



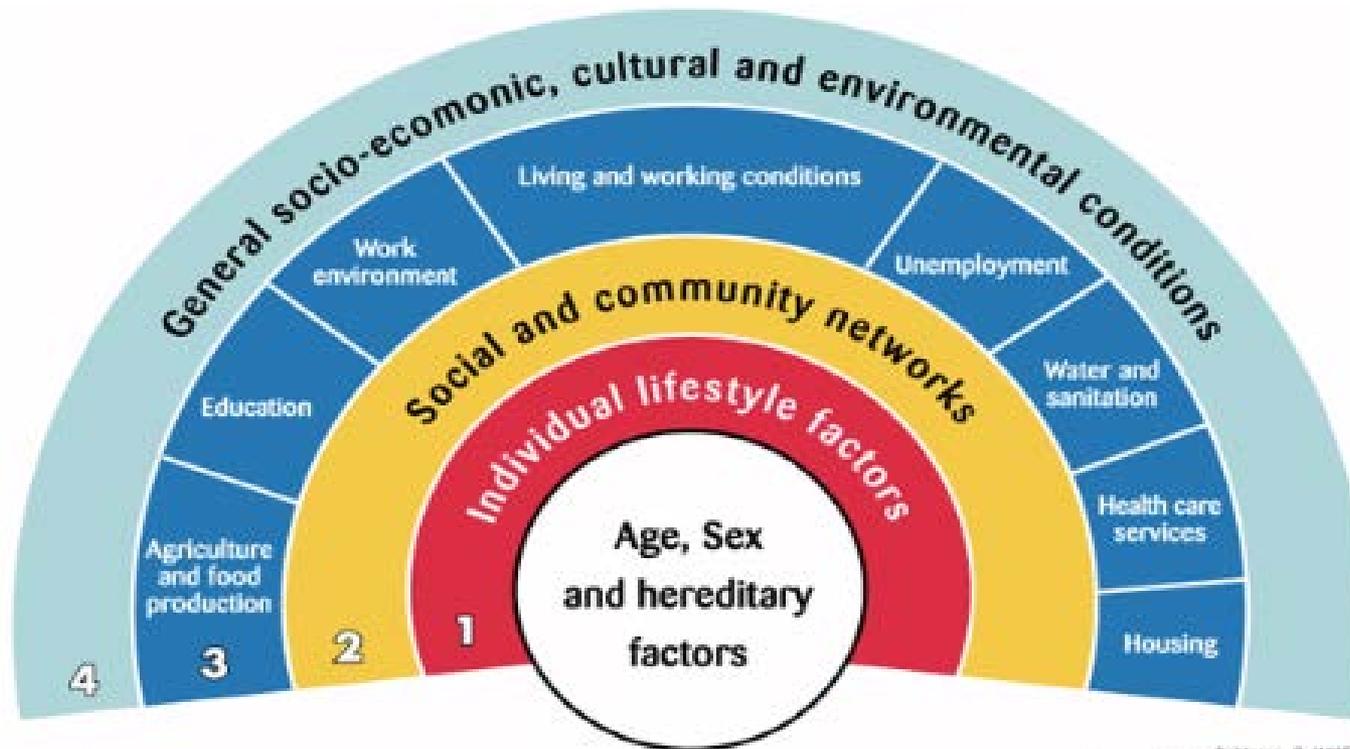
Mental and physical health conditions at work – a complex challenge

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The Work Foundation & Fit For Work UK Coalition

College of Medicine Summer School – Sept 2016

Determinants of health & inequalities



Dahlgren, G. (1995)
European Health Policy Conference:
Opportunities for the Future, Vol 11 - Intersectoral Action for Health,
Copenhagen: WHO Regional Office for Europe

WHO (2008) "This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies, unfair economic arrangements [where the already well-off and healthy become even richer and the poor who are already more likely to be ill become even poorer], and bad politics."

Work and recovery

“Work? For me it’s waking up in the morning. Work for me is doing something that you enjoy, because when you enjoy something, no matter how tired you are, you will get up and do it.” Working with schizophrenia, lived experience participant

“My health was a lot better then, it was a lot better, because I was doing a job that I was enjoying, obviously my health had improved.” Working with schizophrenia, lived experience participant

People’s aspirations are to have a girlfriend, a job, a new house. They don’t say “I want less symptoms”. Working with schizophrenia, Occupational Therapist

Health and work in the UK – current picture

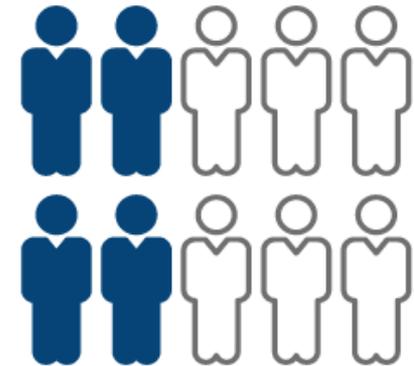
1 in 3 of the working age population in England report having at least one **long-term health condition**



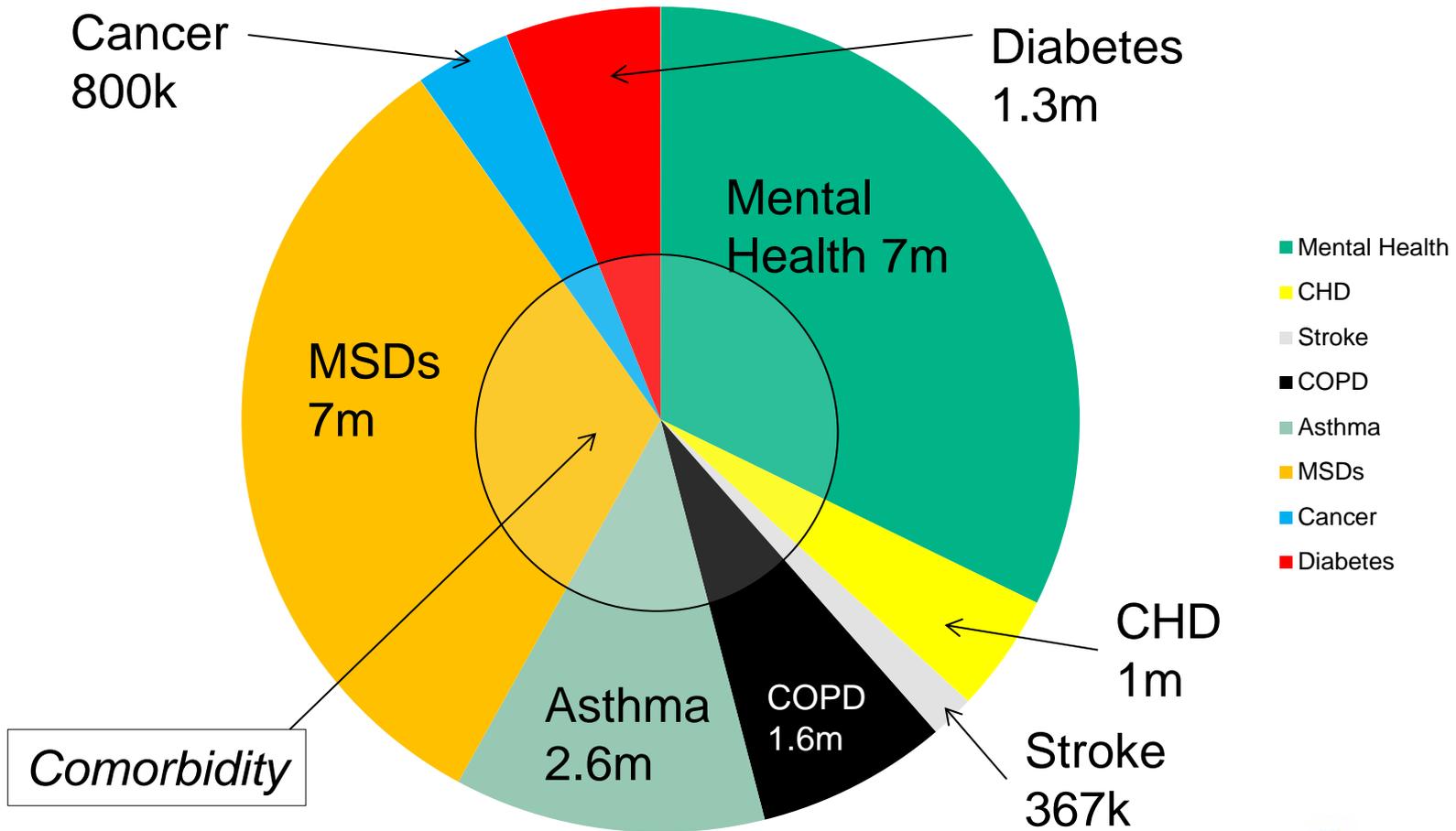
Over half of people with a long term condition say their health is a



