



Deutsche Gesetzliche
Unfallversicherung



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Abstracts/*Vortragskurzfassung*

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Breaking Down Barriers **Together**



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Monday | A1: The Role of the State

Norwegian Work Environment Acts – are legal restriction breaking down barriers for people with disabilities in working life?

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In later year Norway has experienced low unemployed rates (below 4 per cent of the total labour force) and high demands for manpower. This situation distinguish Norway from most other OECD countries and put Norway in a favourable position also as regard to give access to labour market participation for people with disabilities (OECD 2001). In this paper is discussed the implication of this situation and new reasoning and premises in Norwegian legal framework for work environment for the purpose to include people with disabilities in the common labour market. Recent analysis of the situation for people with disabilities with a job shows, that a majority report restrictions and problems of adaption and accessibility in their jobs (SSB 2007). This makes it interesting to study if and how new regal restriction put on employers and enterprises to brake down barriers in working life for people with disabilities are put into effect and are found useful for employers with disabilities. This paper provides knowledge about employers with disability making special claims towards their jobs and enterprises for assessment and work adaption. It is based on documentary sources of legal claims and court decisions about disabled workers making claims according to new legal premises in the Norwegian Working Act. It analyses if and how these workers

experience improvement regarding barriers in employment and working life in general.

Legal acts and public regulations are often approached being instruments that have a positive effect on the situation for people with disabilities. But in this paper is discusses some of the challenges and implications of such regulations regarding entitlements of an accessible working life that include workers with disabilities.

The Development of Return to Work Programmes in Hongkong and Mainland China

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In Hong Kong, the work injury insurance is provided by private labor insurance companies and is governed by the employees' compensation ordinance which has no mention on rehabilitation support nor occupational health prevention measures. Not until recently that there is a voluntary rehabilitation scheme launched by the government in facilitating return to work of workers with work injury. However, the role of government is not clear.

In contrast, the development in Mainland China on work injury management is more progressive. Having work injury insurance as one of the insurance schemes of labor and social security system help the government to have a better role in designing the policy framework in work injury management by facilitating the setting up of return to work programme in China.

Hong Kong Workers' Health Centre started to develop two different return to work programmes in Hong Kong VS in Mainland

China as under two different work injury insurance systems. The program in Hong Kong mainly focuses on the support of return to work by providing case management service in community and delivery retraining programmes to workers with work injury. The program in Mainland China is a pilot programme in collaborating with Guangdong Provincial Work Injury Rehabilitation Center. By using a case management model, occupational and social rehabilitation services are provided to workers with work injury so as to facilitate their return to work and community inclusion.

In comparing with the situation in Hong Kong VS Mainland China, the role of government is critical for having a success in facilitating the development of return to work programme. The experience from Hong Kong and Mainland China comes up with the conclusion that comprehensive return to work program should compose of training on psychosocial adjustment after work injury, vocational counselling, job acquisition skill, & job placement support, using case management model.

Companies' obligation and practice in Return-to-Work programmes

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Legal obligation plays an important role for Return-to-Work.

Aging workforce is becoming a real problem in Germany. Age-related disability often emerges due to disease caused by working conditions. Unfortunately the employees bear the consequences losing their jobs or becoming early retired. Companies are responding poorly to this problem. This

has let the government pass a new law addressing the companies' responsibility in this area.

Since 2004 companies whose workers are unable to work for longer periods are obliged to identify how the employees can return to work and retain their job. Moreover, they are to analyze how to prevent work-related disability in the future.

Our study suggests that companies applying this new obligation succeed encouraging their employees to Return-to-Work and engage in prevention too.

Return to Work: An attempt for all cases!

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This year the invalidity insurance in Switzerland has started with a new concept of early intervention in cases of high risk of long term absence due to health problems (especially mental health problems). The aim is to prevent new cases of long term disability claimants by putting a strong focus on tailored measures for job retention. There will be information on how this approach is actually being put into action. At the same time we will discuss, which possibilities we see to get those people back to work, which are out of their jobs an already receiving long term disability benefits.

Reintegration and job retention of disabled people: Recommendations for better policy & practice on EU level

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Disability and longstanding health problems are key factors in both unemployment and exclusion from the labour market in the European Union. In many countries policy and existing approaches tend to only focus on helping people with LSHP and disabilities to gain employment. However a key challenge is to prevent workers, currently employed, who develop physical impairments or mental health problems from dropping out of the workforce.

A transnational partnership “RETAIN” was set up to develop new strategies and best practices to address the needs of individuals in the labour force who are suffering from mental health or physical health issues which are preventing them from taking full part in economic activity. The partnership existed out of Intro_DM/Belgium, UK London Workforce Futures/Great Britain, Ex Aequo / Italy and ZORON / Poland. An important task of this partnership was to investigate policy development at country and EU level. To achieve this, the national policies of the four countries were compared on the basis of the Wynne and McAnaney tool. This resulted in transnational bottlenecks and policy recommendations on a EU level in order to improve the reintegration and job retention of people with longstanding health problems and disabilities.

Successful return and retention of the U.S. Department of Labor’s Office of Disability Employment Policy (ODEP)

Susan Parker, *Office of Disability Employment Policy, U.S. Department of Labor, Washington D.C., USA*

Return to work is a complex process. Successful return and retention depends on the use of effective employment models tailored to the needs of the employer and the worker. The U.S. Department of Labor’s Office of Disability Employment Policy (ODEP) has tested an employment model showing promising results for adults and youth with significant disabilities, including those who are chronically homeless, in recovery from mental illness, and who have cognitive disabilities.

Activity Compensation and Disability Management. Experiences from a new benefit system in Sweden

Professor Stig Larsson, *Lund University, HAREC, CRC, University Hospital, Malmö, Sweden*

In 2003 new rules came into force in Sweden subjected to long-term reduction in working capacity. This was mainly brought about by the replacement of disability pension with two new benefits: activity compensation and sickness compensation. The former is granted to those between the ages of 19 and 29. They shall be offered the possibility of participating in activities that can be assumed to have a positive effect on their medical conditions and physical and mental performance levels.

In the southern part of Sweden, Scania a project was developed in order to study the experience from the work with the recipients of activity compensation. In the ambition to develop new methods for the

new benefit two persons were engaged to work as certain coaches for them. In this paper we present the results and the experiences but also analyses of the activity compensation as a social policy benefit system. In the project 64 cases have been finalized. More than 30 % have got some kind of job or a place in different education programmes. The study shows that even severe disabled young people are able to participate in different job related activities if they have an appropriate support.

The question is how to develop disability management in relation to a benefit system like activity compensation. Further analyses of the support and incitement structure among both potential employers and employees must be done.

Social welfare in Singapore and Sweden – Differences in organisational systems of health care, social security and rehabilitation

PhD Bodil J. Landstad (1, 2), *PhD-candidate Inger Olsson* (1), *Mid Sweden University, Östersund, Sweden* (1), *Nord-Trøndelag University College, Levanger, Norway* (2), *Department of Health Sciences, Östersund, Sweden*

The aim of the presentation is to compare the health care, social security and rehabilitation systems in Singapore and Sweden, using a structure-functionalistic model in order to identify and examine if differences that exist between these systems can contribute to differences in the number of persons outside the labour market.

It appears that Singapore has had greater success in attaining and maintaining a system of health promotion, which influences the three systems that we have examined. At the same time it would seem that the Swedish welfare system provides greater

security to those that are in need of health care, social security and rehabilitation. In Singapore the welfare system is limited both in its scope and in terms of who can use the services offered. The differences found are due to the differences in the countries' political, economic, social and cultural systems. Thus, the organisations, how they are structured and the goals of the investigated systems differ, and this has a direct effect on the number of persons that are outside the labour market in the respective countries.

Jobcoaching: a good practice example from the Netherlands

Dr. Edwin de Vos (*senior researcher/consultant*)/**Dr. med. Arie Machiel Rijkenberg**, (*junior researcher/physician*), *TNO – Quality of Life, TNO – Work and Employment, Hoofddorp, The Netherlands*

The presentation describes a classical case of a Dutch employee. This man is 40 years old and suffered a severe depression. The case study explains his reintegration via a job coach. It includes a general explanation of the practice of reintegration in the Netherlands.

This case started when the employee was 38 years old. He was competent and friendly and worked in the administration of a metal-working factory with 25 employees. One of his functions was account management. He always had his own office room. Because of an innovation and internal reorganization he lost his workroom and had to learn new digital techniques such as computer accounting programs. One month after the reorganization the employee got clinical symptoms such as headache, sleep disorders and depressive moods. His productivity at work dropped to half of what it was before. After another month he could no longer work and was sent on sick leave. A colleague advised him therefore to consult the occupational

physician. The physician told the patient to consult his general practitioner on his clinical symptoms. This medical doctor diagnosed a severe depression, for which the worker was prescribed antidepressants. After two more months the medications did not show the necessary effect. So the patient was sent to a psychiatrist. His diagnosis is a light form of Autism. The employee had this chronic disease had from childhood on, it however but only became a work handicap after the reorganization. The psychiatrist advised another medicine and suggested further therapy. However, these treatments did not work out well either. In the meanwhile the employee was out of office and work for more than six months still receiving his salary.

