

BEING OUT OF WORK IS MORE DANGEROUS TO HEALTH THAN WORKING IN ANY HIGH-RISK INDUSTRIES



**Australasian Faculty of
Occupational and Environmental Medicine (AFOEM) Royal
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Position Statement**

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The Royal Australasian
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The Australasian Faculty of
Occupational & Environmental Medicine

This is a paradigm shift in the way that we look at work



- **Occupational Health and Safety has traditionally looked at only the adverse health effects.**
- **There has been a sense in the community, and by governments, regulatory bodies and unions that work is bad**
- **There has been a general belief that less work is better**

Work can be very detrimental to health
Images: Sebastiao Salgado
Workers
Aperture 1993



- 1. Separation of residual impurities in a Lead plant. Kazakhstan 1993**
- 2 3 and 4. Gold mine. Serra Pelada, Brazil 1986**

What is the other side of the coin?

Pope John Paul II



- **“Work is a good thing for man, a good thing for his humanity because through work man not only transforms nature, adapting it to his own needs, but he also achieves fulfilment as a human being.”**

Helen Trinca



- “....young people in particular were putting work at the centre of their lives in a way that had not been seen before. Work was cool.”

The Weekend Australian, August 14-15 2010

Ben Chifley 1949



- **“We, the Labor Party, have a sacred responsibility to see that all sections of the community receive justice and that the less fortunate section of the community has protection from want, unemployment and insecurity.”**

Background

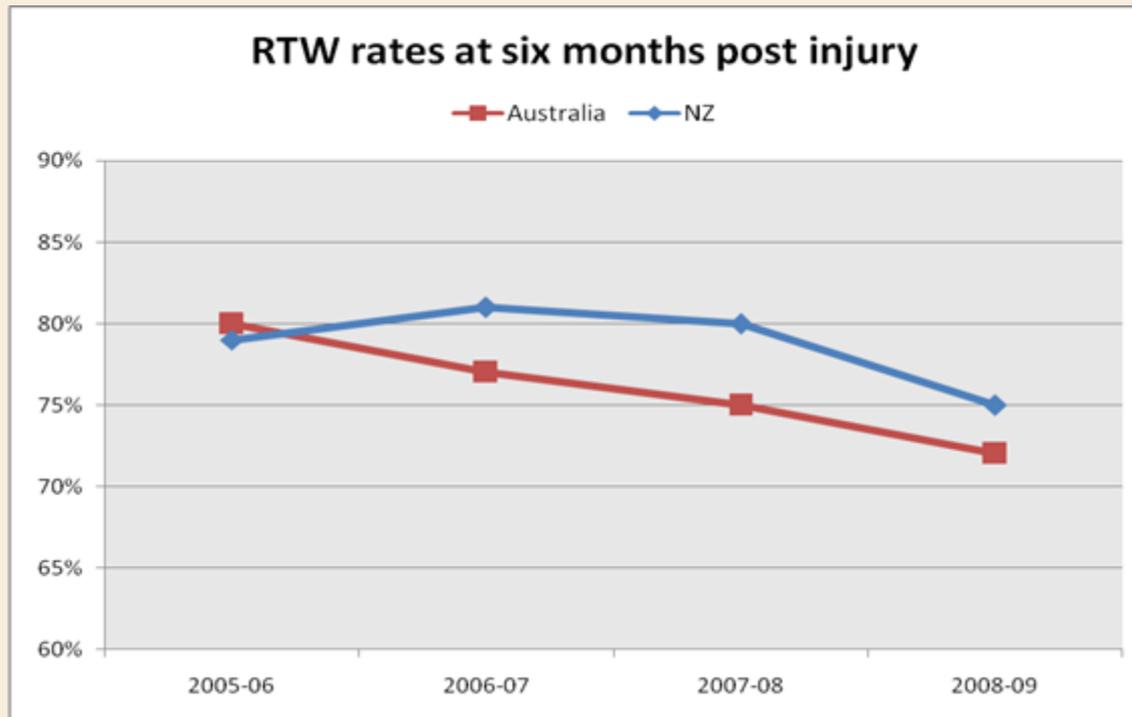


- Australasians have not yet accepted the message that work is generally good for health
- Evidence shows that working, in general, is good for health and wellbeing, and activity based rehab is effective
- In Australia and New Zealand many people with mild to moderate musculoskeletal and mental health problems are being certified unfit for work
- Poor indigenous and rural health are major problem

Background (cont)



- In addition, durable return to work rates declining in Australia and New Zealand



What are the issues – why tackle them?



- 1. The consequences of being out of work are substantial for the person, their family, the community and the workplace**
- 2. We are not discussing / dealing with the problem**



In simple terms

For the
person

The health problems are:

- Increased rates of overall mortality, and specifically increased mortality from cardiovascular disease and suicide;
- Poorer general health;
- Poorer physical health, including increased rates of cardiovascular disease, lung cancer, and a susceptibility to respiratory infections;
- Poorer mental health and psychological wellbeing;
- Somatic complaints;
- Long-standing illness;
- Disability; and
- Higher rates of medical consultation, medication consumption and hospital admission.



