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Te Hiranga Tangata

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# Bridging the Gap

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# Today's Menu

- The Gap – which? – and what does that mean for me?
- Work and Income – as an example to illustrate the issue
- Testing the waters – what are surveys' telling us?
- Work and Income and Benefits – what do you want and/or need to know

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# Key Question

- What would you like to get out of this session?
- What would you like to ask about Work and Income and Benefits in general?

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# What Gap?  - an exercise

- “Discharge” – write down the very first thought that comes into your head with this word

# And this

- Assessment

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# Again

- Work Test

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# Again

- Open Employment

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# And again

- Advocate

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# Last one

- Work Capacity

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# So what have we all agreed?

- Assessment?
- Work Test?
- Open Employment?
- Advocate?
- Work Capacity?

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# Adverse Outcome

"Long term worklessness is one of the greatest risks to health in our society. It is more dangerous than the most dangerous jobs in the construction industry, or working on an oil rig in the North Sea, and too often we not only fail to protect our patients from long term worklessness, we sometimes actually push them into it."

Prof Gordon Waddell 2007

# A Challenge

- If a Welfare Benefit was a Drug would you prescribe it?

- What factors do you consider when you are prescribing a medicine?

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# 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?

# What Adverse Effects?

- Increased risk of dying
- Increased risk of dying from Heart disease, lung cancer and suicide
- Poorer physical health, including heart disease, high blood pressure and chest infections
- Poorer general health and poorer self-reports of health and well-being
- Increased long term illness

# Adverse effects cont.

- Poorer mental health and wellbeing
- Increased likelihood of suicide attempts
- Higher rates of medical attendance and hospital admissions

# Psycho-social Impacts

- Depression
- Erosion of work skills
- Decreased income and social status
- Loss of social support networks
- Decreased confidence and Decreased sense of self-efficacy

From “Journal of Occupational Rehabilitation”, Vol. 4, No 2, 1994

# 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

# Children and Families

- How many NZ households have no-one in paid employment?
- 1 in 12 ?
- 1 in 8 ?
- How many children live in a household with no-one in paid work?
- 1 in 3 ?
- 1 in 5 ?
- 1 in 8 ?

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# The numbers are people too!

20 Aug 2010

- UB - 64,066
- DPB - 113,166
- SB - 59,867
- IB - 88,545
- Other - 22,078

- **Total - 347,722**

31 July 2008

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

Total - 273,824

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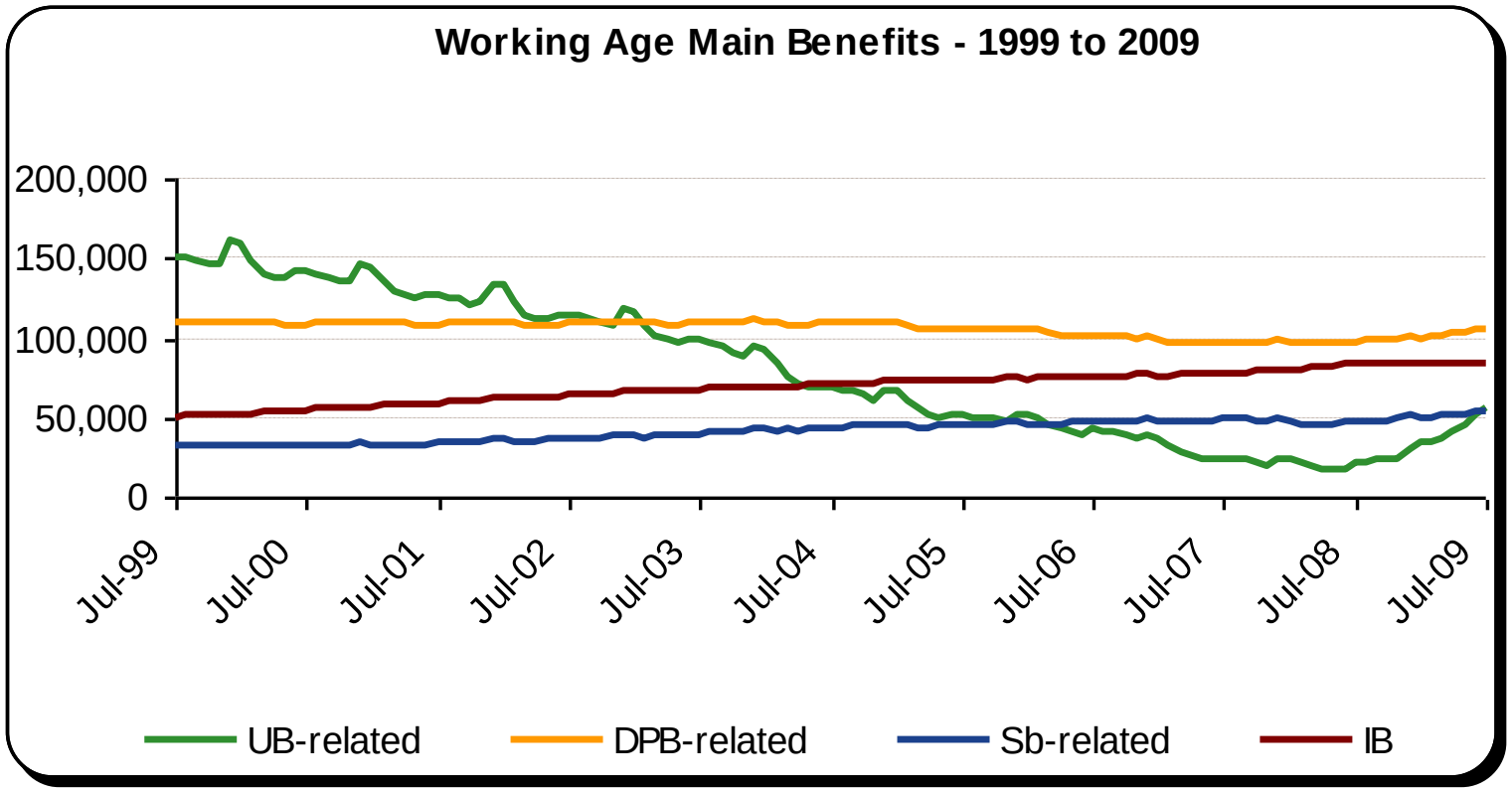
# Main Benefits – 1999 to 2009

