



Stress

In the education environment

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IN FUTURE ISSUES

Hype or unexploded bomb?

by Karen Gamble

We all know what stress is – basically it is a hangover from our hunter / gatherer days, especially when we need to escape from a charging Sabre Tooth Tiger.

Short bursts of stress are good

- increased adrenalin
- rapid heart rate
- heightened sensitivities

But prolonged stress which in turn prolongs the increased adrenalin etc. can have a profound impact on long term mental and physical health.

It is a remarkable teacher, who works and lives in 21st century Britain, who doesn't suffer from occasional short term stress. But frequent incidence of anxiety based absence can become longer term episodes, and something small can potentially trigger a full-blown debilitating period of stress and/or depression, culminating in an inability to work, and, quite apart from the personal effect on the Teacher, the bigger picture is the increasing predominance of very expensive sickness absence, and all the associated knock-on's, human and financial.

Whilst the job itself will present challenges, when you ally teaching to the day to day challenges of just living – commuting, child rearing, elder care, routine interaction with the NHS, housing, finances you have a perfect recipe for mental and physical ill health.

Early intervention is the key.

Early intervention (EI) is about identifying the barriers that prevent an individual from carrying out their normal occupation. This is known as the Bio-psycho-social model of absence management. Research carried out by **The Centre for Psycho-Social and Disability Research at Cardiff University**, under the stewardship of Professor Sir Mansel Aylward CB proves that only 10% of absences are clinically diagnosable, 38% are psychological / cognitive, 32% relate to issues within the workplace, 11% are social, and 9% are economic.

Within these broad bands we can attribute some very 21st Century causes – Google, NHS delays, risk averse attitudes to name but a few.



Frequent short-term absences

Our paper on how to cope with employees that have multiple sickness absences of 1-3 days' duration will be published in December 2016



Fit notes

What should you do when an employee's GP indicates a long-term absence issue? Our paper about Fit Notes will be published in January 2017

EI is the right tool

Today, Early Intervention programmes should include processes that trigger the early intervention process. These can be establishment specific, and might include the fourth absence in a rolling twelve-month period, any subjective (or self-reported) condition, notably a doctor's diagnosis of 'workplace stress', recognition of behavioural changes by a superior, planned hospitalisation, accidents or cardiac events. The individuals should be referred to an independent organisation that understand the bio-psycho-social model, and can work their way around the delays in accessing NHS treatment.



For us, this means having **Nurse Case Managers (NCMs)** who will report setting out the facts; generally identifying the barriers that prevent a return to work, the function being to dismantle those barriers. They discuss the facts with the employee, involving school management if appropriate, and work out a practical and sustainable return to work plan. They will continue to liaise with the employee until they return to work, or in the event of this is not being achievable, they will support an exit strategy and recommend vocational rehabilitation.

Stress has become the current issue that dominates absence, significant prevalent in the education sector. If left uncontrolled, it leads to the collapse in the employee / employer contract, damages relationships, families and can lead to costly and time consuming litigation.

If managed early enough, the effects can be mitigated. Stress will never be cured, some would say we shouldn't even try to, but, in many cases, the bad, prolonged stress can be prevented.

Prof. Sir Mansel Aylward CB MD FRCP FFOM FFPM

Professor Sir Mansel Aylward is Director of the Centre for Psychosocial and Disability Research at Cardiff University which offers a unique opportunity to extend knowledge and understanding of the psychosocial, economic and cultural factors that influence health, illness, recovery, rehabilitation and reintegration.



He is also the first-ever Chair of Public Health Wales – a new unified NHS Trust responsible for the delivery of public health services at national, local and community

level in Wales. He was Chair of the Wales Centre for Health, an Assembly Government Sponsored Body established to be the 'hub of connected organisations' and to communicate better health messages to the people of Wales.

In December 2008, during the 60th year of the NHS, the Minister asked Professor Sir Aylward to head the membership of a new independent group, the Bevan Commission, to help ensure that changes in the NHS structures set Wales on the path to a world-class health care system.

He was knighted in the Queen's New Years Honours 2010 for services to healthcare

FOR MORE INFORMATION,

Whatever your workplace health & rehabilitation requirements, HCB can help and advise you on the best course of action.

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