



Work & Health

CHANGING HOW WE THINK ABOUT COMMON HEALTH PROBLEMS

- in health care
- in the workplace
- and in society

HEALTHCARE

SOCIETY

WORKPLACE

- *Work is generally good for health and well-being*
- *Most common health problems can be accommodated at work if:*
 - *a flexible approach is adopted, and*
 - *all players work together to overcome obstacles*

WHO AND WHY?

This leaflet challenges how you think about health at work, and offers ideas on what you should and should not do - based on new scientific [evidence](#) about what is good for workers themselves.

It is for those who have to deal with health issues at work • senior management • line managers • human resources • small employers • unions • health & safety advisers • occupational health professionals • rehabilitation providers • employment advisers • claims handlers • lawyers.

Achieving health at work depends on **everyone** working together. What you do makes a difference – for good or ill.

THE PROBLEM

Overall sickness rates have not decreased over the last 50 years despite improvements in healthcare and working conditions. What we have been doing clearly isn't the whole answer, but we now know what needs to be done. And it makes financial sense.



So, this leaflet explores how we've gone wrong, dispels some harmful myths, and shows how things can be improved. It is about changing the culture of work and health.

Work is generally good for health and well-being – including people with common health problems

Worklessness is generally bad for health and well-being

Work should accommodate people with health problems



COMMON HEALTH PROBLEMS

Most sickness absence is due to 'common health problems' • mental health (e.g. 'stress'; depression) • musculoskeletal (e.g. back pain; arthritis) • cardio-respiratory (e.g. hypertension; asthma)

These problems can be distressing and may make life difficult, but they are not 'severe' in a medical sense:

- most of us experience them at times
- usually there is no serious underlying disease or lasting harm
- most episodes settle quickly, even if symptoms may recur
- many people remain at work, or return quite quickly

Common health problems should be manageable: the paradox is that so many end up with long-term disability. There is usually no good medical explanation, but we must not jump to the conclusion that it's malingering. Rather, something has gone badly wrong with the way things have been handled. And the longer people are off work, the less likely they are to get back - ever. So it's crucial to step in and help without delay.

OBSTACLES TO RECOVERY

People with common health problems face real obstacles to staying in or getting back to work.

Health-related obstacles • Ineffective treatments • Waiting for tests or specialist appointments • Unnecessary sick leave • Unhelpful advice • Failure to support and encourage return to work

Personal/psychological obstacles • Negative attitudes and beliefs about health and work • Uncertainty about what to do, and what the future holds • Anxiety and depression.

Occupational/social obstacles • Poor absence management • Loss of contact with workplace • Lack of modified duties • Poor social support • Litigation

These issues influence what we all think and do about health and work.

Most common health problems can be managed at work

- by making accommodations
- and overcoming obstacles



MYTHS

Before looking at how we can address obstacles, we need to dispel some popular misunderstandings about common health problems:

MYTHS	THE REALITY
They are usually caused by work	<p>Actually, they're not.</p> <ul style="list-style-type: none"> • They are common across the whole population. • Work may bring on symptoms or make them feel worse, but that's quite different from work causing the problem in the first place.
They are often made worse by work	<p>The actual condition is usually not.</p> <ul style="list-style-type: none"> • Work may be uncomfortable or difficult for a time, but work usually does not cause any lasting damage.
They mean underlying damage or disease	<p>Mostly this is not the case.</p> <ul style="list-style-type: none"> • There is often little or no underlying damage or disease. • Even when there is, long-term absence is not inevitable.
They will be cured by medical treatment	<p>Health care is usually not the whole answer.</p> <ul style="list-style-type: none"> • Treatment may help the symptoms, but usually does not 'cure' common health problems.
They should be treated by rest	<p>Activity is usually best.</p> <ul style="list-style-type: none"> • Much modern treatment encourages and supports continuing or returning to ordinary activities, including work, as soon as possible.
They require sickness absence	<p>Often they do not.</p> <ul style="list-style-type: none"> • Most workers manage to remain at work or return to work fairly quickly, even though symptoms may persist or recur. • Long-term sickness absence is rarely necessary or helpful.
They mean people cannot return to work until completely free of symptoms	<p>This is usually unnecessary, unrealistic, and unhelpful.</p> <ul style="list-style-type: none"> • Work is therapeutic and return to work is an essential part of rehabilitation – workers need to be allowed and helped to return as early as possible, even while some symptoms remain.
They need permanently modified work	<p>This can actually be harmful.</p> <ul style="list-style-type: none"> • Work or workplace adjustments are <i>temporary</i> measures to accommodate reduced capacity. • Modified work facilitates early return to <i>normal</i> duties.

Other misunderstandings can be obstacles to getting back to work:

Myth: A sick certificate is an absolute barrier to work.

Actually, it simply means the worker has been advised that he or she is temporarily unfit for their full usual job. It is not a medical 'order' to stay off work. The real question it raises is how and when they can get back to some work.

Myth: Contacting an absent worker is intrusive.

Actually, continued contact with the workplace is crucial. If the approach is a positive offer of help without any pressure, most workers are appreciative and feel valued.

Myth: Return to work will carry further risk or prejudice a claim.

Actually, insurers and lawyers now agree that rehabilitation and early return to work is helpful and should be promoted.

