Dr David Bratt

Ministry of Social Development
Wellington

Saturday, June 10, 2017

(Room 9)

16:30 - 17:25 WS #172: What Can Work and Income Do for Your Patient?

17:35 - 18:30 WS #184: What Can Work and Income Do for Your Patient? (Repeated)

Hidden Talent Quest 2017

Dr David Bratt – Principal Health Advisor MSD

Menu for Today

- Work and Income – want to know?
- Case 1
- Context
- Case 2
- Return to Work - considerations
- Case 3
- So what’s out there?

Brian

- 26yr old man – new patient – reports stress at work (difficult line manager), not sleeping, loss of appetite, and finding it hard to get out of bed.
- Examination unremarkable – diagnosis “Depression”
- So what to do? – Medication? Counselling?
- What about time off work? – Yes/No? – and if yes “for how long?”

Wayne

- 26 year old man who has been on a “Sickness Benefit” for the past 18 months for Depression (this diagnosis from his notes and previous medical certificates).
- He reports he is still depressed and could not work. He is not on any medication nor having any other therapy
- He just wants his Medical Certificate for another 3 months.
- What do you do?

Your context as a GP

- 12-15 minute appointment slot – probably behind already, patients waiting

- Multiple priorities for patient and doctor – the patient has saved several health-related issues (of varying urgency) plus wants paperwork attended to; while the doctor has screening demands, medication management, a desire to please the patient

Children and Families in NZ

- **How many New Zealand children live in a household where there is no-one in paid work?**

Children and Families in NZ

- **How many New Zealand children live in a household where there is no-one in paid work?**
- (a) 1 in 3 (33%) – in Northland
- **(b) 1 in 5 (20%) – in NZ**
- (c) 1 in 8 (12%) – adults out of work
- (d) 1 in 2 (50%) – Maori children in Northland
- And it is estimated nearly 25% of NZ children live in relative poverty

Financial Support

- **Jobseeker Support**
  - people available and looking for full-time work
  - temporary deferral for sickness
  - long term/ permanent condition with capacity to work
- **Sole Parent Support**
  - sole parents with dependent children under 14
- **Supported Living Payment**
  - people with serious health conditions or disability unable to work 15 hours or more a week
  - caregivers looking after seriously ill people

Benefit Transition

People receiving these benefits before 15 July 2013	From 15 July 2013 have moved to:

• Unemployment Benefit
• Sickness Benefit
• Domestic Purposes Benefit
  • Women Alone
  • Sole Parent if youngest child is aged 14 or over
• Widow's Benefit – without children, or if youngest child is aged 14 or over
	Jobseeker Support

• Domestic Purposes Benefit - Sole Parent if youngest child is aged under 14 • Widow's Benefit – if youngest child is aged under 14	**Sole Parent Support**
• Invalid's Benefit • Domestic Purposes Benefit – Care of Sick or Infirm	**Supported Living Payment**

Ministry of Social Development Regions

Gina

- 60 yr old Maori woman on Job Seeker Benefit for the past 14 months – Medical Certificate Ischaemic Heart Disease
- Referred to W&I for funding support for Cardiac Rehab Programme by a Supported Employment Service
- Liaison with GP lead to referral to Health Lifestyle Package which resulted in steady health gains
- Improving physical resilience lead to regular employment being realistic
- Referred to Geneva/Elevator service to support her back into work
- 8 months after initial referral commenced full time work

The numbers are people too!

24 Feb 17 - National

- JSS - 67,354
- JS HCID - 56,234 (exempt work)
- SPS - 63,322
- SLP - 93,078
- Youth - 3,138

  Other - 9,002
- **Total - 288,990**

The Financial Reality

Benefit rates (April 2017)

	Net per week	Gross per year
• JSS < 25yr	$177.03	$10,286
• JSS > 25yr	$212.45	$12,343
• JSS couple(with kids)	$379.57	$22,040
• SLP – single	$265.54	$15,548
• SLP – couple (children)	$467.82	$27,180
• **SPS – (Children)**	**$329.57**	**$19,585**

What do we know being out of work?

