7.0%
Mental Health	7.5%	25.6%
Cardio-respiratory	3.6%	5.9%
Headache	2.9%	9.3%
G/I	2.4%	4.0%
Without any complaint	70.1%	33.6%
At least one complaint	20.6%	66.4%
2 or more complaints	8.4%	26.3%

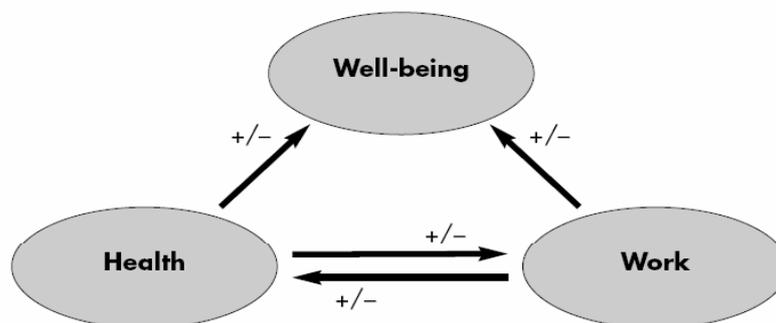
Severity of main complaint greater for open question than inventory

Paradoxes¹

- The typical benefit recipient (perception – vs – reality)
 - The health paradox (improved health – vs – IB trends)
 - The failure to recover (clinical recovery – vs – poor work outcomes)
 - Disability Rights – vs – benefit dependency
 - Patient advocacy – vs – beneficial effects of work
 - Inequality paradox: economic prosperity – vs – widening socioeconomic gap
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1. Waddell G, Aylward M (2005). The scientific and conceptual basis of incapacity benefits. TSO: London

Work and health



Possible causal pathways between health, work and well-being

Long-term worklessness is one of the greatest known risks to public health

- **Health Risk = smoking 10 packs of cigarettes per day (Ross 1995)**
 - **Suicide in young men > 6 months out of work is increased 40 x (Wessely, 2004)**
 - **Suicide rate in general increased 6x in longer-term worklessness (Bartley et al, 2005)**
 - **Health risk and life expectancy greater than many “killer diseases” (Waddell & Aylward, 2005)**
 - **Greater risk than most dangerous jobs (construction/North Sea)**
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Is Work Good for your Health and Wellbeing? (Waddell & Burton, 2006)

YES:

- **Strong evidence: Work is generally good for physical and mental health and wellbeing**
 - **Reverses the adverse health effects of unemployment**
 - **Beneficial effects depend on the nature and quality of work and its social context**
 - **Jobs should be safe and accommodating**
 - **Moving off benefits without entry in to work associated with deterioration in health and wellbeing**
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Without work all life goes rotten, but when work is soulless, life stifles and dies.

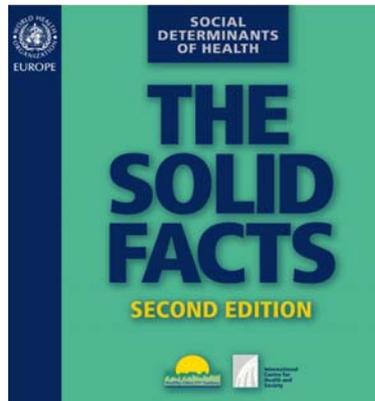
Albert Camus

The Consequences

Sickness and disability among main threats to full and happy life;

Work incapacity most significant impact on individual, the family, economy and society.

Social Determinants of Health



- The social gradient
- Stress
- Early life
- Social exclusion
- **Work/Unemployment**
- Social support
- Addiction
- Food
- Transport

Social Contexts that influence Health and the pursuit of a life in Work:

- **A person's past social experiences become written into the body's physiology and pathology¹**
- **Lack of autonomy in life is an enduring negative influence leading to poor health, worklessness and frustrated well-being**
- **Work is central to well-being and correlates with happiness and health**
- **Class difference in mortality, morbidity and economic inactivity are a consistent feature of the entire human lifespan.²**