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# 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?
- 80% ?
- 40% ?

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# “Worklessness”

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%**

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# Work and Income (=WINZ)

- Work and Income is a service delivery unit of the Ministry of Social Development
- Every week
  - see more than 15,000 people and
  - take more than 125,000 calls
  - in 12 different languages
- Provide services per annum
  - to more than 600,000 New Zealanders
  - budget of over $8 billion

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Key Government priorities are:

- Unrelenting focus on work
- Fair benefit system

Mechanisms for delivering on the Government's priorities:

- Future Focus
- Welfare Working Group

# work matters people count

# Dr Kristin Good's survey = The Listener

- Survey of 280 ProCare Auckland GPs
- 86% GPs report writing Medical Certificates not based on medical facts.
- 2% of GPs report that employers have contacted them.
- Apparently no problem with ACC but WINZ don't offer training or vocational rehabilitation.
- GPs reported that they wouldn't recommend someone for work because they know they won't get assistance and will fall in to a big hole.

# Need to Know!

- The Medical Council of NZ has a clear statement on Medical Certification – you must read this!
- Professional obligations
- Implications of certificates
- Contents
- Statutory obligations

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# Survey of GP's Re Work and Income

- 72% of GPs deal with 5 or less W & I Medical Certificates a week (30% 0 – 2; 42% 3 – 5)
- **Which form of Med Cert?**
- 44% use the MedTech Advanced Forms ;
- 32% the paper version;
- still 24% using an outbox version
- **Diagnosis &/or READ code**
- 65% put both

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# GP Survey cont.

- **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 werent doing anything for the patient
- 30% - had experienced a sense of threat and intimidation

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# GP survey cont

- **Contact with W&I**
- 62% had been contacted by W&I
- On a scale of 1 (waste of time) to 5 (v. useful) the average was 3.72 (75% satisfaction)
- 61% had requested to be contacted with slightly less than half having received a call back.

# GP Barriers to managing health and work issues

- the doctor-patient relationship
- patient advocacy
- pressure on consultation time
- lack of occupational health expertise (or a perception of such)
- lack of knowledge of the workplace

# Non-Medical Factors in Work Absence

- perception that a diagnosis alone (without demonstrable functional impairment) justifies work absence
- fear of pain or re-injury
- conflicting advice and/or inadequate communication
- conflict in the workplace
- unhappiness with aspects of working environment unsupported, lack of acknowledgement
- family beliefs and actions

# So What to Do

- encourage your patient to expect that they will recover and return to suitable work
- actively monitor your patients progress
- provide information about the role of work in rehabilitation and the importance of remaining active
- identify medical and non-medical barriers to return to work
- promote an “active management” approach to recovery, and work in tandem with other health professionals

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# The current reality

- the “benefit” – an addictive debilitating drug with significant adverse effects to both the patient and their family (whānau) – not dissimilar to smoking

- and NZ GPs write 350,000 scripts for it every year!

# Questions and Suggestions

- Any questions?
- Any suggestions?
- And Thank You!

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