By 2030 **40%** of the working age population will have a **long term condition**



LTCs in the UK Working Age Population - 2030



Mental health problems - overview

- 1 in 4 people - at some point in their lives
- At least one third of all families (including parents & their children) include someone who is currently mentally ill;
- Generally more debilitating than most chronic physical conditions.
- Same effect on life-expectancy as smoking, and more than obesity
- 24% receive treatment (2007) – IAPT now over a million new referrals annually



Public Health
England

Health and Work Spotlight on Mental Health



Almost
1 in 6

people of working age
have a diagnosable
mental health
condition

Mental health conditions are a leading cause
of sickness absence in the UK



were lost to
**stress, depression
and anxiety' in
2014 –**
an increase of 24% since 2009



**long-term
sickness
absence**
in England attributed
to mental ill health

In 2015, some **48%** of

Employment and Support Allowance recipients

had a 'Mental or Behavioural disorder'
as their primary condition



Of people with
physical long
term conditions,

1 in 3

also have
mental illness,
most often depression
or anxiety

Work can be a
cause of stress
and common mental
health problems:
in 2014/15
9.9m days
were lost to
**work-related
stress,
depression
or anxiety**



In 2016,

42.7%
employment rate

for those who report mental illness
as their main health problem (Mental
illness, phobia, panics, nervous
disorders (including depression, bad
nerves or anxiety). **Compared to
74% of all population**

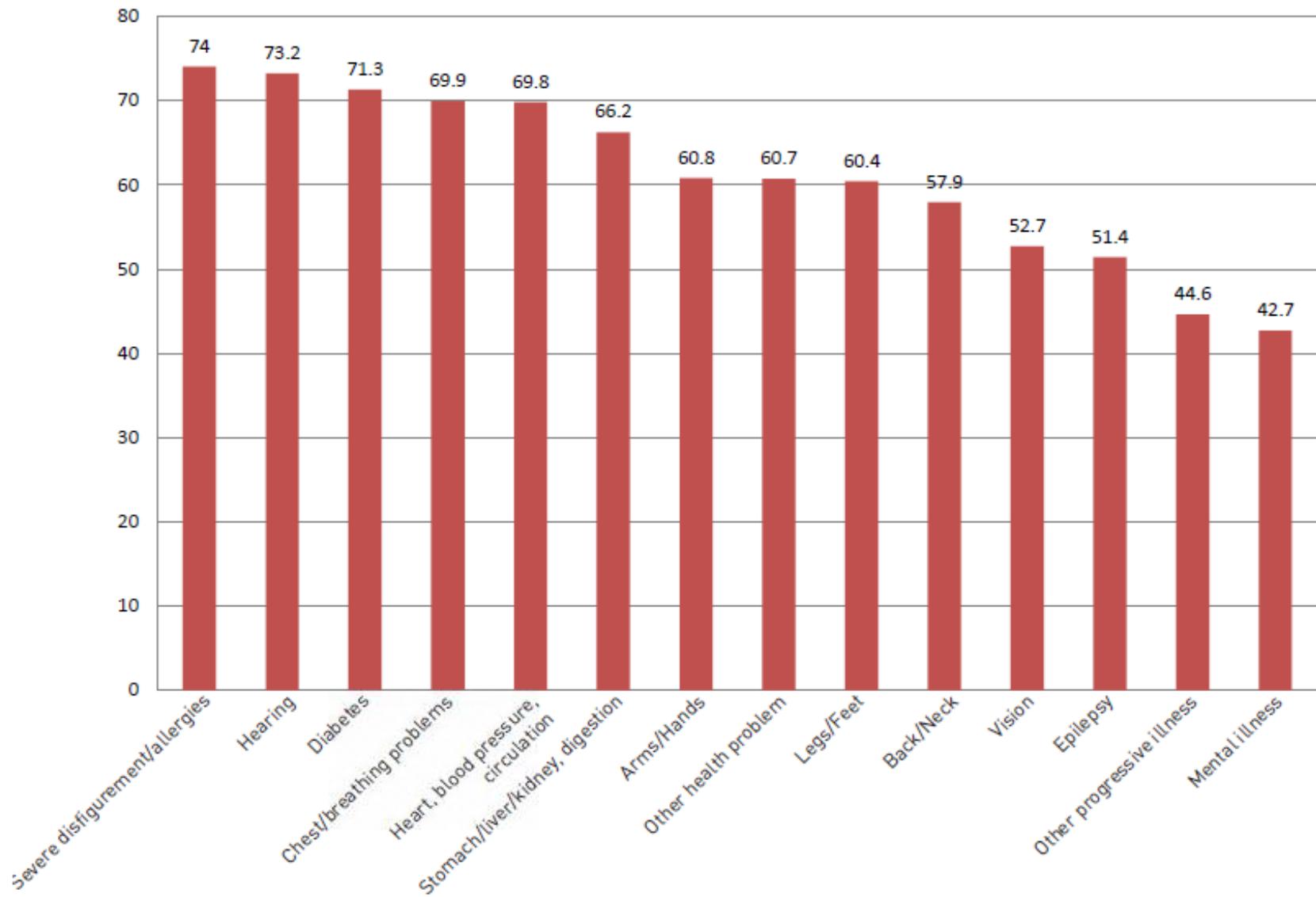
Each year
mental ill-health
costs the economy
an estimated

£70bn

through lost productivity, social benefits
and health care.