In simple terms

For the
person

The health consequences are:

- Health Risk = smoking 10 packs of cigarettes per day
- Suicide in young men > 6 months out of work is increased x40
- Suicide rate in general increased x6 in longer-term worklessness
- Health risk and life expectancy greater than many “killer diseases”
- Greater risk than most high-risk/dangerous jobs (construction/forestry)



In simple terms

For the
family and
society

The consequences are:

- **Children of parents out of work**
 - Decreased educational opportunities
 - Poorer health
 - More distress
 - Reduced long term employment prospects;
- **Individuals suffer a loss of social identity and status; and**
- **Poorer health for groups at need, indigenous, people with disabilities**



In simple terms

For the
workplace

The consequences are:

- Cost of work injuries estimated to be over \$50 billion, or close to 6% GDP
- Large costs to employers
- Which are in turn paid for by the community
- Loss of skills, morale, productivity

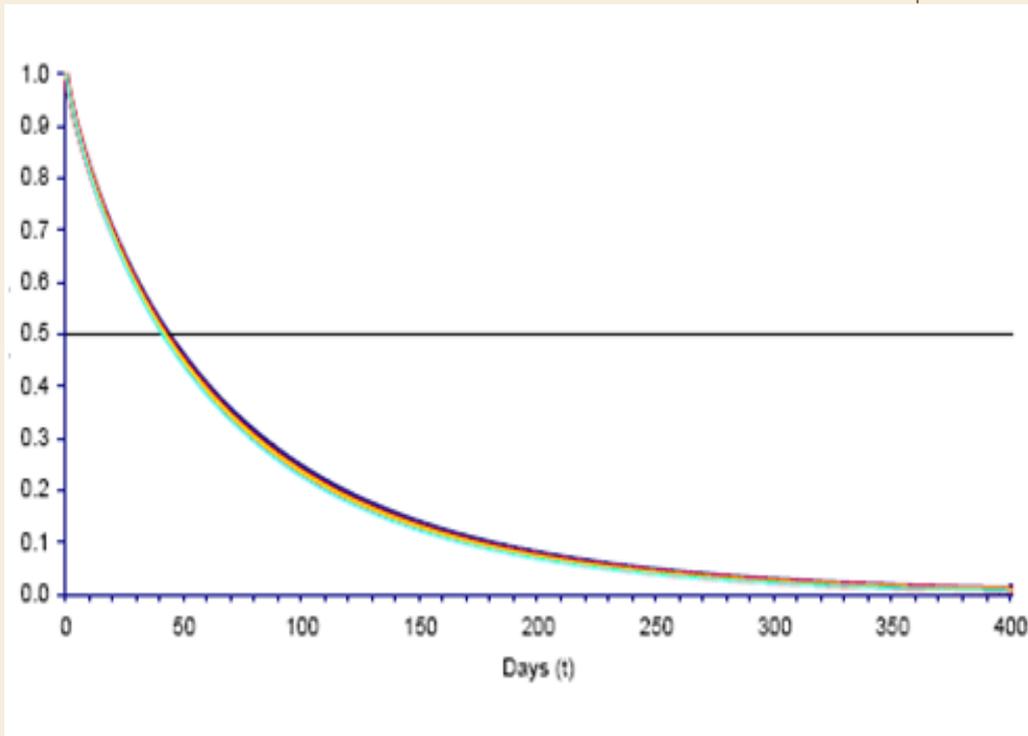
Not dealing with these issues = Position Statement



- Work began on a position statement to consolidate the evidence on work being good for your health and well being.
- Evidence that was considered:
 - Health and wellbeing of worklessness
 - Is work good for health and well being (Waddell and Burton review)
 - UK Working for Health initiative
 - The benefits of re-employment
 - Musculoskeletal health and work
 - Mental health conditions and work

