



How work Harms and Heals us:

The Clinician's
Role in Preserving Work Capacity

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Healthy North Coast

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When a doctor arrives to attend some patient of the working class ...let him condescend to sit downIf not on a gilded chair....on a three-legged stool.

He should question the patient carefully.....
So says Hippocrates in his work 'Affections'.

I may venture to add one more question.



What occupation does he follow?

*Bernardio Ramazzini, De Morbis Artificum Diatriba
(Diseases of Workers)
1700*

WHS – focus on protection against harm



1930s



1990s

1980s Focus on preventive health (still protective)

Health Assessments

Health Assessments form an overall picture of the health of your staff. Assistance to address any issues that may be evident can then be provided through programs created by our General Practitioners and Allied Health Practitioners.

We offer different levels of health assessments (ranging from 15 minutes to 1 hour assessments, which can include the following:

- Height, weight and waist circumference
- Blood pressure, heart rate
- Cholesterol and heart health
- Glucose levels (screening for Diabetes)
- Body composition scan
- Mental Health assessment

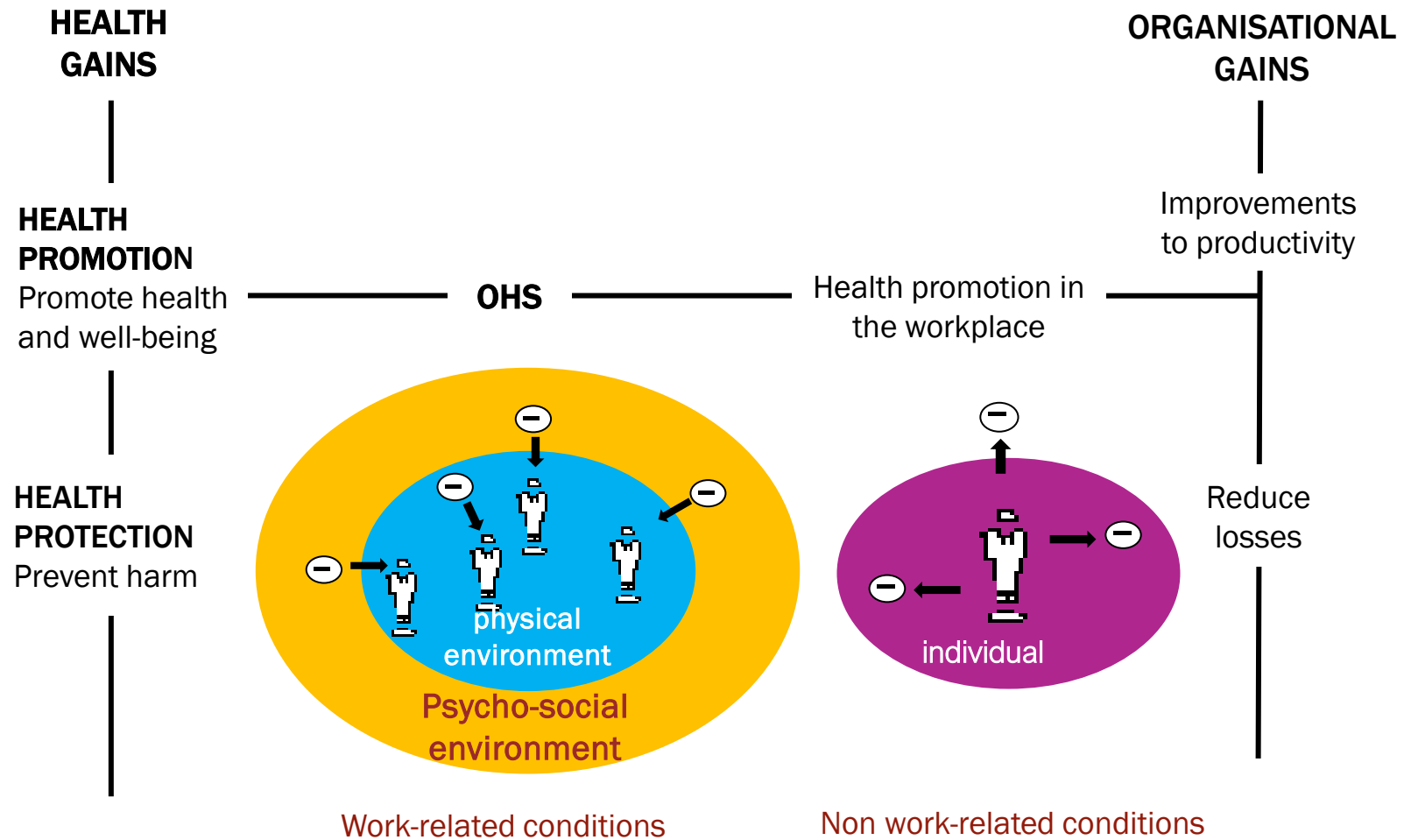
We are also able to include areas highlighted under 'Pre-Employment Medicals' in Health Assessments.