The Dutch answer to this problem:

In the Netherlands an employer has to pay the salary for an ill employee over a period of two years. After two years of absence an employer can fire an employee with a disease. However, this employer had no interest in losing his very well introduced and reliable employee. Therefore he searched for an alternative solution and found it another month later. This solution was developed together with the employee, the occupational physician and the Dutch workers insurance institute. A job coach was seen as an excellent possibility. The workers insurance approved this. The job coach was provided via a private occupational reintegration service. The employer had to finance half of the costs and the other half was paid by the workers insurance institute. The task of a job coach is among others to teach the employee new or special work skills. Furthermore, the job-coach advises the employer and the employees' colleagues, how they best have to deal with the mental disease of the employee. In the first week of the job re-entry of the employee the job coach was present at the workplace two hours a day. This was reduced stepwise to 30 minutes per week

in a time span of six months. The result can be seen in a strong increase in working days and in the efficiency of work of the employee. The job coach solution leads to financial benefits for the employer and the wellbeing of the employee. He will need a job coach for the rest of his working life. Especially when there is a new job innovation or internal reorganization.

Every day a proximately 1000 job coaches help 20.000 employees to return to work. That is almost 0,25 % of the total workforce in the Netherlands.

Monday | A2: Ageing Employees

Healthy working while ageing! Enhancing work participation of the older employee with a chronic disease

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In the Netherlands the ageing population and the more strict social security legislation is asking for measures to increase and extend work participation. These measures are necessary to maintain work participation and productivity of older employees, especially of those with a chronic disease.

The aim of this project is to increase sustained work participation among employees of 45 years and older with and without a chronic disease, in their specific profession, work situation and sector (e.g. health care, education, services).

In a cross-sectional study an inventory of facilitating and hindering factors with regard to the work situation is made, by means of administering a questionnaire among older employees (N>6.000). A comparison between employees with and without a chronic disease allows us to distinguish between facilitating and hindering factors caused by ageing itself or by a chronic disease.

During the congress the first results of the inventory will be presented. Outcome measures are work participation, workability and subjective health. An overview of facilitating and/or hindering factors will be presented, providing information as to:

- a) which problems older employees experience with and without a chronic disease in performing paid work;
- b) which type of chronic diseases in particular affects work participation of older employees;
- c) what kind of (which forms of) support older employees with a chronic disease are in need of.

The results obtained from this study will offer guidelines to develop (sector specific) interventions that increase work participation of older employees with a chronic disease.

Increasing the employability of older workers through an integrated workplace health management

Ms Marthe Verjans (Prevent), Mr. Lieven Eeckelaert (Prevent), Ms. An Rommel (Prevent), Prevent-Institute for Occupational Health Safety, Research and Consultancy, Brussels, Belgium

The ageing of the European workforce is a major challenge of the European policy and the employment policy in particular. Over the next few decades, countries will experience a steep increase in the share of elderly persons in the population and a large decline in the share of the population of prime working age. Integrated workplace health management – of which disability management is an important part – offers together with knowledge management, lifelong learning, career management and diversity management, strategies that human resources management can take to ensuring that older workers can be retained in the workforce for longer.

Solution

Within the framework of the Leonardo da Vinci Lifelong Learning Programme 2007-2013, a two years project named 'Ageing at Work' (Workplace Health Management for Older Workers) was initiated. The project is being led by Prevent in Belgium and has partners in Greece, Ireland, the Netherlands and Poland. The project will produce and test a face-to-face training course as well as an integrated e-learning support environment on integrated workplace health management for older workers, with HR professionals as the major target audience.

Ageing Staff – a challenge for the nursing profession

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BGW – Hauptverwaltung, Zentrale Präventionsdienste, Gesundheits- und Mobilitätsmanagement, Hamburg, Germany

Introduction

The Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW) has carried out a project entitled "The development of concepts and competences for managing reintegration of employees with diseases in the workplace (BEM) – the structuring of tasks and roles on and off the job." Within these parameters a concept was initially developed and implemented.

Realisation and Results

The BEM-concept was tested and evaluated in clinics and nursing homes of various size for their nursing staff. It was clearly noticeable that these companies developed an operational strategy of their own accord based on individual cases with regard to promoting workplace health and safety. The BEM-cases with musculoskeletal disorders were often provided with a means of working which reduced the risk of back injury at the patient's bedside or other members of staff

with back problems took part in secondary training measures to reduce the risk of further injury on an individual level. The implementation of a BEM-concept is therefore highly suitable for the realisation of measures to provide an age-based working environment. The introduction of a method of analysis lends itself to presenting the need for a pro-active strategy in respect to a healthy age-based structure and provides initial indications of an existing need.

Conclusion

In systematic personnel and organisational development processes, it is necessary to provide an interface between the management of reintegration of the nursing staff in the workplace and strategies to provide an age-based working environment. Only so is it possible to meet the requirements of, and have a lasting effect on, demographic change.

Workforce in an ageing society – Innovative ways/solutions in the return to work process

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Thesis:

Indeed the incapacity of work is a risk everyone can be affected however the risk to retire work due to a disability increases at higher age. Hence a disability management must take action in preventive arrangements to enable employee's workability up to a high age.

As big enterprises have already implemented structures for the reintegration to employment and preventive arrangements mostly within a holistic health-management-programme, small and medium-sized enterprises desiderate in these arrangements mostly due to a lack of resources.

Solution:

Against this background the national, scientifically evaluated project BEIVIG innovatively avails the platform and synergy effects of regional industrial communities. Regional industrial communities can be understood as a tie between member enterprises, the governmental institutions and the public. Furthermore it provides as a forum for the communication between the member enterprises. The mentioned communicational structures as well as the resources and synergy effects can be optimal used for implementing return to work and preventive structures in small and medium sized enterprises.

Normally these established networks rarely go beyond simple informational networks where the exchange of information occurs, with the focus to everyone's individual strategy. The main goal of the project BEIVIG is to work with these networks on the topic of disability management and let the network evolve into an innovative network where the development of collective strategies and the exchange of implicit knowledge concerning disability management can take place.

Furthermore the network of enterprises will be enlarged by return to work experts, cost units/sponsors and rehabilitation institutions. Due to that it's possible, that the network can exist by itself and consequently sustainability can be guaranteed.

BEIVIG will last from 01/10/07-30/09/10 and is financed by the Federal Ministry of work and social affairs. The implementation of a disability management structure in small and medium-sized enterprises (SME) is it's basic intention. In the first and second stage of the project the concentration lays on building up a management structure within one pilot regional industrial community in order to transfer return to work and preventive structures to the member enterprises. Afterwards the acquirement of three additional locations is intended in order to adopt the practice tested concept. The main

aim is to generate a concept for a structure of disability management in SME's which is transferable nationwide.

Vocational Rehabilitation at the end of the worklife

Dr. Mary Barros-Bailey, CRC, CDMS, CLCP, NCC, D/ABVE, Boise, USA,

Dr. Jodi L. Saunders, CRC (USA), Inter-mountain Vocational Services, Inc. (USA), University of Iowa (USA), Institute on Ethics in Disability Policy and Rehabilitation Practice (USA)

In many developed countries, the expected age of retirement has traditionally been 65. This expected age was developed over a century ago when life expectancies were in the 40s. At almost double the life expectancy now, workers are finding that the retirement systems they access may be insufficient to financially support their remaining years – or, retirement systems become burdened with increased numbers of retirees who are living longer and straining their reserves. Retirees may find that retirement was not what they expected and choose to re-enter the workforce. Whether aging with a disability or acquiring a disability through the aging process, vocational rehabilitation and disability management systems may find greater numbers of employees who possess what is termed as the “common ground:” aging and disability.

This presentation will discuss vocational rehabilitation issues specific to employees engaged in remunerative activity at the end of their worklife, whether they have exited the labor market, are entering it for the first time, or reverse transitioned into it. Transitional and alternative work scenarios as well as (re)training will be addressed, as will other factors that may impact employment (e.g., living arrangements, transportation, etc.).

Healthy Work – a Mirror of a Strong Leadership, Corporate Culture and Economic Thinking under the Aspect of the Demographic Change

Initial knowledge gained from the Segeberg healthy working project

Elke Hippauf, Dipl. Phil./zertif. Disability Managerin, InReha, Kompetenznetzwerk für Reintegration, Gesunde Arbeit Segeberg, Hamburg, Germany

The project

The ongoing research project serves the promotion, retention and improvement of employability, especially for small and medium-sized companies. The Segeberg network agency – one of 6 network agencies throughout Germany – is situated in a rural area. There are mainly smaller companies here.

We have been working since October 2007 and have very quickly found a way of discussing the subject of healthy work with smaller and medium-sized companies. When contacted directly, the companies are very quickly very open as far as this subject is concerned.

First and foremost, companies have their commercial success in view. Knowledge of business and human resources management coherences is not so established in small companies. It is often hard for them to know how to react to problems which result from an incapacity to work through sickness.

Although the media increasingly focuses on the subject **demographic change**, the effects of this change often do not provide managerial staff and those responsible for human resources to reconsider their and the company's development from this point of view. If we make this problem the subject of discussions, the readiness to actively face the challenge grows. The retention of the profitability, the increased dealing with the

attractiveness of the own company, and the subject of the health of the employees and then normally the first steps which are taken. The guiding function of the network agency is then more than a welcome assistance. Even those companies which already have good approaches to the dealing with the subject of health work are pleased to take avail of the assistance provided by our network agency which then acts on behalf of the companies as a guide through the structured German system.

Whereas it was the case at the beginning that the acceptance and active cooperation with all of the social insurance agencies, social partners, associations and many other institutions and multipliers had to be developed within a process which was not simple, it has been shown that these cooperations can always be organised better if the network agency implements this cooperation in practise on the basis of a clear mandate. The Segeberg network Agency has based its actions from the start on the considerations that the case management instrument should be installed at the system level.

