



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Benefit Sunshine

**“Is being on a Benefit
Bad for your Health”**

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Welfare Working Group Forum

June 2010

What I Will Cover

Briefly outline

- the evidence-based adverse effects of worklessness
- context
- response

Benefit Sunshine

- A modern caring society will provide a safety net for vulnerable citizens
- At a time of distress a Benefit can be a ray of sunshine
- A Benefit – like the sun – can cause significant harm with prolonged exposure

Not so positive impacts

(mostly time related impacts)

- worklessness/ work disability
- depression
- social isolation
- significant adverse family impacts
- poor health
- early death

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

“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%

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



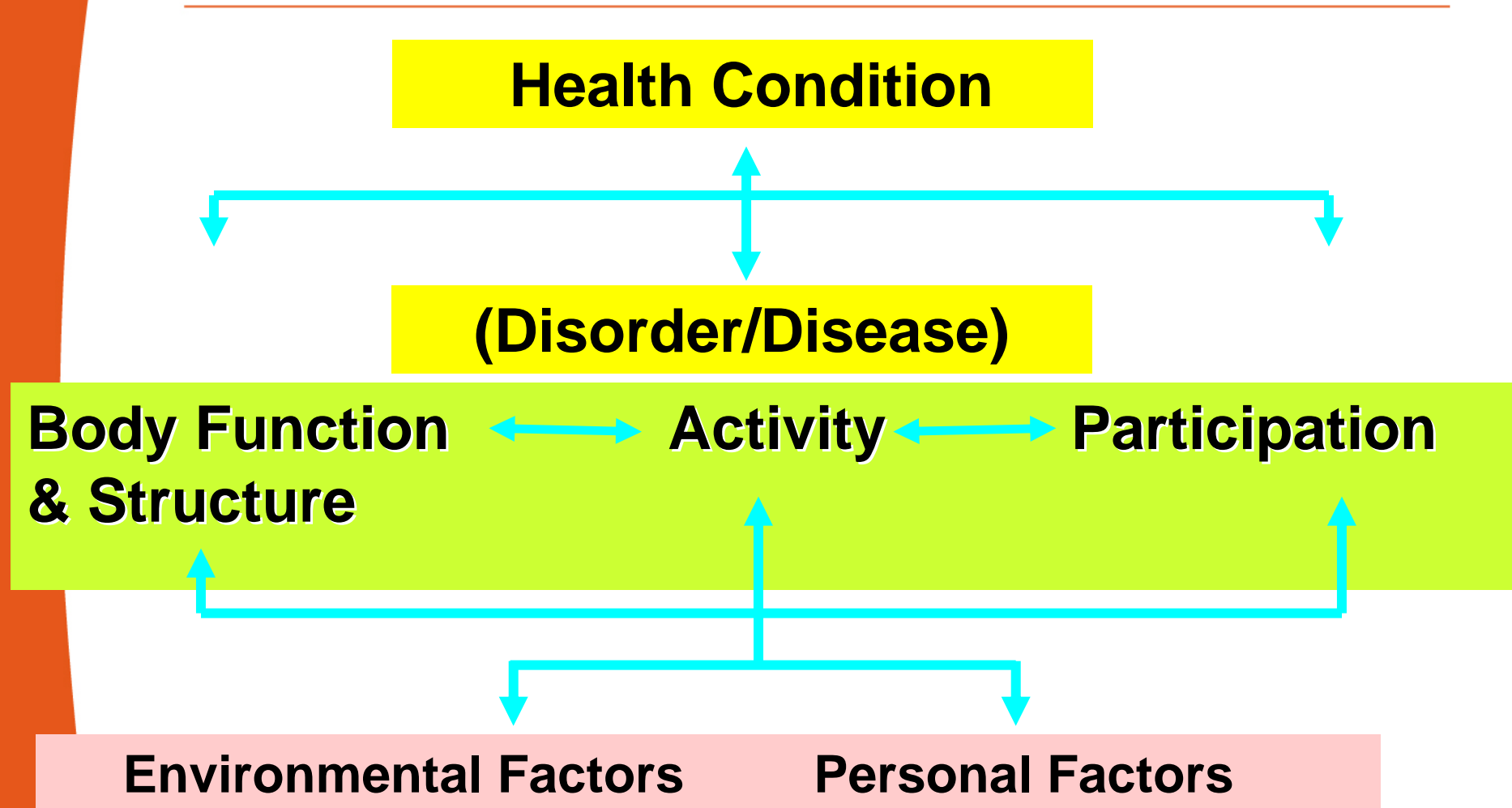
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Hang on a Minute – some people need time off work!

- certainly – some conditions necessitate time off work – e.g. post surgery, debilitating symptoms
- however, in many situations there is a substantial discretionary element to work absence.
- medical treatment and return to work should be managed simultaneously
- if the right accommodations are made many patients may return to work while they recover

ICF



Determinants of health

- education
- employment
- income
- housing
- access to medical and related services



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

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

So What to Do

- encourage clients to expect that they will recover and return to suitable work
- actively monitor a person's progress
- provide information about the role of work in rehabilitation and the importance of remaining active
- identify non-medical as well as medical barriers to return to work
- promote an “active management” approach to recovery, and work in tandem with health professionals

The vision of Work and Income

**WORK MATTERS
PEOPLE COUNT**

Consideration

“It’s much more important to know what sort of person has the disease than what sort of disease the person has”

Sir William Ostler, 1896

