

Comorbidity and the implications for welfare services: evidence from the international research project Tackling Health Inequalities and Extending Working Lives

Dr Ben Barr

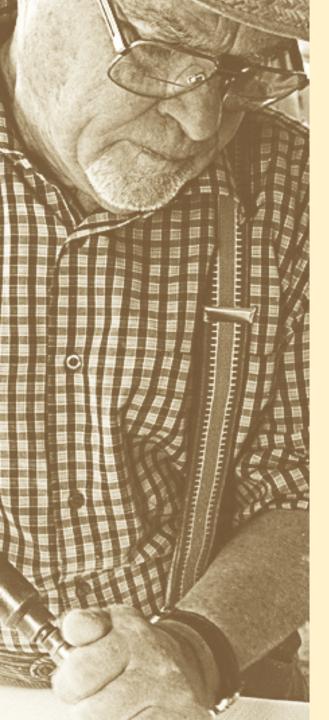
Senior Clinical Lecturer In Applied Public Health Research







Margaret Whitehead, Finn Diderichsen, Bo Burström, Cameron Mustard



- How has multi-morbidity changed over time?
- What co-morbidities have increases in which groups?
- What are the consequences for employment later in life?
- What could mitigate these consequences what might make it worse?

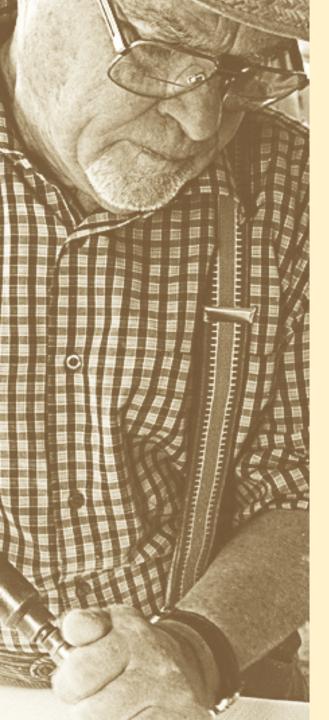
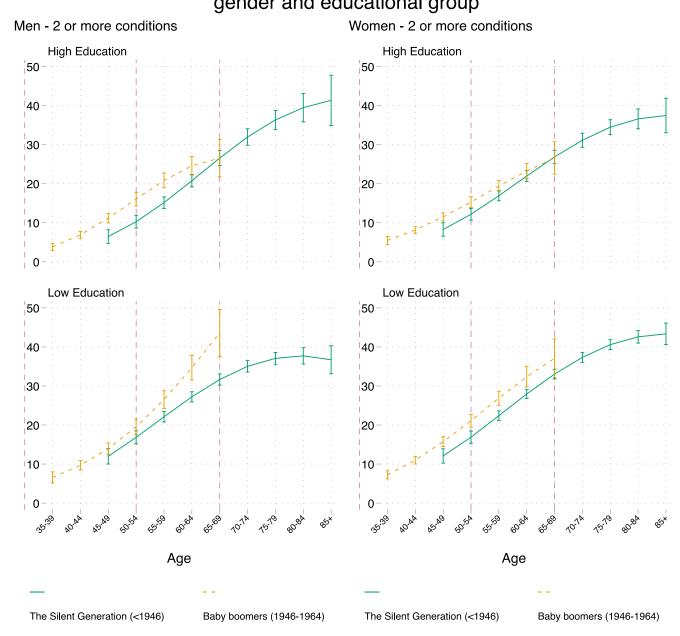