Needs-based, solution and customer-oriented – the entrepreneurs stipulate the need and focus of the services. The network agency incurs costs for the provision of resources in the form of highly-qualified personnel and the corresponding organisational structures. Initial consultations often open the door to the required developments up to and including the securing of the employment of performance-changed employees and the securing of the employability. The project is currently financed from an equalization levies and the New Work Quality (inqa) initiative and will continue to be so until 31 September 2009. We must therefore focus our work on the question of the standard financing of these network agencies. There is a demand for our work. The knowledge that there is only an awareness of this need

in an initial consultation must be taken into account when clarifying the future standard financing of the network agency. The securing of employment is an essential company interest. The securing of employment also has a high value for society as a whole.

Monday | A3: Psycho-Social Disorders

Rehabilitation in case of mental disorders after accidents

Thomas Köhler, Klaus Münch, *Berufsgenossenschaft der chemischen Industrie, Direktion, Heidelberg*

Mental problems have been observed in 20 % of all victims of industrial accidents with medium grade injury. Disorders as long-term consequences occur in about 10% of affected persons.

An early identification of patients with risks of mental consequences is obtained from screening questionnaires during first treatment after accidents in hospital. A suitable tool has been developed. Where the risk is high, the progress of the healing process should be monitored or direct medical or psychological consultation provided, depending on the severity. The efficiency of behavioral therapeutic short-term therapy has been proved by a study made by accident insurers. Early intervention significantly reduces the risk of posttraumatic disorder. Timely intervention can help avoid chronification.

Mental Health and Disability Management – A multi-dimensional approach

Myra Lefkowitz M.S.W., *Manager, Health and Well-being Programs and Services, University of Toronto, Trontonto, Canada*

This presentation addresses strategies for reducing absence due to mental illness (with a particular focus on depression) in a large post-secondary institution. Our thesis was that in order to effectively address the emerging trend of higher incidences of men-

tal illness, the focus of intervention must be on both on the individual and the institution. A multidimensional approach engaging multiple stakeholders and focusing beyond individual cases results in an effective disability management model.

The University of Toronto is the largest and most diverse university in Canada with over 11,000 faculty and staff and 75,000 students from throughout the world. The University is situated in one of the most diverse cities of the world.

The University has as its vision to be a leader among the world's best public teaching and research universities and has a commitment to equity, diversity and excellence. The Human Resources and Equity portfolio plays an important role in enabling the University to fulfill these goals. Among its many responsibilities, Human Resources and Equity supports the recruitment and retention of faculty and staff who are representative of the diverse community in which we live, work and study and the University has been recognized for its innovative work in these areas. University of Toronto has been ranked as one of the Top 100 Employers in Canada for three consecutive years and as one of the Top 50 Employers in Toronto in 2007.

The Office of the Vice President of Human Resources and Equity has made accessibility and diversity one of its key priorities. The low recruitment and retention rate of people with disabilities has been identified as a key area of concern. In addition, the enactment of provincial legislation that focused on enhanced accessibility for Ontarians with Disabilities provided the Vice-President with an opportunity to focus attention on the barriers associated with disability at the University.

Mental health issues are an increasing major concern at the University of Toronto, as they are in corporations and institutions across North America. (Canadian Business and Economic Roundtable on Mental Health) Available University data indicates that in 36 % of long term disability cases, mental illness is identified as the primary disabling condition. Sick leave statistics mirror this trend at the University. In an attempt to assist employees with mental illness and depression in particular, and, to increase the University's capacity to retain employees who are struggling with mental illness in the workplace, a multi-dimensional approach was developed to ensure that all stakeholder perspectives and needs were identified and addressed.

The multi-dimensional strategy has demonstrated to be most effective. Successful strategies involve 6 targeted but related initiatives.

1) **Employee Access to Specialized Treatment**

The University Health and Well-being Programs and Services manages the self funded sick leave and disability absences for the University. This office identified the lack of accessible and available community services for employees suffering from depression and the extended treatment waiting times that were resulting in longer sick leave and disability absences. Based on research that suggested that accessing treatment quickly for depressed employees could cut absenteeism while improving workers' health (Journal of the American Medical Association, 2007) Health and Well-being Programs and Services negotiated a treatment provision contract with a community agency to facilitate faster and evidence-based treatment for employees diagnosed with depression. This has proven particularly effective for faculty members early in their career who are juggling demands in both their work and personal lives.

2) **Early Employee Contact and Support**

Health and Well-being Programs and Services staff introduced early contact of employees on sick leave. This early intervention allowed for immediate identification of medical and non-medical issues and established early communication between the employer and the employee. Where indicated, workplace issues are identified and problem solving possible workplace solutions are initiated.

3) **Stakeholder Participation and Solution Focused Strategies.**

University-wide accommodation guidelines which itemize the roles, responsibilities, expectations and procedures were developed and disseminated throughout the University. Leadership teams focused on the critical importance of partnerships between labour and management, insurance provider and medical providers to facilitate successful accommodation and return to work. Stakeholders were familiarized with the accommodation guidelines, principles and procedures. Central to the procedures was the creation of accommodation teams that worked cooperatively to facilitate individual return to work plans. The creation of a vehicle for on-going communication targeted toward solution focused strategies increased the success of return to work plans and the implementation of accommodation where necessary.

4) **Strengthening Managers Capacity to Respond**

The University recognized the pivotal role that managers played in realizing the ambition of the University to break down barriers to full participation of people with disabilities in the workplace. (Duxbury, 2006) The implementation of accommodation on a local level was the responsibility of the manager and the success of the accommodation often rested

with the manager. Recognizing this critical role, the University initiated a multi-pronged approach to provide education, support and guidance to managers throughout the University. Included in the strategy was the acknowledgement of the current reality increased workloads, fewer resources and managers need for optimum productivity from their employees. Any strategy to assist managers would need to address these current workplace realities of significant pressures and competing priorities.

5) **Academic Excellence and Mental Health -Public Education and Awareness –**

The University of Toronto has positioned itself as one of the world's finest institutions of higher learning and research. In order to effect a 'culture change' it was critical that senior academic leadership demonstrate a commitment to an inclusive work environment that was flexible and supportive and encouraged the re-integration of employees returning to work from disability leaves. It was also critical to educate the University academy that mental illness and academic excellence were not mutually exclusive. In addition, a recent University employee survey identified the lack of knowledge by employees of resources available. A series of initiatives, both web and community based, aimed at increasing University responsiveness to and understanding of issues related to mental health in the work and study environment have begun to shift the culture from one of viewing disability as a reason for absence to one of viewing disability as one factor to consider in building an inclusive work and study environment.

Conclusion

The University of Toronto is unlikely to stem the tide of increasing disability claims based on mental illness. The increasingly alarming

rate of mental illness is one that has captured the attention of all levels of government and is being examined on a federal level through a national commission. (Mental Health Commission of Canada, 2007) However, the University recognizes the critical role that an employer may play in managing disability costs, reducing absenteeism and increasing productivity and satisfaction if it engages a multi-dimensional approach involving the participation of senior management, managers, human resource personnel, employee representatives, health providers and employees.

The exclusion of people with mental health challenges is as much a product of the workplace culture as it is the individual's commitment to returning to work. An approach that addresses both sides of the equation will result in effective solutions that maintain and return employees with mental health challenges to the workplace.

The effect of mental disorders on every day business and an activity-oriented approach for company personnel

Ina Riechert, CDMP, Berufliches Trainingszentrum Hamburg GmbH, Hamburg, Germany

Mental disorders affect work habits, efficiency, communication skills and social habits of employees.

If unexplainable changes of behavior are noticed in an employee over a long period of time, an executive should talk to this employee. This lecture will give guidelines for this talk and an action-oriented approach for joint action at the workplace. It is important to provide an atmosphere of trust and reliance, clearly defined roles of everybody involved in the process and the protection of the personal limits of the persons and the company as well as knowledge about company internal sources and external possibilities of help and intervention.

Mental Health: The emerging crisis in workplaces around the world

Dr. Henry G. Harder, *University of Northern British Columbia, Disability Management/ Health Sciences, Prince George, Canada*,
Liz R. Scott, *PhD, Principal, Organizational Solutions Inc., Burlington, Ontario, Canada*

The World Health Organization identifies depression as the next major health issues facing the world. Mental health issues in general are the single fastest growing cause of absence from work. The economic impact is huge and the cost in human suffering is immeasurable. Workplaces have an important role to play in addressing mental health issues. This presentation will provide an overview of these issues and how they can be addressed in the workplace. Suggestions for creating healthier workplaces will be made.

Participants will gain an understanding of mental health issues in general and more specifically the impact of these issues on the workplace. They will gain an understanding of the impact on society and workplaces of leaving these issues untreated and what can be done about them.

Trauma-related appraisals, PTSD severity, and work potential in injured adults

Dr. Lynda R. Matthews, *Associate Professor*
Lyne M. Harris, **Dr. Steve Cumming**,
The University of Sydney, Faculty of Health Sciences, Lidcombe, Australia

The influence of trauma-related appraisals on potential to work following accidents has not been directly examined. In the related area of acute low back pain following injury, however, appraisals concerning pain and the importance of avoiding activities that may cause pain are reported as being the

strongest predictors of sick leave outcome and among the most powerful predictors of return to work. It is argued that fear of pain and injury may be more disabling than pain itself. Similarly, negative appraisals are known to predict poor psychological and physical adjustment in medical conditions. This study examined the predictive value of trauma-related appraisals to perceived work potential in a sample of 69 (55% male) accidentally injured adults. It was predicted that beliefs about the meaning of trauma would be significantly associated with perceived work potential when previously determined predictors of work potential, age, education, pre-injury occupation, injury severity, time since injury, and PTSD symptom severity were controlled. Standardized measures, the Posttraumatic Cognitions Inventory, the PTSD Checklist and the Work Potential Profile, were used to document trauma-related appraisals, posttraumatic stress disorder (PTSD) symptom severity and work potential at approximately 8 months post-accident. Demographic information, and objective hospital data was used to document occupation, injury severity, and physical function. Hierarchical multiple regression was used to identify predictors of work capacity. As expected, occupation, physical function and posttraumatic stress severity were associated with work capacity. Also as expected, PTSD severity and trauma appraisals were correlated. However, appraisals were significant predictors of work potential independent of PTSD severity.