- Loss of Income
- Destructive on self-respect
- Risks of ill-health
- The “psychological scar” persists
- Trans-generational effects
- All up unemployment is bad for your patients

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

David

- 48 yr old married with 5 children still at home
- Injured his back falling on the stairs carrying his youngest child
- Despite Physio had to give up his car-wrecking business (3 employees affected) due to debilitating pain
- Saw 4 Orthopaedic surgeons who did not recommend surgery.
- Initial steroid injection did not help
- When on holiday in Australia saw another Specialist who used a different injection technique resulting in 3/12 of pain relief
- On his return referred to the PATHS (Providing Access to Health Services) programme – 3 yrs after injury
- Came along to first interview with an employer who was offering David a job once capable

David cont.

- Once assessed by the PATHS medical advisor referred to a Neurosurgeon.
- Following MRI surgery recommended with 80% likelihood of improvement – cost would be $31,000
- PATHS negotiated with ACC to re-activate his previous Claim – resulting in ACC funding the surgery
- Post surgery Rehab programme
- Returned to full-time employment with the employer who first came in with him.

Negative Influence on Return to Work:
Principal RTW barrier exhibited in study population (%)

Ranking the Barriers:

	%	Rank
• **Impaired Function**		
• **Symptom Perception** •**(esp: pain, fatigue)**		
• **Economic**		
• **Social**		
• **Work Place**		
• **Psychological/Cognitive**		

Cardiff Research: Findings:

Principal negative influences on return to work:

- **Personal / psychological:**
  - Catastrophising (even minor degrees)
  - Low Self-Efficacy
  - Belief that “stress” is causal factor
- **Social:**
  - Lone parents / unstable relationships
  - “Victim” of modern society
  - Rented or social housing
- **General Affect:**
  - Sad or low most of the time
  - Pervasive thoughts about personal illness

Cardiff Research: Negative Influences:

- **Occupational:** Job dissatisfaction
  Limited attendance incentives (esp. work colleagues)
  Attribution of illness to work
- **Cognitive:** Minimal health literacy
  Self-monitoring (symptoms)
  False beliefs
- **Economic:** Availability of alternative sources of income / support

Negative Influence on Return to Work:
Principal RTW barrier exhibited in study population (%)

Ranking the Barriers:

	*%	Rank:
• **Psychological/Cognitive**	**38%**	**1**
• **Work place**	**32%**	**2**
• **Social**	**11%**	**3**
• **Economic**	**9%**	**4**
• **Symptom Perception (esp: pain, fatigue)**	**7%**	**5**
• **Impaired Function**	**3%**	**6**
	100 %	

So What is Out There?

- Over 30 different programmes/services are funded to support people to enter into work or undertake training
- Includes Flexi-Wage Subsidies; Job Search Service; Work Experience; Training Incentive Allowance; Course Participation Assistance
- Seasonal Work Assistance; Transition to work Grant; Skills for Industry programme

Specifically for People with a Disability or Health Condition

- Sustainable Employment Trial
- Employment Coordinator
- Modification Grant
- Job Support
- Mainstream
- EmployAbility
- In-Work Support
- Employer Advice Line
- Work to Wellness (mental health)

Supported Employment Services

- Mainly NGOs who provide Employment support to a range of disabled people or those with health conditions – often focusing of specific areas – e.g. mental health
- The NZDSN website lists 36 of these services including –
- Workbridge
- CCS Disability Action
- Catapult Employment Service
- WorkWise
- Elevator
- APM Workcare
- Deaf Aotearoa
- Foundation of the Blind

Maria

- 40 yr old Tongan woman with Medical Certificate indicating Neck Dystonia – unfit for previous 8 months
- Clinical review with an interpreter – arranged through W&I
- W&I funded Physical Rehabilitation package
- Strength , balance and confidence improved
- 6 months later started part-time work 20 hours a week.

Work is generally good for Health

Galen (129-200)
Employment is nature's physician and is essential to human happiness.

Voltaire (1694-1778)
Work banishes those three great evils: boredom, vice and poverty.

William Osler (1849-1919)
To the young it brings hope, to the middle-aged confidence, to the aged repose: work.

Theodore Roosevelt (1858-1919)
The best prize that life offers is the chance to work hard at work worth doing.

Work is generally good for physical and mental health and well-being. Waddell and Burton, 2006

That work is good for man is supported by evidence and consensus.
The physician's role is to encourage work, and return to work, as part of treatment. Talmage and Melhorn, AMA Press 2005

Adverse Effects

“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

Courage does not always roar,

Sometimes it is a quiet voice at the end of the day, saying ……..

I will try again tomorrow.

Questions and Suggestions

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

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