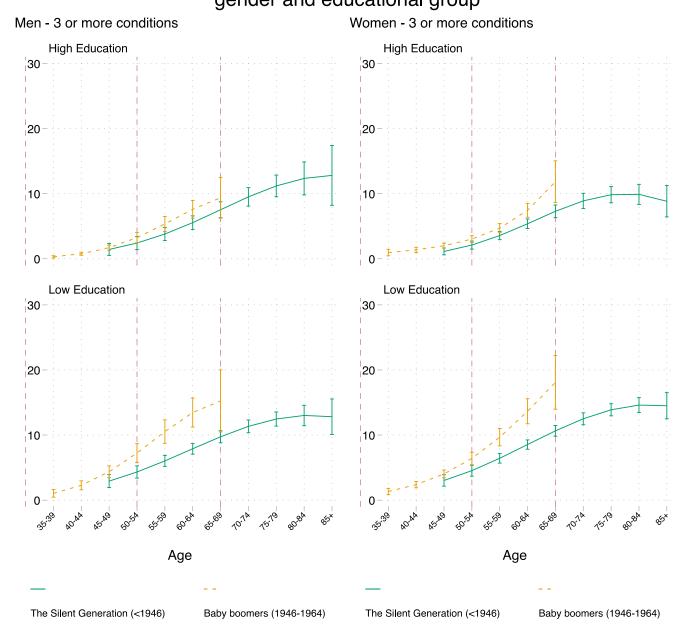
Figure 2. Prevalence of 2 or more conditions by age, gender and educational group



Age 50-64 – Source:HSE



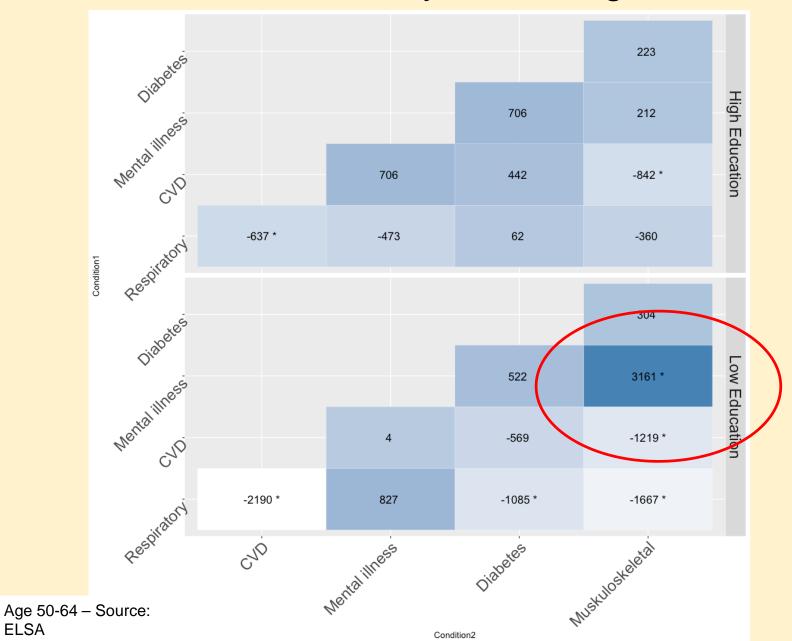
Figure 3. Prevalence of 3 or more conditions by age, gender and educational group