1. Blane D. In Social Determinants of Health, WHO: 1998

2. Black D. Inequalities in Health, HMSO: 1998

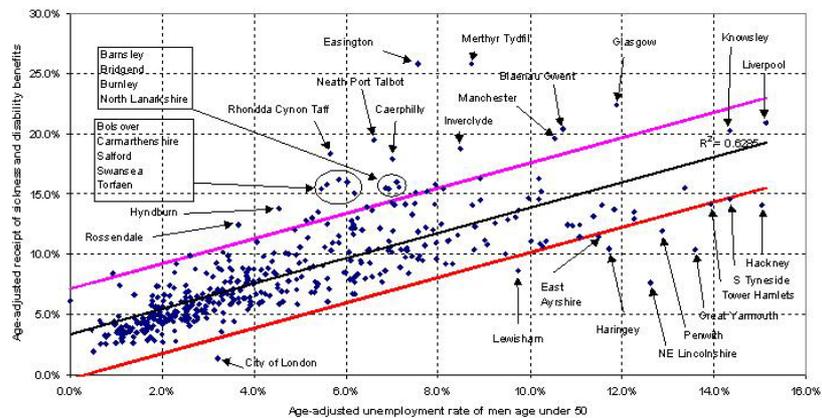
Social Gradients in Health¹

	<u>Professional:</u>	<u>Un Skilled:</u>
Limiting Long-term illness	7%	14%
Mental distress²	18%	37%
Life Expectancy	79 yrs	70 yrs

1. UK National Statistics
2. Scottish data based on GHQ 12 (Malan et al 2004)

Local labour market

Correlation between labour market tightness and receipt of sickness & disability benefits, May 2000 - men



Social Gradient, Health and Work: Social Disadvantage

- **Most powerful determinants of (ill) health are social gradients and linked problem of regional deprivation** ^{1,2}
 - **10 fold variation in incapacity rates between local authority areas.**³
- **Multiple disadvantage and barriers to (return to) work among IB recipients** ⁴
 - **Concurrent health problems; secondary mental health problems**
 - **Low skills: 40 % no qualifications; low skill trap**
 - **Local labour market**
 - **Uncertainty, a key issue**

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1. Marmot, 2004
 2. Aylward and Phillips, 2008
 3. Waddell and Aylward, 2010
 4. Waddell and Aylward, 2005

Social Contexts of Economic Inactivity

- 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 hand¹
- Illness or disability which impairs work persistently reduces life satisfaction²

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1. Blane D, 1998
 2. Schulz & Decker, 1995

WORKLESSNESS

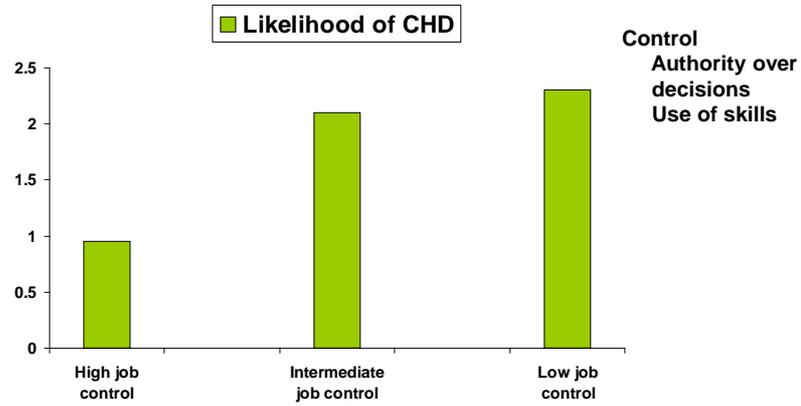
- Worklessness is:
 - destructive to self-respect
 - risks poor health (physical and mental)
 - thwarts the pursuit of happiness
 - handicaps achievement of well-being
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But what kind of work?

- **The “good job”**
 - **Satisfying and meaningful work**
 - **The healthy workplace**
 - **Workplace culture**
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Self-reported job control and coronary heart disease incidence

