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**Realising the Health Benefits of Work
2011 - archived**

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The Australasian Faculty of
Occupational & Environmental Medicine

The Royal Australasian
College of Physicians

AUSTRALIAN and NEW ZEALAND CONSENSUS STATEMENT ON THE HEALTH BENEFITS OF WORK

POSITION STATEMENT: REALISING THE HEALTH BENEFITS OF WORK

Introduction

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM), a Faculty of the Royal Australasian College of Physicians (RACP), is pleased to introduce the *Australian* and *New Zealand Consensus Statement on the Health Benefits of Work*, for which we continue to seek signatories.

The consensus statement was launched in Wellington on 30 March 2011 by Dame Carol Black, the UK's first National Director of Health and Work, fulfilling a recommendation of AFOEM's position statement, *Realising the Health Benefits of Work*.

Realising the Health Benefits of Work presents compelling international and Australasian evidence that work is generally good for health and wellbeing, and that long term work absence, work disability and unemployment generally have a negative impact on health and wellbeing.

The purpose of the consensus statement is to bring together a wide range of stakeholder signatories, who each affirm the importance of work as a determinant of health and commit to:

- Promoting awareness of the health benefits of work;
- Offering support and encouragement to those attempting to access the health benefits of work;
- Encouraging employers' continuing support of workers' occupational health; and
- Advocating for continuous improvement in public policy around work and health, in line with the principles articulated in the consensus statement.

It is intended that the statement will act as a facilitator for further discussion regarding the detail of what is required to achieve positive change.

What stakeholders have said about the consensus statement...

President of the New Zealand Council of Trade Unions, Helen Kelly:

> *"The CTU supports this initiative as part of an important discussion about how to minimise the impact of accidents and illness on the long term wellbeing of workers. We are clear that the health benefits of work are proven. The detrimental effects of wanting to work but being unable to find a decent job, or being limited by incapacity, are also severe. In this context, it is exciting to participate in a mature discussion amongst so many involved parties, with the aim of furthering worker wellbeing."*

Ruth Dunkin of the Business Council of Australia:

> *"The Business Council of Australia has long held the view that work and health are mutually beneficial. The health benefits of work are widely acknowledged, as are the productivity benefits of healthy workplaces.*
>
> *We strongly endorse the Australasian Consensus Statement about the Health Benefits of Work."*

Paul O'Connor of Comcare:

> *"Not only does it deliver on corporate social responsibility, it improves workforce participation, decreases work disability, decreases absenteeism and decreases early retirement. We think it is also important in terms of the social inclusion agenda, because it helps us support people coping with change and challenge and disability."*

Dr Harry Pert of the Royal New Zealand College of General Practitioners:

> *"I prescribe medication everyday. I order investigations every day—laboratory investigations, radiology investigations. My ability to do that safely is based on many years of preparation—chemistry and pharmacology and a lot of decision-support throughout my career. I haven't had that training and support in my prescribing of work and absence from work; it is a big gap in our knowledge. I think we have to do some work, in order to fix that."*

The way forward…

The Faculty continues to work with stakeholders who believe that some aspects of the relationship between work and health require further consideration, such as:
- The need for good / decent and safe work; and
- The benefits of unpaid employment.

Consensus amongst diverse stakeholders is a powerful and empowering tool. RACP believes the *Australian/New Zealand Consensus Statement on the Health Benefits of Work* provides an opportunity to improve the health and wellbeing of workers and their families by demonstrating that medical, nursing and allied professionals, unions, government authorities, business groups and other stakeholders are willing to work together to realise the health benefits of work.

A comprehensive shift in thinking and practice is required, but will not be achieved if we continue to speak only as individuals and individual organisations. UK health reformer Professor Dame Carol Black has championed the Faculty's efforts in this regard, as have the many stakeholders who have agreed to be signatories to the consensus statement.

The RACP trains, educates and advocates on behalf of more than 13,500 specialist physicians and 5,000 trainees across Australia and New Zealand. It represents more than 25 medical specialties including paediatrics, cardiology, respiratory medicine, neurology, oncology and public health medicine, occupational and environmental medicine, palliative medicine, rehabilitation medicine, sexual health medicine and addiction medicine. Beyond the drive for medical excellence the RACP is committed to developing health and social policies which bring vital improvements to the well being of patients.

Dr Robin Chase
President
The Australasian Faculty of Occupational and Environmental Medicine

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Australasian Faculty of Occupational & Environmental Medicine (AFOEM)
Royal Australasian College of Physicians

Australian Consensus Statement on the Health Benefits of Work

At the heart of this consensus statement regarding the health benefits of work is a shared desire to improve the welfare of individuals, families and communities.

Realising the health benefits of work for all Australians requires a paradigm shift in thinking and practice. It necessitates cooperation between many stakeholders, including government, employers, unions, insurance companies, legal practitioners, advocacy groups, and the medical, nursing and allied health professions.

We, the undersigned, commit to working together to encourage and enable Australians to achieve the health and wellbeing benefits of work. We acknowledge the following fundamental principles about the relationship between health and work.

- Work is generally good for health and wellbeing.
- Long term work absence, work disability and unemployment have a negative impact on health and wellbeing.
- Work must be safe so far as is reasonably practicable.
- Work is an effective means of reducing poverty and social exclusion, including that faced by indigenous populations and other currently disadvantaged groups. With appropriate support, many of those who have the potential to work, but are not currently working because of economic or social inequalities, illness or acquired or congenital disability, can access the benefits of work.
- Work practices, workplace culture, work-life balance, injury management programs and relationships within workplaces are key determinates, not only of whether people feel valued and supported in their work roles, but also of individual health, wellbeing and productivity.
- Individuals seeking to enter the workforce for the first time, seeking reemployment or attempting to return to work after a period of injury or illness, face a complex situation with many variables. Good outcomes are more likely when individuals understand the health benefits of work, and are empowered to take responsibility for their own situation.
- Health professionals exert a significant influence on work absence and work disability, particularly in relation to medical sickness certification practices. This influence provides health professionals with many opportunities for patient advocacy, which includes, but is not limited to, recognition of the health benefits of work.