Investing in your employee's wellbeing is not only beneficial for their health and happiness, it also saves your business unnecessary costs and builds a strong moral within employees in your business.

[Enquire Now](#)

Traditional OHS: Injury prevention

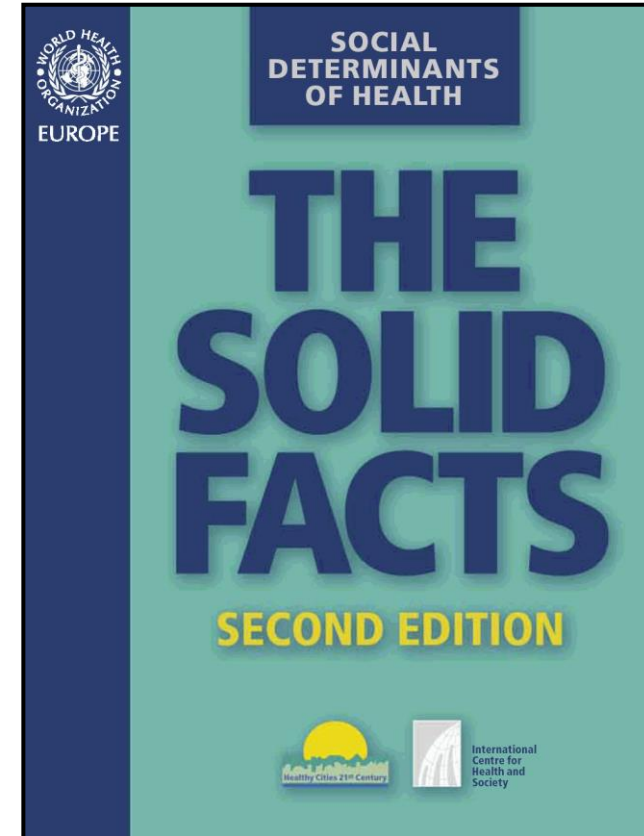


Ellis, OUP, 2001

By early 2000s – recognition in public health of the contribution of work to health

‘In schools, workplaces and other institutions, the quality of the social environment and material security are often as important to health as the physical environment.

Institutions that can give people a sense of belonging, participating and being valued are likely to be healthier places than those where people feel excluded, disregarded and used’