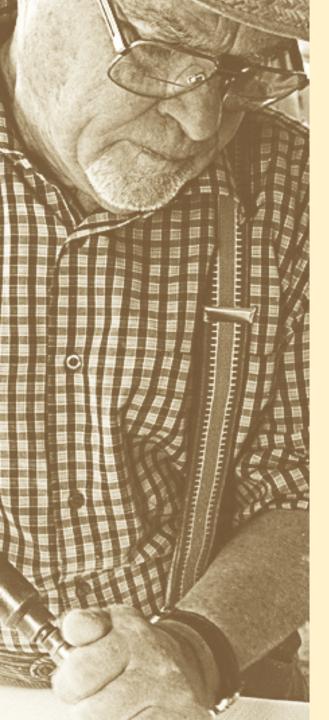


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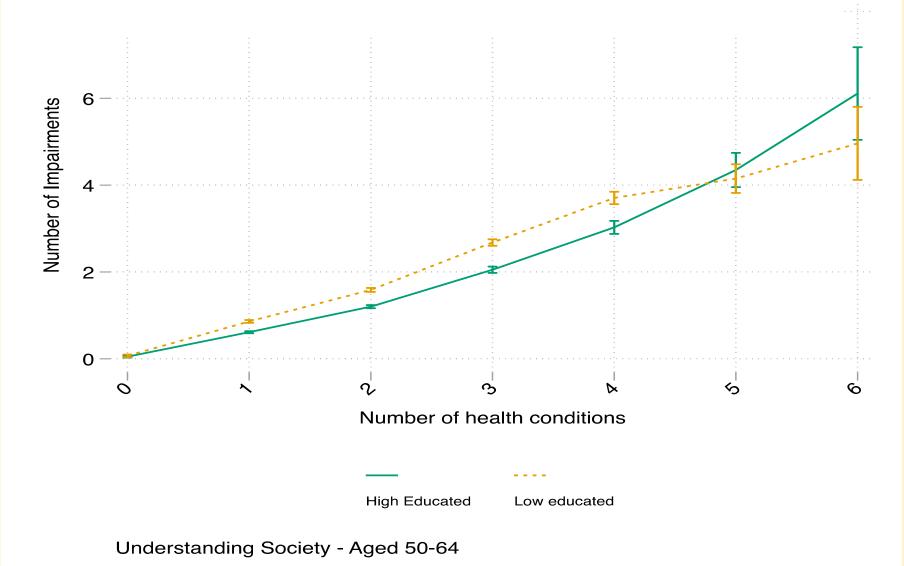
ELSA

Increase in multi- morbidity between generations

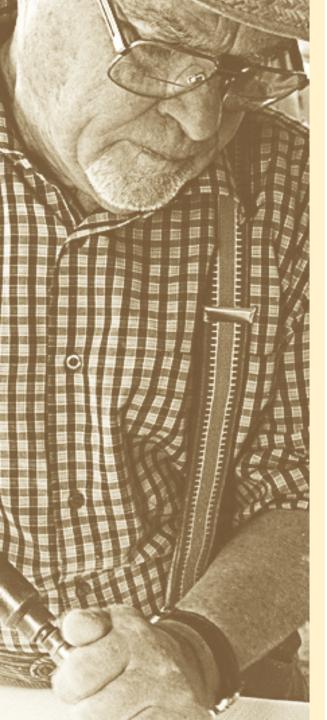




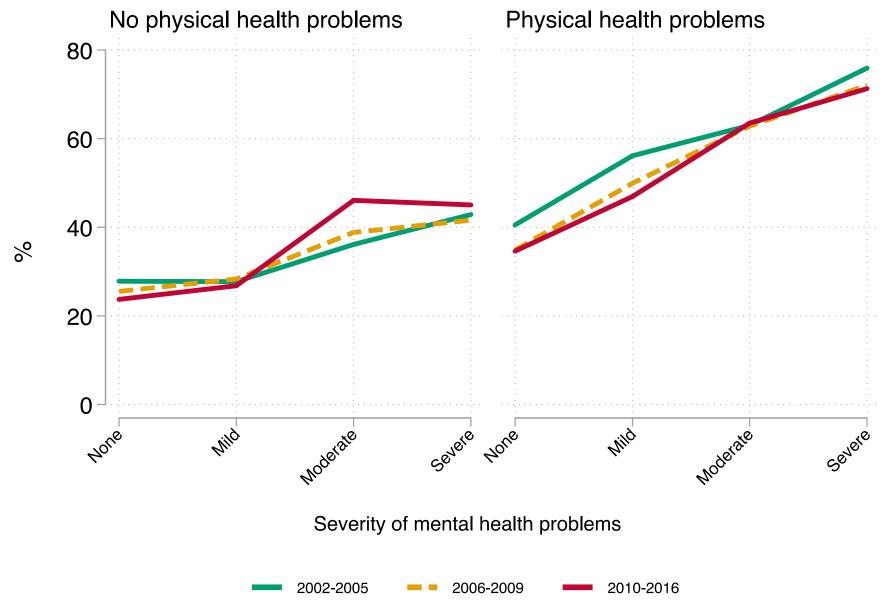
Multi-morbidity and limitations.



