Electricity Industry Occupational Health Advisory Group

Guidance Note 1.4

Workplace rehabilitation

The Occupational Health Advisory Group for the Electricity Industry (OHAG) is an independent body of senior occupational physicians. They all have a professional role to provide advice to individual companies in the electricity industry and they meet together three times a year to discuss matters of common interest and to promote good practice in occupational health across the industry. The main route for doing this is by the preparation of guidance notes on topics of interest to the industry. The remit of OHAG and its guidance covers all aspect of the industry from generation, through transmission and distribution to retail and supply.

Until now the promulgation of this OHAG guidance has largely been by means of paper copies of the documents circulating within individual companies in the electricity industry. OHAG recognises that there is a need to make these papers more widely available and is grateful for the support provided by the Energy Networks Association (ENA) in hosting these documents on their website, and the links to them from the websites of the Association of Electricity Producers (AEP) and the Energy Retail Association (ERA).

The guidance notes will be of interest to managers, employees and occupational health professionals within the industry. They give general advice which has to be interpreted in the light of local circumstances. Health professionals using the guidance, retain an individual responsibility to act in accordance with appropriate professional standards and ethics. This guidance is offered in good faith and neither the individual members of OHAG, the companies they support, the ENA, AEP or the ERA can accept any liability for actions taken as a result of using the guidance.

Workplace (Vocational) Rehabilitation

1. Introduction

Rehabilitation has traditionally been a separate, second stage process, carried after medical treatment has no more to offer yet recovery remains incomplete; the goal was then to overcome, adapt or compensate for irremediable, permanent impairment. This approach however needs challenging and is inappropriate for the common health problems that are associated with approximately three-quarters of long term work incapacity.

There is now broad agreement on the importance of rehabilitation and the need for better occupational health and vocational rehabilitation services in the UK.[1]

Sickness absence costs UK businesses and estimated £13 billion per year. The two most prevalent causes are musculoskeletal disorders and mental health problems. These make up approximately 70 % of the overall total. There is now good medical evidence to suggest that an early return to work has a positive outcome on the long-term outcomes, both for the employee and the business. Sickness absence by itself can become a barrier towards a successful return to work; the longer an individual is off work the lower the likelihood of a return to work being achieved. There are potentially very significant cost savings to be made by businesses that actively manage sickness absence and adopt strategies to embrace early workplace rehabilitation.

2. Aims of this Document

The aims of this document are:

- to identify the relevant existing legislation and guidance
- to identify the key issues and principles of rehabilitation
- to outline the importance of a multi-disciplinary approach to case management
- to summarize the measures required to approach rehabilitation within the workplace

3. Relevant Legislation

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Disability Discrimination Act (DDA) 1995

4. Relevant Guidance

- Guidance on Ethics for Occupational Physicians, 6th edition. Faculty of Occupational Medicine
- Waddell G, Burton K (2004). Concepts of Rehabilitation for the Management of Common Health Problems. TSO, London
- The Health and Work Handbook: FOM, SOM, RCGP, DWP 2005
- Black Dame C (2008). Working for a Healthier Tomorrow. TSO, London

5. Workplace Rehabilitation

Dame Carol Black's report (2008) into the health of Britain's working age population concludes that through early intervention occupational health services can play a key role in assessing how and when employees can return to work. A literature review of the evidence base for early intervention in sickness absence highlights the importance of three key principles for effective early intervention.[2]

- Case Management in line with the 'biopsychosocial' model of illness
- Multidisciplinary Teams
- Case Managers

The biopsychosocial model of illness simultaneously considers the biological (the disease or condition), the psychological (the impact and perceived impact on mental health and well-being) and the social (wider detriments that can have a negative impact on health and well-being including work, home or family situation) and the links between all three factors.

Multidisciplinary teams should be organised to deliver a range of services tailored to the needs of the individual patient. Effective workplace based interventions might include graded exercise therapy (GET), cognitive behavioural therapy (CBT) and other talking therapies, organisational elements (workplace review or adjustment), educational elements (such as advice on back care) and more holistic support to address broader determinants of poor health such as housing or financial concerns.

Case Managers can help individuals navigate the system and facilitate communication between the individual, health professionals including occupational health and company management. They need not be health professionals.

It can be concluded therefore that OH services should aim to incorporate these three principles into their interventions. Collectively these will form the basis for vocational rehabilitation.

Within the biological illness element OH services may be able to assist the individual and their GP through timely access to treatment support (for example physiotherapy or talking therapies). There is increasing evidence that insufficient access to support for patients in the early stages of sickness absence can lead to longer-term or repeated episodes of absence.

The above rehabilitation concepts should not obscure the importance of the individual's own role in the management of their health problem. Rehabilitation is an active process that depends on the participation, motivation and effort of the individual appropriately supported by health care (including occupational health) and their employer.

Vocational rehabilitation should be a structured process with clear objectives and timescales for achieving these. It should not be open ended and the process should be subject to regular management (and if necessary OH) review. End points should be defined. If necessary support to assist with the process may be obtainable from external agencies such as Access to Work.

Vocational rehabilitation need not only commence once an individual has become absent from work. It is likely to be even more effective once implemented prior to sickness absence. Processes should be developed to detect individuals who are becoming unwell and whose performance is being adversely affected before sickness absence becomes necessary. Presenteeism describes individuals at work who are underperforming because of ill-health or other reasons.

6. Recommendations

- The concept and importance of vocational rehabilitation should be known to all OH professionals.
- Vocational rehabilitation should be an integral part of the sickness absence management policy of all organisations in the electricity industry.
- OH Services should manage individuals according to the 'biopsychosocial' model of illness and should plan rehabilitation strategies accordingly. As part of this common myths about work being detrimental to health should, if necessary, be challenged.
- OH Services should consider providing evidence based treatments as part of a rehabilitation programme where these are likely to be effective at promoting recovery and return to work.
- OH Services should work in partnership with other health professionals and not as has traditionally happened in isolation.
- Good communication between health professionals including GPs and OH is necessary.
- OH Services should promote the positive messages about the benefits of work on health and well-being.

7. Summary

Rehabilitation has traditionally been reserved for serious medical conditions that are associated with a high degree of disability. Whilst such conditions still exist the majority of long term work absence is due to common health problems. In view of this a new concept of and approach to rehabilitation is now needed in relation to work.

There are likely to be significant gains for both individuals and employers through developing evidence based workplace rehabilitation schemes. These will include reduced sickness absence, reduced worker loss and improved productivity.

Modern rehabilitation principles should be applied to all cases of long term sickness absence.

8. References & Sources of Further Information

1. Securing Health Together (2000), HSE

2. Peninsula Medical School Report: www.workingforhealth.gov.uk

3. See 'Relevant Guidance' documents listed earlier