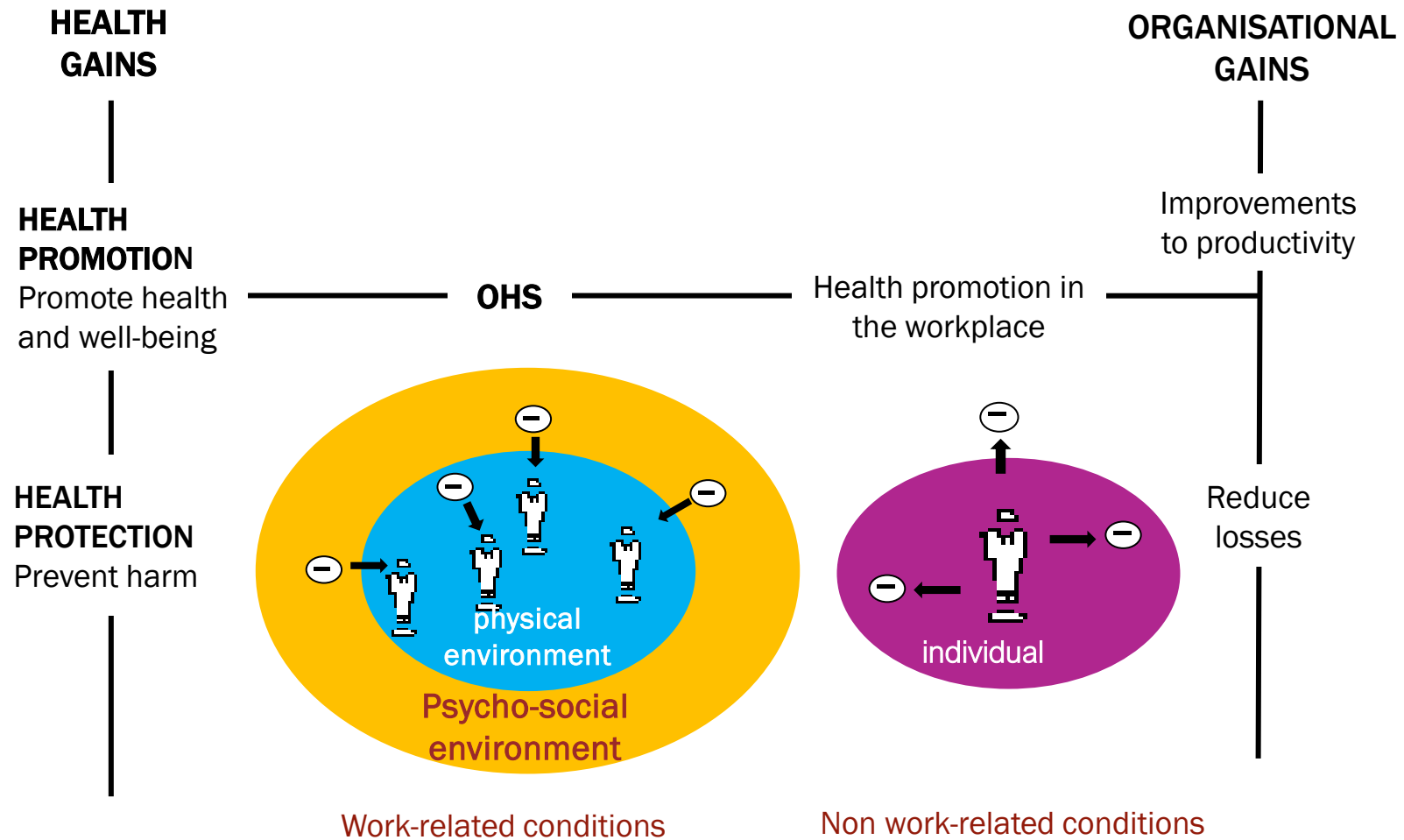


Source: Marmot, 2003 and 2005

Spread of the message of HBGW

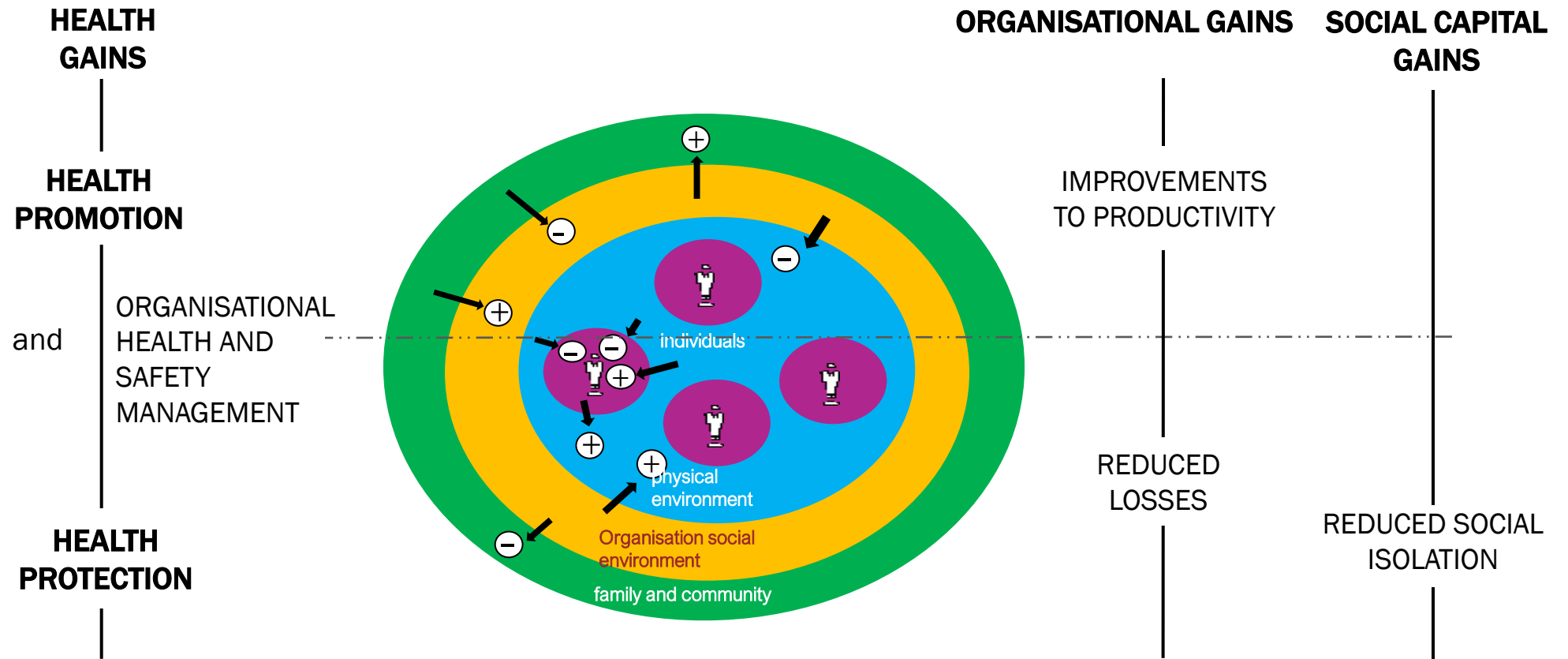


Traditional OHS: Injury prevention



Ellis, OUP, 2001

Integrated approach to WHS



Ellis, OUP, 2001

WHS in the 21st century

AN EXPANDED VALUE CHAIN GOES BEYOND ABSENCE OF INJURY



Slide courtesy of Anne-Marie Feyer

Hypothesis of mechanism



Employees who feel that workplace hazards are ignored may be understandably unreceptive to employer advice about their activities during personal time.