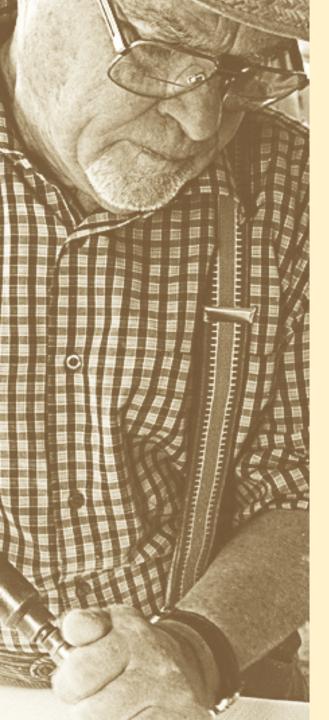




% out of work by severity of mental health problems



Age 50-64 – Source: ELSA



Trends in mental health inequalities in England during a period of recession, austerity and welfare reform 2004 to 2013

Ben Barr ^{a, *}, Peter Kinderman ^b, Margaret Whitehead ^c

HailOnline

News

The recession is to blame for more than 1,000 suicides, claim researchers.

They estimate that 846 more men and 155 extra women took their own lives between 2008 and 2010 than would have been expected if previous trends had continued.

Unemployment blackspots saw the biggest rise, said consultant psychiatrist Dr Ben Barr, of the University of Liverpool, who led the study, published on the British Medical Journal's website.

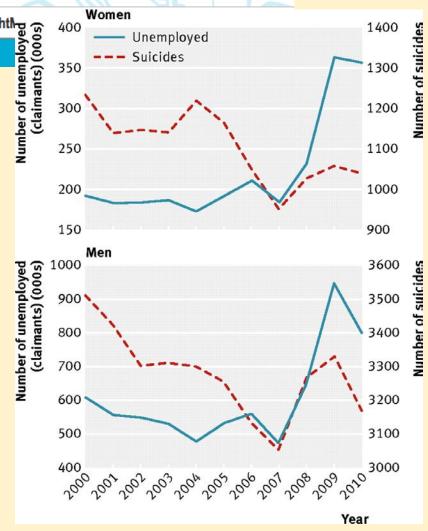
He added: 'We found a dramatic spike across England in the number of suicides in 2008 and 2009 after the recession arrived.

'Austerity measures resulting in job losses do have a human cost and policies that promote re-employment could reverse this

'The statistics are hugely alarming

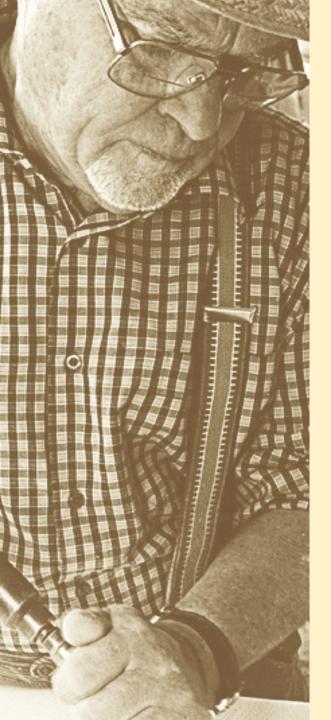


Common symptoms of depressive disorder are memory loss and blunted emotional responses



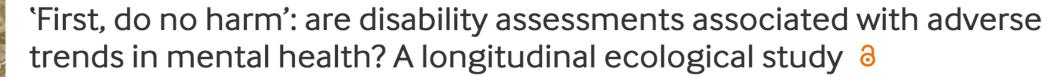
Barr B et al. BMJ 2012;345:bmj.e5142



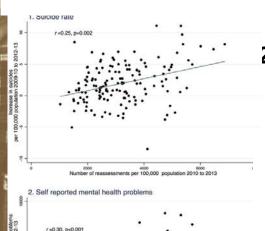


The Work Capability Assessment





B Barr¹, D Taylor-Robinson¹, D Stuckler², R Loopstra², A Reeves², M Whitehead¹



Association between reassessment with the WCA between 2010 and 2013 and the increase in suicides, self-reported mental health problems and antidepressant items prescribed during the same period.

