

### Monthly Editorial by Prof. Mansel Aylward CB MD FRCP

Non Executive Director of HCB and  
Director: Unum Centre for Psychosocial and  
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#### Editorial:

### Changing the culture about work, health, and inactivity: challenging the path to economic inactivity.

Economic, social, and moral arguments are advanced which favour work as the most effective means to improve wellbeing of individuals, their families and their communities.<sup>1</sup> Worklessness, which includes but is broader than unemployment and economic inactivity, can be destructive to self-respect, brings risks of poor physical and mental health, thwarts the pursuit of happiness, and profoundly handicaps the achievement of wellbeing<sup>2</sup>. Moreover the "psychosocial scar" of worklessness persists, even affecting future generations. It is thus difficult to refute a moral obligation on society to do all at its disposal to move people of working age into a life of work; but what kind of work? In most circumstances do the beneficial effects of work outweigh the risks of worklessness and harmful effects of long-term unemployment or prolonged sickness absence from work? There is a broad consensus that encouragement and support should be given to sick and disabled people to remain in, or (re-)enter work as soon as possible, when their health condition so permits. But how far should society go, and what ways are acceptable for achieving this? The social contexts of economic inactivity and worklessness must be fully recognised and soundly addressed if the desirable shift in culture about work and health is to be attained.

Work may be central to wellbeing and correlated with happiness; but disadvantage is a cumulative process which can only be altered by prioritising transition to a more advantaged trajectory. A person's past social experiences become, and are written into the body's physiology and pathology.<sup>3</sup> Tackling effectively the social determinants of disadvantage, economic inactivity, and thereby, health, is not a matter for public and occupational health alone. In the United Kingdom it is central to the Government's realisation of its aspiration for an 80% employment rate for the working age population. Family relationships, financial situation, social integration, personal freedom and values, as well as work, are among the principal factors that contribute to health and well-being.

During recent years in Great Britain there has been a dramatic increase in the numbers of people with a mental health diagnosis in receipt of incapacity benefits (IB) alongside a significant fall in numbers reporting musculoskeletal disorders.<sup>2</sup> The great majority of these health problems are largely subjective complaints .....continued on page 2 ☞

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### PRESS RELEASE

#### Peter Le Beau joins HCB board

Health Claims Bureau have pleasure in announcing the appointment of Peter Le Beau as a Non-Executive Director. HCB, (which is part-owned by GenRe), are one of the leading claims services specialists, providing assessor support and training, process and system reviews, home visits, and investigation and surveillance services.

Jim Harris, Managing Director of the HCB Group commented, "We are so pleased to welcome someone of Peter's experience and reputation. He will be a major asset to our work at Health Claims Bureau. I have known Peter for well over 20 years and he was one of the first people to use our services when he was at Swiss Re"

Peter Le Beau commented; "I am delighted to be joining the Board of HCB. I have known a number of members of the team at Didcot for many years and they have huge product knowledge about Income Protection. Part of the key to the revival of Income Protection is to ensure that the right claims are paid and the industry protects itself against fraud and collusion. HCB do this work very professionally .

HCB's home visitors saw around 2,000 claimants in their homes during 2006 on behalf of their insurers, many at claim form stage, accelerating the claim assessment process, and embracing the spirit of the TCF campaign.

The Group's investigations subsidiary has been investigating claims exclusively to the protection market since 1984, and played a pivotal role in the development of these services, helping the insurance industry protect it's reserves against the rising incidence of insurance fraud.

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with limited evidence of disease and frequently associated with psychosocial influences.<sup>4</sup> The majority of these health conditions should be manageable and with the right level of support should not preclude a return to work.