The finding that trauma-related appraisals independently predict risk of reduced work potential is important. It suggests that an intervention targeting trauma-related appraisals may minimise the risk of a reduction in work potential after accidental injury, particularly if such an intervention is introduced early in the recovery process. Targeting trauma-related appraisals may improve work potential after accidental injury, particularly

if an intervention to challenge trauma-related appraisals is introduced early in rehabilitation before these have become well-rehearsed and habitual.

Disability Management prevents bottlenecks becoming final obstacles for employees with mental health issues

Katrien Bruyninx, ACT-Désiron, Hasselt, Belgium

The incidence of work-related health complaints attributed to stress is increasing. Stress is acknowledged to be a major cause of absenteeism and to result in substantial costs for the business and individual workers. Stress is implicated not only in psychological or emotional distress but also in diverse physical conditions including heart attack, ulcers and stroke. Disability Case Management can be used as an adequate methodology to approach employees with stress related health problems in order to improve job retention and reintegration.

Solution

In the frame of the Intro_DM project, by which Prevent and ACT introduced the DM methodology in Belgium, 50 employees with long standing health problems, both physical as psycho-social were accompanied. In this lecture we want to present the results of the case studies of workers with stress related health problems: What are the focus points? Bottlenecks? Solutions? Especially for employees with stress-related health problems the time of the intervention is very important, so bottlenecks don not change into obstacles, which make returning to work impossible.

EBEPS – a project for diagnostic processes, case management support and rehabilitation

Dr. med. Ulrike Hoffmann-Richter, Dr. phil. Volker Schade, lic. phil. Franziska Siegenthaler, Prof. Dr. phil. Hansjörg Znoj u.a., Suva, Versicherungspsychiatrischer Dienst, Lucerne, Switzerland

The generally desired goal to recognise mental, social and work-related problems as early as possible, is difficult to implement and fraught with problems.

The presented project (EBEPS: identification and treatment of mental disorders within the context of accidents and occupational diseases) is a contribution to prediction and, on the other hand, a contribution to case process and management with the following parts:

- ▶ Screening
- ▶ Description of diagnostic procedures, especially for work-related problems, social problems, mental problems and manifest mental disorders
- ▶ Establishment of corresponding interventions and therapies and their concomitant evaluation
- ▶ Case management support

Reintegration of an employee with a maladjustment disorder caused by mobbing instead of early retirement

Lic. Phil. I, Klaus Schiller-Stutz, Psychologisch-Psychotherapeutische Praxis, Hedingen, Switzerland

Thesis

It is a win-win situation for those affected, as well as companies and our society in general, to reintegrate employees in their workplace, who fell sick because of a mob-

bing situation. Affected individuals often get diagnosed with a maladjustment disorder and are given sick leave for an extended amount of time. Senior employees (from 45 years old) are more often affected by mobbing than others, and as a consequence, take the early retirement route more often (Meschkutat et al., 2002). Workplace related rehabilitation and reintegration is important and central for the mental and physical health of an individual, after a mobbing situation has occurred. It is also crucial for the security of his or her existence.

In Europe the biggest challenges in the areas of workplace safety and health are stress at work, resulting in adverse health effects, as well as the increase of violence and mobbing at work (look at the report of the European Agency for Safety and Health at Work, 1/30/2008,

http://osha.europa.eu/en/press/press-releases/news_article.2008-01-30_Stress).

The EU reports (Andersson, 2001) that deficiencies in business organization, information and management, as well as insecure employment and persistent unsolved organizational deficiencies, all lead to the main causes of scapegoating and mobbing.

The expression mobbing describes two things (Schiller-Stutz, 2005, p. 13):

- ▶ on one side, it describes the repeated bullying and excluding behaviour of one or more persons towards an individual
- ▶ on the other side, it describes the arise and course of a destructive conflict with increasing escalation over time.

With an overall increase in Switzerland of psychosocial burdens and mobbing at the workplace, we are currently seeing more frequent reports of health damage and illness.

This leads to more days of absence from work, more use of prescription and other drugs, and more consultations with physicians (Swiss State Secretariat of Economic Affairs, Seco, 2002). Mobbing gives rise to substantial costs for employees, companies and

society because of missed time at work, sickness, decreased performance, interrupted work flow and possibly a damaged image for the company. Projections for Switzerland show that the economic costs of mobbing are between 8 to 13 billion Euro and projections for Germany are in the range of 50 billion Euro.

Methods

Mrs. Example is 57 years old and has been a bookkeeper in a council administration office for 11 years. Because of a nervous breakdown with depressive episodes and a maladjustment disorder, she was put on sick leave by her physician and referred to a psychologist. She reported that she had been asked to go into early retirement because of her overall drop in performance. However it became evident that there were psychosocial strains and mobbing going on in her team and that over time she took on the role as a victim. Mrs. E. started to trust the therapist, who was using his active listening skills and who told her that he was bound to professional discretion. During therapy she talked about the mobbing situation and was able to release her emotions (like annoyance, powerlessness, anger, anxiety, shame and guilt). An in-depth analysis of the mobbing situation helped Mrs. E. to distance herself from the things that were happening, to name the involved players and their motives for their mobbing behaviour, to realize her own share in the mobbing situation and to develop new perspectives. After analyzing the „mobbing dynamics“, she was able to develop more constructive coping mechanisms. It was of great importance to Mrs. E. to leave her victim role behind. She agreed to have two clarifying meetings with her superiors, together with her therapist as mediator, while still being on sick leave. Her superiors realized that Mrs. E.'s decrease in performance and the worsening of the work climate all had to do with the mobbing

situation, after they learned about several incidents and the dynamics within the team. They realized that it would be important, in the near future, to organize team coaching in health protection for all their team members.

Results

During her psychological treatment Mrs. E. was able to learn about how she became a victim and about the strategies and behaviour that support an exit from this role. She also learned how to cope with problems and conflicts in a more constructive way. The understanding of her superiors in regard to the mobbing situation in the team and the introduction of the team coaching in health protection were positive factors that supported the situation. The team was able to establish trust and a more respectful way of interacting with Mrs. E., which had a positive effect on the motivation and performance of all team members as well as on the work climate in general.

Conclusions

This case-study shows that psychosocial strains and mobbing can be overcome with the help of a health professional, and those affected can learn how to cope in a constructive way in order to be integrated back into their original workplace. The experience shows that the sooner the mobbing situation is detected and the sooner an individual consults a health professional (physician or psychologist), the better the chances for a successful reintegration. The attitude and outlook of superiors and the management make a significant difference.

Diagnosis and therapy of health problems related to workplace conflict

Herrmann, J.M.; Schellhammer, E., Rehabilitation Clinic Glotterbad of the Reha-Center Baden-Württemberg, Glottertal, Germany

Corresponding to the definition of Leymann (1995) mobbing is understood as conflictual communication at the working-place between colleagues, especially between superior and subordinate employees. Systematically a charged person will be attacked by one or more colleagues with the aim, to exclude this person from the working-place.

The diagnosis requires a detailed bio-psycho-social interview, specific questions and questionnaires (for example professional mobbing), a physical examination and a social-medical investigation.

The therapy contents:

- ▶ creation of a supportive relationship
- ▶ elaboration of a common bio-psycho-social understanding regarding the process of mobbing, respectively the situations in which mobbing occurs and their consequences
- ▶ development of a principle understanding of conflicts
- ▶ Knowledge to the personal plain of conflicts and the style of coping and the development of a outside perspective
- ▶ Mobilisation of resources and concrete visions of solution
- ▶ Rehabilitation and reintegration in a social network
- ▶ General suggestion to participate in self-help groups or seek medical and legal support.

The aim of the care for mobbing victims is not only the effective therapeutical support, but also the development of a conflict-culture which make possible a professional conflict-management and relationship competence which are necessary for successful leadership.

Multidimensional Case Analysis and interlinked Case Management as a basis for the preparation of the reintegration process of clients with psychosomatic illnesses. Experiences with the use of a structured interview.

Dr. Michael Svitak, Dr. Elisabeth Rauh,
*Klinikum Staffelstein, Zentrum für verhaltens-
therapeutische Medizin, Bad Staffelstein,
Germany*

Disorder based psychosomatic treatment programmes are often insufficient, when it comes to planning and preparing the vocational reintegration process. These require a multidimensional situative analysis. As a result, we developed – in cooperation with leading health insurers a semi-structured interview that assists therapists to generate all the needed information for the case evaluation, like the categorial diagnose (ICD/DSM), the functional diagnostic, motivation and individual resources. Vocational rehabilitation forces the therapist to take a change of perspective and to switch into another role. The proposed evaluation process helps the therapist in this role-shift. In addition a multidimensional case management for psychosomatic disorders integrating the client, the clinic, the case manager und the insurance, as well as positive examples from Canada and France are described.

Neurobiology research can guide ways to understand individuals' whiplash syndrome and their reintegration into the workplace

Ulrich Schoch, *Brainjoin AG, Will,
Switzerland*

Statistics of whiplash trauma patients show a high number of chronic cases, with a almost 5% rate unable to return to work at all. The treatment paradigm and the health system can offer no coherent strategy to cope with the demand of this complex syndrome. New research in neurobiology shows that somatoform dysfunction based on a life threatening experience correlate much more with high arousal in the nervous system and misguided overflow in memory function and fear extinction. We studied a group of patients who have already been under evaluation for lifetime retirement because of symptoms, which have not been cured in the standard procedures of the health care system.