Table 1

Additional adverse mental health outcomes associated with each 10 000 people in an area experiencing reassessment

	Number	95% CI		p Value
Suicides	5.68	2.12	9.23	0.002
Cases of mental health problems	2700	548	4840	0.014
Items of antidepressants	7020	3930	10 100	<0.001



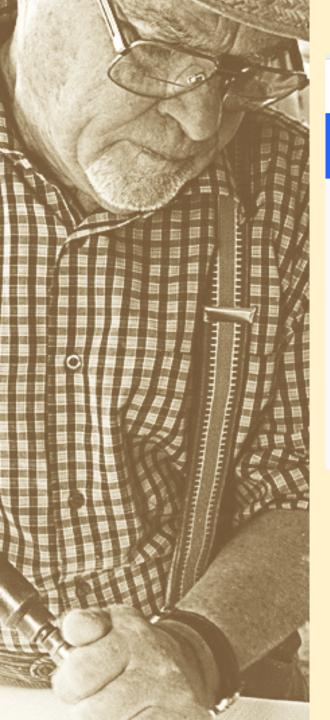


Mental Health and Wellbeing in England

Adult Psychiatric Morbidity Survey 2014

- 2007 –21 % of incapacity benefit (IB) claimants reported they had attempted suicide.
- 2014 43 % of Employment Support Allowance claimants reported they had attempted suicide.

Source: Sally McManus, NatCen: https://www.disabilitynewsservice.com/staggering-esa-suicide-figures-prompt-calls-for-inquiry-and-prosecution-of-ministers/





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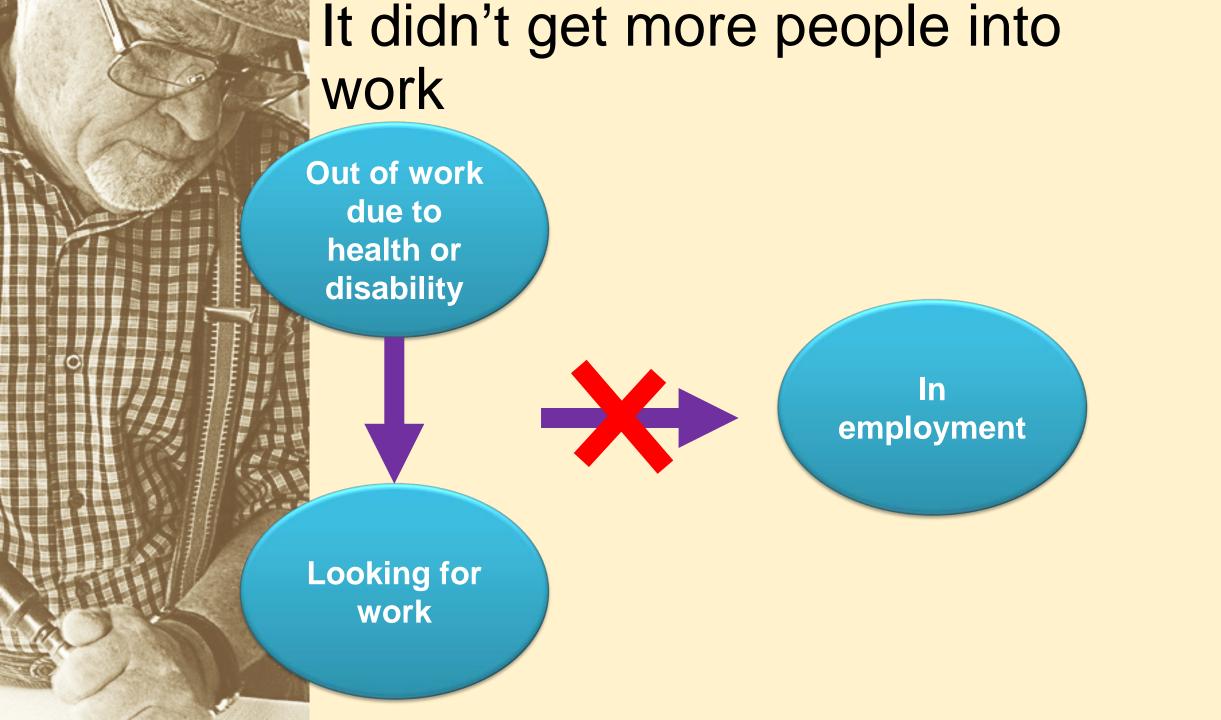
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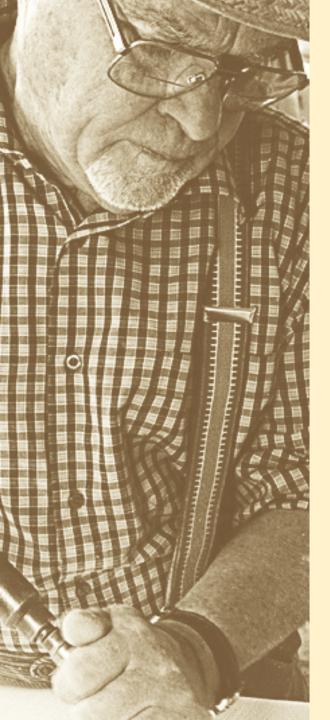


