

# Biopsychosocial model

The foundation  
of our Vocational  
Rehabilitation  
approach



# What is the Biopsychosocial model?



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## The Biopsychosocial model

The Biopsychosocial model is one of the most significant changes in rehabilitative practice. It's a person-centred approach to rehabilitation and it underpins our vocational rehabilitation framework here at L&G. It considers the individual, their health and their social circumstances, including work.

The Biopsychosocial model suggests that biological, psychological, and social factors, all play a significant role in health, and that health and wellbeing is best understood with a combination of these factors, rather than solely in biological terms, the presenting physical or mental illness.

## What are biological, psychological and social factors?

### Biological factors:

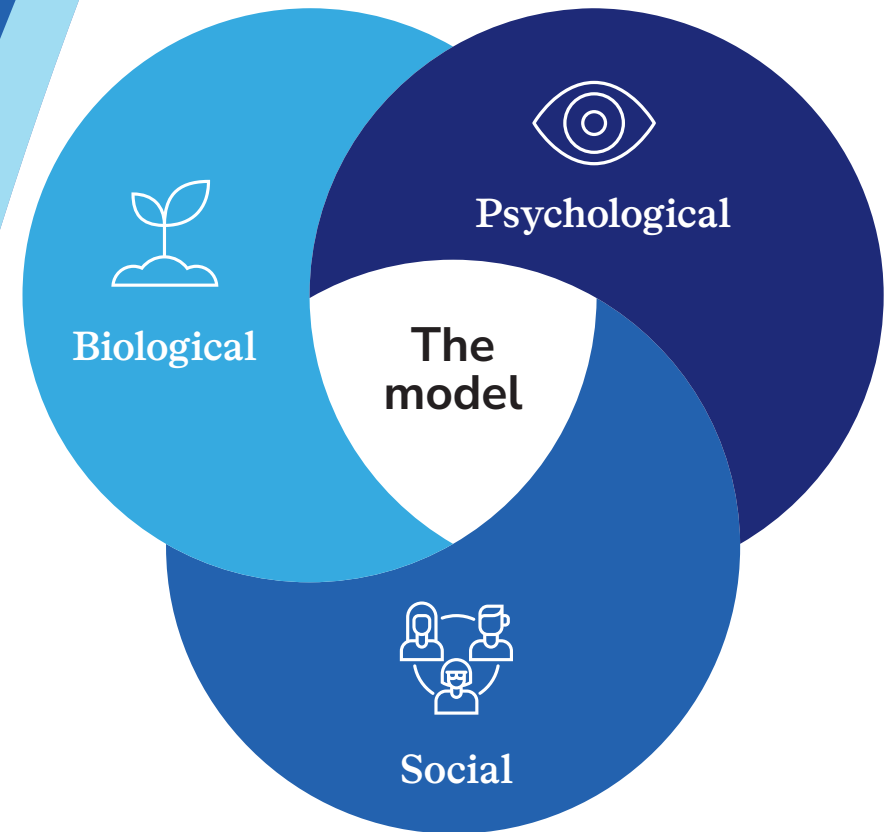
refer to the physical/mental condition, such as the organic disease and/or illness that the individual is experiencing.

### Psychological factors:

recognise that personal/psychological factors influence functioning, such as fear of fatigue or pain; beliefs about illness and their symptoms – illness behaviour; coping strategies; health related distress; mood/emotions and personal responsibility/confidence.

### Social factors:

refers to the importance of the social impact, pressures and constraints on an individual's behaviour and functioning. Impact on life and work; view of colleagues, managers, peers, family and friends. And then there is the occupational aspect – so their work-related health beliefs; psychological risk factors; organisational related obstacles – environment and culture (particularly in relation to a return to work if an employee is absent).





# Why do we use it?



# 1 It's **embedded** in everything we do

At L&G, in line with the Biopsychosocial model, we believe that the foundation for our wellbeing is our mental wellbeing, and that this underpins our physical, financial and social wellbeing, which are all interlinked. We believe that having a truly integrated model, underpinned by the Biopsychosocial model, is the best model for achieving a sustained and manageable outcome for the employee and ultimately the employer.