These patients with whiplash symptoms have been treated with interventions rather taken from a coaching framework and self-empowerment paradigm. This approach from the field of psychophysiology of self regulation showed even in one case with a history as long as 8 years after the accident a major improvement in work performance and social functioning. Many clients could achieve a successful reintegration in their work environment based on the Swiss policy of step by step approach. 50% from the group of 61 individuals could go back to work and managed to become again functional and socially integrated.

Lesson learned are based on principals of early intervention, self-regulating and motivation theories.

Monday | A4: Interactive Prevention

Disability Prevention/Return-to-Work

Project Manager – Nicole Lindo, Municipal Health and Safety Association of Ontario, Mississauga, Ontario, Canada

The Workplace Safety and Insurance Board's (WSIB) return-to-work (RTW) strategy – outlined in their five-year plan called "The Road to Zero: 2008-2012" – calls for Ontario workplaces to have disability prevention/return-to-work (DP/RTW) programs that are integrated within their overall injury/illness prevention programs. The WSIB's partnership with the health and safety associations (HSA's) on delivering integrated prevention content – focused on injuries, illnesses and disabilities – is one of the priorities described in the WSIB's strategic approach to RTW.

As a result, Ontario's HSA's are in the process of incorporating DP/RTW services into the programs they offer to the province's employers. Taking the lead is the Municipal Health and Safety Association of Ontario (MHSAO) to ensure all HSA's will integrate RTW education and programming to their prevention initiatives for which the HSA's are already known.

The overall purpose of the DP/RTW project is to enhance the HSA's understanding of DP/RTW as part of integrated health and safety continuum and to reflect this understanding in their programs, products and services. This project will focus on ensuring alignment and integration of DP/RTW programs across the prevention system.

An overall solution is the integration and alignment of the prevention system partners within the province of Ontario to provide a consistent message and program in DP/RTW. This will ensure all employers

of Ontario are incorporating these programs into their overall health and safety programs. By doing so, the injured workers of Ontario lessen the impact of an injury on their life by continuing their contribution and participation to their workplace. For the employers of Ontario, an overall inclusive health and safety program, incorporating DP/RTW will lessen the impact of their production and operations, retention of valued staff and reduced financial impacts of staff turnover and levies and penalties for non-compliance.

The DP/RTW project pilot is scheduled to begin in September 2008 with project evaluation to be completed by December 2008.

Integration management as an integral component in industrial safety and in the work of the company physician

Dr. Eckhard Müller-Sacks,

Medical specialist for industrial medicine, CDMP, BAD Gesundheitsvorsorge- und Sicherheitstechnik GmbH, Zentrum Düsseldorf, Mönchengladbach, Wuppertal, Erkrath, Düsseldorf-Airport, Germany

The operation in industrial safety is mostly done following the pattern of counselling, examination, cooperation, and gathering of results. All of this with the purpose of helping people at the company to use their work as an economic and social basis in the process of creating value. Industrial safety is here an integral part and also includes the preservation of the workplace through appropriate limited input at work. In industrial medicine through collaboration with work-safety designers also consultation is given regarding ergonomic and safe work-performance and work-place design for employees who are handicapped or have undergone a change in

work output – aside from consultation regarding the appropriate work place. A repeated work-examination proposal related to the workplace ensures an upkeep of health and an upkeep operational capability. As a result, we maintain the workplace through maintenance of health, through appropriate limited work and through safe work performance. Here the circle closes and industrial safety through consultation, examination, collaboration, and gathering of results with regard to – and for – the healthy employees, for those who undergo a change in output and for the handicapped at the company.

A job retention program for employees with a chronic illness. Is it successful?

Inge Varekamp MA, Frank van Dijk MD PhD,
*Academic Medical Centre Amsterdam,
Coronel Institute of Occupational Health,
Amsterdam, The Netherlands*

A growing number of persons aged 16-65 has a chronic medical condition. If employed, many of them are hampered in performing job activities. Lack of work accommodations, insufficient social support at the workplace, persistent fatigue and emotional distress are mentioned by employees themselves as factors which may lead to stress and unnecessary job loss. Notwithstanding social policy aimed at maintenance of workability or re-entering the labour market, persons with chronic illnesses are far less often employed than others.

We developed a training for employees with a chronic illness who experience difficulties in functioning or performing job activities. Seven three-hour group sessions are combined with three individual counseling sessions. The group comprises eight participants and one trainer. The training aims at job retention by 1) exploring work related problems, 2) learning to communicate about

illness and work with managerial staff and colleagues, 3) developing solutions. The effectiveness of this training is presently investigated in a randomized controlled trial design. Outcome measures are job retention, fatigue, pleasure at work, and work related self-efficacy. Up till now attendants of the training are positive about the set-up and contents of the training (mean score 8,1). Further results will be presented.

Prevention versus return of investment?

Dr. Walter Gaber, Fraport AG, Frankfurt Airport Services Worldwide, Frankfurt/Main, Germany

Taking the example of the activities as part of interdisciplinary prevention, Fraport AG proves that a ROI is possible if continuous monitoring is ensured. The success will only be secured if these measures are actively supported Group-wide by the executive management.

An examination of trends in no-lost-time and lost-time claims in Ontario. 1991 to 2006.

Peter Smith, PhD, Population/Workforce studies group, Institute for Work & Health, Toronto, ON, Canada

In Ontario, Canada, the Workplace Safety & Insurance Board (WSIB) covers approximately 65 % of the labour force for the health care and wage replacements costs associated with work-related injury and illnesses. Over the last 15 years there has been a 42 % decline in the number of claims for injuries that require time away from work, past the day of the accident, reported to the WSIB. However, over the same time period there has only been a 4 % reduction in injuries

that require medical attention, but do not result in absences from work past the day of the injury (no-lost-time claims or medical only claims). As a result, there are currently over twice the amount of no-lost-time claims (NLTCs) reported to the WSIB, than lost-time claims (LTCs). These trends send a mixed message concerning the prevention of workplace injuries in Ontario. On one hand, workplace injuries that required time off work decreased substantially. Conversely, workplace injuries that required medical attention, but did not result in time off work, hardly declined at all.

There is also evidence that the number of no-lost-time claims (NLTCs) that require ongoing health care is increasing. This, along with other factors, has resulted in a 26 % increase in the health care costs associated with NLTCs between 1991 and 2000, even after adjustment for inflation. It is estimated that the current annual health care costs associated with NLTCs in Ontario are well in excess of \$20 million.

There are at least three possible explanations of why the declines in LTCs have not been replicated among NLTCs between 1991 and 2005: (1) over time there may have been changes in the types of injuries that occur at work, with a greater proportion of injuries that currently occur not requiring time off work past the day of injury; (2) there may currently be better accommodation from workplaces for employees with injuries of similar severity over time; allowing more workers who are injured to return to work the day after the injury occurs; or (3) changes may have taken place in workplace claim management processes, which have resulted in workers being encouraged to submit no-lost-time claims for injuries that were previously reported as lost-time claims.

We will present analyses completed using routinely collected claim information from the Ontario WSIB from the years 1991 to 2006. This analysis is part of a larger project which will select and extract detailed

injury information from approximately 10,000 no-lost-time claim reports submitted to the WSIB between 1991 and 2006.

Questions which will be examined in this presentation included.

Return to work with orthopedic disease – a successful project between company health insurance, company, rehabilitation hospital and pension insurance

*Lutz Trowitzsch, Institut für Arbeits- und Sozialmedizin der Paracelsus-Klinik an der Gande, Bad Gandersheim, **Bernhard Koch**, SZST Salzgitter Service und Technik GmbH, Salzgitter, **B. Leineweber**, BKK Salzgitter, Germany*

Classical measures of health promotion offers such as back training, nutrition consultation and discount entrance fees to fitness centers frequently reach their limits with chronic long-term illnesses. Hampered accessibility to offers of operational health promotion and pessimistic estimates of the functional capacity by the patient himself prevent reintegration of long-term invalids. Our cooperative project between rehabilitation hospital, company health insurance, company and pension insurance shows, how a job specific testing leads the Patients to a realistic estimate of his functional capacity. Professional occupational rehabilitation related to the functional capacity combined with an operational health promotion can be adverted to the needs of the individual more effectively and shortens the time of invalidity, relevantly.

Thereby the cooperative project is placed into the context of an integrated health promotion concept.

Ergonomical programs featured for the building trade

Andrea Hauck, Joachim Hanse, Bernd Hartmann, AMD Arbeitsmedizinischer Dienst der BG BAU, Region 1, Germany

Thesis

Institutions for statutory accident insurance and prevention are offering job related programs as a substantial contribution for disability management.

Solution

Statutory accident insurances function as compensation insurances on behalf of the employers. In order to prevent accidents and diseases they are busy with relevant subjects concerning nearly every aspect of work life – the principle being “All from one source”. Part of the institution’s task focuses on prevention and therapy. If necessary full scale treatments are offered to the employees, up to occupational retraining. The aim is not to let this happen in the first place and additionally, activity is needed because of our ageing society. Therefore efforts in prevention are to be multiplied. Its focal points are avoidance of accidents and minimizing occupational diseases. Therefore the statutory accident insurance in the building trade leads campaigns emphasizing central topics, such as skin problems. Professional training courses are provided for members, e.g. physiological and psychological stress. Programs like Prevention of Back Pain und RehaBau – Rehabilitation of Back Pain are aimed at apprentices and trained workers. Examples are shown during the speech.