Government, employers, unions, insurance companies, legal practitioners, advocacy groups, and the medical, nursing and allied health professions all have a role to play in promoting the health benefits of work. Through actions appropriate to our various areas of responsibility or activity, we agree to:

- Promote awareness of the health benefits of work;
- Offer support and encouragement to those attempting to access the health benefits of work;
- Encourage employers' continuing support of workers' occupational health; and
- Advocate for continuous improvement in public policy around work and health, in line with the principles articulated above.

Signatories:

Australasian Faculty of Occupational & Environmental Medicine (AFOEM)
Royal Australasian College of Physicians

New Zealand Consensus Statement on the Health Benefits of Work

At the heart of this consensus statement regarding the health benefits of work is a shared desire to improve the welfare of individuals, families and communities.

Realising the health benefits of work for all New Zealanders requires a paradigm shift in thinking and practice. It necessitates cooperation between many stakeholders, including government, employers, unions, insurance companies, legal practitioners, advocacy groups, and the medical, nursing and allied health professions.

We, the undersigned, commit to working together to encourage and enable New Zealanders to achieve the health and wellbeing benefits of work. We acknowledge the following fundamental principles about the relationship between health and work.

- Work is generally good for health and wellbeing.
- Long term work absence, work disability and unemployment have a negative impact on health and wellbeing.
- Work must be safe so far as is reasonably practicable.
- Work is an effective means of reducing poverty and social exclusion, including that faced by Maori and Pacific people and other currently disadvantaged groups. With appropriate support, many of those who have the potential to work, but are not currently working because of economic or social inequalities, illness or acquired or congenital disability, can access the benefits of work.
- Work practices, workplace culture, work-life balance, injury management programs and relationships within workplaces are key determinates, not only of whether people feel valued and supported in their work roles, but also of individual health, wellbeing and productivity.
- Individuals seeking to enter the workforce for the first time, seeking reemployment or attempting to return to work after a period of injury or illness, face a complex situation with many variables. Good outcomes are more likely when individuals understand the health benefits of work, and are empowered to take responsibility for their own situation.
- Health professionals exert a significant influence on work absence and work disability, particularly in relation to medical sickness certification practices. This influence provides health professionals with many opportunities for patient advocacy, which includes, but is not limited to, recognition of the health benefits of work.

Government, employers, unions, insurance companies, legal practitioners, advocacy groups, and the medical, nursing and allied health professions all have a role to play in promoting the health benefits of work. Through actions appropriate to our various areas of responsibility or activity, we agree to:

- Promote awareness of the health benefits of work;
- Offer support and encouragement to those attempting to access the health benefits of work;
- Encourage employers' continuing support of workers' occupational health; and
- Advocate for continuous improvement in public policy around work and health, in line with the principles articulated above.

Signatories:

Australasian Faculty of Occupational & Environmental Medicine
The Royal Australasian College of Physicians

AUSTRALIAN SIGNATORIES - as at 06 August 2014

ACT Government, Minister for Industrial Relations
Adult Medicine Division of the RACP
AIA Australia
Allied Health Professionals Australia
AMS Consulting
Association of Self Insured Employers of Queensland
Australasian College of Sports Physicians
Australasian Faculty of Public Health Medicine
Australasian Faculty of Rehabilitation Medicine
Australasian Society of Aerospace Medicine
Australasian Society of Aerospace Medicine
Australian and New Zealand Society of Occupational Medicine
Australian and New Zealand Society of Occupational Medicine
Australian Association of Occupational Therapists
Australian College of Rural and Remote Medicine
Australian Counselling Association
Australian Federal Police
Australian Life Underwriters and Claims Association
Australian Osteopathic Association
Australian Physiotherapy Association
Australian Psychological Society
Australian Rehabilitation Providers Association
Australian Society of Rehabilitation Counsellors
Business Council of Australia
Career Industry Council of Australia
Career Industry Council of Australia
CGU
Chiropractic & Osteopathic College of Australia, The
Chiropractors' Association of Australia
Coal Services Pty Limited
Comcare
Committee of Presidents of Medical Colleges
Company Medical Services Pty Ltd
Compass Group
Cortex Solutions Pty Ltd
Employers Mutual Limited
Ford Health
Health and Productivity Institute of Australia
Hunter Industrial Medicine
Human Factors and Ergonomics Society of Australia (HFESA)
IPAR Rehabilitation
Jobfit Health Group
Medibank Health Solutions
MTC Australia
Nabenet
National Aboriginal Community Controlled Health Organisation
Police Association of NSW
Police Federation of Australia
Public Health Association of Australia
Q-COMP
Queensland Department of justice and attorney general
Recovre
Rehabilitation Services Pty Limited
Royal Australasian College of Physicians
Royal Australian & New Zealand College of Psychiatrists

Australasian Faculty of Occupational & Environmental Medicine
The Royal Australasian College of Physicians

AUSTRALIAN SIGNATORIES - continued

Royal Australian College of General Practitioners
Safety Institute of Australia
SafeWork Australia
SICorp (NSW Self Insurance Corporation)
Swiss Re
TAL Life Ltd
Tanaciti
The Intere
The Suncorp Group
Tanaciti
The Interact Group
Transport Accident Commssion
Unified Healthcare Group Pty Ltd (UHG)
WorkAble Solutions
WorkCover NSW
WorkCover Queensland
WorkCover South Australia
WorkCover Tasmania
WorkCover WA
WorkSafe Victoria
WorkSafe WA
Xchanging

Australasian Faculty of Occupational & Environmental Medicine
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NEW ZEALAND SIGNATORIES - as at 6 August 2014

