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Mental health and work: what next?

Sharon A.M. Stevelink^{1,2}, Alexandra Pollitt³ and Ira Madan⁴ on behalf of the OPTIMUM consortium.

- 1) Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK
- 2) King's Centre for Military Health Research, King's College London, London, UK
- 3) The Policy Institute, King's College London, London, UK
- 4) Occupational Health Department, Guy's and St Thomas' NHS Foundation Trust and King's College London, London, UK

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Correspondence author: Dr Ira Madan, Occupational Health Service, Guy's and St Thomas' NHS Foundation Trust, 4th Floor, The Education Centre, 75-79 York Road, London, SE1 7NJ. Mobile: 07791 599 272

Editorial

In 2008, Professor Dame Carol Black published her ground-breaking report, *Working for a healthier tomorrow*, (the Black Report) which contained ten key recommendations to bring about positive change in the health of the working age population in the United Kingdom (UK)¹ (Table 1). The Government accepted her recommendations and promised to prioritise and invest in the health and work agenda². Just over a decade on, it is time to reflect on some of the progress made to date.

Professor Black envisaged a major culture shift, challenging government, employers, trade unions, health professionals and academics to work together to enable people with health

conditions to remain in or return to work. A key initiative was the introduction of the fit note, which aimed to change the commonly held perception by employers and family doctors that individuals had to be 100% fit to return to work after illness. Gone was the binary option of fit/not fit to work and a 'maybe fit' (with associated work adjustments) option was introduced. The roll out of the fit note was coupled with an extensive training programme for family doctors on assessing fitness for work and the importance of work for health. The fit note has been partially successful; approximately 7% of all fit notes include a maybe fit option ³. Research within a deprived part of London found that fit notes were more frequently issued among patients reporting chronic pain and depression than other long-term conditions. Moreover, patients diagnosed with a severe mental illness were the least likely group to receive a 'maybe fit' recommendation. (Dorrington et al., submitted for publication).

Closely linked to the fit note was the aspiration to provide universal occupational health advice for GPs, employers and workers. The fit for work service was introduced in 2015 and focused on workers who were on sick leave for four weeks or more. Referral to the service was voluntary, but uptake was poor and the service was withdrawn three years later, although advice is still available via a website and telephone line. Access to occupational health advice for all workers is still a key aim of the Work and Health Unit (a cross-government unit, jointly sponsored by the Department for Work and Pensions (DWP) and the Department of Health and Social Care). The Unit plans to transform employment prospects for disabled people and those with long-term health conditions over the next 10 years. Despite the efforts that have been made since the publication of the Black report, one aspect of health and work has shown little progress: the number of people with mental health disorders on state benefits. An analysis of UK benefits data from 1995-2014 revealed that although the total number of people claiming state benefits for sickness and disability has declined since 2003, the number of people claiming benefits because of a mental disorder has continued to rise ⁴. The number of claimants with a mental disorder rose by 103% from 1995 to 1.1 million in 2014 whilst claimants with other conditions fell by 35% ⁴.

But despite the size of the problem and the societal costs, we know little about those who are not in work due to mental ill health. Benefits data suggest that the majority are suffering from depression or anxiety, but why are they not in work? Have they fallen out of work, if so why? Or have they never been in work, if not why not? Have they had optimum and timely treatment for their condition? Can we predict who will fall out of work and can we intervene to prevent job loss? To answer these questions we need longitudinal data, but prospective cohort studies are expensive to run and it often takes years to obtain data. Recent advances in data linkage gives us the opportunity to exploit routinely collected mental health and other

administrative data and The Occupation and Psychiatric Morbidity Consortium (OPTIMUM) was established to start to answer these important questions. The consortium brings together expertise in data science, epidemiology, social science, economics, policy and clinical sciences. A cornerstone of OPTIMUM is a provisionally approved unique data linkage using the Work, Welfare and Benefits information held by the DWP and mental health electronic records data from the South London and Maudsley (SLaM) NHS Trust (a large mental health trust). It is anticipated this linkage will be formalised in autumn 2019. Exploiting this and other data linkages will provide the largest clinical cohort of adults (n>400,000) referred to psychiatric services in the UK. Other established linkages using SLaM NHS Trust electronic record data include the national pupil database, UK census data and mortality data from the Office for National Statistics (<https://www.maudsleybrc.nihr.ac.uk/facilities/clinical-record-interactive-search-cris/>)^{5,6}. This will give us the opportunity to gain a 360-degree view of individuals' experiences from education to work, fluctuations in employment status during working life and transition to retirement and beyond.

However, data linkage research is not without its problems. Projects are often resource-intensive, and the process of applying for access to, combining and cleaning the data sets can take months or even years. Usually the data have been collected for administrative rather than clinical purposes, and as such may have significant shortcomings. Furthermore, record linkage can sometimes erroneously make false-positive links or fail to link when a true link exists⁷. Despite these limitations, data linkage projects such as the Western Australian Data Linkage System have successfully supported over 400 studies, leading to 250 publications and identifiable advances in public health⁸. Similarly the establishment of OPTIMUM is a step towards creating the multidisciplinary research infrastructure and capabilities needed to underpin evidence-based occupational health practice. We envisage that the consortium will tackle some of the most pressing challenges that remain around psychiatric morbidity in the workplace and further progress the work set in motion by Dame Carol Black's Review in 2008.

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Footnotes

Table 1: Summary of 10 main recommendations from the Working for a healthier tomorrow Review⁴.

1. Government, healthcare professionals, employers, trades unions should adopt a new approach to health and work in Britain
2. Government should work with employers and representative bodies to develop a model for measuring and reporting on the benefits of employer investment in health and well-being
3. Government initiated business-led health and well-being consultancy services for smaller organisations
4. Government should promote the benefits of work to health among employers, healthcare professionals and the general public
5. Support GPs and healthcare professionals to provide tailored advice to people focusing on fitness for work
6. Introduction of an electronic Fit Note
7. Pilot a Fit for Work Service¹
8. Wide implementation of Fit for Work Service once an appropriate model has been established and expand the provision of Pathways to Work² to a wider range of possible beneficiaries
9. Deliver an integrated approach to working-age health supported by: the inclusion of occupational health and vocational rehabilitation within mainstream healthcare; clear professional leadership; sound academic base; systematic gathering and analysis of data; awareness and understanding of latest evidence and what interventions work etc
10. Strengthening of cross-departmental working within the Government whose policies influence health and work

1 The Fit for Work Service provides work-related health advice for GPs, employers and employees to support workers with health conditions and those on sick leave.

2 The Pathways to Work programme is an employment programme funded by the UK government to assist people who are claiming incapacity benefits into work.