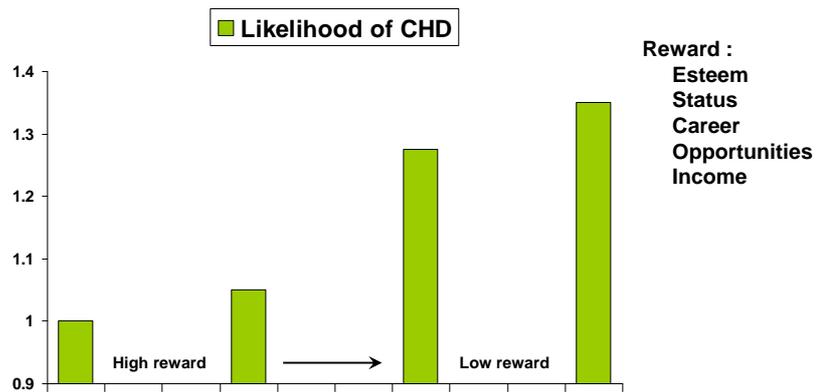
Whitehall II Study



Bosma H et al, 1998

Effort-reward imbalance at work and coronary heart disease

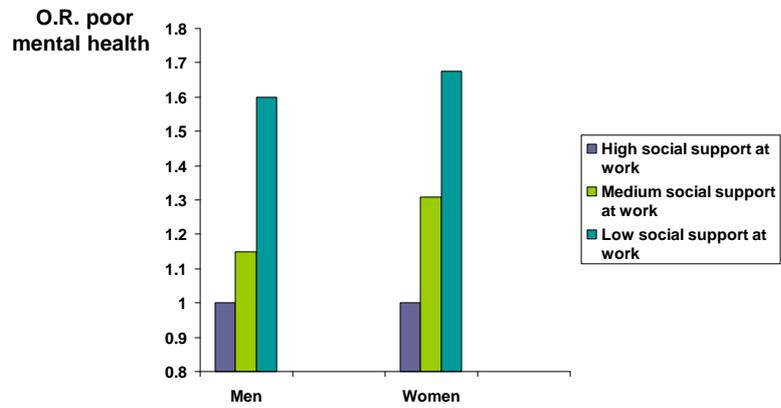
Whitehall II Study



Kuper H et al, 2002

Social support at work as a risk factor for subsequent poor mental health

Whitehall II Study



Stansfield SA et al, 1997

Work benefits health

How robust is the evidence:

Unemployment causes ill health

Re-employment improves health

A gradient of health in work

***Far and away the best prize that
life offers is the chance to work
hard at work worth doing***

Theodore Roosevelt
Labour Day address, 1903

Ranking of Obstacles to Work by Principal Category: Cardiff Research

	Rank(%)
• Psychological / Cognitive:	38 %
• Occupational:	32 %
• Social:	11 %
• Economic:	9 %
• Symptom severity (esp: pain, fatigue)	7 %
• Impaired function	<u>3 %</u>
	100 %

Positive Influences on RTW:

- **Moral obligations**
 - **Respect for Employer**
 - **Strong health literacy**
 - **High score on subjective “happiness”**
 - **Well managed chronic condition**
 - **Resilience and coping**
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DWP WELFARE REFORM PROGRAMME: IN THE CONTEXT OF ECONOMIC STRINGENCY

Likely Consequences:

- **Widening of Socio-economic gap in health and well-being**
 - **Work Programme-Barriers to Success**
 - **ESA Assessments-Capacity to deliver objectives**
 - **The Workplace- Presenteeism and Insecurity**
 - **Questionable opportunities for the Insurance Industry**
 - **Failure to realise savings from benefits: economic impact**
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NHS REFORMS IN ENGLAND:

- **The demise of the NHS?**
 - **Post Code Lottery**
 - **Threats to:**
 - **Universality**
 - **Comprehensive health service**
 - **Free at the point of delivery**
 - **Ambitious at a time of economic uncertainty**
 - **UK Coalition Government instability?**
 - **Separate health care systems in Wales and Scotland**
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NHS REFORMS (ENGLAND) AND PUBLIC HEALTH:

- **Bulk of Public Health in Local Government**
 - **Role of Public Health in Health Care Delivery**
 - **National Public Health Service-clarification**
 - **Widening socio-economic gap: barriers to addressing social determinants**
 - **“Nudging” and changing life-style behaviours**
 - **Compliance by alcohol and food industries**
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- **Obstacles to recovery and return to work are primarily personal, psychological and social rather than health-related “medical” problems.**
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Culture Change: ? The Big Society

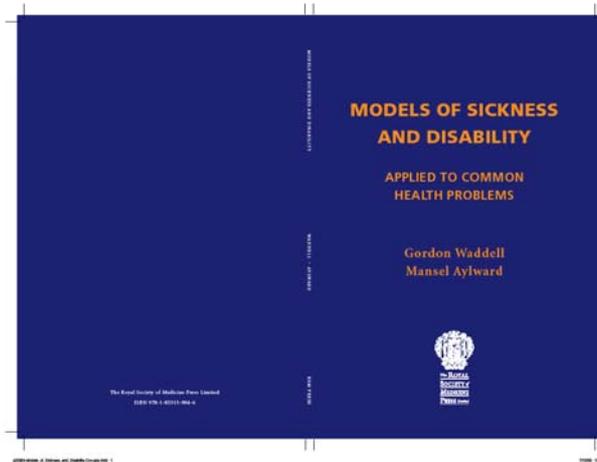
“ Much sickness and disability should be preventable. Better management is an immense challenge, but one that is crucially important to everyone of working age, their families and society.

It can be achieved, but only be fundamental change in our approach and by all stakeholders working together towards common goals.

The biopsychosocial model provides the framework and the tools for that endeavour” *

* Waddell and Aylward, 2010

Models of Sickness and Disability



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