Figure 2 Employment rate by condition, Q4 2014



Source: DWP, 2015a

Our project

- 1. What we know about comorbidities:** A review of the evidence on the relationship between co-morbidities and employment
- 2. Comorbidities in the working age population and employment:** Secondary analysis of Health Survey England 2013
- 3. Working with comorbidities:** Primary data collection survey of people with multiple-health conditions, exploring their recent experiences of employment.

Prevalence increases with age

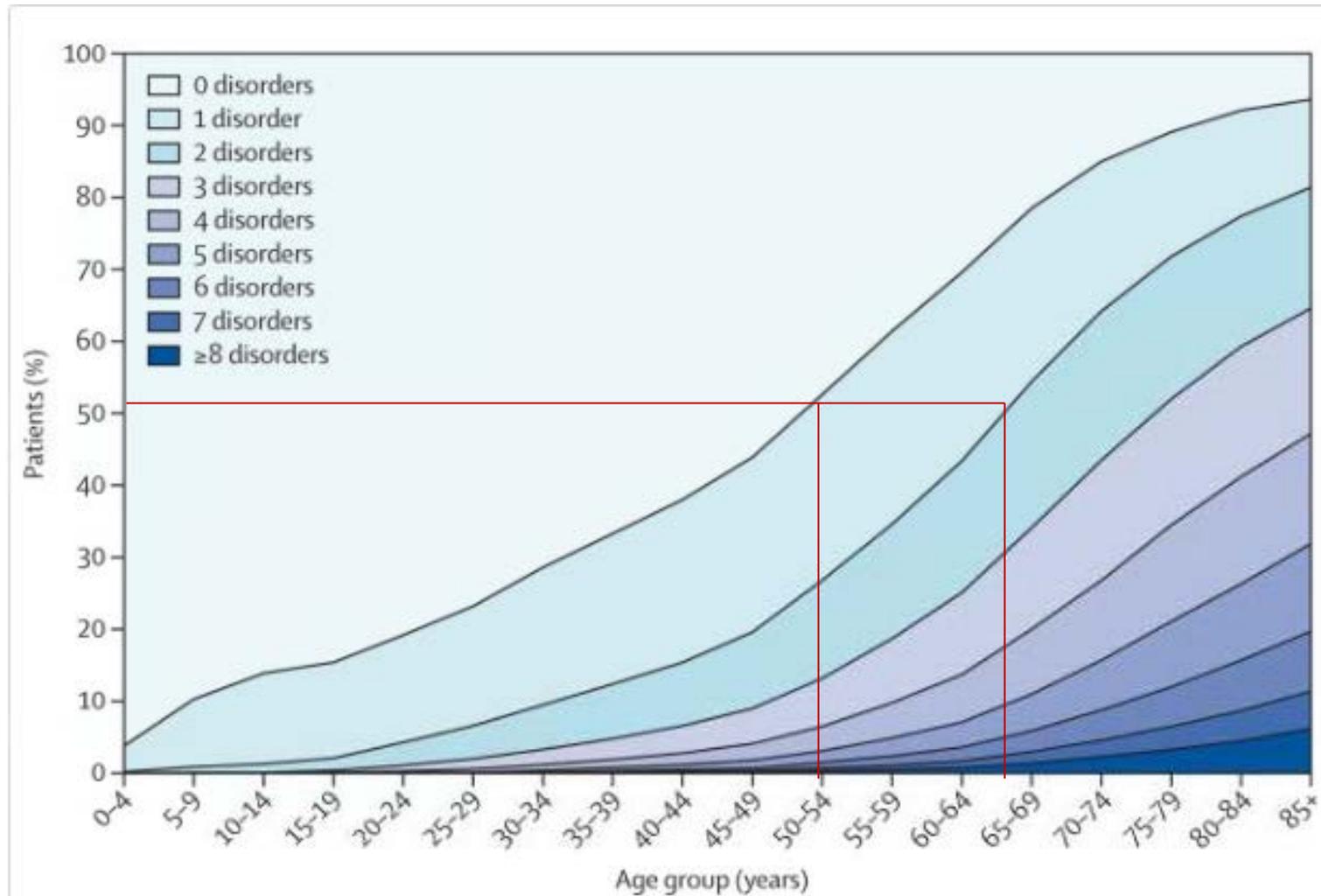
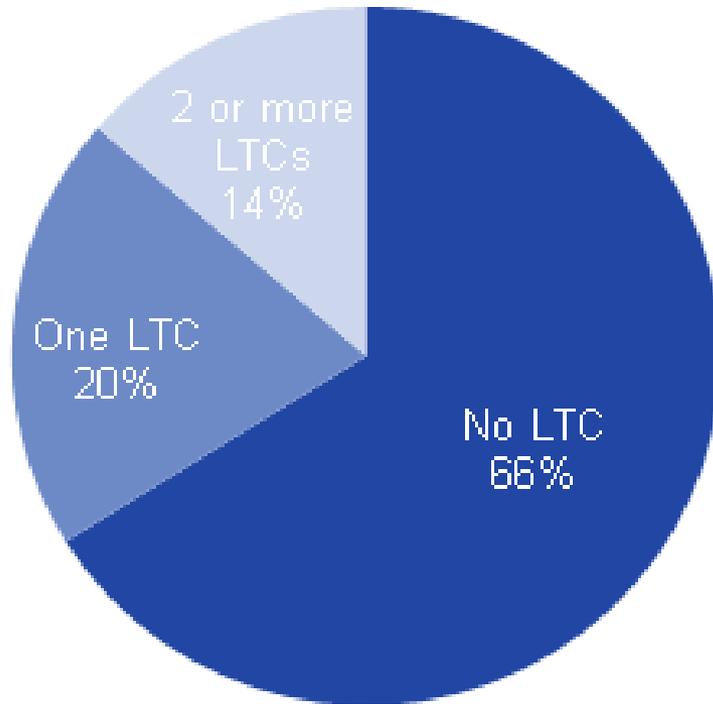


Figure 1.
Number of chronic disorders by age-group

From [Barnett, Mercer et al. 2012](#)

Comorbidities in the working age population



Base: all HSE 2013 respondents aged 16-64 (n=6558)