Accident Compensation Corporation
Adult Medicine Division of the RACP
Association for Supported Employment in New Zealand
Association for Supported Employment in New Zealand
Australasian Faculty of Occupational and Environmental Medicine
Australasian Faculty of Public Health Medicine
Australasian Faculty of Rehabilitation Medicine
Australian and New Zealand Society of Occupational Medicine
Blueprint, The Wise Group
Business Leaders' Health & Safety Forum
Business New Zealand
College of Nurses Aotearoa (NZ)
Council of Medical Colleges in New Zealand
Department of Labour
Employers and Manufacturers Association
Employers' Disability Network
FairWay Resolution Limited
Financial Services Council of NZ
Fit For Work Ltd
Framework
Human Resources Institute of New Zealand
Institution of Professional Engineers NZ
Investment, Savings and Insurance Association
Life and Disability Underwriters Association Auckland
Life and Disability Underwriters Association Wellington
Maori Health Development Organisation - Tui Ora
Maori Medical Practitioners Association - Te ORA
Ministry of Health
Ministry of Social Development
The College of Urgent Care Physicians (CUCP)
New Zealand Association of Accredited Employers
New Zealand College of Public Health Medicine
New Zealand Council of Trade Unions
New Zealand Institute of Safety Management
New Zealand Medical Association (NZMA)
New Zealand Nurses Organisation
New Zealand Occupational Health Nurses Association
New Zealand Orthopaedic Association
New Zealand Physiotherapy Society
New Zealand Public Service Association
New Zealand Rehabilitation Association
New Zealand Rehabilitation Association
New Zealand Rheumatology Association
NZ Rural General Practice Network
New Zealand Private Physiotherapists Association
Pathways, The Wise Group
Occupational Therapy New Zealand
Physiotherapists' Association, NZ Private
Royal Australian & New Zealand College of Psychiatrists
Royal New Zealand College of General Practitioners
Royal New Zealand College of General Practitioners
Social Enterprise Ltd, The Wise Group

Australasian Faculty of Occupational & Environmental Medicine
The Royal Australasian College of Physicians

Tenix
The Business Leaders' Health and Safety Forum
The Suncorp Group
Te Pou, The Wise Group
Wild Bamboo, The Wise Group
Women's Wellness, The Wise Group
Workwise, The Wise Group

The Australasian Faculty of
Occupational & Environmental Medicine

REALISING THE HEALTH BENEFITS OF WORK

A POSITION STATEMENT

OCTOBER 2011

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Realising the Health Benefits of Work
Australasian Faculty of Occupational & Environmental Medicine Position Statement

We have reached the stage where, in a relatively short time for a major development in public policy, leaders among health professional bodies, government, employers and employees speak with one voice and a shared purpose. Their message is that for most people work is good for their health and their wellbeing and that loss of work, whether because of impaired health or for other reasons, is generally harmful. Their purpose is to give it effect.

That is the central theme of this position statement. The results of worklessness are plain to see: loss of self esteem, standing and identity within the community besides, of course, a halt to material progress, social participation and fulfillment. But that is not all. Health, both physical health and mental health, soon become impaired. And where the cause of loss of work is itself impaired health then unwarranted delay in return to work is often associated with delayed recovery. In most instances we do not have to recover completely before returning to work, provided there is a will and there are means to accommodate the fullest possible restoration of function; physically, mentally and socially.

Health professionals have a clear duty and responsibility to help make this happen, and key roles to play. Those begin with promoting the necessary shifts in belief and understanding, and reversing the belief that we have to be totally fit and well to work or that recovery from illness or injury must be complete before return. Restoration of working life is closely allied to clinical goals. It should be embedded in health professional judgments and in the drive to better the public health.

But success in this endeavour, as the position paper emphasises repeatedly, is not attainable via the efforts of health professionals alone. It must be a cooperative enterprise with employers, those who represent the best interests of employees, and government and its agencies.

I look forward with confidence to the responses to the recommendations of *"Realising the Health Benefits of Work"* and congratulate the Australasian Faculty of Occupational and Environmental Medicine, and the Royal Australasian College of Physicians, on its professional lead and determination to advance this cause.

Dame Carol Black,
National Director for Health and Work, UK
April 2010

CONTEXT

This policy document is an initiative of the Australasian Faculty of Occupational and Environmental Medicine under the auspices of the Royal Australasian College of Physicians.

As physicians, we see firsthand the personal tragedies that long term work absence, unemployment and work disability wreak on individuals, families and communities. We see marriages end, capable individuals excluded from employment, breadwinners become reliant on pensions, and mental health problems like anxiety and depression develop.

Rubbing salt in the wound, extended time off work often sees a worsening rather than an improvement in symptoms and conditions it is supposed to ameliorate.

Exciting research is ongoing internationally regarding the relationship between work and health and wellbeing. Dame Carol Black's review "Working for a healthier tomorrow", has been influential in shaping policy in the UK, and the Faculty's position statement builds on this excellent work.[1]

To date, the findings are unambiguous: in general, work is good for health and wellbeing. It is not only researchers and academics who are championing the cause. Government, business and medical and allied professionals are all seeking to embrace the health and wellbeing benefits of work.

The College and the Faculty believes, however, that there is much work yet to be done. As Occupational and Environmental Physicians, we encourage all Australians and New Zealanders to ensure that the health and wellbeing benefits of work are delivered to all.

This position statement is the second in a series of position statements exploring work and health, developed by the Faculty of Occupational and Environmental Medicine. The first position statement explores an evidence based approach to assisting people to stay in work or return to work. Further position statements are planned on workplace approaches that improve employee wellbeing and workplace productivity.

Long-term worklessness is one of the greatest known risks to Public Health:

Professor Sir Mansel Aylward

Health professionals

1. Australian and New Zealand health care leaders and leading medical bodies produce and commit to a consensus statement regarding the positive relationship between health and work and the negative consequences of long term work absence and unemployment.

2. GPs, medical specialists and other healthcare professionals consistently provide appropriate advice and support to help people enter, stay in or return to work. To facilitate this:

    *   Education of treating practitioners – including medical and allied health professionals – incorporates training in workplace occupational health and vocational rehabilitation, and sickness certification practices; and

    *   Clear professional leadership, drawing on a sound academic base and good research, particularly in regards to the most effective interventions and treatment methods for common health problems, be provided to prevent unnecessary sickness absence; and

3. GPs and medical specialists discuss the significant health risks of long term work absence and unemployment with patients and encourage a change in unhelpful beliefs about work and health.

4. Healthcare professionals are educated about the services available to assist them address employment issues, such as Disability Employment Services via Centrelink in Australia and services run by Workbridge in New Zealand.

Employers

1. In line with the principle "Working, in general, is good for people," employers acknowledge the influence they have on workers' health and wellbeing by:

    *   Ensuring that workplaces are safe, and having a workplace culture conducive to health and wellbeing;

    *   Accommodating ill or injured workers to remain in the workplace where possible; and

    *   Move beyond legislative requirements to embracing the spirit of inclusive employment practices and best practice injury management.