Fit-for-work or fit-for-unemployment? Does the reassessment of disability benefit claimants using a tougher work capability assessment help people into work?

B Barr¹, D Taylor-Robinson², D Stuckler³, R Loopstra³, A Reeves⁴, S Wickham², M Whitehead²

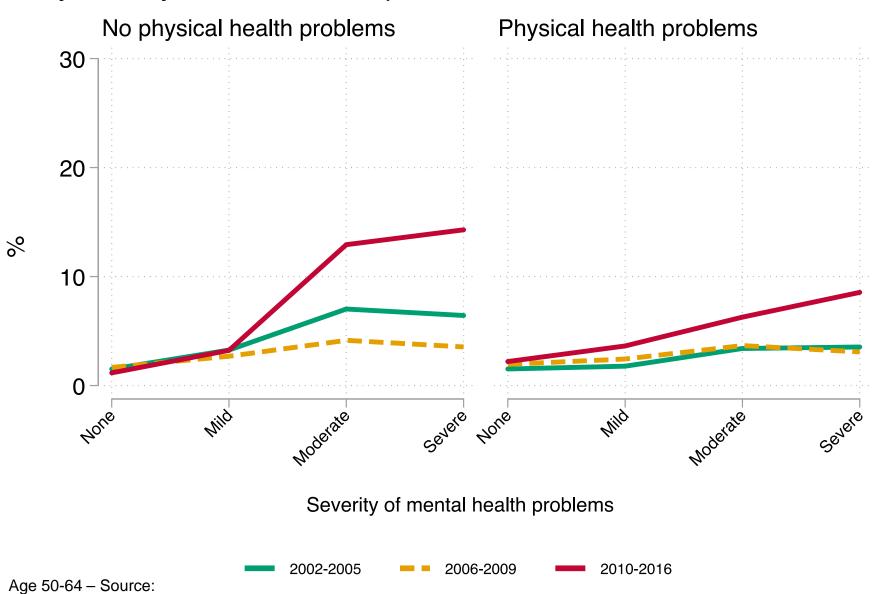
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ELSA

% out of work, but looking for work by severity of mental health problems





What does work?