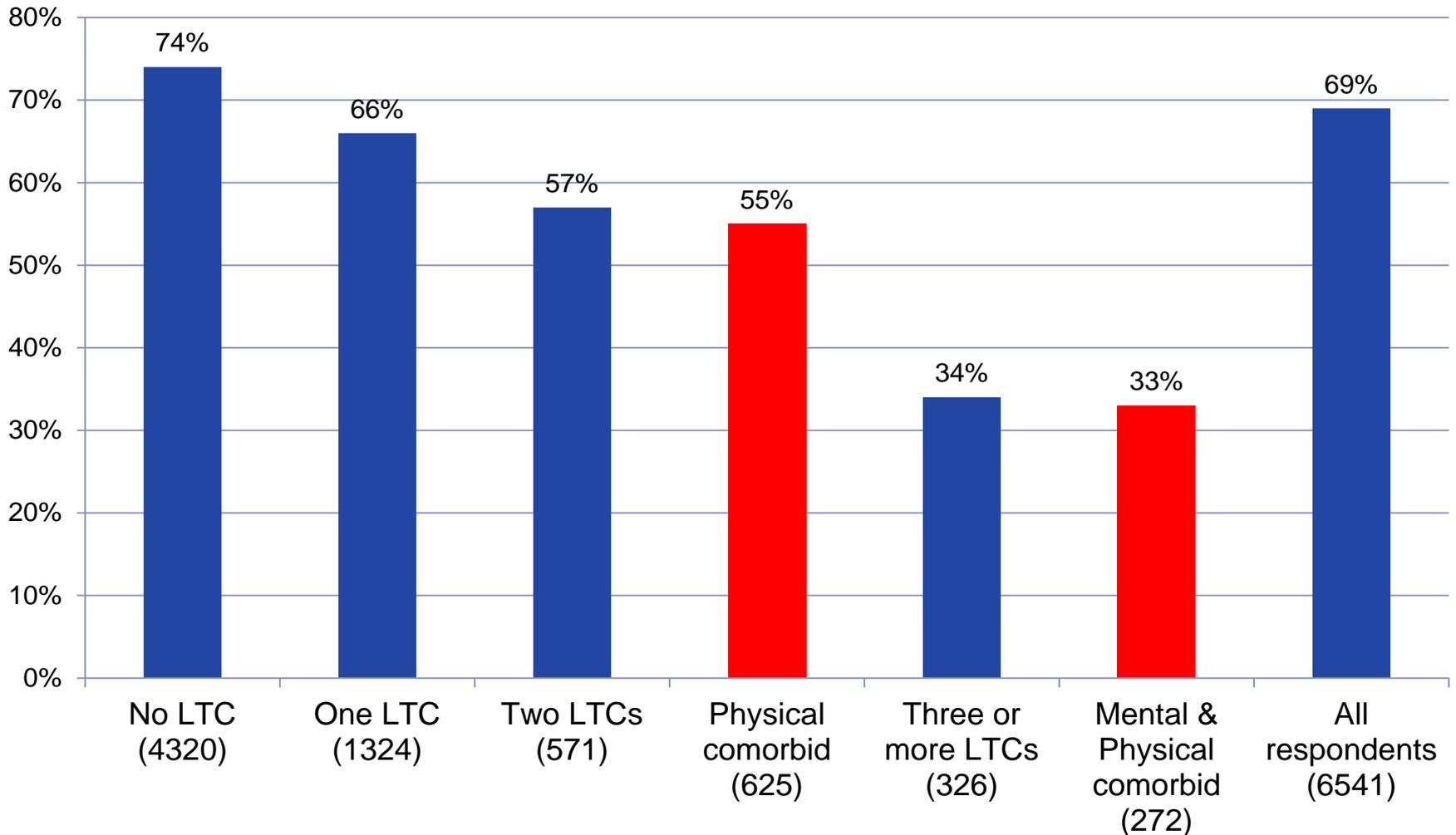
- Almost 1 in 7 (14%) of working age respondents had two or more LTCs;
- 5% reported three or more LTCs

- 69% PH only
- 31% comorbid PH and MH

Physical and Mental health

- The co-existence of mental and physical health conditions is common. Links to deprivation (SDOH), gender
 - people with two or more co-morbid long-term physical conditions are seven times more likely to have depression
- Bi-directional: cause maybe physiological or psychosocial
 - Medically Unexplained Symptoms, e.g Pain, dizziness, palpitations, exhaustion
- MH comorbidities Increase the healthcare costs of PH conditions by at least 45%
 - Higher symptom burden & functional impairment, lower quality of life, premature death - Cumulative burden

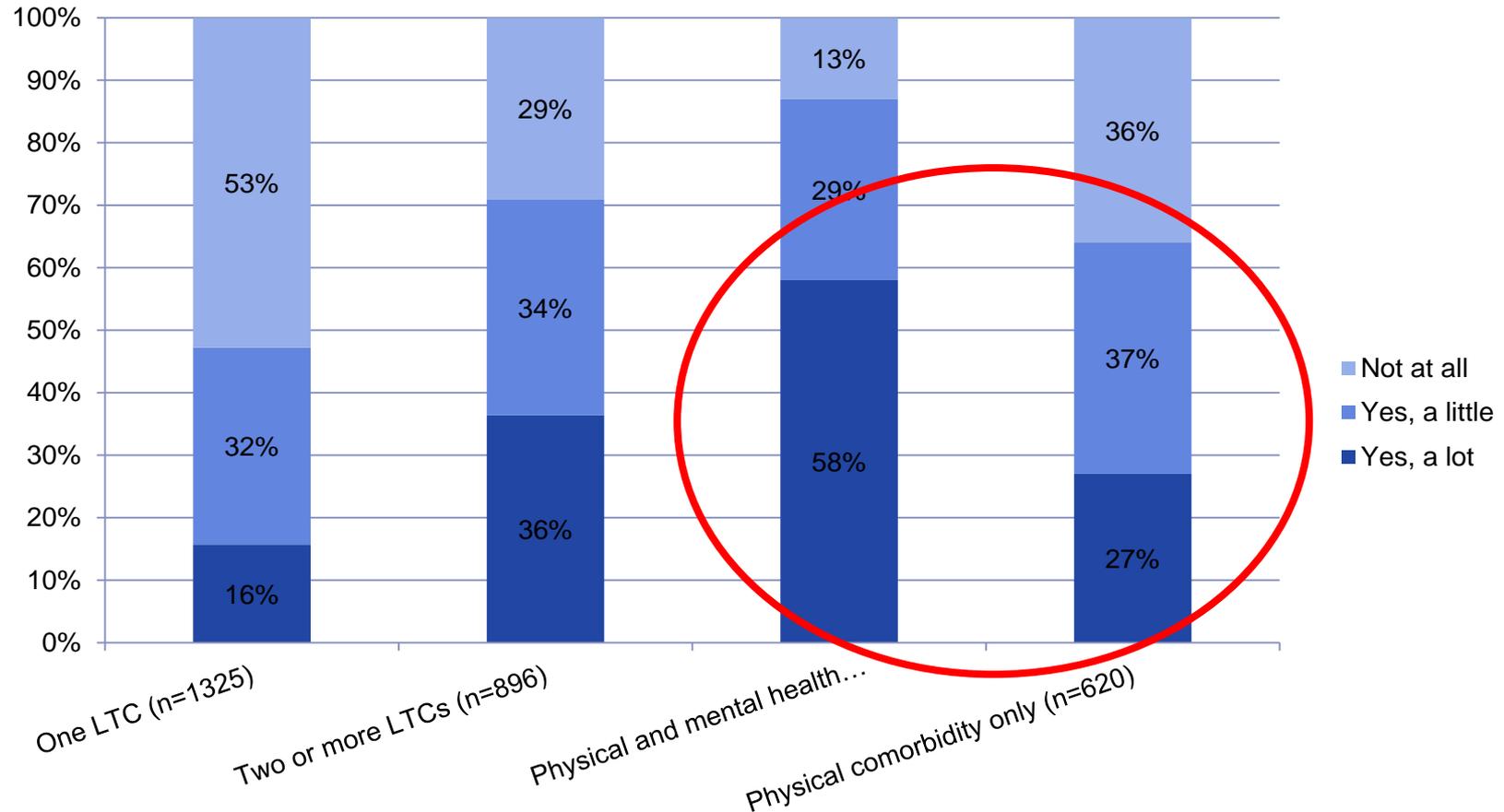
Employment rate by number & type of condition