Government

1. Government continues to support healthcare professionals, leading medical bodies, employers, unions, researchers and other interested parties to focus on the health and wellbeing benefits of work, in line with two key principles:

    *   Work, in general, is good for health and wellbeing; and

    *   Long term work absence, work disability and unemployment have, in general, a negative impact on health and wellbeing.

2. In order to facilitate future evidence-based policy making and treatment approaches, government obtains and makes public comprehensive data about the level of work incapacity in Australia and New Zealand, taking into account the complex pathways by which people enter, leave and move between various benefit systems.

3. The Australian government maintains the focus on the health and wellbeing benefits of work apparent in *Australia: The Healthiest Country by 2020 - National Preventative Health Strategy*, and initiatives under the social inclusion agenda.[2]

4. Government launches a public health campaign, directed at employers, workers, medical practitioners and the general public, to promote the message that "Work, in general, is good for health and wellbeing".

5. Government strengthens opportunities for work in socially disadvantaged groups, such as Maoris and indigenous Australians, to improve access to work.

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Australasian Faculty of Occupational & Environmental Medicine Position Statement

EXECUTIVE SUMMARY

The evidence is compelling: for most individuals, working improves general health and wellbeing and reduces psychological distress.

Even health problems that are frequently attributed to work—for example, musculoskeletal and mental health conditions—have been shown to benefit from activity-based rehabilitation and an early return to suitable work.

However, despite encouraging shifts in policy, in Australia and New Zealand the available evidence suggests that the message that 'work is generally good for health' has not yet achieved widespread acceptance. Instead, we see:

- A decline in durable return to work rates following illness or injury;

- Increases in requests for sickness certificates and disability support pensions driven by people with common, treatable health problems being permanently certified as unfit for work;

- A crisis in Indigenous health in Australia, driven by social inequalities including unequal access to employment; and

- A higher proportion of New Zealand's Māori population experiencing disability during prime working age than European New Zealanders, and an increase in this disparity with age.[3]

The case for increased action becomes even more compelling when the negative health consequences of remaining away from, or out of, work are considered.

Research shows that long-term work absence, work disability and unemployment are harmful to physical and mental health and wellbeing.

Moreover, the negative impacts of remaining away from work do not only affect the absent worker; families, including the children of parents out of work, suffer consequences including poorer physical and mental health, decreased educational opportunities and reduced long term employment prospects.

Knowing that good work is generally good for health, government, medical and allied professionals and employers all have the opportunity to substantially improve health and wellbeing outcomes for Australians and New Zealanders, including those groups and communities who are most vulnerable.

In addition to providing information about the problem, this position statement contains practical suggestions as to how medical and allied professionals, government and employers can ensure that no Australian or New Zealander is unnecessarily excluded from the substantial health and wellbeing benefits of work.

"The message is clear: work is generally good for people, and work absence is not." [4]

- Debra Dunstan

Throughout history, paradigm shifts in medicine have resulted in significant improvements to treatment, patient wellbeing and health outcomes. In the latter half of the nineteenth century, the discovery of bacteria propelled one such shift. Now, the best available evidence clearly states that another paradigm shift is required, in relation to how we think about health and work.

Long term work absence and work disability may not seem like life and death matters but research shows that they are associated with a range of poor health outcomes including, at the worst extreme, increased mortality rates.

However, evidence-based research also provides some very good news about the relationship between health and work.

Work, in general, is good for health and wellbeing.

A recent research review from the United Kingdom that posed the question, *'Is work good for your health and well-being?'*, [5] concludes that overall, the beneficial effects of work outweigh the risks. In addition, the review's authors—Professor Gordon Waddell and Professor Kim Burton—show that the health benefits of work are much greater than the harmful effects of long term unemployment or prolonged sickness absence.

This knowledge gives legislators, employers, medical and allied professionals and the community more broadly, a responsibility to ensure that Australians and New Zealanders are not unnecessarily denied access to the considerable health and wellbeing benefits of work.

Articulating a shared understanding of how and why working improves health and wellbeing may facilitate change. The biopsychosocial model of illness and disease proposes that biomedical explanations are not sufficient for understanding either ill health, or good health and wellbeing. Instead, biomedical, psychological and social factors all play a significant role in human responses to illness and disease. Even though certain kinds of work, and certain workplace cultures, may be risk factors for particular health conditions, the biopsychosocial model helps to explain how, in general, work is good for health and wellbeing.

According to the biopsychosocial model, work may confer many benefits including:

- Ensuring that some physical activity is undertaken on work days;

- Providing a sense of community and social inclusion;

- Allowing workers to feel that they are making a contribution to society and their family;

- Giving structure to days and weeks;

- Financial security; and

- A decreased likelihood that individuals will engage in risky behaviours, such as excessive drinking.

The Faculty hopes that this position statement will generate debate about, and raise awareness of, work's many benefits; amongst treatment providers, policy makers, workers, employers, families, communities and individuals.

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A previous draft of this position statement, widely circulated amongst stakeholders, touched on two additional questions: what is good work, and what is the relationship between work, health and productivity? These issues met with strong reactions, some positive and some negative. We have elected to address these important questions in separate and subsequent position statements. In this position statement, the Faculty concentrates on one key question: in general, is work good for the health and wellbeing of Australians and New Zealanders?

1.1 A snapshot: health, wellbeing and work in Australia and New Zealand today

Sickness absence, work disability and unnecessary exclusion from employment are major issues, not only in Australia and New Zealand, but in industrialised countries around the world. The associated costs are substantial; so too are the potential benefits of change.

Momentum for change is building within both Australia and New Zealand.

Australia's 2010 Intergenerational Report asserts that reducing barriers to participation in employment is a key strategy for meeting the challenges of "an ageing and growing population, escalating pressures on the health system, and an environment vulnerable to climate change." [6]

The Accident Compensation Corporation in New Zealand supports the idea that staying at work is "better for all".

Despite these encouraging signs—and the considerable efforts of governments, compensation authorities, the medical community, employers, unions and individual Australian and New Zealander workers—a snapshot of the contemporary situation in both Australia and New Zealand suggests that the message that working, in general, is good for health and wellbeing has not yet been accepted by the wider community.

