

Associations between multiple problems, work status and perceived health among disability beneficiaries



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Disclosure



The presenting author has no conflict of interest

Background

Paradigm shift

compensation > participation

More focus on

- self management
- own strength
- own responsibility
- in line with ratification CRPD (2016)



Multiple problems

Multiple problems / barriers

Definition¹

- ≥ 2 related reinforcing problems
- inability to self manage
- barrier to societal & work participation

Prevalence

- Netherlands: 50-70%²
- USA: 44-64%³



Social assistance & services

- fragmented⁴
- supply oriented⁴

¹ Bosselaar et al, 2010; ² Meccano/Astri, 2010; ³ N. Patel, 2001, ESF Survey 2002; ⁴ CIZ, 2010; Radar Astri, 2012

Aim of this study

To investigate type of multiple problems (MP) in a sample of disability benefit recipients, whether MP are associated with work status and whether this association is influenced by perceived health

Sampling frame

- Cross-sectional analysis on baseline data in a RCT
- 209 disability beneficiaries ($\pm 75\%$ mental and developmental disability's)
- Recruitment labour experts of the social security institute
- Timeframe: March – December 2016

Questionnaires

- Sociodemographic
- Single item question on work status (yes/no)
- Perceived health with SF12 scale
- Type of multiple problems¹ assessed with a self-structured 10-item questionnaire

¹ Central Bureau for Statistics

Multiple problems

Problems	Domain
1. Physical health 2. Mental health 3. Addictions	Psychosocial
4. Care for family and children 5. Low or no education 6. Problems with Dutch language	Cultural
7. Financial problems 8. Housing	Economic
9. Domestic Violence 10. Contact with police/law	Normative

Descriptive

Variable	N = 209	%
Age (mean (SD))		35.71 (13.0)
Male	95	45.5
Multiple Problems	180	86
Education level		
Low	63	30.1
Medium	95	45.5
High	35	16.7
Working	35	16.7
Disability benefit		
Wajong	124	59.3
WIA	71	34

Results

Questions	Domain	%
1. Physical health	Psychosocial	93.3%
2. Mental health		
3. Addictions		
4. Care for family and children	Cultural	71.8%
5. Low or no education		
6. Problems with Dutch language		
7. Financial problems	Economic	46.4%
8. Housing		
9. Domestic Violence	Normative	6.2%
10. Contact with police/law		

Results multiple problems

Variable	Multiple problems N=180	No (Multiple) problems N=28	P-value
Work	25 (14%)	10 (36%)	0.01
Age mean	36 (SD = 12.94)	34 (SD = 13.63)	N.S.
Male	79 (45%)	16 (57%)	N.S.
SF 12 mental	36.1 (SD = 11.90)	48.6 (SD = 9.38)	<0.001
SF 12 physical	40.7 (SD = 11.72)	47.9 (SD = 12.07)	<0.001

Having multiple problems is significantly associated with negative work status and perceived health

Results work status

Variable	Working N=35	Not working N=173	P-value
Age mean	37.7 (SD = 13.1)	35.3 (SD = 13.0)	N.S.
Male	15 (44%)	80 (47%)	N.S.
SF 12 mental	39.2 (SD = 12.0)	37.6 (SD = 12.4)	N.S.
SF 12 physical	43.5 (SD = 11.72)	41.3 (SD = 12.0)	N.S.

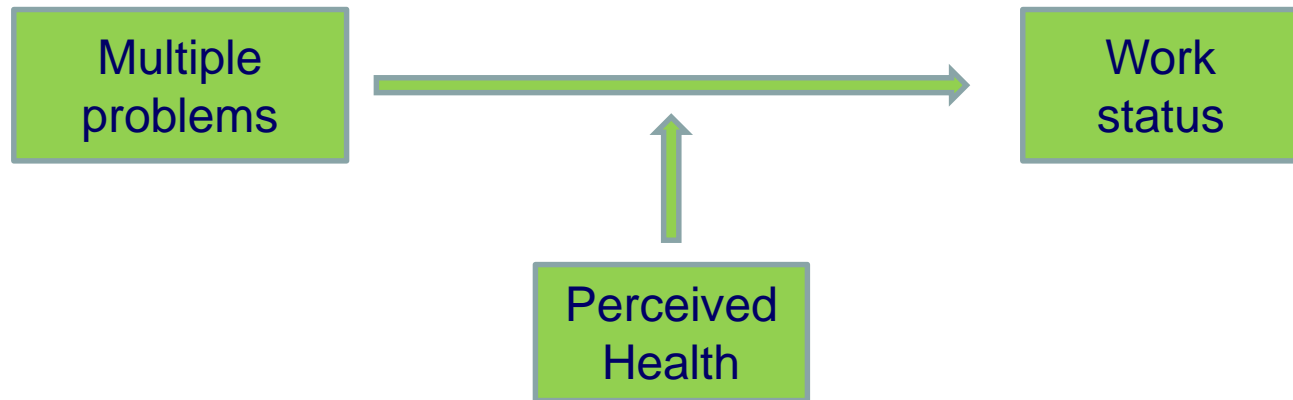
Perceived health is not associated with work status



Mediating effect



Moderating effect



Main findings

- Having multiple problems is significantly associated with negative work status
- Perceived health is not associated with work status
- Perceived health had no effect on the association between MP and work status

Conclusion

- Disability benefit recipients with MP are less likely to have paid work as compared with those without MP
- Despite the high prevalence of severe barriers due to psychosocial problems, the association between MP and negative work status is independent of perceived health.

Recommendation

Interventions to improve work participation of disability benefit recipients with MP should be directed at non-health related problems, i.e. cultural or economic problems.



Thank you for your attention!

Any questions?

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