Employment outcomes

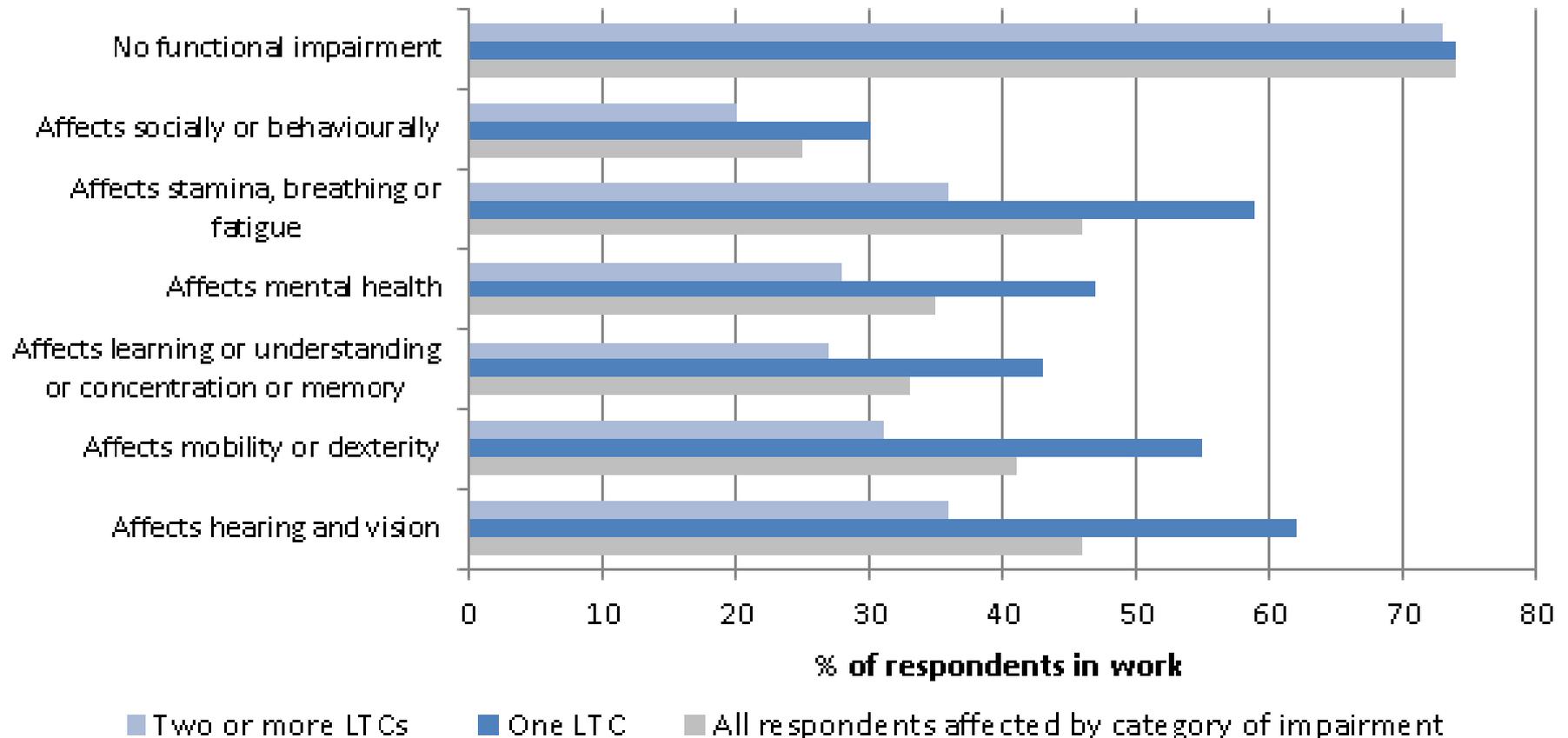
- Those with mental health comorbidities were more likely to:
 - **describe themselves as permanently unable to work because of long-term sickness or disability:** 27% of all respondents with any MH condition (single or multiple) compared to 2% of those without a mental health LTC.
 - **be unemployed:** 6% of respondents with a mental health LTC reported they were looking for work/training compared to 3% of those without a mental health LTC.
 - **Be prevented from looking for work by poor health:** 4% compared to 0.4% of those without
 - **Earlier, early retirement** – 46 years compared to 50

Limitation on daily activity



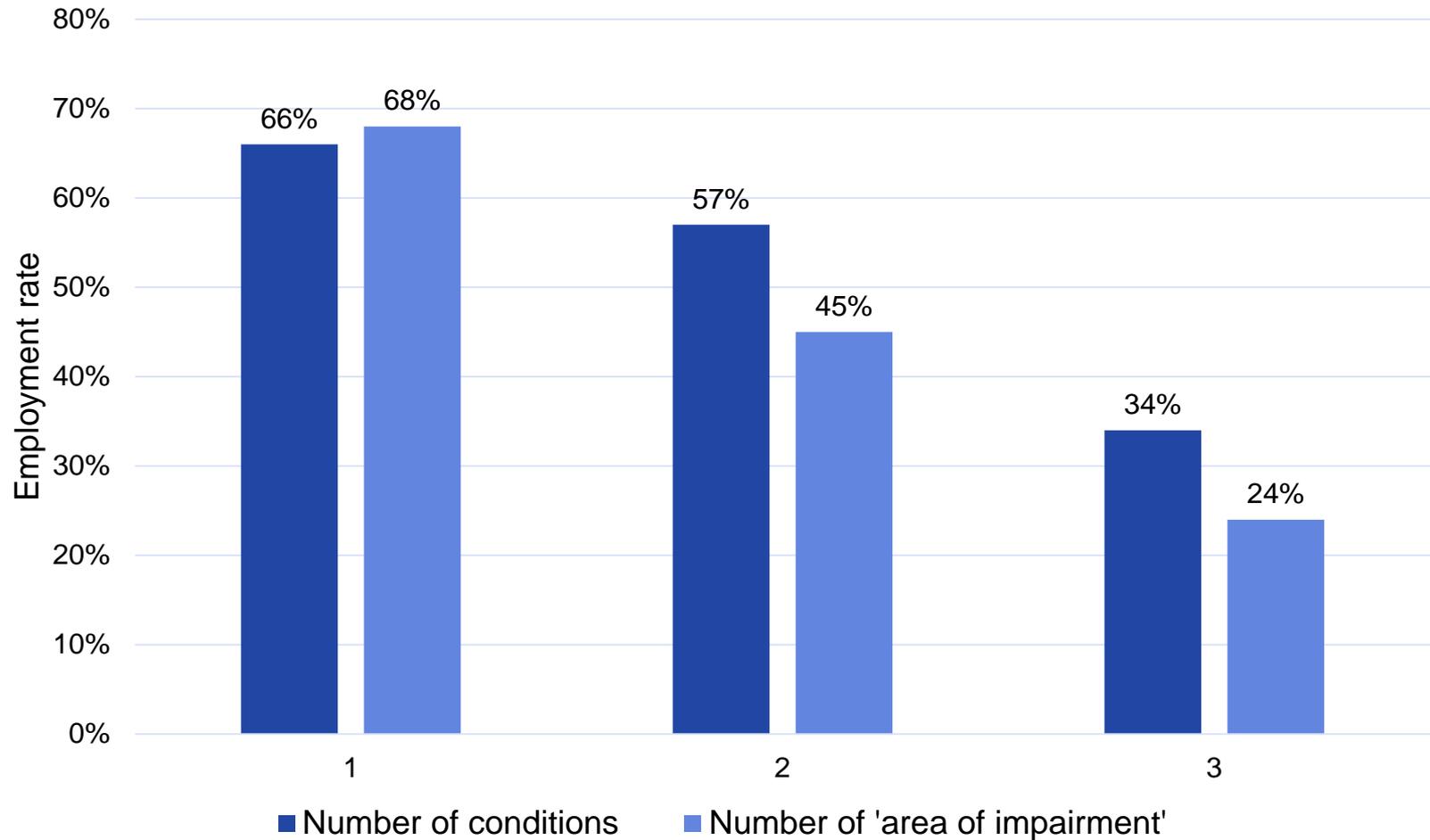
Now I'd like you to think about the two weeks ending yesterday. During those two weeks did you have to cut down on any of the things you usually do about the house or at school/work/or in your free time because of a condition you have just told me about or some other illness or injury?

