

# Fit for work?

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A successful return to work after sickness can depend on the support employees receive. But what if there isn't any? An innovative NHS service supporting employees with health problems to stay in work was launched three years ago in Scotland. **Eilidh Bateman** outlines how simple interventions can have radical results



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In this article I aim to demonstrate how valuable counselling can be as part of vocational rehabilitation (VR) and to share my experience of being a VR counsellor in an innovative NHS service. In a nutshell, VR is doing whatever it takes to restore and retain an individual's workplace functional capacity. It is more of an idea and a process than an intervention, and can involve any number of partners working together for as long as necessary to case manage an individual back to effective workplace health<sup>1</sup>.

### Background

Working Health Services Lothian, based in Edinburgh, is one of the national Fit for Work providers. It is funded by the Scottish Government and the Department for Work and Pensions and it became part of the Scotland-wide Working Health Services model in 2010<sup>1</sup>. Its primary aim is to provide a rapid response to Lothian's small and medium sized enterprise (SME) employees who have a health problem and are seeking to stay at work or get back to work.

SMEs (companies with fewer than 250 employees) make up the majority of businesses in Lothian. In fact, 99 per cent of all European businesses are SMEs and 9 out of 10 of these have fewer than 10 employees<sup>2</sup>. In general, these employees are unlikely to have recourse to occupational health (OH) services and/or employee assistance programmes (EAP) and may be at significant risk of leaving paid employment if their health is affected. Working Health Services Lothian provides a patient-led, neutral, and equal point of access to VR for these employees. The service they experience is part of the spectrum of all NHS services in Lothian – making it discrete from in-house OH and employer-funded EAP services.

For these reasons, and also because referral is voluntary, self directed, and often in partnership with the GP, a climate of trust and collaboration can develop between VR professionals, health professionals, the employee and hopefully also the employer. Those employers who cannot offer their staff internal OH services have reported that they need independent, tailored advice to support them with their more complex and challenging absences. Such advice can also assist doctors, who often do not consider themselves expert in the area of VR and return to work support<sup>3</sup>. In turn, robust determinations and recommendations can be made about the employee's capacity for work. This is in line with the purpose of the new GP Fit Note which complements the current shift in agenda from what an individual cannot do to what they can do<sup>4</sup>. A great deal of sickness absence is the result of common health conditions which are compatible with work if the

right support is provided – although sometimes it might mean adaptations or adjustments to the current role, or even a different role of equal value within the organisation<sup>3</sup>.

With this shift in perspective comes the expectation that employers can retain valuable human resources, maintain productivity and economic viability, minimise spend on sick pay, and save on recruitment and training costs. Employees can maintain not only their financial welfare, but also their social and psychological welfare. Their physical and mental health may improve and they are likely to feel valued and cared about, increasing the chance of their commitment to their role and their investment in successful organisational outcomes. Ultimately, the state may also benefit by being able to reduce the current £13 billion a year spend on health-related benefits<sup>3</sup>.

### Intervention at the right time

Not only is there a need for support to get back to work or stay at work, but there is also a specific window of opportunity when intervention is critical. Four weeks off work marks the beginning of long-term absence and by 20 weeks the majority of individuals will fall onto state benefits<sup>3</sup>. Furthermore, if someone is off work for six months or longer, their chance of being off for five years increases to 80 per cent<sup>5</sup>. Without work, families are more likely to suffer persistent poverty, and the lower the parental income, the poorer the health of their children<sup>4</sup>. In fact, children are 13 times more likely to die if their parents don't work than if they do<sup>6</sup>. This makes return to work and job retention not only the best route to a healthy and satisfying life but also potentially the difference between life and death<sup>7</sup>.

Attitudes are gradually changing. We do not have to be 100 per cent fit to work, and to work well; work can aid recovery rather than impede it; return to work and job retention are beneficial to the employee, the employer and society as a whole. This relationship between good work and good health is also one of the crucial links between the values and practices of all workplace facing health services, EAP, OH and VR alike.

### About the team

Working Health Services Lothian comprises a multi-disciplinary team of occupational therapists, physiotherapists and counsellors, supported by employment rights advisors, and money, debt and welfare advisors. At the core of this team of VR professionals is a case management approach which attends to the holistic support needs of the client, including co-ordinating the

delivery of treatments and interventions, and evaluating the outcomes. The case manager oversees the client's entire VR pathway, and beyond following up with clients three and six months after discharge. The results are positive, with 83 per cent of those absent from work on enrolment with the service being at work when discharged, and 95 per cent of clients who were at work on entry continuing to retain their job on discharge<sup>8</sup>.

Since the publication of Dame Carol Black's 'Review of the health of Britain's working age population'<sup>4</sup> in 2008 and the launch of the Government's IAPT programme (Improving Access to Psychological Therapies) in 2007, there has been a greater emphasis on both the need to improve vocational rehabilitation in the UK, and to improve access to talking therapies. Specifically, there is also an urgent need to improve VR interventions for mental health problems, as these are now the largest and fastest growing cause of incapacity<sup>5</sup>. One in six people of working age in the UK will have a mental health problem such as anxiety or depression at any one time, and only 50 per cent of those who are off work for six months or more will return to their jobs<sup>9</sup>.

Workplace counselling either as part of OH and/or EAP delivery, or as part of VR delivery, is effective in reducing the symptoms of anxiety, stress and depression for most clients, and it has been found to reduce sickness absence rates in clients by up to 60 per cent<sup>10</sup>. To date, Working Health Services Lothian has offered time-limited (one to six sessions), person-centred counselling to clients as part of the VR process of supporting them to return to work or stay at work. Clients self-refer for counselling but their choice to do so may be based on their discussions with the case manager during the initial telephone assessment or through interaction with fellow multi-disciplinary team members during treatment. Service case conferences take place weekly and provide the opportunity for clinicians and case managers to discuss a client's needs and progress. Client confidentiality remains paramount and the challenge for the counsellor is to maintain this whilst also working collaboratively with colleagues in the interests of ensuring optimal outcomes for clients.

### Keeping men in work

One of the primary benefits of working in this way is the increase in client access to counselling among hard to reach groups, such as men. Around 3,000 socio-economically disadvantaged men in mid-life die by suicide each year in the UK. Men feel pressured by society to be powerful and in control. To 'be a man' it is fundamental to have a job and be the breadwinner – especially for working-class men. Men like this are at risk of experiencing a sense of failure and shame, as well as a loss of identity, pride, direction and

purpose, if they lose their jobs. And they are much less likely to access counselling services than women<sup>11</sup>.

Men do access counselling at Working Health Services Lothian and 40 per cent of the counselling clients are male. Of these, 37 per cent are aged between 40 and 49 and 16 per cent are aged between 50 and 59. Overall, 68 per cent of clients accessing Working Health Services Lothian earn less than £20,000 a year and of these almost 20 per cent earn less than £10,000. Almost 30 per cent hold jobs which involve physical and manual labour, such as building and construction, metal and electrical trades, or machine and plant operatives. More than 35 per cent come from the most deprived backgrounds in the region<sup>8</sup>.

### The counselling service

Counselling clients at Working Health Services are offered a 1:1 therapeutic relationship in a safe and confidential setting with the opportunity to increase self awareness and improve self management. The sessions are based on trust and acceptance and aim to enable the client to make choices and changes, or reduce confusion and conflict. The counsellor is non-judgmental and non-directive and supports the client to freely explore their difficulties, distress or loss of direction and purpose. The approach is holistic with a specialist focus on the client's work identity, employability or capacity for work. A client may be struggling with a work related mental health issue, or an issue not necessarily related to work, but which is having an impact on their functioning at work. By offering the client a space for personal reflection and support with cognitive and affective processing there is a greater chance that they will engage more with, and take more ownership of their rehabilitation and recovery plan<sup>12</sup>. With a sense of greater internal empowerment<sup>13</sup>, the client's self efficacy increases and they are more likely to achieve their specific work related goals despite their health condition.

### Service outcomes

Between October 2009 and October 2012, 177 clients had an average of four to five sessions of counselling as part of the VR process at Working Health Services Lothian.

- 99 per cent improved by an average of 61 per cent
- 63 per cent either returned to work or retained their jobs
- A further 13 per cent achieved an alternative outcome of either gaining new employment or making the decision to resign or retire
- Only seven per cent remained off work or no longer able to work due to incapacity.

(Results obtained from Core Outcome Measure 34)  
Examples of client feedback

“Counselling has helped me, having someone to talk to and not to feel isolated or alone with the difficulties at work. It has helped me to hold onto hope, hope all would be OK in the end after the disciplinary.”

“I have returned to work. Following my return I’ve continued to progress and improve. I’m more assertive with management and have more awareness of my limitations and able to communicate this to management.”

Return to work may be influenced by far more, and more diverse factors than health care; all combining at one time and impacting on an individual’s life, often with the consequence of significant loss<sup>9</sup>. The presenting issue at the initial counselling assessment for 57 per cent of Working Health Services Lothian clients is, stress, anxiety or depression. The back story for all these clients includes loss; loss of relationships, loss of confidence and self esteem, loss of functioning, loss of health, bereavement, loss of value and worth, loss of dignity, loss of purpose, direction and position, loss of money, loss of a sense of self, and loss of life, to name just some. There is a valid place for a person-centred ethos within the multi-disciplinary team; it can offer an effective response to clients who are dealing with loss and grief. Grieving is a time-bound process and can limit a client’s ability and motivation to engage in treatment programmes, such as VR. Counselling can help a client mourn losses and clarify hopes for the future<sup>14</sup>.

### Conclusion

Time-limited person-centred counselling at Working Health Services Lothian complements the other VR roles of occupational therapy, physiotherapy and case management. Almost 80 per cent of clients in counselling are also engaged with other VR interventions within the service. Where each clinical discipline within the multi-disciplinary team focuses on a client’s various functional goals, counselling provides a space where all these aspects can be integrated – a space where the focus is more on the person as a unique and whole individual. Counselling can provide one of the ways for clients to bring the parts of themselves together, re-evaluate their situation and gain the perspective and self belief they need to make the changes they desire.

*‘...work can aid recovery rather than impede it; return to work and job retention are beneficial to the employee, the employer and society as a whole’*

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