Prevention policy as trigger for the development of Disability Management policy

Katrien Bruyninx, ACT-Désiron, Hasselt, Belgium

Prevent is an institute which helps businesses to develop an integrated prevention policy on occupational health and safety. The organization considers prevention as part of the business strategy. However, it is one thing to guarantee health and safety standards at work, yet quite another to deal with longer-term consequences of accidents and health problems that do happen – especially in terms of having an established legal framework and specific company policies to promote the reintegration of affected employees. After research Prevent did, it became clear that in Belgium there is a compelling case for focusing attention upon the issue of return to work after an accident or illness.

Solution

Prevent & ACT started three years ago with the project “Intro_DM” – Introduction in Disability Management. The project partners supported different Belgian companies in the implementation of a Disability Management policy. Several practical cases made the connection between the OSH policy and DM clear, the one cannot be implemented isolated from the other! This lecture shows several examples of how preventive measures are part of a DM policy and how reintegration actions when someone falls out can result in improving the OSH policy within the company.

Individual prevention for employees with skin-diseases in the hairdresser occupation

Dr. Ute Pohrt, *Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW), Grundlagen der Prävention und Rehabilitation, Fachbereich für Berufsdermatologie und Interventionsstrategien, Berlin, Germany*

The Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW), legal accident insurer for healing, care, social and beauty trades, has developed successful programs which can help prevent involuntary dropouts.

Until into the 1990s, BGW was confronted with a dramatic rise in industrial skin disease statistics – mainly among hairdressers and employees in care trades. Most of those affected in these areas suffer from allergies due to chemicals or latex gloves; in addition, wet or moist hands make the skin permeable to irritating substances. Formerly, the only way out was costly retraining in a trade without these risks.

BGW, therefore, developed programs for the affected occupations. Today, free seminars are available everywhere and conducted with great success, in which therapy and prevention are closely related with each other. The seminars help affected persons cope with their problem to the extent that they can continue working in their trade provided they practice the hand care they have learnt. Seven of ten participants can continue their normal work after attending the seminar without having to take special precautions.

The BGW conducts these seminars in nine consultation and training centers (schu.ber.z) all over Germany. People with occupational skin problems can also get a dermatological check and specific advice in these centers.

The success of the seminars is reflected in a 17% drop of the contribution to statutory accident insurance for hairdressers in 2008.

The BGW contributions paid by almost 60,000 hairdresser's shops have been dropping since the 1990s. Last time the fee was cut by 25 per cent in 2001. In the last few years, rehabilitation costs dropped from over 25 million Euro to 13 million Euro in 2006 and have been maintained at that low level since. More information on this topic is available at [HYPERLINK www.bgw-online.de](http://www.bgw-online.de)

Monday | A5: Support of Abilities

Company-oriented rehabilitation and integration of people with neurological disorders – experiences and results (nationwide)

Manfred Smeja, SALO Holding AG, Hamburg, Germany

Unusual circumstances require unusual solutions

Although enormous progress on the development of innovative rehabilitation programs has been made, a lot of people with neurological disorders are still fighting to return to their work place or to get a foothold in a new working field. Owing to a lack of knowledge regarding impact and side-effects of neurological disorders, well-intentioned integration approaches are often condemned to failure.

Since 2003, we have extended our integration program by our integration concept **Ambulant Vocational Individual Rehabilitation**, especially for those with neurological disorders (such as apoplexia, craniocerebral injury, etc.). This measure includes comprehensive support in the participant's hometown by skilled neuropsychologists, psychologists and occupational therapists who act as their personal job coach. Based on professional competence and experience, our staff make the diverse impact of the respective disorder comprehensible and manageable to the people affected.

In co-operation with the client, family members, therapists in charge and employers and in close coordination with the funding rehabilitation institutions we establish an individual schedule, identifying realistic and practically oriented ways to return to work-

ing life. Whether establishing an adequate field of activity or looking for suitable companies offering internships or providing specific support in case of difficulties at work or in the family – we are on site with our clients. The SALO-Job-Coach, acting as the participant's reference-person, will be on the participant's side throughout the entire rehabilitation measure.

Apart from imparting theoretical knowledge, we focus on the practical internal training as well as on gradually improving their ability to work under pressure in the real working environment. At the same time, the client receives an individual cognitive training and further therapeutic measures, if required. Objective of our activities is either to maintain the job, transfer the participant to a different workplace within the company ensuring continuity of the working contract or a direct job-placement into the first labour market.

Together with the funding rehabilitation institutions we co-operate with the treating hospitals, thus providing a link between medical and vocational rehabilitation without any waiting period for the clients.

The great achievements with an integration rate of 80% with this clientele on the first labour market are both our commitment and our assignment for the future.

Assessing Barriers to Work: Australia's Job Capacity Assessments

Nikki Brouwers, Interact Injury Management, Managing Director, Orange, Australia

How does a Government successfully and consistently support workers with disabilities to move into employment?

The Australian Government identified the need to assess income support recipients for their barriers to gaining work. These barriers were then used to make a timely referral to the correct employment provider. As a result the Job Capacity Assessment (JCA) was developed and commenced in July 2006.

This paper analyses the past 18 months of results to identify its success in appropriately assessing client's work capacity and barriers to work.

The introduction of JCA's into the disability market has consistently delivered assessments that identify barriers to work and the appropriate referral to agencies to overcome these barriers. In 2006-2007, 363,261 JCA's were completed at a total expenditure of \$104 million. All 1,650 assessors across 18 service providers are Health professionals with 72% of all assessors being psychologists or social workers. The current results indicate that 83% of clients are referred to an employment or related service provider. The current complaint level is very low at 0.04%. In summary this Government initiative is successfully connecting people with disabilities with the appropriate agency to assist them to overcome their barriers to work.

Information as support for Disability Management

Semmt, Gisela, *Institut der deutschen Wirtschaft Köln, REHADAT, Köln, Germany*

For effective disability management information is needed from various specialist areas (e.g. law, medicine, ergonomics). Even well trained disability managers aren't always updated in all these special fields. The internet as a source of information offers a flood of information, the individual information is however, unstructured and frequently out-dated and difficult to evaluate.

The work of the disability managers is eased by central and independent information systems on the internet, (i.e. not targeted towards the sale of products or services). An example of this is REHADAT which offers relevant information in a structured way and which is regularly updated. REHADAT is freely accessible due to government aid from the German Federal Ministry of Labour and Social Affairs for all participants in disability management. REHADAT is already linked with information sources from different countries, e.g. assistive product information. Additional co-operation is possible.

Australia's Job Access: a one-stop information shop for all matters relating to the employment of people with disability

Therese Campbell, Nicole Tuckwell, *WorkFocus/Job Access, Australia, Subiaco, Perth, Western Australia, Australia*

The Australian workforce is changing. Our economy continues to grow but our population is ageing. Some industries are experiencing a tightening labour market and, without action now, Australia could face a potential shortfall of nearly 200 000 workers over the next few years. Employers are being encouraged to help address future staffing shortfalls through the employment of people who have traditionally been under-represented in the workforce. People with disabilities have long represented a qualified but under utilised part of the Australian workforce. People with a disability can have significant skills to offer a business, and also tend to have an immeasurable commitment to the organisation they work for with the potential to increase staff morale. However there still remain challenges for people with disabilities to gain and maintain employment. The most immediate challenge for employing

people with disability is getting employers to hire them. Understanding the barriers to employment from the perspective of the employer is the first step towards promoting more favourable perceptions of individuals with disabilities in the workforce and increasing the willingness to hire them.

Employers often don't understand, harbour false perceptions, are unaware of support services and incentives and can't see the potential benefits. With expert advice, education, financial support and assistance they quickly gain the confidence and ability to achieve a win-win outcome.

JobAccess is a one-stop information shop for all matters relating to the employment of people with disability. An Australian Government initiative, JobAccess is an information and advice service which offers practical workplace solutions for people with a disability and their employers.

JobAccess is a free service offering expert advice on matters relating to the employment of people with disability. It is run by Disability Employment Specialists WorkFocus Australia on behalf of the Australian Government. Job Access provides information specifically for employers, job seekers, employees with disability, their co-workers and providers of Australian Government employment services.

JobAccess includes a comprehensive, easy to use web site and a free telephone information and advice service where employers, people with disability and service providers can access confidential expert advice on all disability employment related matters.

The JobAccess team administers the Workplace Modification Scheme which assists with the cost of workplace adjustments or solutions needed to accommodate a worker with a disability in a job. The Workplace Modifications Scheme pays for the costs involved in modifying the workplace or purchasing special or adaptive equipment for eligible employees with disability.

The team also administers a new Government initiative called the Auslan for Employment programme (AFE) which aims to maximise the ability and workplace independence of Deaf workers and to support strong employment growth and the improved productive performance of enterprises within Australia.

The Auslan for Employment programme provides initial assistance to encourage employers to employ a Deaf worker or to help existing Deaf workers to further support their workplace independence. Three levels of assistance are available, and they include Auslan interpreter services, Deaf awareness training for co-workers, and Auslan course assistance for co-workers.

The JobAccess website has information about the full range of Australian Government services for the employment of people with a disability. It also has step-by-step guides on recruitment, job searching, adjusting a workplace, understanding rights and responsibilities at work, disability information and more.

In its second year JobAccess has now responded to over 20 000 enquiries and provided funding assistance for Workplace modifications or training to over 2000 individuals with disability in employment.

The unique model of service delivery developed by WorkFocus Australia provides an efficient and effective service to people with disability, employers and service providers and assists the government to achieve the key objectives of Welfare to Work strategy – increased workforce participation rates, increased employment rates and reduced welfare dependency rates.