Health and wellbeing impacts of worklessness

- **The longer someone is off work the less likely they are ever to return.**

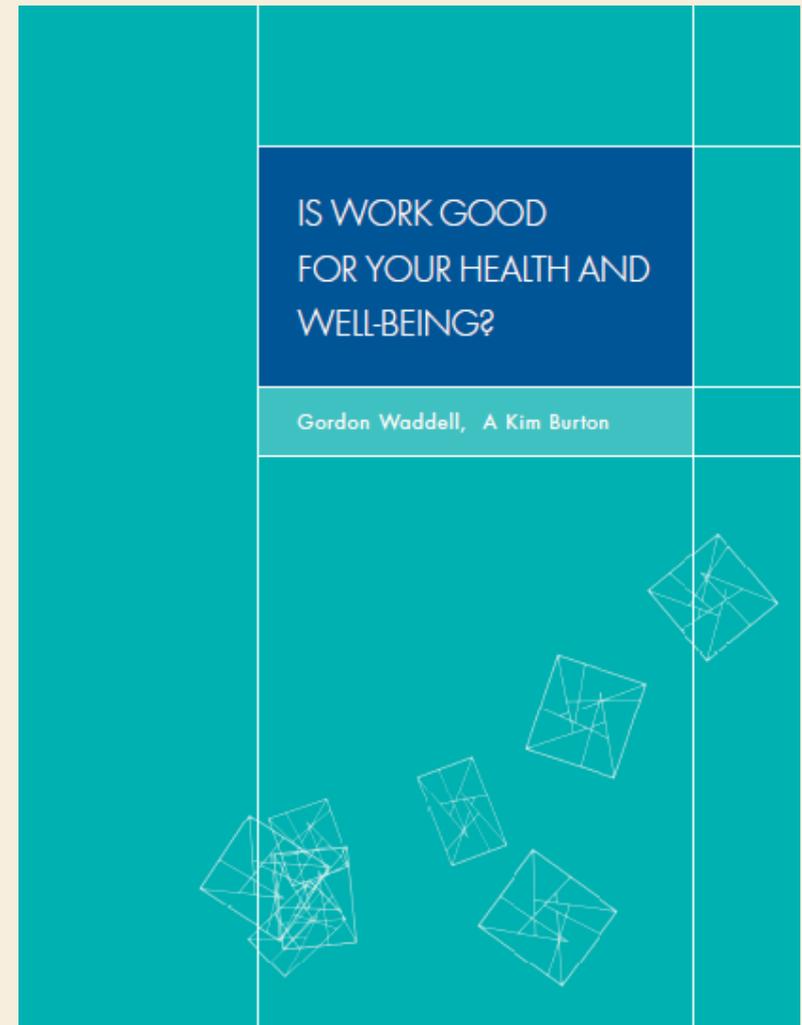


If the person is off work for:

- **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%.**

Is work good for health and well being?

- A major review of studies over the last 20 years
- Explored common conditions - musculoskeletal, heart, mental health
- Evidence based approach
- Looked at more than just association



UK Working for Health Initiative



- An initiative as part of the major UK *Working For Health* initiative
- However, unemployment does not *always* impact negatively on health and wellbeing. In around 5-10% of the population unemployment leads to improved health and wellbeing.
- But – six out of ten people said that they would enjoy having a job even if they didn't need the money

Benefits of re-employment



- **Re-employment of unemployed adults has health benefits, including:**
 - Markers of general health and wellbeing
 - Reduced psychological distress
 - Lower morbidity rates
 - Better physical function in older workers.
- **Dependent on job security and satisfaction.**

Musculoskeletal health and work



- Work can be a risk factor for musculoskeletal conditions but most are not caused by work.
- Social and psychological factors play a greater role than physical demands of work, including:
 - Beliefs about pain and their condition
 - Family situation
 - Job satisfaction.
- These factors can be addressed at work.

Mental health conditions and work



- **Complex relationship between work and mental health:**
 - Benefits (identity, self-esteem, structure)
 - Risks (unreasonable work pressures)
- ***Appropriate* work benefits people with a wide range of mental health problems**
- **Unemployment may have serious, negative consequences for mental health.**

Not dealing with the issues = position statement



- Once all the evidence was collated public consultation occurred with AFOEM, AFRM, RACP, RACGP Rehabilitation providers, unions, industry, workers comp authorities, etc.
- Focus was narrowed, recommendations were clarified and strengthened.

Recommendations: Health Professionals



- **Consensus statement: “Work good for health and wellbeing”**
- **University training includes occupational rehab and sickness certification**
- **Professional leadership re effective interventions for common health problems**
- **Discuss health risks of worklessness with patients**
- **Learn about available services (e.g. Disability employment services).**

Recommendations: Government



- **Promote two key principles:**
 1. **Work in general is good for health**
 2. **Long term work absence etc is bad for health**
- **Obtain and publicise data about work incapacity**
- **Maintain focus on social inclusion and health and wellbeing**
- **Public health campaign**
- **More work opportunities for disadvantaged groups**

Recommendations: Employers



- **Ensure that workplaces are safe, with a culture conducive to health and wellbeing**
- **Accommodate ill and injured workers where possible**
- **Don't stick with the letter of the law: embrace inclusive employment and best practice injury management**



Next steps

We are working on these initiatives

- **Consensus statement**
- **Dissemination of the information in the position statement**
 - Newsletters
 - Industry magazines
 - Unions
 - Employer groups
- **Working with General Practitioners and GP industry bodies**
- **Handouts**
- **Develop ways of talking to people / patients**



Next steps

We are working on these initiatives

Looking for partnerships

- **AFOEM is approaching:**
 - PM and relevant Ministers
 - Unions
 - Industry and business groups
 - Other stakeholders
- **UK visitors have provided momentum, we want to keep these issues on the agenda. Dame Carol Black is returning in late October.**
- **What can you contribute?**