Impairment, comorbidity and employment



Conditions vs impairments

Employment rate by number of condtions & impairments



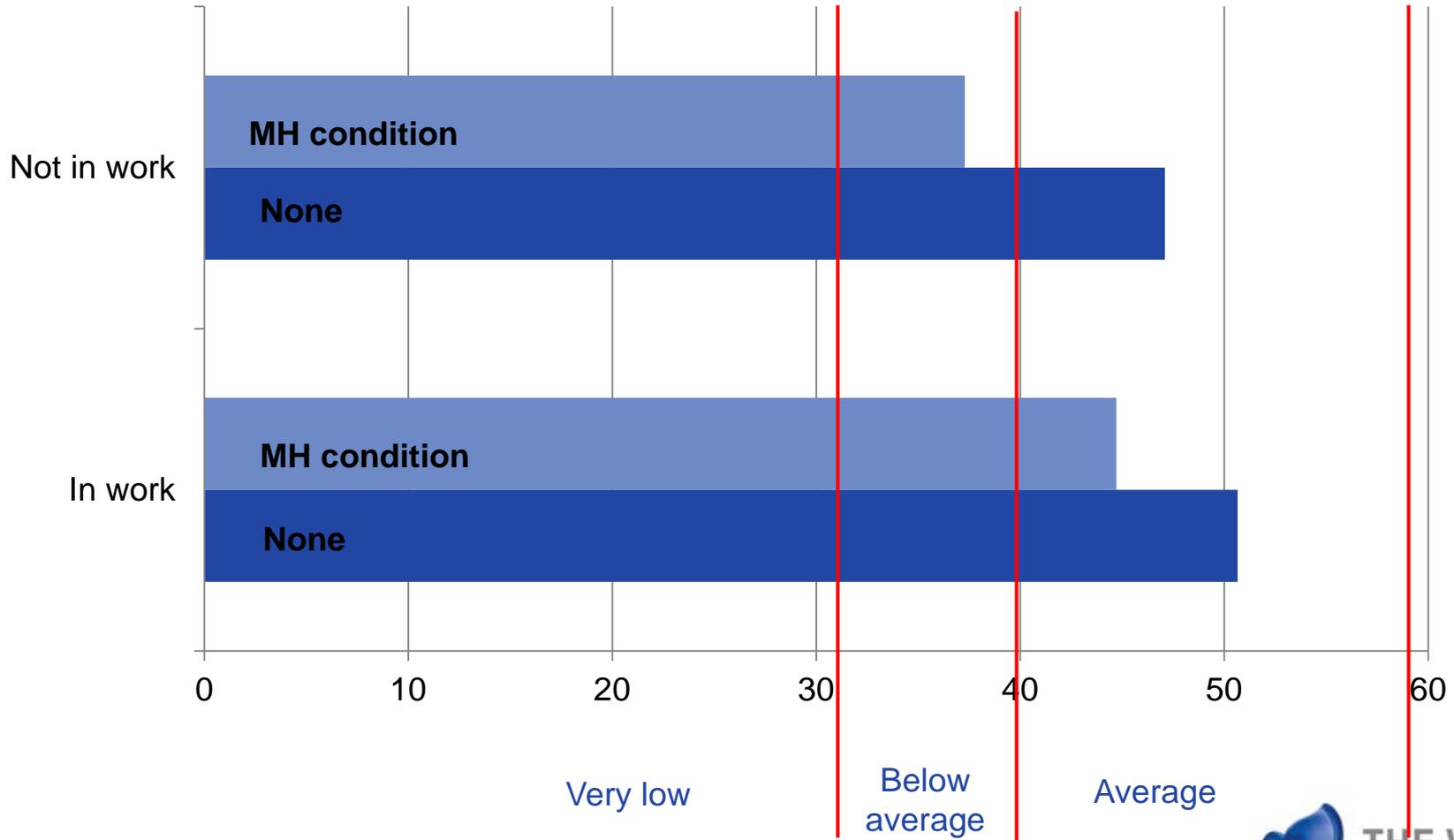
Wellbeing

Low/below average wellbeing:

Multiple LTCs - 27%

One LTC - 13%

No LTC – 6%

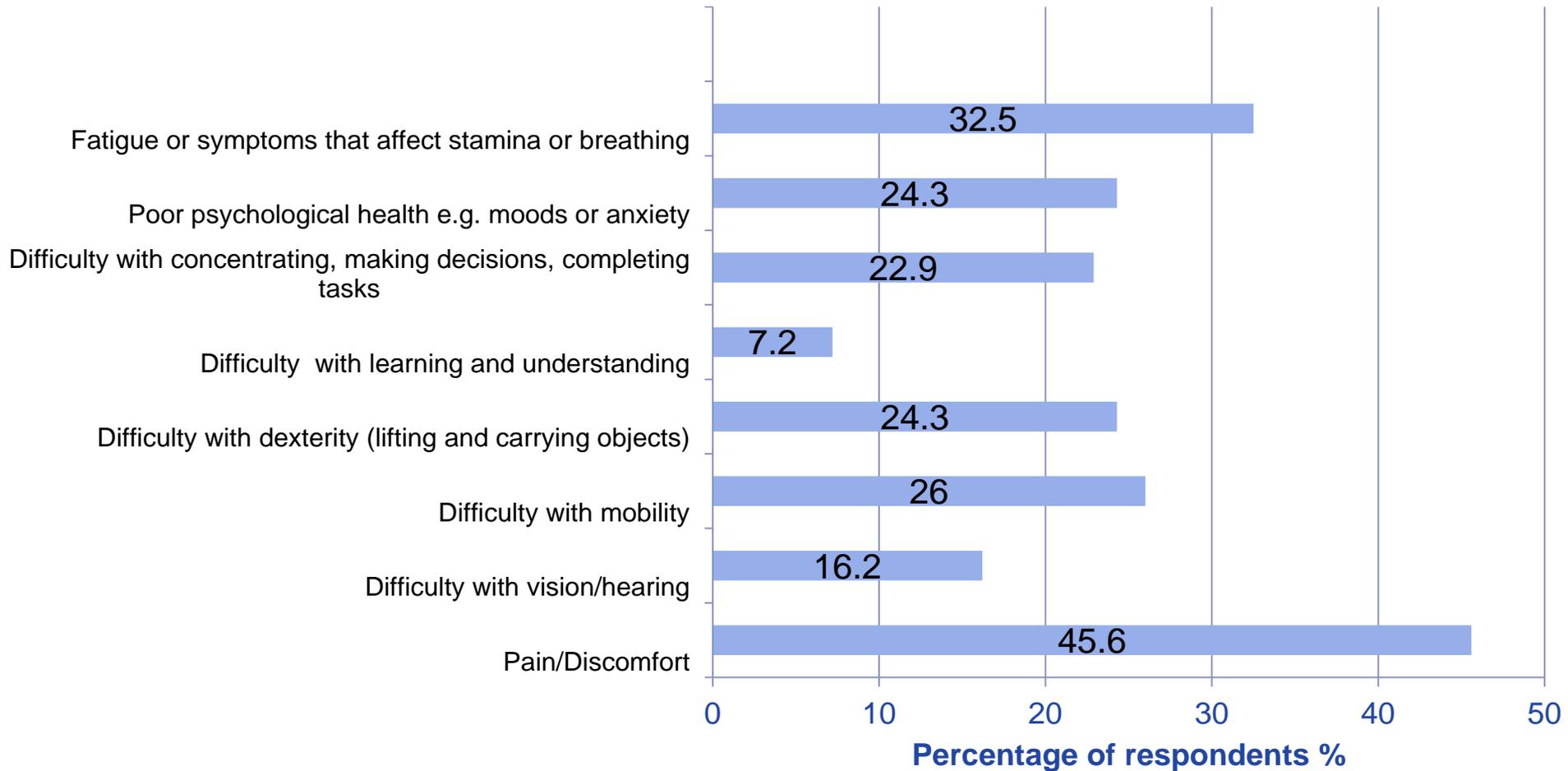


WEMWBS: A score of less 0-32 points is very low, 32-40 points is below average, 40-59 points is average, and 59-70 points is above average.

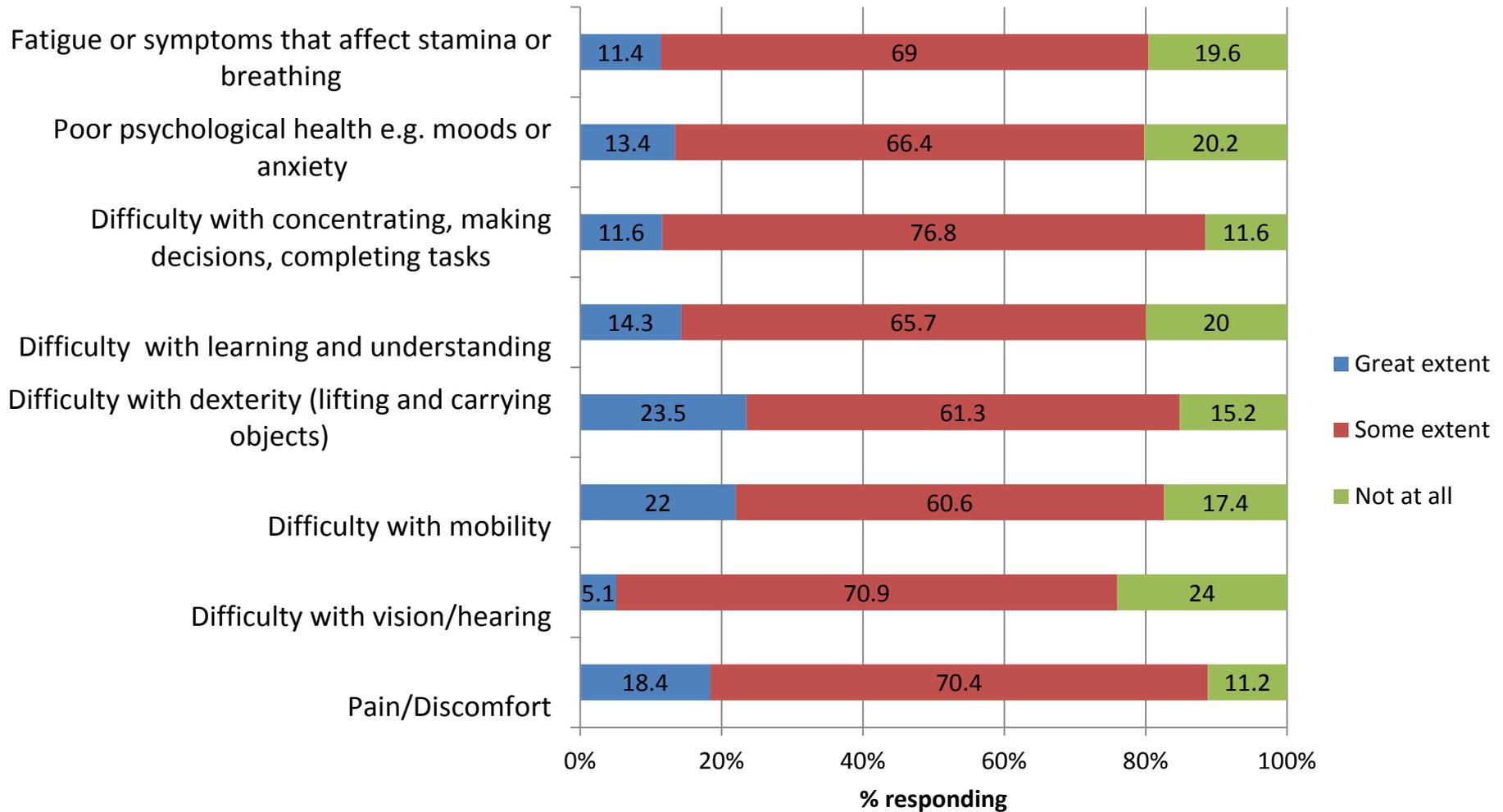
Comorbidity and working

- 489 current/recent workers
 - 20% mixed MH and PH; MSK most common 53%
 - 50% 2 LTC; 31% 3 LTCs; 4 or more 18.5%
- Self-reported health
 - 10% 'bad/very bad' and 51% 'very good/good'
- Does health affect ability to work?
 - 20% a lot ; 39% a little ; 41% not at all.
- Workability (rank 1 to 10, worst to best)
 - 1 in 3 said workability was at its best, 85% said it was above 6.
 - Lower workability - MSK, eyes & MH disorders