Over the past 9 years, there has been a 70% increase in requests for sickness certificates in Australia, independent of industrial relations changes and without a corresponding rise in morbidity. [7]

According to a Direct Health Solutions study [8] of 120 Australian organisations, of which the majority were large employers:

- The average annual absence rate for 2009 was 4.0% or 9.3 days per employee, an increase of 0.7% from 2008 levels;

- The cost of absence has increased from an average of $354 per absent day in 2008 to $370 per absent day in 2009; and

Similarly, the number of disability support pension (DSP) recipients has doubled over the last 20 years. [9]

For the most part, these increases are driven by people with common health problems such as musculoskeletal disorders and mild to moderate mental health problems being certified as permanently unfit for work. [10]

In New Zealand, the increasing prevalence of mental illness and musculoskeletal problems has contributed to increases in the number of sickness and invalid benefit recipients. [3] In 2007, 1 in 8 New Zealand households had no one in work. [11]

Over the year to March 2010, the number of Sickness Benefit recipients in New Zealand increased by 5,000 people, or 9 percent. Over the last five years (2005 until 2010) the number of working-age clients receiving a

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Sickness Benefit increased from 44,000 to 56,000. The majority of people on the Sickness Benefit had psychological or psychiatric conditions; 41 percent between 2005 and 2010. The next most common condition was musculo-skeletal disorders with 15 percent of people on the Sickness Benefit suffering from this disorder.[12]

The number of clients receiving an Invalid's Benefit at the end of March has increased each year, from 72,000 in 2005 to 85,000 in 2010. Due to the long-term nature of conditions which people receiving Invalid's Benefit have very few people move from an Invalid's Benefit into paid work or on to another benefit.[13]

In a study commissioned by the Southern Cross Medical Care Society it was estimated that the total cost to employers from the poor health of employees is $2 billion per annum. This works out to be on average over $1500 per employee per annum.[14]

In New Zealand it is estimated that close to one in six people of working age (those 15 years or above) suffer from a disability. Of these only 45 percent were actively engaged in the labour force in 2006. This is compared with 77 percent of non-disabled people of working age being engaged in the labour force.[15]

An examination of return to work and workers' compensation data also reveals concerning trends. The Return to Work Monitor[16], a survey of workers with work injuries, provides an annual snapshot of return to work trends. Figure 1 shows declining return to work rates over the last three years in Australia and over the last two years in New Zealand. Last year, 28% of injured workers surveyed in Australia and 25% of workers in New Zealand were not in paid employment six months after lodging a workers' compensation claim in Australia or an accident compensation claim in New Zealand.
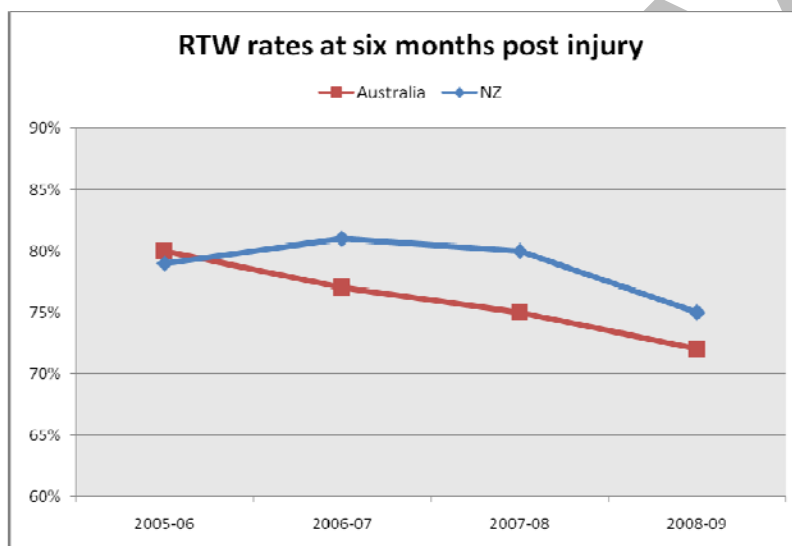
Figure 1 – Return to work rates at six months post work injury, in Australia and New Zealand [17]

What is happening to the health and wellbeing of these workers?

The situation of Indigenous Australians again highlights the relationship between unemployment and poor health. Indigenous Australians are less likely to be employed than non-Indigenous Australians[18] and according to the Australian Indigenous Health InfoNet there is 'an irrefutable relationship between the social inequalities [including employment and income] experienced by Indigenous people and their current health status'.[19]

Likewise, people from rural and remote Australia have poorer health than their metropolitan peers in several health outcomes areas[20] and also experience disadvantage in their access to employment opportunities.[21]

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Linkages are also found between unemployment and poor health for Māori. The unemployment rate for Maori was 12.7% in the year to December 2009, which was 3.9 percentage points higher than its 2004 level. This is significantly higher than the overall unemployment rate of 7.3%. New Zealand studies have found that people with poor quality housing, low incomes and few or no qualifications, have disproportionately poorer health. The likelihood of being unemployed was found to be three times higher for Māori with disabilities than non-Māori with disabilities.[15]

While acknowledging ongoing efforts by governments, compensation authorities, the medical community, employers, unions and individual workers to share in and promote the health benefits of work, the Faculty nevertheless holds that there is much yet to be done.

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2.0 HEALTH AND WELLBEING IMPACTS OF BEING OUT OF WORK

"...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, inadvertently..."

– Professor Gordon Waddell [22]

Both internationally and within Australia and New Zealand, there is growing awareness that long-term work absence, work disability and unemployment are harmful to physical and mental health and wellbeing.

Work absence tends to perpetuate itself: that is, the longer someone is off work, the less likely they become 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%; and

- 70 days the chance of ever getting back to work is 35%. [23]

This section of the position statement examines the available evidence regarding the health effects of remaining away from work.

In 2006 Professors Gordon Waddell and Kim Burton undertook an extensive and independent review of the scientific evidence regarding work, health and wellbeing. Much of the information below is drawn from their major review of the available evidence. [5]

2.1 Unemployment and health

Unemployment has a significant negative impact on physical health and mental health and results in increased mortality rates. And, according to the Waddell and Burton, the problem is not merely one of association: on the balance of the evidence, they conclude that unemployment causes, contributes to or accentuates these negative health impacts.