**Be Well. Get Better. Be Supported.**

**L&G Group Protection Wellbeing Support**



**Physical**



**Financial**



**Social**

**Mental Wellbeing**



**Our wellbeing philosophy  
is built around the  
Biopsychosocial model**







## 2 Tailored to the individual

It's tailored to the individual and it informs care based on the best available evidence, the skills and expectations of the practitioner and the expectations, lifestyle and choices of the employee.

## 3 A holistic approach

The biopsychosocial model also helps to connect the dots between healthcare and non-healthcare practices in terms of improving health or lifestyle. In line with this, our assessments not only look at the treatments we can provide to the employee to get back to fitness, but also what lifestyle, occupational and health changes the employee can make (whether that be nutrition, exercise, alcohol intake, smoking habits, relationships, outlook on life to ensure a return to work is effective and sustainable. It also delves into the attitudes and beliefs of the individual towards their condition, which has been seen as a major contributing factor in the effectiveness of recovery.



# 4 Because **illness or injury** can be more than just the presenting symptoms

If an employee working on a construction site breaks their leg and can't work for a lengthy period of time, of course you need to provide assessment and support to ensure the most effective treatment, rehabilitation and recovery of the broken leg. But the assessment shouldn't stop there.

Having a broken leg is much more than just having a broken leg. Imagine that the employee might not be able to go out and meet friends as much as they did before, they might become more isolated, which in turn could have an impact on their social health. They obviously can't work at the level that they did before, so their financial wellbeing is going to be impacted and as a result they might become worried about paying for things like their monthly bills, their mortgage, or rent.

This in turn could then impact negatively on their mental health, because they aren't able to do what they once could do so easily, and on top of this, they also have the additional financial worries. Having a poor mental state can then impact on the physical recovery of that person and the stamina needed to enable them to recover.

So this is why we assess the whole person and not just their presenting illness or injury using the Biopsychosocial model. A holistic, person-centred approach is taken to ensure the wider wellbeing of the individual is considered, so that we have the full picture and can therefore provide the best foundation and support for recovery.





# How we use it?

We use the Biopsychosocial model intrinsically throughout our clinical assessment and vocational rehabilitation journey - this approach enables us to assess the whole person, not just the illness.

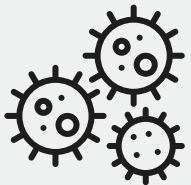
Here's an example of how we do it...





1

An employee unfortunately  
become absent from work  
due to illness or injury



## 2 The employee is referred to our clinical team for assessment

Working closely with the employee and using the Biopsychosocial model, our clinical team provide a holistic assessment, taking into consideration biological, psychological and social factors impacting on the employee's wellbeing.

We ask questions not only about the presenting illness or injury, but also about the individuals wider state of wellbeing. Asking questions about the employees wider life, family, work situation, mindset and emotions. Based on this information, we can then look to make recommendations on the best pathway, referral and treatment(s) for that individual and, where appropriate, use our expert partners to help provide this.





# 3 The employee is referred for the appropriate vocational rehabilitation

To ensure that we can provide the best holistic care, in line with the biopsychosocial model, we operate a multidisciplinary team (MDT) approach. Our clinical team includes Nurses, Occupational Therapists, Physiotherapists, Occupational Health Advisers, Occupational Health Physicians – all working in conjunction with our external specialist providers, and the treating specialists. This again enables us to treat the whole person and create a tailored care pathway around the individual.

Our clinical team will recommend the best treatment plan for the individual and refer them to the relevant external specialist partner, based on the assessment they have with them. Our clinical team will then work with the employer, employee and external specialist partners to keep a track on progress, whilst at the same time keeping in touch with the employee to continually assess their rehabilitation needs, using the biopsychosocial model, and ensure that these vocational rehabilitation needs are being met.



