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Sickness certification and stress: reviewing the challenges

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ABSTRACT

To come?

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Background

Sickness certification and the fitness for work consultation continues to pose challenges for general practitioners (GPs).[1] This article aims to review the emerging patterns around sickness absence over the last ten years and consider the growing evidence about work and health.

The challenge for the GP is to remain focused on the patient and the problem. The fitness for work consultation often requires GPs to make decisions that go beyond just the management of a medical condition. Pressures from government, patients and employers often leave the GP feeling caught in the middle with competing interests, and uncertain as to whom they represent. Under their terms of service with the NHS, GPs have a statutory obligation to certificate appropriately.[2] The patient however sees the doctor as their carer and a gatekeeper to obtaining a certificate. The employer often sees the GP as a key to returning someone to work.

GPs also have widely differing attitudes to the certification process and the fitness for work consultation which affects how they practice.[1,3] This includes some GPs believing fitness for work and certification is outside their remit and that their role is solely as the patient's advocate. In addition research shows that there are numerous factors that influence how a GP certificates. Patient-related factors includes the patient's age, sex, motivation to work and their social and financial status.[3] Factors that relate to the GP include the GP's age, general experience and specialist training.[3]

The biopsychosocial model of ill health

The biopsychosocial model of illness and disability takes a patient-centred view of ill health where individual's health concerns are considered within their social context. Illness, disability and incapacity are closely linked, and therefore understanding how these factors interplay with one another is important when considering an individual's obstacles to recovery.

Part of a GPs struggle when managing fitness for work and certification perhaps lies around using this model in everyday consultations. Understanding how a medical problem impacts on the individual psychologically and within their social environment, and developing a clear management plan is not easy.

Rehabilitation

Timing of interventions is an important factor on the road to recovery. Successful recovery will be dependent on the quality and timing of an intervention. The interventions themselves will be dependent on not only the level of incapacity but also on the social and psychological context for the individual.[4] Evidence shows that 90–99% of people who take sick leave return to work quite quickly. Many of these may manage minor symptoms without seeking advice. However, someone who is off work for 4–12 weeks has a 10–40% risk of still being off work at one year.[5] The Department for Work and Pensions estimates that each week 17 000 people reach their sixth week of sickness absence. Most of these will return to work, but approximately 3000 will remain off work and move to incapacity benefit. Of this group, 40% will remain on benefits for one year, and are then likely to remain on incapacity for years irrespective of further treatment.[6] Successful timing of interventions therefore seems fundamental to the management of individuals' rehabilitation.[7] What is emerging is that there seems to be a 'window of opportunity' for effective clinical and occupational management that is between one and six months plus off work.[5]

Patterns emerging

The patterns emerging from incapacity benefit statistics show a major shift from musculoskeletal to mental health problems as the major cause of incapacity benefit in Great Britain. Fourteen years ago musculoskeletal problems were cited as the cause of incapacity benefit in 33% of cases, whereas mental health disorders were cited in only 14%. Now mental health and behavioural disorders are the most commonly cited reason, with 44% of incapacity benefit recipients having diagnoses of mental health disorders compared to 26% with musculoskeletal problems.[4]

The mental health problems seen now consist mainly of anxiety, distress or mild to moderate depression. The small number of recipients suffering with major psychiatric disorders such as schizophrenia or bipolar disorder has remained unchanged.[8] The musculoskeletal problems that do occur consist mainly of non-specific limb, neck or back pain, rather than diagnoses with clear pathology such as rheumatoid arthritis.[4]

Thus, it seems that most recipients of incapacity benefit are not suffering from permanently disabling disorders but from more common health problems which are potentially remediable.[4]

A cultural shift

It is likely that the cultural shift in attitudes to back pain and mental health have influenced the changes we now are seeing. There has been a radical change in the treatment and management of low back pain over the last ten years. The standard treatment of rest has been overturned, and randomised controlled trials have shown clearly that remaining active and continuing daily activities as normally as possible, leads to faster recovery, quicker return to work, less risk of chronic disability and fewer recurrent problems.[9] So, the influence of evidence-based advice supported by common guidelines and a public health campaign seems to have had a considerable impact on both the management and perceptions of low back pain.[10] The changes in attitudes to mental health, with increasing numbers of people off work due to stress and distress however, seem to relate to the change in social acceptance of anxiety and stress as legitimate reasons for absence from work and disability.

Rehabilitation of common mental health problems

Much of the research so far into mental health disorders relates to severe mental health conditions

rather than common mental health disorders. However it is accepted that the general principles of rehabilitation apply to both. The number of working days lost due to mental health is rising. One in four people of working age develop some kind of mental health problem. This in turn accounts for 35–40% of work-related ill health, sickness absence, long-term incapacity and early retirement.[4] Being away from work can lead to social isolation, change health-related behaviour and disrupt future work careers.[11] However, it is also clear that work can be stressful and detrimental at times for people with mental health disorders. However, there is also evidence that work is therapeutic for people with mental health problems. Their self-esteem, symptom management and 'normalisation' leads to improved quality of life and social functioning. Remaining in work or gaining employment can be potentially therapeutic in aiding recovery. Therefore, the assumption that because an individual is depressed or anxious means that they should take time off work may not be correct.[12] There is also evidence that depression increasingly becomes a problem for people off work with other conditions. A study in Liverpool showed that whatever the initial diagnosis, the majority of people off work for six months had symptoms of clinical depression. There seems a fine balance between someone going off sick for a short period because they might feel stressed or anxious, and their being away from work for such a time that the absence itself becomes a causal factor in the deterioration of their mental health.

Some solutions

Evidence seems to suggest that work may have a positive effect on health and wellbeing.

So, if the management of common health problems particularly mental health problems is to change, then this will need a concerted effort from all parties involved: GPs, employers, government and the patient. This would in many ways mirror the approaches taken to back pain, with both GPs and patients coming to appreciate that while in some cases a short absence from work is appropriate, longer-term absence exacerbates rather than helps the problem. For the GP, providing a certificate could play a pivotal role in the future health and wellbeing of the patient. Timing of interventions, length of absence from work and attitudes to ill health and work are important when considering a patient's wellbeing. It is more than just the medical problem that needs to be considered in the consultation around fitness for work. Understanding the psychological and social impact the certificate may have on a patient is an integral part of their management.

GPs therefore require a broad range of opportunities if they are to move forward. Improved educational material around the management and rehabilitation of common health problems is needed. Studies in smoking cessation, addiction and alcohol have shown that interventions can effect change and enhance wellbeing. More effective interventions around fitness for work, which are easily accessible, could benefit GPs as well as the patients. Perhaps health promotion addressing perceptions about mental health and work on a similar scale to back pain interventions may be an option. Offering simple tools to aid the GP in the surgery in the management of fitness for work have been developed by the Department for Work and Pensions.

However, maybe the changes required relate not only to education about work and health and the use of certificates, but also to the management of a fitness for work consultation itself. The consultation can be challenging and confrontational. There is considerable literature around the patient-centred method of consulting and self-directed behaviour change.[13] Research being carried out in Cardiff at present suggests that although the patient-centred approach is used widely in practice relating to other issues, it is often not used when considering fitness for work.

Sickness certification is a tricky business. GPs are key players in providing appropriate advice and support to patients with regard to fitness for work. Understanding the complexity of how work impacts on mental and physical health should not be underestimated. Management of common health problems and the relationship between work and health are important areas of research. 'Keeping the patient centre stage' in relation to fitness for work is perhaps a key message that is worth considering.

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CONFLICTS OF INTEREST

None.

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