Their review found unemployment to be associated with: [24-27, 25, 26, 28-30, 25, 31, 32, 30, 33]

- Increased rates of overall mortality, and specifically increased:

  o mortality from cardiovascular disease; and

  o suicide;

- Poorer general health;

- Poorer physical health, including increased rates of:

  o cardiovascular disease;

  o lung cancer; and

  o susceptibility to respiratory infections;

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- Poorer mental health and psychological well-being;

- Somatic complaints;

- Long-standing illness;

- Disability; and

- Higher rates of medical consultation, medication consumption and hospital admission.

For young people specifically, research suggests that unemployment leads to a range of psychological problems including depression, anxiety and low self esteem. These psychological problems may, in turn, have consequences for physical health, via an association with negative lifestyle choices including heavy tobacco, alcohol and drug use, as well as higher mortality from suicide and accidents. [34]

In general, unemployment impacts poorly on health and wellbeing and already vulnerable communities may be suffering accordingly.

The 2006 Australian census revealed that:

- 46% of Indigenous Australians aged 15 years or older were employed, compared to 62% of non-Indigenous;

- 8.5% of Indigenous Australians were unemployed, compared to 3.3% of non-Indigenous Australians; and

- 46% of Indigenous Australians were not in the labour force, compared to 35% non-Indigenous Australians. [18]

Indigenous Australians are more likely than non-Indigenous Australians to have – and to die from – numerous health conditions positively affected by work and negatively affected by unemployment – including cardiovascular disease, psychological distress and mental disorders. [35]

The New Zealand Household Labour Force Survey for the December 2009 quarter showed that:[36]

- The labour force participation rate for Māori stood at 66.9%,

- 12.7 % of Māori were unemployed,

- 33.1% of Māori were not participating in the labour force.

In New Zealand, Māori suffer from cardiovascular disease, mental health issues and respiratory disease at disproportionate levels compared to non-Māori.[37] These are all conditions associated with unemployment.

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. Such improvements are generally seen in people who have financial security or who have planned for the situation, and are the exception rather than the norm.

2.2 The impact on children

The health effects of work and unemployment are generally most marked in middle working-aged men, especially those with dependent families. [38, 39]

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However, it is not only the men themselves who suffer.

Waddell and Burton's review and other studies show that the influence of unemployment extends to the children of those not working. Research into the impact of parental unemployment on children has found:

- A higher likelihood of chronic illnesses, psychosomatic symptoms and lower wellbeing for children in families where neither parent has worked in the previous six months; [40]

- Children living in households where the parents are not working are more likely in the future to be out of work themselves, either for periods of time or over their entire life; and

- Psychological distress may occur in children whose parents face increased economic pressure, sometimes resulting in withdrawal, anxiety and depression in the children or aggressive or delinquent behaviour and substance abuse. [41, 42]

2.3 Re-employment and health

In addition to the negative health impacts of unemployment and work absence, Waddell and Burton found evidence for many strong benefits when they examined the impact of re-employment on health and wellbeing.

The re-employment of unemployed adults:

- Improves markers of general health and well-being, such as self-esteem, self-rated health, self-satisfaction, physical health and financial concerns;

- Reduces psychological distress and minor psychiatric morbidity;

- Leads to lower morbidity rates; and

- Improves physical functioning and mental health in older workers.

The beneficial effects of re-employment depend mainly on the security of the new job, and also on the individual's motivation, desires and satisfaction. [43-63]

School leavers who move into employment or training, or return to education, show improvements in somatic and psychological symptoms compared with those who move into unemployment. However this only applies when the employment is 'satisfactory' and meaningful, otherwise the reverse is so. [34, 64-72]

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3.0 COMMON HEALTH CONDITIONS AND WORK

Virtually all health conditions can have an impact a person's capacity to work. In this section we concentrate on the most common health problems impacting work.

A significant proportion of people are certified unfit for work because of musculoskeletal and common mental health conditions.

There are many misunderstandings about the impact of work on health and health on work in people with these common health problems. In both Australian and New Zealand these misunderstandings continue to contribute to the development of needless disability.

While work can be a risk factor for musculoskeletal pain and mental health conditions like anxiety and depression, it does not follow that work usually causes these problems.

In fact, good work has been shown to assist with recovery.

As these health conditions make up a significant proportion of preventable work absence, we summarise the evidence regarding them below.

3.1 Musculoskeletal health

Musculoskeletal conditions include back pain, neck pain, shoulder, elbow or arm problems, arthritis of the knee or hip, regional soreness in muscle groups, and generalised soreness such as chronic widespread musculoskeletal pain.

Physiological health and wellbeing relies heavily on an individual's level of fitness. Physical activity, therefore, should make up a large part of any rehabilitation program for injury or illness—and work should be viewed as part of this therapeutic rehabilitative process.

In their review, Waddell and Burton conclude that the high background level of musculoskeletal symptoms in the community means that, while work can be a risk factor for musculoskeletal conditions, a substantial proportion are not caused by work.

In fact, assuming adequate risk control (a *safe* working environment), biomechanical studies and epidemiological evidence shows that the physical demands of modern work play a modest role in the development of defined musculoskeletal problems.

This is not to say work plays no role. Some physical aspects of work are strongly associated with the development of musculoskeletal symptoms, particularly when exposure to those risks is intense.[73-79]

However, there is strong evidence that, in general, long-term disability relates more to individual and work-related social and psychological factors (biopsychosocial factors) than either the physical demands of work or medical concerns. These factors include a person's:

- Beliefs about their musculoskeletal condition and pain;

- Family situation; and

- Job satisfaction and attitude to work.

Addressing such factors can positively influence outcomes such as pain, disability and sick leave. [76, 80-88]

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Studies have shown that in most cases an early return to work (or remaining at work) is beneficial for health and wellbeing [83-85, 89-97] and people with musculoskeletal conditions who are helped to return to work enjoy better health than those who remain off work. [98, 99]

3.2 Mental health conditions

Work and mental health are closely linked. In Western society a person's identity and self esteem, as well as the respect they are afforded by others, is partly determined by the work they do.

The relationship between work and mental health is complex. Work involves a complex set of demands and relationships that can be associated with both beneficial and harmful effects on mental health.