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Effectiveness of return-to-work interventions for disabled people: a systematic review of government initiatives focused on changing the behaviour of employers

Stephen Clayton¹, Ben Barr¹, Lotta Nylen², Bo Burström², Karsten Thielen³, Finn Diderichsen³, Espen Dahl⁴, Margaret Whitehead¹

- 1 Department of Public Health and Policy, University of Liverpool, Liverpool, UK
- 2 Department of Public Health Sciences, Division of Social Medicine, Karolinska Institute, Stockholm, Sweden
- 3 Department of Social Medicine, Institute of Public Health Science, Copenhagen University, Copenhagen, Denmark
- 4 Social Welfare Research Centre, Oslo University College, Oslo, Norway

Correspondence: Margaret Whitehead, Department of Public Health and Policy, Institute of Psychology, Health and Society, The University of Liverpool, 3rd Floor Whelan Building, Quadrangle, Liverpool L69 3GB, UK, tel: +44 (0)151 794 5280, fax: +44 (0)151 794 5588, e-mail: mmw@liverpool.ac.uk

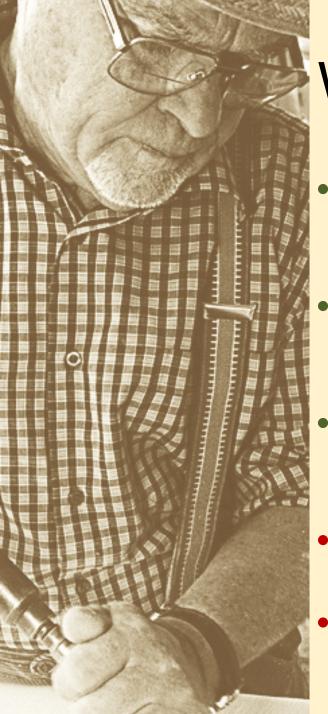
Mapping the literature on effectiveness of interventions to tackle the disability-employment gap

Final Report

January 2018

Theo Lorenc ¹; Emily South ¹; Holly Dale ¹; Kath Wright ¹; Ben Barr ²; Margaret Whitehead ²; Amanda Sowden ¹.

¹ Centre for Reviews and Dissemination, University of York
² Institute of Psychology, Health and Society, University of Liverpool



What does work?

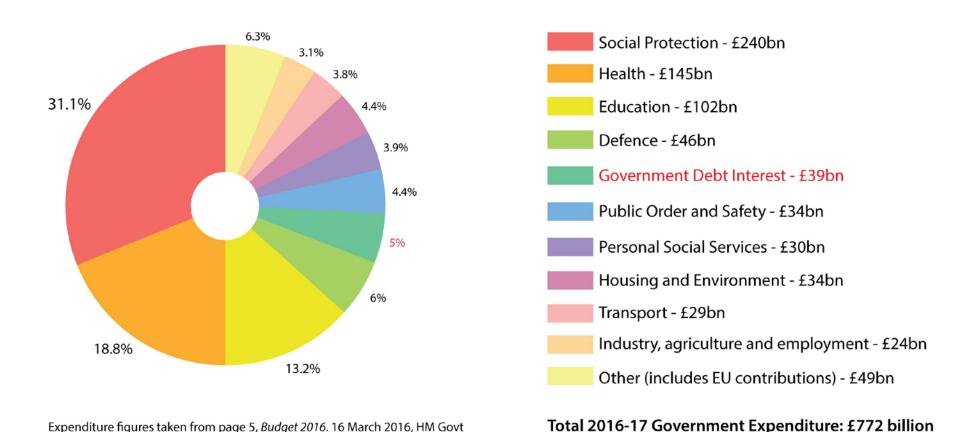
- Interventions changing the work environment, rather than focusing solely on making individuals fit for work tended to be more effective.
- Interventions involving workplace and organisational adjustments return-to- work planning tend to be more effective.
- Good evidence for Individual Placement and Support (IPS) for people with severe mental health problems - less so in the UK than in North America.
- Interventions focused on solely on improving individuals employability less effective.
- There is little evidence that psychological therapies on their own improve employment chances.



Welfare expenditure – nearly double health expenditure.

United Kingdom 2016-17 Government Expenditure

Expenditure figures taken from page 5, Budget 2016. 16 March 2016, HM Govt





Conclusion

- Increasing problem of co-morbidities particularly with mental and physical health problems amongst more disadvantaged groups.
- This is having particularly severe consequences for employment.
- The welfare system can adversely effect mental health –but should promote good mental health.
- Limited evidence of what works to support the employment of people with mental and physical conditions – but likely it involves changing work environments and return to work planning.