SAM'S STORY

Last year I got a problem with my health that made my work a bit difficult. So my GP signed me off work and gave me tablets - but that didn't make much difference. Then it took weeks to get some therapy - it helped a bit, but didn't really cure it. They said my work probably caused the problem, so I couldn't go back till I was fully fit. The people at work didn't call, so I couldn't discuss when or how I might be able to get back to work.

By that stage I was getting really worried - and depressed.

My union rep said I should make a claim, and sent me to a solicitor. My sick pay came to an end, I lost my job, and I went on to Incapacity Benefit. This whole saga has taken over my life, yet to begin with I thought I'd soon get over it. Some prompt treatment and temporary help with the job could have been enough to let me to stay in work. So why couldn't we all get our act together?

Effective help for Sam is all about communication and accommodation.

The following sections outline how it should have been done.

MANAGING HEALTH AT WORK

Some people certainly need health care to relieve or control symptoms, but that's only part of the process. Health at work also means accommodating common health problems. The principles are straightforward:

- Provide accurate information and advice
- Maintain contact – assist with timely access to effective health care (if required)
- Avoid unnecessary sick leave – facilitate early return
- Provide temporarily modified duties (if required)
- Establish open communication between everyone involved in the return-to-work process.

The scientific [evidence](#) shows this could cut sickness absence and the number of people going on to long-term incapacity by up to 50%.

ALL PLAYERS ONSIDE

Making it happen depends on everyone doing what's needed when it's needed – and avoiding anything that could block the process. It is crucial that everyone thinks the same way, shares common goals and works together. That depends on good communication.

TACKLING OBSTACLES

Workers: Need good information and advice – e.g. the *Health & Work* booklet promotes self-management • They also need opportunity, support *and* encouragement – from health care and the workplace.

Health professionals: Provide symptomatic relief *and* restore function • Ask about the patient's work • Discuss return to work - with the patient *and* the employer.

Employers: Be proactive - avoid adversarial approaches • Facilitate early return-to-work • Keep in regular touch; be supportive and helpful - involve the worker

- Communicate with health professionals about the job; tell them you want to help
- Consider modified duties • Ensure line managers and HR personnel are on-board and can arrange workplace accommodations.

Unions: Work closely with employers to develop and operate return-to-work policies

- Mediation and facilitation rather than blame and conflict.

Insurers: Be proactive • Support employers (including practical help for SMEs)

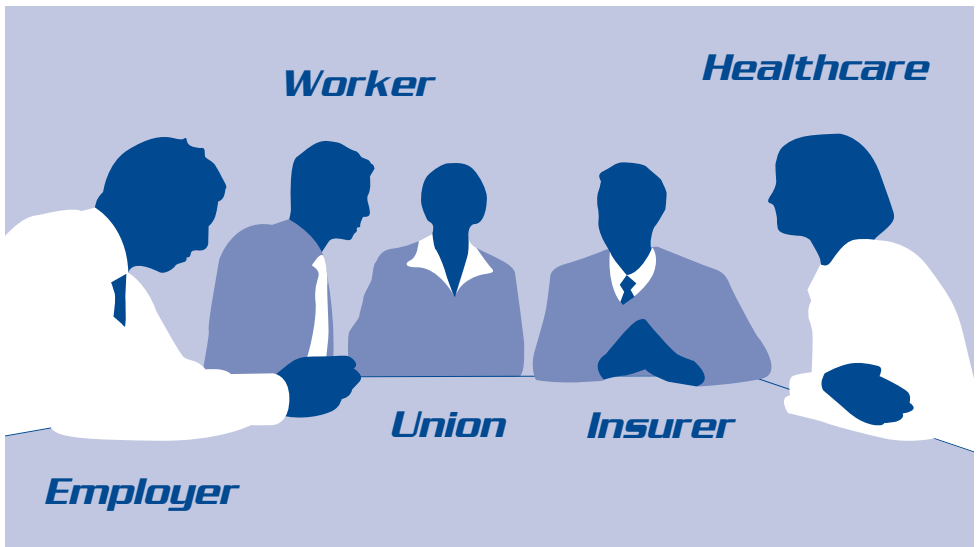
- Support health professionals (promote evidence-based practice, involve case managers).

Media: Promote positive messages about work and health • Use the scientific [evidence](#)

– don't sensationalise.

Each will need to develop their own ways to put these ideas into practice, but the key is:

ALL PLAYERS ONSIDE, WORKING TOGETHER



CHANGING THE CULTURE

We must change the culture of work and health to reflect the new scientific [evidence](#).

Overall, the beneficial effects of work on physical and mental health outweigh the risks of work and the harm of prolonged sickness absence.

Helping workers with common health problems is about more than just health care, it's about accommodating health at work. Making a difference **is** possible – and everyone benefits.

Achieving it demands a fundamental shift in how we think about common health problems – in the workplace, in health care, and in society. This leaflet shows how **you** can play a vital role.

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ADDITIONAL RESOURCES

Health & Work - a booklet for workers (to be published by TSO)
[Concepts of rehabilitation for the management of common health problems](#) (TSO)
Managing sickness absence and return to work (published by HSE)
The rehabilitation code (published by IUA)
[Is work good for your health and well-being?](#) (published by TSO)
Fit for work - the complete guide to managing sickness absence and rehabilitation
(available from EEF)
www.health-and-work.gov.uk • www.hse.gov.uk

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