Sir Mansel Aylward

Centre for Psychosocial & Disability Research

Cardiff University

Health Beyond Health: Another Cardinal Role for General Practice - The holistic approach embracing the social determinants of health and the importance of work - Main Session

Friday, 21 June 2013 Start 09:25am Duration: 25mins Baytrust

Health Beyond Health:

Another Cardinal Role for General Practice.

The holistic approach embracing the social determinants of health and the importance of work.

Professor Sir Mansel Aylward CB MD DSc FFOM FRCP

- **Director: Centre for Psychosocial and Disability Research, School of Medicine, Cardiff University**
- **Chair: Public Health Wales**

New Zealand Medical Association Conference, Roturoa, June, 2013

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

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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.

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

The Psychosocial Dimension

- Almost anytime you tell anyone anything, we are attempting to change the way their brain works
- How people think and feel about their health problems determine how they deal with them and their impact
- Extensive clinical evidence that beliefs aggravate and perpetuate illness and disability[1] [2]
- The more subjective, the more central the role of beliefs[3]
- Beliefs influence: perceptions & expectations; emotions & coping strategies; motivation; uncertainty

[1] Main & Spanswick, 2000. [2] Gatchell & Turk, 2002.[3] Waddell & Aylward

Health: A New Definition?

WHO (1948): …"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[1]

Proposed definition[2]:… "as the ability to adapt and self manage in the face of social, physical and emotional challenges."

1. WHO 2006 Constitution of the WHO
2. Huber et al 2011 BMJ 343: d4163

Another Cardinal Role for the General Practitioner:

Without GP involvement and commitment the success of the Health and Work agenda and related Welfare Reforms is yet another forlorn hope.

Unemployment and Worklessness

- **Destructive** of self-respect
- **Risks** poor health
- **Thwarts** the pursuit of happiness
- **Handicaps** achievement of wellbeing
- **Without work all life goes rotten, but when work is soulless, life stifles and dies.** (Albert Camus)

Is Work Good for your Health and Wellbeing? (Waddell & Burton, 2006)

<u>YES:</u>

- **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**

PARADOXES

- The typical disabled person (perception-vs-reality)
- The health paradox (improved health-vs-claims' trends)
- The failure to recover (clinical recovery-vs-poor work outcomes)
- Disability Rights-vs-Beneficiary Advocacy

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

	Open Question:	Inventory:
Musculoskeletal	13.5%	32.5%
Mental Health	7.5%	38.5%
Cardio-respiratory	3.6%	11.9%
Headache	2.9%	24.8%
G/I	2.4%	7.8%
Without any complaint	72.9%	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 in the inventory.

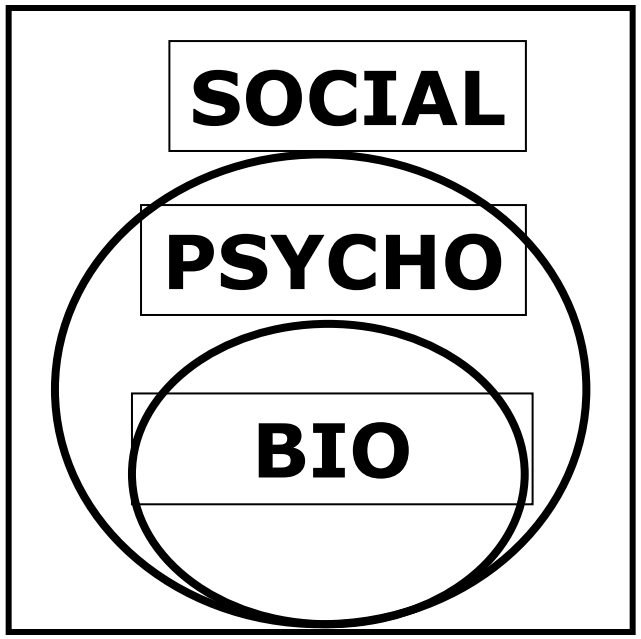
Aylward, Cohen and Sawney, 2013

Common health problems as causes of long-term sickness (Sissons et al, 2011).

	Percentage
Musculoskeletal condition / injury	37
Mental health condition	32
Long-term systemic condition	16
Don’t know / prefer not to say	02

Base: 2945 respondents reporting health condition at baseline

Why do some people not recover as expected?



- Bio-psycho-social factors may aggravate and perpetuate disability
- They may also act as **obstacles to recovery & barriers to return to work**

Cardiff Research: 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 illness

Findings: 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 %	

Cardiff Research: Positive Influences

- Respect for employer
- Job satisfaction
- Strong health literacy
- Moral obligation
- Positive attendance incentives (especially GP interactions, work colleagues)
- Well managed chronic health condition

Deductions:

- **Obstacles to recovery and return to work are primarily personal, psychological and social rather than health-related "medical" problems.**
- **Workplace problems dominate**
- **A bio-medical model cannot adequately address these issues**

A Cautionary Tale:

If

the principal barrier to return to work is the **adverse social context** then to achieve a successful outcome by **only** dealing with barriers posed by the health condition and psychological elements is a **forlorn hope!**

Successful Strategies:

Practical Elements of Condition Management

- Address the main health conditions
- Clear work focus, vocational goals, outcome measures
- Address biological, psychosocial and social components
- Address individual's obstacles to RTW
- Increase activity and restore function
- Shift beliefs and behaviour using CBT (talking therapies)
- Working partnership with Personal Advisors

Condition Management: Principal Findings

- **Rather than aiming for control of health condition, successful outcomes dependent on learning process towards self management, confidence building and independence**

- **Significant improvements in confidence and coping, independent of changes in health condition, engender successful work outcomes**

- **Work outcome highly dependent on critical elements of the support and management package and the context in which it is delivered**

Culture Change:

" **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**

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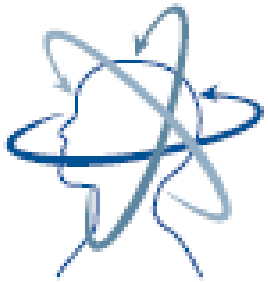

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

Contact:

Email: Mansel.Aylward@Wales.nhs.uk

Website: www.publichealthwales.wales.nhs.uk

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales