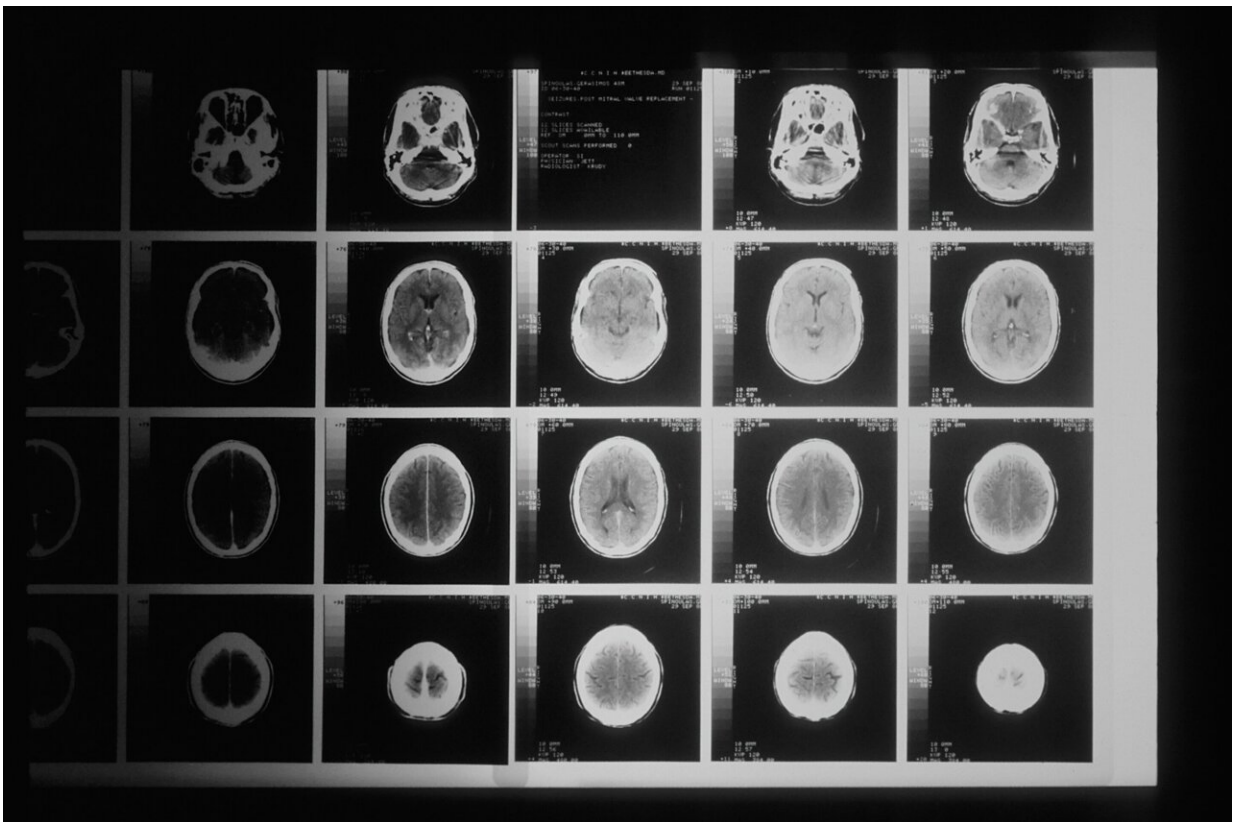


Viewpoint: Accident or medical, new research shows we need to treat conditions equally to get people back to work

August 30 2023, by Michelle Cameron



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After receiving a head injury from a car accident in 2014, I was given support through the Accident Compensation Corporation (ACC) to

recover and return to work as a health professional.

But I am keenly aware that those who have brain injuries after medical events—such as a stroke—are often left to negotiate health and rehabilitative services with significantly less support.

To be covered by ACC, your [injury](#) has to be caused by an accident. New Zealanders suffering from strokes, cancers or [mental health conditions](#), along with other non-accident injuries, are subsequently disadvantaged by the cause of their health condition. And this can have a considerable [financial and emotional toll](#).

Partly because of my own experience, for my doctoral research I looked at the services that were available to support people with health challenges who did not qualify for ACC—essentially any condition that affects a person's ability to work or study, but which wasn't caused by an accident.

I investigated whether they were effective in getting people back into work, and also looked at how we assess the outcomes of these programs. What I found was the significant gap in resources and services and the need for a wraparound service, or at the very least, targeted support on the road to recovery.

Helping people back to work helps us all

The amount of support available after illness or injury can make a significant difference to a person's life.

A [2013 study](#) found 79% of people who received ACC support after a brain injury from an accident were in paid work one year after the injury. But this dropped to 50% for those with a similar brain injury not caused by an accident (such as a stroke).

While ACC will [pay up to 80% of a person's income](#), New Zealanders on Jobseeker Support-Health Condition or Disability (JS-HCD) receive [a weekly payment of just NZ\\$337](#).

But it's not just about the money. As one person who was living with a long-term health condition told me:

"Work isn't just for the finances. It's the people. It gets you out of bed. I miss it. I want to work. I want to be a part of the society that's around me. I want to walk down the street and feel I am a part of that."

Learning from ACC's success

The outcomes for those who receive ACC show what can happen when people access tailored support after an injury.

ACC offers a wraparound rehabilitative service targeted to a person's individual needs to return to working life.

But systems to support people with health conditions and disabilities tend to be siloed into specialty organizations. These are not designed to meet complex individual needs.

So why not apply a wraparound, cross-agency approach to health and injury issues similar to ACC? It could be applied to people receiving the JS-HCD benefit.

The idea is not breaking entirely new ground.

Between 2016 and 2021, Te Whatu Ora-Waikato and the Ministry of Social Development (MSD) partnered to pilot the Realising Employment through Active Coordinated Healthcare ([REACH](#)) program.

The goal of the REACH program was to remove the barriers experienced by people living with health conditions and disabilities through a "whole person" approach.

Support [included a key worker](#) who met with the client regularly to build strategies to manage health and mental well-being, as well as a living well coach who provided tailored support for reentry into the workforce once their health was stabilized.

People in the REACH program were also able to access funding for services that were not covered by MSD.

During my 18 month research period, 138 people participated in REACH and 96 completed the program. Those who had completed the program were 53% more likely to gain paid employment or enroll in full-time study than those who did not participate.

But funding for REACH was pulled before the outcomes were fully assessed. The pilot ended in 2021, ahead of the restructure of the district health boards into Health New Zealand-Te Whatu Ora and the Māori Health Authority.

A short-term focus misses the growing problem

The number of New Zealanders living with long-term health conditions [is growing](#). Despite many wanting to return to work, this population often falls into the cracks between health and social services.

My research suggests that integrated and individualized services like REACH are effective in helping people with [health conditions](#) and disabilities achieve positive outcomes, including returning to work.

But the removal of funding for the REACH program highlights the

bigger barriers for people who don't qualify for ACC support in getting back to work: ineffective assessment of outcomes and a focus on the short-term costs and benefits.

Replicating the ACC model for people living with health challenges holds potential. But we are going to need sustained and long-term funding for such programs, as well as patience to achieve the desired results.

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