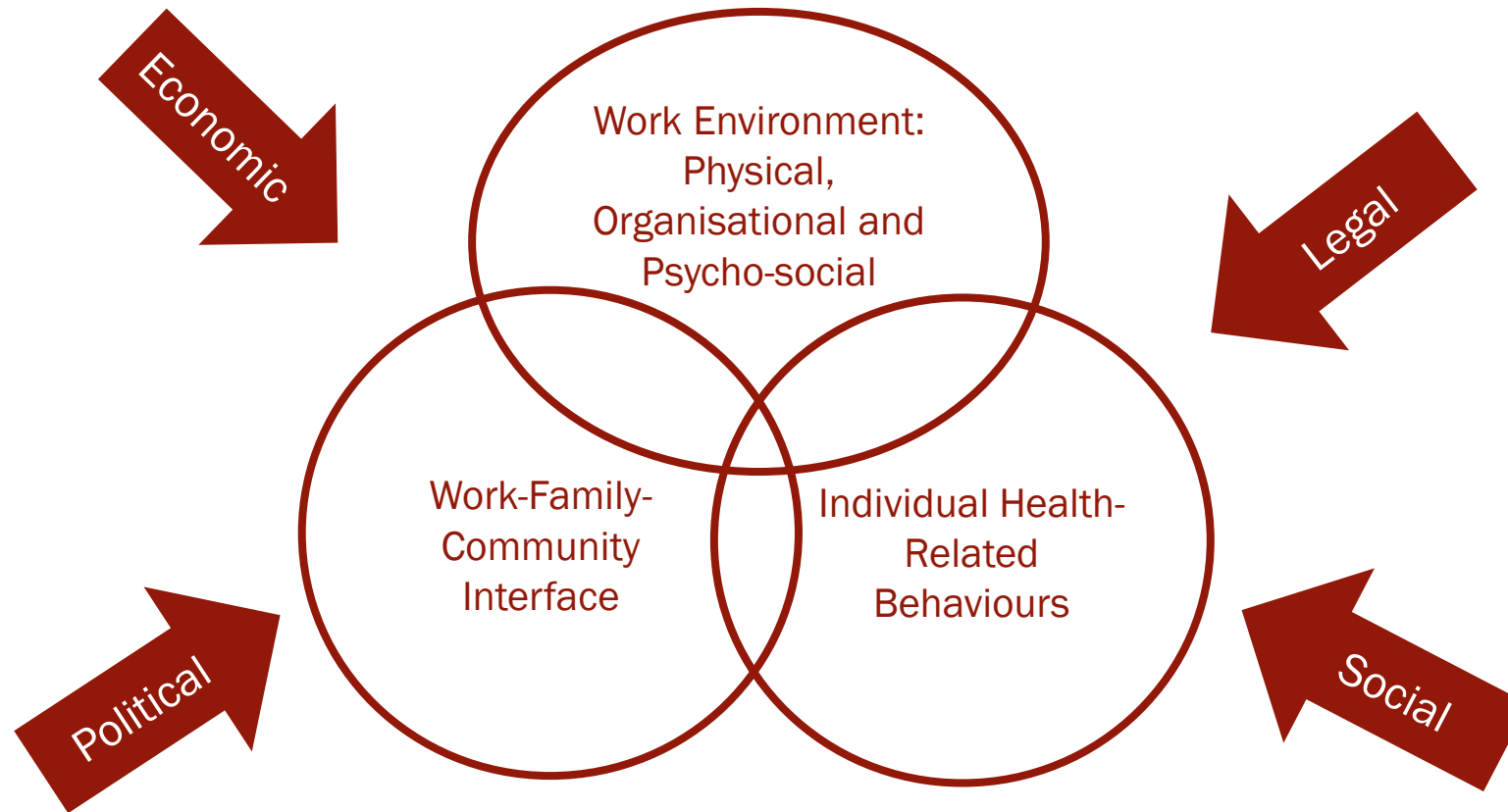
Conversely, managers have blamed MSDs and CVD on worker obesity, smoking, and other personal risk factors.

Combining the two sets of concerns may offer an equitable solution to this impasse by facilitating the sharing of responsibility between workers and employers.

Punnett, L. et al, A Conceptual Framework for Integrating Health Promotion and Occupational Ergonomics Programs, Public Health Reports, 2009

Evidence based model for an integrated approach

INTERVENTION TARGETS FOR WORKER HEALTH AND WELLBEING



Source: NIH and CDC workshop, 2010, Am J PH

Integrated approach policies and programs

- Worker-centred problem identification and solving
- Equitable wages, safe staffing levels
- Leave and benefits optimisation
- More supportive supervision
- Discrimination, harassment and violence prevention
- Health enhancing work design
- Fair work appraisals
- Promotion and development
- Work life balance
- Risk factors for chronic conditions
- Occupational health service

Source: Casey Chosewood, seminar on Total Worker Health for Comcare, April 22

But won't
workplace health
promotion
detract from
safety?



