

Long-term sick could be identified 3 years prior to going on benefit

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Individuals on long term incapacity benefit because of mental health problems could be identified by their GPs three years before they stop working, finds a research paper published on *British Medical Journal*.

The research, led by Professor Jill Morrison at the University of Glasgow, also says that there is no significant variation across GP practices in the UK in the rate of patients claiming long term sick benefit. Morrison and colleagues argue that the varying rates of benefit claims are due to population differences and not to GPs issuing sickness certificates inappropriately.

The number of people claiming incapacity benefit and severe disablement allowance in the United Kingdom has increased by over 300% in the last 30 years and the annual cost to the UK economy is around £100 billion, says the study.

The authors investigated data from the 1995, 1998 and 2003 Scottish Health Surveys and from the 1991 to 2007 British Household Panel Survey to examine variation in incapacity benefit claims across the country.

The results show that there was a significant increase in the frequency of GP consultations for patients with [mental health problems](#) in the three years prior to them claiming incapacity benefit.

Morrison and colleagues say the current policy of getting people who are

on long term benefit back to work may not be very effective. Perhaps it would be better, they argue, to identify patients who are at risk of ending up on long term benefit and focus on keeping them in work.

In conclusion, the researchers say GPs can target people who could become dependent on benefit up to three years before this occurs by identifying patients who have frequent consultations for [emotional distress](#). However, they add that "further work should concentrate on determining what outcomes are achieved by general practitioners who provide additional emotional or occupational support for patients identified as at risk of becoming dependent on long term benefits."

In an accompanying editorial, Professor Mark Gabbay from the University of Liverpool says "being out of work is bad for health and increasing evidence shows that good work (which reflects elements of fair pay and conditions, job control, and satisfaction) is good for health."

Gabbay concludes that Morrison's research is welcome and that "to improve access to welfare for those in need and to support those at risk of drifting into long term unemployment we need more investment in research that can inform policy and help translate findings into practical solutions."

More information: www.bmj.com

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