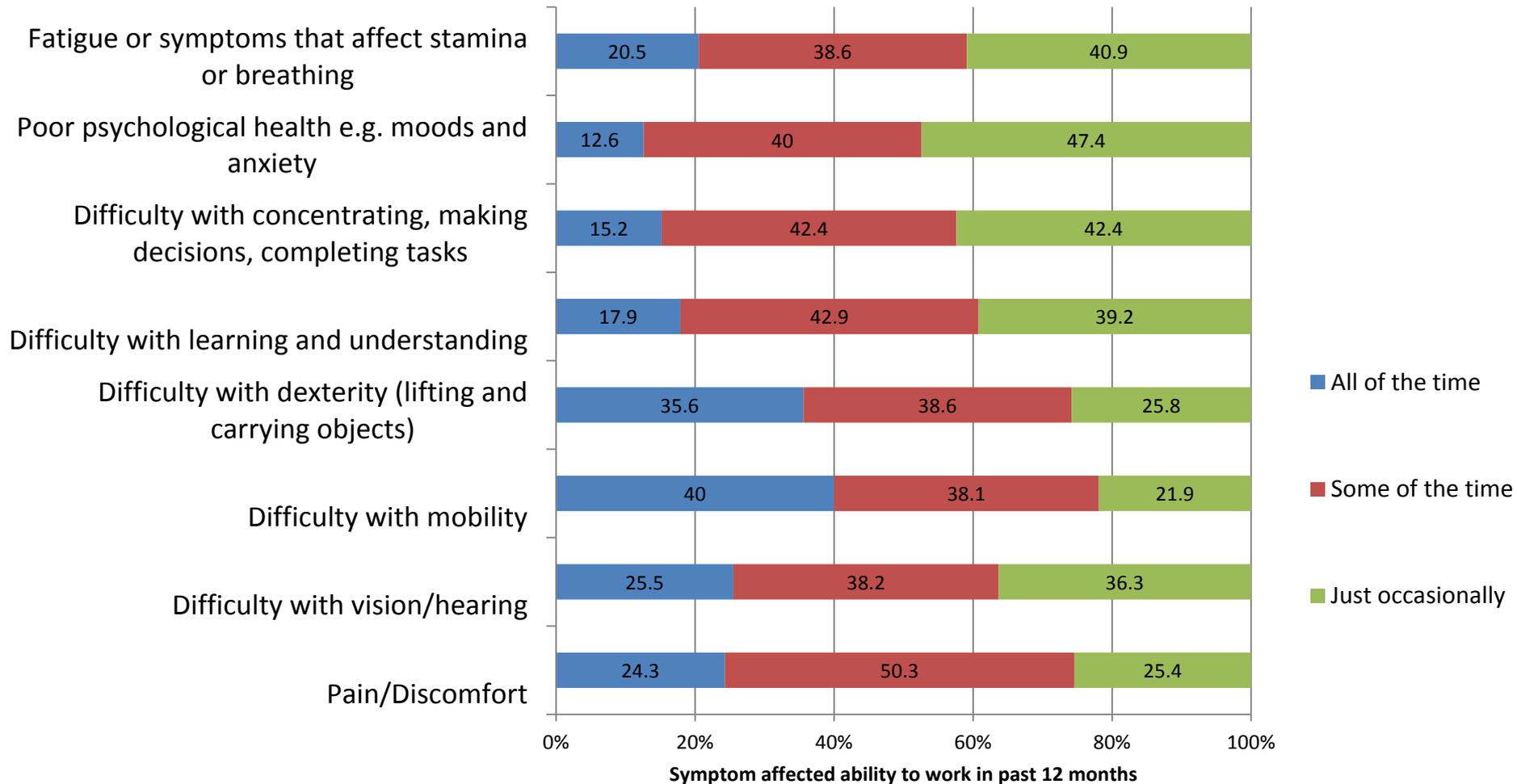
Prevalence of symptoms



Affect of symptoms on ability to work



Frequency of symptoms



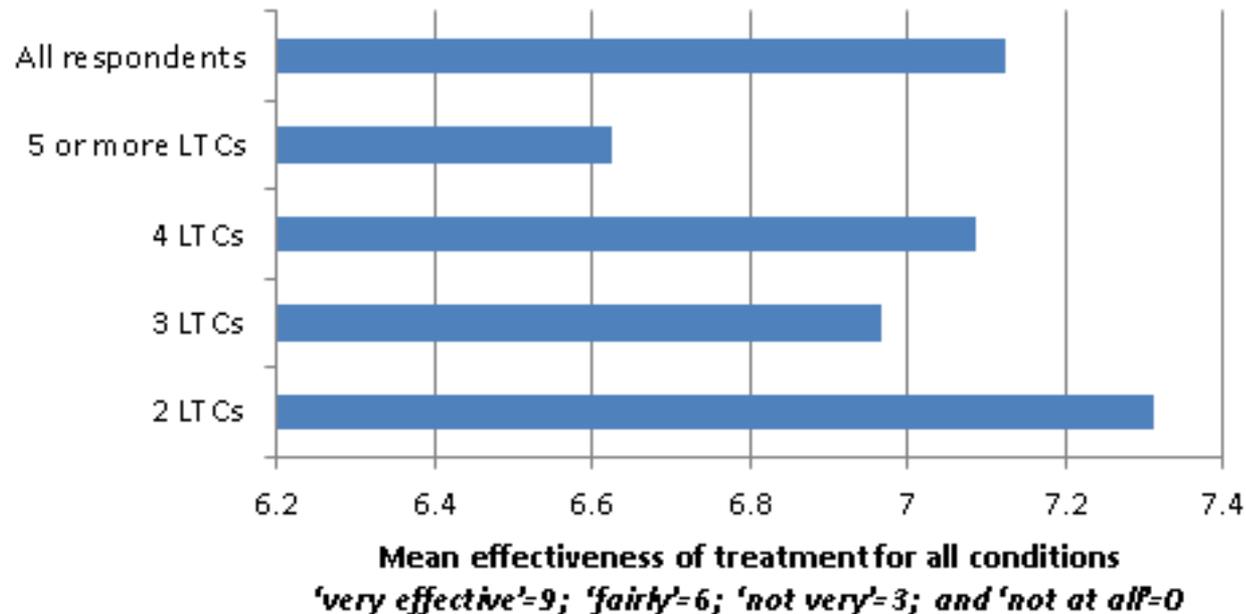
In-work summary

- Motivation to work affected, esp where MH & PH
- Less than half disclose all condition & many don't disclose any
- High access to and use of OH, high sickness absence
- Many had adjustments, but potential unmet need. Very positive view of adjustments
- Fit notes mainly for single conditions, GP understanding reasonable (though some non-awareness)
- Job satisfaction reduces with no. of conditions, & varies by condition type. Linked to full disclosure.
- 1 in 7 concerned that leaving work is imminent – self-reported poor health an indicator

Support from health system: treatment

Effectiveness of treatment in helping manage health at work

Number of Long Term Conditions



Stronger association with the number of conditions, than the type of condition.

Key messages

- **Having multiple conditions is common among working age, and leads to worse health and work outcomes**
 - Improve recognition in terms of treatment decisions, care pathways, fit notes, multi-disciplinary care etc.
 - Need to recognise the bi-directional risk of developing comorbidities and act to prevent/intervene early
- **Employment is an important element of health, and health not necessarily a barrier to work**
 - Work should be a consideration when making care and treatment decisions, even where health is complex – outcome of care
 - With right support, work is possible; need to commission support which address range of complex barriers (eg. IPS, social prescribing)
 - Management of the symptom/impairment which is problematic for work, pain and psych especially



Thoughts?

(and thank you for listening)

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