Chronic pain, pain therapy and participation in working life

Priv.-Doz. Dr. med. Ralph Stuttmann,
Chefarzt, cand. med. Ilke Wyludda,

BG Kliniken Bergmannstrost Halle, Klinik für Anästhesiologie, Intensiv- und Notfallmedizin, Schmerztherapie, Halle, Germany

1. Introduction

The ICF created by the WHO offers the basis to ensure systematic descriptions of functional health, and to document limitations with regard to functions, activities and participation in different areas of life against the individual background of the patient's specific environment. Participation is determined by involvement into different areas of life, while taking into account context factors (environmental factors) (Biefang, Potthoff, & Schliehe, 1999). It reflects the ability to participate in social life. Thus, participation must always be considered an interaction between the patient and both the environmental and personal context factors (Delbrück & Haupt, 1998). Chronic neuropathic pain represents a comprehensive field of duties within pain therapy. The treatment of chronic pain leads to a critical discrepancy between therapy effort and cost and the subsequent results regarding resumption and/or improvement of activities and participation during social and occupational reintegration.

2. Material and methods

This study is conducted over a period of two years with individual observational periods per patient of six months. The protocol comprises three examinations, each including an interview and a test using the "Medoc TSA-II & VSA 3000" device. Inclusion of approx. 150 patients should be achieved. Two of the examinations will be performed during the pa-

tient's hospitalisation; the third examination will be performed at a consultation visit in the outpatient pain clinic. The main focus will be an interview using a standardised questionnaire. Questions will primarily refer to the health status and to activities in the patient's environment. The questionnaire will be completed by the investigator and is based on the WHO "International Classification of Functioning, Disability and Health". The objective is to clarify some fundamental aspects:

- a) Does the ICF offer the possibility to reliably record changes of activity and participation?
- b) Does pain intensity according to the Numeric Rating Scale (NRS) match the changes observed in activity and participation?
- c) Is it possible to substantiate subjective activity and participation data by using measurement results collected with the "Medoc TSA-II & VSA 3000" device?
- d) Is there any impact on the collected data by the factors gender, age and time of inability to work?

3. Results

Currently, there are no study results available yet. During the initial 3 months of the observational period, 19 patients were enrolled in the study, and data of the second interview were available for 16 patients. Data collected with the first layout preliminarily suggest that substantiation of conventional methods for the assessment of chronic pain – such as numeric rating scales – has been possible by using the ICF for interviews.

4. Discussion/conclusion

The main aspect of discussion should be the option of using the ICF in order to substantiate pain therapy and its results and to facilitate its assessment. The diagnostic device "Medoc TSA-II & VSA 3000" is used

for investigations to clarify, if subjective questionnaire assessments can be verified using “objective” measurement data.

The model of the “taking charge of the disabled injured worker” at the customer point

Dr. Giuseppe Ali, Medical Manager
responsible for “Customer Point – Prosthetic Center”, INAIL, in Lombardy, Milan, Italy

The INAIL (Italian Workers Compensation Authority)’s mission is the social protection of workers against the risk of accidents at work and occupational diseases.

A new legislation (legislative decree. 38 of 23-2-2000) has consolidated a remarkable expansion of the insurance protection for injured workers.

So recently INAIL has new tasks about work safety and hygiene, working and social reintegration of injured workers, retraining projects and the removal of architectural barriers.

The new legislation has also introduced the innovative concept regarding the “taking charge” of the injured worker to provide a full covering about medical treatments, rehabilitation therapy, work reintegration and insurance benefits.

The “taking charge” of the injured worker is a complex and multidisciplinary function that involves several INAIL’s professions: doctors, social assistants, engineers, orthopaedic technicians, psychologists and others.

In this contest the activity of the INAIL’s PROSTHETIC CENTER, located in Budrio (Bologna), is a very important component.

The INAIL’s PROSTHETIC CENTER is an international structure of excellence where prosthetic and high technology devices for every type of worker disability are designed and made.

To decentralize and improve the level of performance and the supplying of these devices in an Italian region with a high level of industrial production (about 20% of the whole home product) and a very high number of working accidents (on the average 20,000 events for year), a “CUSTOMER POINT- PROSTHETIC CENTER” was opened in Milan, in 2005. Other “CUSTOMER POINTS” had already been opened some years earlier in Bari and Rome.

The “CUSTOMER POINT-PROSTHETIC CENTER” located in Milan is a highly specialised centre for the consultancy and supplying of medical devices to the injured workers living in the Lombardy region.

Two nurses, two physiotherapists, two orthopaedic technicians, a rehabilitation expert doctor and a medical examiner responsible for the Center work in the “CUSTOMER POINT-PROSTHETIC CENTER”

During two years of activity the CUSTOMER POINT took charge over 1500 injured workers and has supplied more than 5000 technical medical devices.

Every worker is visited by a doctor and an orthopaedic technician in the first stages of treatment; they establish an individualized rehabilitative project for each type of disability; the rehabilitation therapy is performed both at the CUSTOMER POINT-PROSTHETIC CENTER and in centres which are qualified and operating within the District Health System.

Anyway the PROSTHETIC CENTER directly supplies the devices to the injured worker who needs them.

More than one year ago, a “Polispecialistic medical center of the foot” was opened in the CUSTOMER POINT: here a team of specialist doctors and orthopaedic technicians carry out a consultation and directly supply orthopaedic footwear for each different type of walking disability.

Moreover, the experiment of a centralized supplying of urological aids for incontinence to all patients of this type of disability has been set up almost one year ago.

This is a big and ambitious experiment regarding over than 600 patients across the whole region that ensures a specialist monitoring of the treatment of urinary incontinence for each of them.

The CUSTOMER POINT ensures the whole supplying and the home delivery of the urological aids with a significant economic cost saving.

In the CUSTOMER POINT a consulting engineering service is also active for the planning of changes in motorized vehicles in order to make them suitable to workers with severe physical limbs disabilities.

A collaborative experiment with the “Galeazzi Orthopaedic Institute”, located in Milan and providing robot – assisted walking therapy using “Lokomat” for people with severe neurological or orthopaedic conditions caused by spinal cord injuries – has been running since a few months.

The author will communicate the results of each activity expounded in the report in the hall.

Conclusions

The experiences made in the two years of activity confirm the effectiveness of the organizing model of the “CUSTOMER POINT-PROSTHETIC CENTER” to a rapid and effective “taking charge” of injured workers.

The carried out activities also suggest the advisability of a territorial spread of this model in order to support research and treatment performed by the PROSTHETIC CENTER in Budrio.

Barrier-freedom when using the computer and the internet for the rehabilitation and participation of the disabled in their working life

Thomas Hänsgen, tjfbv e.V., Bundesweites Kompetenz- und Referenzzentrum “barrierefrei kommunizieren!”, Berlin, Germany

Using the computer and the internet is increasingly becoming an important qualification for the vocation and opens new job opportunities for people with disabilities (e.g. after an accident).

Preconditions for taking advantage of these on an equal footing is the barrier-free access to these media.

This means among other things:

- ▶ Giving advice to people with disabilities when choosing and using supporting technologies.
- ▶ Creating barrier-free and accessible online offers which inform about apprenticeships, jobs, etc.
- ▶ Designing learning offers, such as e-Learning platforms, for professional development so that they can be used independently from disabilities.

These solutions for the job-related integration of people with disabilities are demonstrated in the presentation.

“Occupational health” (www.eibe-projekt.de) Development and Implementation of return-to-work programs in German retraining centres (EIBE)

*Harald Kaiser, iqpr, Munich,
Reiner Eggerer, BFW, Nuremberg, Germany*

The project EIBE

Within the project EIBE processes for return to work coordination in 28 Vocational

Advancement Centres have been developed, integrated in a management system and tested and proved in several cases.

Implementation of the project

Apart from the contextual implementation in the form of a manual, scientifically relevant issues have to be discussed and conclusions shall be allowed to be drawn with respect to further process steps. In the course of this action research the focus of our partners was drawn on the following four project issues:

1. Which target groups is a return to work coordination especially suitable for?
2. Which actors can operate within the scope of a return to work coordination and what are their tasks?
3. How can a return to work coordination be implemented with respect to content?
4. What are beneficial and hindering factors with regard to utilisation, implementation and realisation of a return to work coordination?

According to the law, the purpose of the return to work coordination is to overcome inability to work, prevent recurring inability to work and to save jobs.

In § 84 SGB IX certain minimum standards have been recently defined that have to be met and that should serve as a guideline to employers. All remaining questions could be answered during the last two years' project work. A research report (BMAS, Forschungsbericht 372, ISSN 0174-4992 – www.bmas.de) covers both research findings and a broad range of aspects such as practical advices, directives on data protection and proposals for the conclusion of a works agreement.

Among other things, the following legal issues are currently discussed:

- ▶ What constitutes a minimum configuration for a return to work coordination?
- ▶ When is an employee considered to be successfully reintegrated?

- ▶ Which obligations to cooperate do employees have?
- ▶ From when are days of inability to work counted from the beginning?
- ▶ How is the cooperation with external cooperation partners carried out?
- ▶ Which financing possibilities can be taken into consideration?

In order to gain further insights in the field of return to work coordination, the project EIBE will be continued until the end of 2008. Central topics of interest at the current project stage are:

- ▶ Continued gathering of insights on the basis of actual integrational work,
- ▶ Enhancement and differentiation of the concept of data protection,
- ▶ Adaptation of teaching aids depending on the size and type of enterprises and on branches,
- ▶ Definition of criteria for a bonus and incentive system according to § 84 Abs. 3 SGB IX

This presentation covers the relevant findings of the project from a scientific point of view and from the point of view of practical business orientation. Practical advice is also given which could be of use for companies worldwide.