It's a New Era for Mental Health at Work



‘One silver liningis the normalization of mental health challenges at work. In 2019, employers were just starting to grasp the prevalence of these challenges, the need to address [stigma](#), and the emerging [link to diversity, equity, and inclusion \(DEI\)](#). In 2020, mental health support went from a nice-to-have to a true business imperative. Fast forward to 2021, and the stakes have been raised even higher thanks to a greater awareness of the workplace factors that can contribute to poor mental health, as well as heightened urgency around its intersection with DEI’

Greenwood and Anas, Harvard Business Review, Oct 2021



Blue print for mentally healthy workplaces, National Mental Health Commission



Protect

Identify and manage work-related risks to mental health.



Respond

Identify and respond to support people experiencing mental ill-health or distress.



Promote

Recognise and enhance the positive aspects of work that contribute to good mental health.



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Partnership
to improve work participation



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Our partners

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Australian Government
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INSURANCE
COUNCIL
OF AUSTRALIA



Australian Government
Department of Health
and Aged Care



Australian Government
National Mental Health Commission



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Department of Employment
and Workplace Relations



Australian Government
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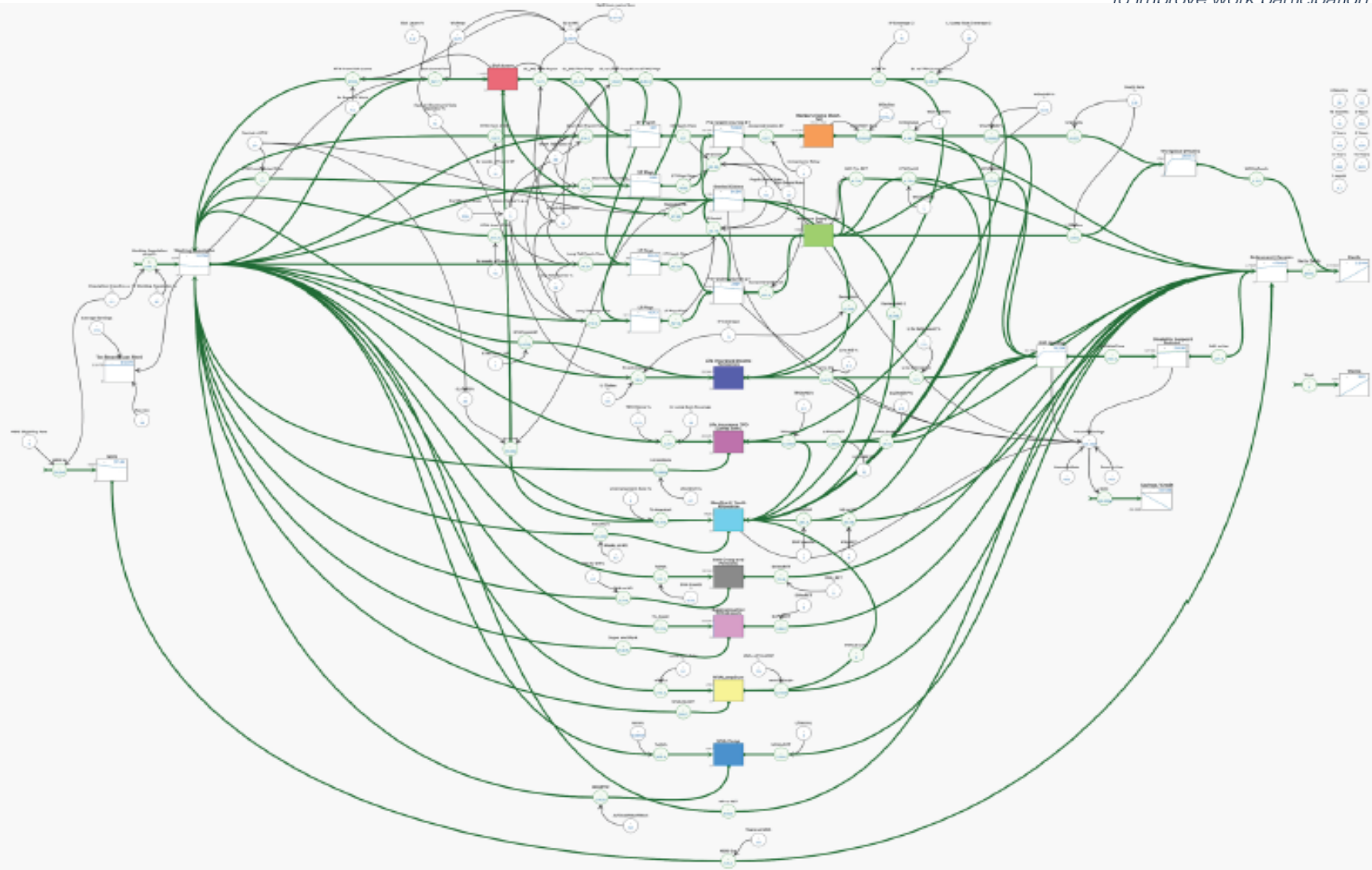