Psychological and social factors aggravate and perpetuate ill health and disability, and act as barriers to recovery and return to work.<sup>5</sup> Persuaded by the formidable evidence in support of a bio-psycho-social approach for return-to-work (RTW) interventions, the British Government began a series of pilot studies in 2004 aimed at supporting newcomers to state incapacity benefits to RTW by way of a package of interventions which included participation in "condition-management" programmes focused particularly on people with musculoskeletal disorders and mild/moderate common mental health problems.<sup>6</sup> This Pathways to Work (PTW) initiative prominently featured cognitive and educational methods, modification of illness-behaviours, fear-avoidance beliefs and had a clear work focus.

The results of this initiative have been most encouraging to the extent that the British Government has recently extended PTW throughout Great Britain and placed it at the centre of its aspiration to realise an 80% employment rate for the working age population. Increased numbers of new job entries for people participating in the pilots, averaging 600-800 per month, is expected to realise 100,000 benefit recipients being helped into work each year following roll-out of PTW across the country.

The need to modify beliefs and behaviours in the achievement of the PTW initiatives went well beyond the target population of benefit recipients by engaging successfully with senior politicians and civil servants, health care professionals, employers, and other stakeholders. Methods for securing engagement with, commitment to, and ownership by, the range of stakeholders were highly dependent on a structured, robust and authoritative communication strategy; understanding the environment and competing agendas of stakeholders; and providing compelling evidence-based arguments that barriers to RTW resided not only in dealing with health problems alone but tackling psychological, social and cultural constraints impacting upon an individual's beliefs and behaviours. Equally, there is a pressing need to engage with, and address the psychosocial influences and social contexts of dissatisfaction and perceived "stress" at work, and understand the characteristic organisational features of the health-promoting workplace. What is the evidence that supports a positive relationship between work, health and wellbeing? What aspects of work can be a hazard and pose a risk to health? Do the beneficial effects of work outweigh the risks of worklessness and harmful effects of long-term unemployment or prolonged sickness absence from work? Research findings when applied to the workplace are not reducing employees' perceived levels of "stress" as effectively as was hoped. These and related issues need to be further researched.

<sup>1</sup> Waddell, G., Burton A K. *Is Work Good for your Health and Wellbeing?* TSO, London: 2006

<sup>2</sup> Waddell G, Aylward M. *The Scientific and Conceptual Basis of Incapacity Benefits.* TSO, London: 2005

<sup>3</sup> Blaney, D. *Social Determinants of health.* WHO: 1998

<sup>4</sup> Aylward M. Clinical and vocational interventions: tackling psychosocial and social determinants of illness. In: (Eds: Halligan P & Aylward M) *The Power of Belief.* Oxford University Press, Oxford: 2006

<sup>5</sup> Waddell G, Burton A K. *Concepts of Rehabilitation for the management of common health problems.* TSO London: 2004

<sup>6</sup> Aylward M, Sawney P. Support and Rehabilitation: restoring fitness for work. In: [Eds: K Palmer, I Brown & R Cox] *Fitness for Work [4th Edition],* Oxford University Press, Oxford:

## Dynamics Of Disability Seminar

JHA, a disability and group life reinsurance, risk management, and market research firm based in the U.S., announces its 15th annual Dynamics of Disability Seminar, scheduled for March 4-6, 2008 at the Sawgrass Marriott Resort & Spa in Ponte Vedra Beach, Florida. The seminar attracts nearly 350 international attendees from the major disability insurance carriers, brokerage firms, service providers and others.

This year's agenda will feature a keynote presentation on "The Power of Belief" by Professor Mansel Aylward, Director of the UnumProvident Centre for Psychosocial and Disability Research at Cardiff University, Wales. HCB Group was a key player in the coordination of his participation as a speaker.

To register or learn more visit [www.jhawe.com](http://www.jhawe.com). For questions contact Julie Bernier, Marketing Analyst, tel. 001 207 874 2261 x120, [jbernier@jhawe.com](mailto:jbernier@jhawe.com).

## UK Office Relocation

The HCB Group UK operation is pleased to announce that it is moving to new premises on 3rd December 2007.

Our new details are as follows:

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