The method of Managed Integration, “Inserimento Mirato” – an Italian case study

Stefano La Porta, Centro Servizi Lavoro (CSL), Quartu Sant'Elena, Italy

This presentation talks about the Province of Cagliari's experience in implementing a system for the integration of workers with disabilities into the work force, as decreed by the Italian Law number 68 of 1999. At a first glance, people with disabilities and businesses appear to be incompatible.

On the one hand there are people who are considered to be dependent on continuous care and assistance and generally not able to be productive. On the other hand there are businesses with rising efficiency and productivity requirements, and operational methods that do not allow for personal disabilities. In Italy, Law 68 of 1999 entitled “The right to employment of people with disabilities,” requires all public and private enterprises to include one person affected by a disability for every 15 employees. The disabilities considered are: physical, mental, sensory, or disability resulting from injury in the workplace or military service. The law defines “inserimento mirato”, which translates to “managed integration”, as being a number of technical procedures to assess people with disabilities and to analyze potential employers, and also policies to support the integration process, with solutions to problems related to the interaction of disabilities and work environments.

The method of managed integration is a process of mediation implemented by the public service. It is made up of a number of consecutive actions aimed at people with disabilities and companies, and is structured as a set of activities whose purpose is to transform the remaining abilities into skills. The method is divided into three types of actions targeting people with disabilities and potential employers:

- ▶ A service that assigns a specialized consultant to follow each case: providing reception, information, guidance, and case-specific consultation, in cooperation with other public social services.
- ▶ Implementation of the procedures set out by Law 68, including an active labour policy, and a system for the assessment and analysis of people with disabilities and of companies, plus all the bureaucratic procedures required by the law.
- ▶ Mediation tools, including a whole series of mechanisms for the design and realization of case-specific integration

projects, where the person is matched to the most compatible company according to the results of the assessment procedure, and then supported throughout the integration process.

The work carried out by the Province of Cagliari demonstrates the potential and complexity of the managed integration method deriving from the application of Law 68. It shows that successful integration of people with disabilities into the workforce can be obtained with careful attention to the mediation process between people with disabilities and employers, resulting in a process that has the ability to achieve the integration of people with any disability into all productive organisations.

Mature aged workers, from survival to revival: Vocational rehabilitation strategies that work

Pat McAlpine, National Manager Professional Practice, National Service Delivery, CRS, Australia

In the face of Australia’s ageing population and consequent future employment trends, the development of effective strategies to assist mature aged job seekers with a disability find work is a high priority for government. What strategies are effective in overcoming obstacles to raising labour force participation rates? With growing numbers of people leaving the labour market permanently as a result of a persistent health problem and limited numbers of people with reduced work capacity actually working, an evidence base is required to better understand which employment service programmes work for whom and which types of interventions are most cost-effective.

CRS Australia as the primary provider of vocational rehabilitation services in Australia is responding by working with

unprecedented numbers of mature age job seekers with a disability to identify and match work capacities with real and sustainable employment outcomes.

This paper describes some recent changes in approach to vocational rehabilitation within the context of the Australian government's Welfare to Work reform including the move towards evaluating a person's remaining work capacity rather than their disability. The continuum of employment services that differentiates the needs of job seekers with disabilities serves many broad policy imperatives however pilots of our interventions with groups of people at risk of social isolation and poor self efficacy demonstrate that successful employment service provision requires flexible servicing, supported referral pathways and strong ongoing links with local communities.

A framework for effective vocational rehabilitation for mature aged job seekers with a disability is outlined and acknowledges the importance of allied health qualifications and skills to ensure effective, evidence based practice and the achievement of safe, durable and quality employment outcomes for job seekers with disabilities.

Finally, as part of CRS Australia's commitment to research, innovation and the development of an evidence base for specific interventions, the presentation will describe our partnership with Swinburne University to explore the potential value of the Work Ability Index in Australia.

Monday | A6: Disability Management and Back Pain

Validation of a risk factor-based intervention strategy model using data from the Readiness for return to work cohort study

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Introduction

Low back pain (LBP) is a common and in some cases disabling condition. It is often characterized by recurrences and co-morbidity. Until recently patients presenting with non-specific LBP have generally been regarded as a homogeneous population. Evidence is emerging that meaningful subgroups can be identified.

Methods

The present study was conducted within the “Readiness for Return to Work Cohort Study”, a prospective study of Ontario workers with a back or upper extremity MSK disorder, who filed a Workplace Safety and Insurance Board lost-time injury claim. This study focuses on the 442 low back pain claimants in the cohort. Since our aim was to develop clusters of risk factors for returning to work, for workers currently off work due to acute low back pain, we designated those workers (n=252) who had already returned to work at baseline questionnaire as the low risk group. A subgroup analysis was performed on those 183 workers that were still off work at the time of the baseline interview. The latent class analysis

(LCA) method groups subjects together who share similar characteristics. Groups were classified based on the following characteristics: fear avoidance, physical dysfunction, high physical demands, poor employer response, and mood symptoms

Results

Comparing the group of workers that have not returned to work with the group of workers that have returned to work, shows that pain, functional status, heavy work score, people oriented culture and disability management are associated with work status at baseline. A more people oriented culture is associated with not having returned to work. Results from the LCA show 3 classes. Class 1 can be characterized as workers with an adverse workplace situation. Class 2 can be characterized as a group of workers with a pain problem, but not a workplace problem. Class 3 can be characterized as “Overwhelmed”, since workers in this class have the most negative values on every scale with a very high score on the CES-D.

Conclusion

This study seems to confirm the model by Shaw et al. Different groups of workers can be identified to better refer workers to appropriate care or workplace intervention. A possible intervention approach should be tested in a randomised controlled trial to provide evidence whether it is actually better than current care.

JobRehab – a job-orientated rehabilitation program for workers of the automobile and logistic industries

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Background:

It is known that in patients with low back pain rehabilitation in close cooperation with industrial medicine is more effective than rehabilitation alone. In Germany the lack of cooperation between rehabilitation measures and the industrial medical services has been criticised repeatedly. In this regard a return to work due to musculoskeletal disorders is more successful when intervention starts early, a multi disciplinary approach is realised and occupational/company and rehabilitation physicians and facilities work together (Waddell & Burton 2000; Müller-Fahrnow et al. 2005). “JobRehab” imple-

ments legal requirements to establish workplace health promotion as soon as possible and is based upon results of international studies. Therefore the project was implemented to develop a job-orientated rehabilitation program for workers suffering from complaints of the musculo-skeletal system. Special aims were the exchange of information between the industrial health centres and the rehabilitation departments, a tailored to patients requirements intervention and the participation of the workers at their own ones’ free will. Within the project there has been a systematic preparation, an implementation process as well as an evaluation of the outcome.

Concept of JobRehab:

The agreed concept comprises the following elements:

- ▶ Improved communication between industrial health services and rehabilitation departments (the individual assessment of the workplace is directly send to the rehab centre) and vice versa (the evaluation of the rehab doctor is focussed on the performance at the given workplace)
- ▶ Orientation of the interventions at the special needs of the given workplace and the functional deficits and potentials of the worker (work-place orientated evaluation and deficit-orientated functional training)
- ▶ Tailored to patients requirements rehabilitation programs were developed and applied according to the individual needs of the patients (level 1: one week out-patient rehabilitation program; level 2-a: three-weeks out-patients rehabilitation program; level 2-b: three-weeks in-patient rehabilitation program) participation of the workers at their own ones’ free will (advertising the projects in the factories)
- ▶ Education of all players in the process (physicians, therapists, administrators) and others.

Material and methods:

The program has been developed in a working group including all relevant players in workers' rehabilitation programs as well as scientific institutions (see below). These are a car factory, a logistic company, ambulatory and in-patient rehabilitation departments, as well as the pension and health insurances responsible for the factories or region. The departments for Rehabilitation Research and Occupational Medicine of Hannover Medical University were involved too. The agreed concept has been implemented in January 2007. The implementation has been evaluated concerning communication between the industrial health centres, the rehabilitation departments and the insurance companies. As well the health outcomes that the workers/patients received out of a vocational rehabilitation program. Occupational (n=83) and rehabilitation physicians (n=87) were asked to complete a questionnaire on time-management, quality of the collaboration and relevance of the exchanged information. Baseline and Follow-up data of the patients were collected resulting in 89 complete responses. PDI (pain disability index) and FFbH-R (Questionnaire on back related functioning) were used.

Results:

Most of the rehabilitation physicians indicate workplace related information from occupational physicians as medium (37,9%) and high (44,8%) relevance for rehabilitation therapy. Only 17,2% answered the information was of low relevance. On the other side occupational physicians were rating the importance of further recommendations from the rehab physicians concerning reintegrating the worker as very important (59%) important (35%) or not important at all (6%).

The majority of the patients considered the cooperation between company and rehabilitation clinic as very good (43,2%) and medium (49,4%). The proportion of work-

place related therapy elements reported 72,3% of the patient as just right, 24,7% said it was not enough and only 1,2% noticed it was too much.

The patients reported significant benefits [improvements] in back related functional capacity and substantial reduction in pain related conditions at work at the end of the rehabilitation.

Discussion and conclusion:

The results show that the communication between rehabilitation centres and industrial health centres can be optimized. The exchange of information is useful both for rehabilitation doctors and the industrial health services. The participants give very positive ratings. For patients with less severe complaints an intensive short intervention is effective too. (The efficacy of the program in terms of sick leave and productivity will be evaluated after the implementation phase in second trial).