Suitable work has been shown to benefit people suffering from a wide range of psychiatric conditions. These conditions include anxiety, depression, bipolar disorders and schizophrenia. The Royal College of Psychiatrists has provided useful advice on assessing patients with a range of conditions for employment.[100]

Many people with mental health conditions do not receive psychiatric or psychological care. In fact, emotional symptoms and minor psychological problems are common in the working age population and most people cope with these most of the time without health care or sickness absence from work.

Many factors influence how workers deal with work stressors, including work characteristics and job / worker interactions, as well as personality and other non-work influences. The final impact on the worker's health depends on the complex balance between all these factors.

While in most instances good work is good for mental health, it is also true that mental illness may arise as a result of unreasonable work pressures.[101, 102]

The potentially negative impacts of work on mental health must be balanced against awareness that unemployment may also have serious consequences for mental health. People with mental health problems are more likely to be out of work, and are more likely to experience insomnia, a downward spiral of long term work absence and unemployment, further deterioration in mental health and reduced chances of gaining employment, and to have higher rates of risk factors for psychological disorders.[103-107]

The Mental Health Council of Australia advises that early intervention is an effective way to support people with mental illness back to work. In fact, the longer that someone with a mental health problem is out of the workforce, the harder it becomes for them to find work and sustain that employment.

Recently, the Australian government has also acknowledged that having the opportunity to work is an important aspect of social inclusion for those with a mental illness or other disability.[108]

Overall, the message is that suitable work is good for the health and wellbeing of those experiencing mental ill-health. [109-114]

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Increasingly, Australian and New Zealand governments, compensation authorities, medical bodies, employers, unions and individuals are acting on their recognition of the considerable health benefits of work. The Faculty wishes to acknowledge the many positive steps towards change that have already been taken, including:

- Significant government investment in low unemployment rates;

- Encouraging policy directions, including Australia's social inclusion agenda and Preventative Health Taskforce and, in New Zealand, the National Health Committee and the National Occupational Health and Safety Advisory Committee;

- Education campaigns and other initiatives undertaken by compensation authorities;

- The work of the Disability Employment Network in Australia and Workbridge in New Zealand;

- The hard work of the vocational rehabilitation community, including workplace rehabilitation providers and multidisciplinary healthcare professionals, and the treating practitioners who become involved in return to work;

- The extensive work done by the disability employment services and their agencies;

- The commitment of many Australian and New Zealand employers to inclusive employment practices and best practice injury management;

- The union movement's passion for inclusive, fair and safe workplaces; and

- The many individual Australians and New Zealanders who value, participate in and aspire to work.

Momentum is building, yet there is still much to be done.

4.1 What can medical and allied health professionals do?

"Indeed, the key to improving sickness certification practices is for health professionals to be clear about the positive relationship between work and health"

- Professor Sir Mansel Aylward 2007

Medical bodies, faculties and individual treating practitioners have a pivotal role to play in promoting the message that work, in general, is good for health and wellbeing.

Some medical conditions necessitate time off work. For example, a person recovering from surgery, an individual with a crush injury, someone experiencing debilitating pain, and a person admitted to hospital all require recovery time and may be unable to attend the workplace.

However, with many medical conditions there is a substantial discretionary element to work absence. By 'discretionary element' we mean that, while the person has a health condition, they are able to attend work if the right accommodations are made. In these instances, work absence is at the employee's, or their doctor's or employer's discretion; there is no medical *requirement* that the employee stay away from work.

Medical certification of fitness for work is challenging for GPs, who may feel they are asked to play conflicting roles. There are a number of reasons why GPs have difficulty managing health and work issues, including:

- The doctor-patient relationship;

- Patient advocacy;

- Pressure on consultation time;

- Lack of occupational health expertise; and

- Lack of knowledge of the workplace.

These difficulties are compounded by evidence showing that many GPs do not believe that they have responsibility for the management of long-term work absence, work disability and unemployment, despite these being a major determinant of health, equivalent to that of smoking and obesity. Improving communication between GPs and occupational physicians would have significant advantages in addressing these issues.[115, 116]

Given the complex, challenging situation in which medical and allied health professionals involved in sickness certification find themselves, it is vital that the medical community shows leadership on this issue. Leadership is particularly important because sickness certification is not merely about medical issues: social, cultural and interpersonal factors (that is, biopsychosocial factors) also come into play.

The certification of work absences due to medically discretionary injuries and illnesses should be discouraged. Although GPs, medical specialists and other allied health professionals may feel that they are advocating on behalf of their patients by issuing discretionary certificates, in fact long term disability may be the end result.

While many voices in the medical community speak with urgency on this issue, a consensus statement will provide much needed guidance and a clear way forward. Consensus statements have been developed in Canada, USA and the UK. [117-121]

The consensus statement on work, health and wellbeing should address:

- The generally positive, causal relationship between work and health;

- The generally negative, causal relationship between unemployment and work absence, and health;

- The significant influence of sickness certification practices on work absence and work disability;

- The need for research and training into the factors that influence sickness certification in Australia and New Zealand;

- The evidence that demonstrates that, in the majority of instances, the model of getting better first and then returning to work is demonstrably unsuccessful and unhealthy; and

The evidence that demonstrates that appropriate, evidence-based health care can reduce unnecessary work incapacity, particularly in relation to musculoskeletal and mild-to-moderate mental health conditions.

In addition to the development of a consensus statement, training in occupational health and sickness certification should occur at the undergraduate and peer level, for every profession involved in issuing sickness certificates.

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This training should cover not only the health impacts of work and work absence, but also the common non-medical factors that may influence sickness certification, for example:

- Conflict in the workplace, for example between the worker and a supervisor or co-worker;

- Fear of pain and re-injury;

- Conflicting advice from health professionals;

- A sense that the employer is to blame for the worker's injury or illness;

- Low self-confidence, which can lead to low motivation; and

- Unhappiness with other aspects of working life, such as feeling unsupported in the workplace, being passed over for promotion, or undertaking boring, repetitive duties.

GPs, medical specialists and allied health professionals on the front line of sickness certification should be empowered with positive messages to provide patients regarding work, health and wellbeing. Emphasis should be placed on the improved outcomes of people who take responsibility for their own recovery and are active players in rehabilitation and return to work.