Vision

An Australia where people with a health condition or disability have a greater opportunity to work

System Dynamics Data Model

1. Employer entitlements
2. Workers compensation (short tail)
3. Workers compensation (long tail)
4. Life insurance Income protection
5. Life insurance TPD
6. Social security
7. DVA compensation and pension
8. Superannuation withdrawal
9. Motor Vehicle Accident Lump sum
10. Motor Vehicle Accident compensation



What we have learnt about Systems

- Systems are complex, fragmented and highly disparate but are connected.
- People bounce, rebound and utilise multiple systems simultaneously.
- Access to the right support and system is dependent on chance.
- There are opportunities to improve work and health outcomes.
- Case management is the one service common to all systems.

What we have learnt about GPs

- The principles of work participation remain the same regardless of injury, disability or system.
- Building and maintaining trust with GPs across all systems is critical.
- GPs have limited understanding of how the systems work and their role in these systems.
- GPs perform an important coordination role which requires information from all stakeholders
- There is a need for a team-based approach
- There is a need to leverage the full potential of the case manager role.

GP support project



Supported
position
statement



Australasian Faculty of
Occupational and Environmental Medicine

SNAPSHOT: Principles on the role of the GP in supporting work participation

The General Practitioner (GP) plays a central role in delivering health care to the Australian community. This role includes recognising the health benefits of good work and facilitating recovery at and return to work.

The following Principles relate to GP interactions with individuals experiencing temporary or permanent, physical or psychological health or disability related barriers to participating in work.

Good work is engaging, fair, respectful and balances job demands, autonomy and job security. It is characterised by safe and healthy work practices and it strikes a balance between the interests of individuals, employers and society.

Principles on the role of GPs in supporting work participation

1. GPs perform an advocacy role in work participation cases
2. GPs provide an evidence based assessment which draws on a patient's work participation goals and context
3. Following assessment, GP, with patient will determine their ongoing role:
 - 3.1 Perform a medical management role – work with stakeholders to optimise health outcomes
 - 3,2 Perform a care co-ordination role – draw on support and information from other stakeholders
 - 3.3 Refer for medical management – continue to monitor and support patient outcomes

Easier said than done Who can help?

- Vocational rehabilitation providers, usually employed by insurers (claims assessor/manager, case manager), sometimes large employers
- Occupational physicians
- Employers:
 - Supervisors
 - HR/People and Culture
 - WHS/workers compensation/rehabilitation
- iCare/Safe Work NSW



www.comcare.gov.au/collaborativepartnership

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Conclusion

- In past centuries WHS has focussed on the protection for workers against harms in the working environment
- In this century there has been recognition of the health benefits of good work
- And that modern workplace health problems are multi-factorial (work, personal, community)
- The rise of mental illness, the ageing workforce and COVID is bringing about new, broader thinking in worker health – the integrated approach

Continued...

Conclusion contd...

- Primary care providers have an essential role to play in diagnosis, evidence-based treatment and work ability assessment
- There are opportunities for primary care providers to be involved in stay at work and return to work management to varying degrees, however this requires co-ordination across health care providers, employers and insurers
- Vocational rehabilitation services, usually accessed through insurers, sometimes larger employers, and occupational physicians can help



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