RECOMMENDATIONS

1. Australian and New Zealand health care leaders and leading medical bodies produce and commit to a consensus statement regarding the positive relationship between health and work and the negative consequences of long term work absence and unemployment.

2. GPs, medical specialists and other healthcare professionals consistently provide appropriate advice and support to help people enter, stay in or return to work. To facilitate this:

   - Education of treating practitioners – including medical and allied health professionals – incorporates training in workplace occupational health and vocational rehabilitation, and sickness certification practices; and

   - Clear professional leadership, drawing on a sound academic base and good research, particularly in regards to the most effective interventions and treatment methods for common health problems, be provided to prevent unnecessary sickness absence; and

3. GPs and medical specialists discuss the significant health risks of long term work absence and unemployment with patients and encourage a change in unhelpful beliefs about work and health.

4. Healthcare professionals are educated about the services available to assist them address employment issues, such as Disability Employment Services via Centrelink in Australia, and, in New Zealand, services run by the Accident Compensation Corporation like Stay at Work and Better@Work as well as Workbridge.

4.2 What can employers do?

Recognising the many health benefits of work, employers should embrace employment practices that encourage Australian and New Zealanders to commence, remain at and return to work.

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Anti-discrimination, OHS and workers' compensation legislation already impose many obligations on employers. However, the Faculty's analysis of the best available contemporary evidence suggests that the spirit in which employers meet their statutory obligations has a significant impact not only on health and employment outcomes, but also on productivity and profits.

Studies have shown that best practice injury management—i.e. that which not only meets statutory obligations but also takes into account the complex social, psychological and medical aspects of injury and illness—saves money in the long term. [122-124]

Workplaces can improve injury management practices through:

- Good individual case management;

- A positive workplace culture;

- Training staff, such as supervisors, in how to manage return to work;

- Demonstrated senior management leadership;

- Auditing their own return to work systems and outcomes, and making improvements where appropriate;

- Actively seeking input and fostering collaboration between injured employees and co-workers;

- Encouraging workers to play an active role in their own rehabilitation and return to work;

- Assisting employees to access high quality medical care; and

- Adopting sensible policies and procedures – and visibly sticking to them.

Similarly, opening the workplace up to workers with disabilities can have considerable benefits in terms of productivity, safety outcomes and profits.[125]

RECOMMENDATIONS

1. In line with the principle "work is good for people," employers acknowledge the influence they have on workers' health and wellbeing by:

   - Ensuring that workplaces are safe, and having a workplace culture conducive to health and wellbeing;

   - Accommodating ill or injured workers to remain in the workplace where possible; and

   - Embracing inclusive employment practices.

4.3 What can government do?

There are two key principles that should motivate Australia and New Zealand's approach to health, work and wellbeing:

1. Work, in general, is good for health and wellbeing; and

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2. Long term work absence, work disability and unemployment have, in general, a negative impact on health and wellbeing.

Initiatives undertaken in Australia and New Zealand to assist people to enter, remain in and return to work are evidence that these principles are taken seriously. Yet, in both nations, opportunities for improvement remain.

Governments have a pivotal role to play in:

Raising awareness

Safety at work campaigns play an important role in preventing workplace accidents and have contributed to significant improvements in workplace safety. However, if these are the predominant messages Australians and New Zealanders receive in relation to work and health, an unintended consequence may be that our communities continue to see work as something that places health and wellbeing in jeopardy.

Investment in public health campaigns to educate the general public, employers and medical and allied professionals about the negative consequences of work absence AND the health and wellbeing benefits of work is vital if a widespread change in attitude is to be achieved.

Media campaigns around comparable public health issues have proved effective in the past. Research has shown, for example, that the positive effects of a Victorian media campaign "Back pain—don't take it lying down" were sustained 3 years after its cessation.[126, 127]

In order to promote a widespread shift in community attitudes about the relationship between work and health, engaging information should be provided to:

- Medical and allied professionals, about:

    o The generally positive impact of work on health;

    o The significant impact that sickness certification can have on health and wellbeing outcomes;

    o Evidence-based treatment of common health conditions, especially musculoskeletal and mild-to-moderate mental health issues; and

    o Work's potential to assist with rehabilitation; and

- The general public, about:

    o The benefits work offers in terms of both mental and physical health.

Funding research and publicising evidence

In order to address the challenges Australia and New Zealand currently face in relation to work absence, disability, unemployment and health, a clearer picture of the contemporary Australasian situation is required.

Currently, the available data does not reflect the complexity of the pathways along which people enter, leave and move between workers' compensation, income replacement, disability and unemployment benefits, meaning that the true extent of unnecessary work disability and exclusion from employment is unknown.

Funding additional research into work incapacity, publicising the data attained, and actively seeking input from stakeholders are roles best performed by government. The impact of legislative and procedural changes—for example, the impact of changes to certification practices in Australia on work incapacity outcomes—should also be monitored and assessed.

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Policies and procedures that support individuals to stay at / return to / find work

Government should review and consider:

- Reform to workers' compensation and return to work systems, to ensure that these do not inadvertently contribute to the development of unnecessary work disability and incapacity; and

- International models of employment support—such as the Danish model of 'flexicurity,' which combines generous income support, effective retraining, life-long learning systems, and highly developed labour laws—as a success story from which Australia and New Zealand may learn.

RECOMMENDATIONS

1. Government continues to support healthcare professionals, leading medical bodies, employers, unions, researchers and other interested parties to focus on the health and wellbeing benefits of work, in line with two key principles:

   - Work, in general, is good for health and wellbeing; and

   - Long term work absence, work disability and unemployment have, in general, a negative impact on health and wellbeing.

2. In order to facilitate future evidence-based policy making and treatment approaches, government obtains and makes public comprehensive data about the level of work incapacity in Australia, taking into account the complex pathways by which people enter, leave and move between various benefit systems.

3. The government maintains the focus on the health and wellbeing benefits of work apparent in *Australia: The Healthiest Country by 2020 - National Preventative Health Strategy*, and initiatives under the social inclusion agenda.[2]

4. Government launches a public health campaign, directed at employers, workers, medical practitioners and the general public, to promote the message that "Work, in general, is good for health and wellbeing".

5. Government strengthens opportunities for work in socially disadvantaged groups, such as Maoris and indigenous Australians, to improve access to work.

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