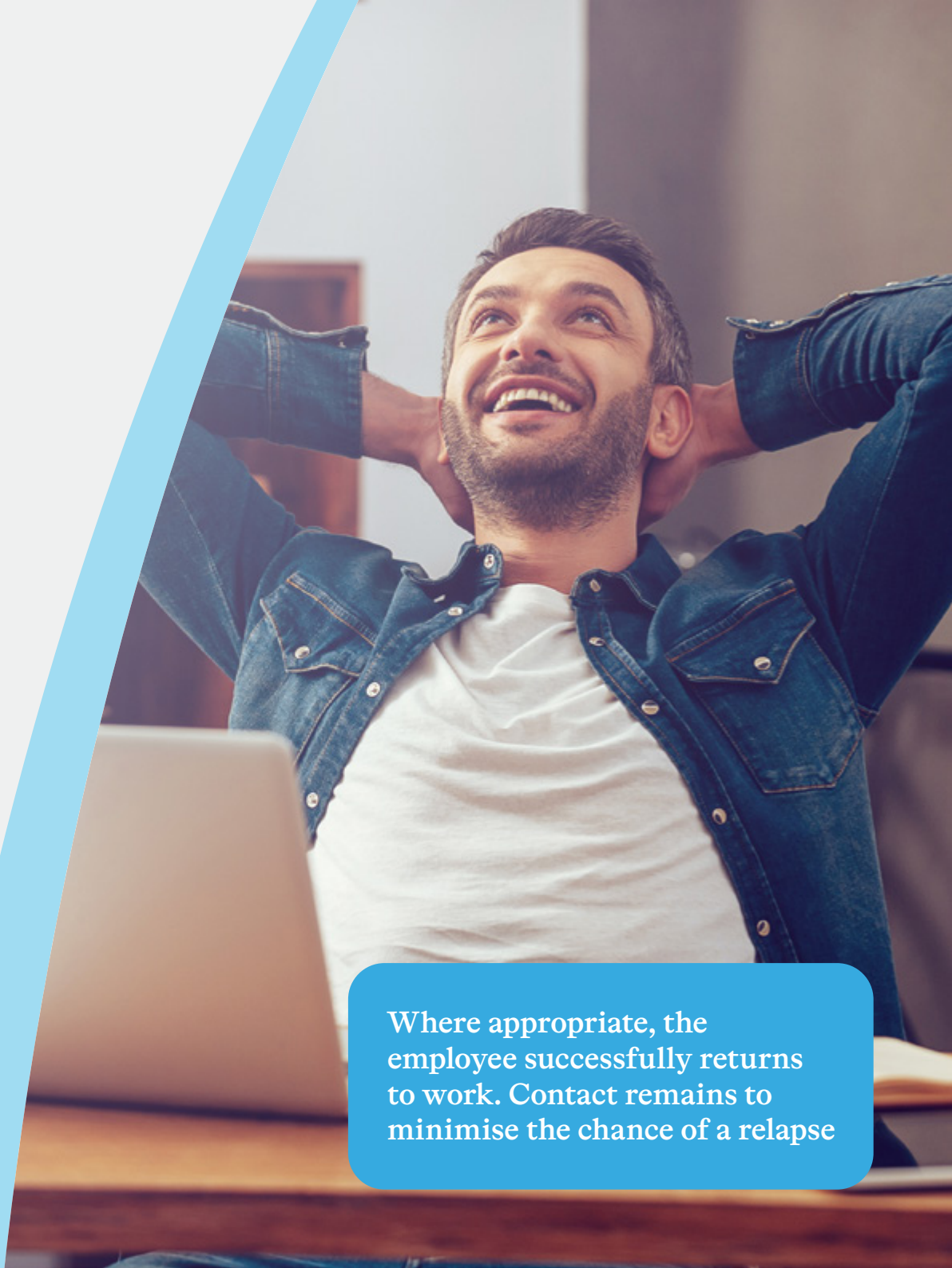
# 4 Return to work assessment and planning is put in place

- Relapse prevention support
- Long term chronic condition management
- Employee Assistance Programme
- Reasonable adjustment assessments

When the employee is ready, holistic support for returning back to the workplace is provided to ensure a smooth transition for the employee. Our clinical team keep in touch with the employer and employee throughout the process to ensure the most appropriate return to work plan is put in place for them. The biopsychosocial model is continually used during this process (using questioning and regular contact), to assess the ongoing health and wellbeing of the individual, and where they may need further support to help them thrive in the workplace, and to prevent a relapse.



Where appropriate, the employee successfully returns to work. Contact remains to minimise the chance of a relapse





# The Outcome



# Healthier businesses and more engaged employees



## Shorter absences

Our most recent experience confirmed the benefit of our early intervention support. Employees absent long term due to mental ill health were able to on average, return to work eight weeks before the end of the deferred period. The deferred period is the time between an employee being first absent to when we'd begin paying a regular benefit amount for eligible claims. This is typically 26 weeks although this can vary depending on the choices made by the employer when they start their cover with us.



## Reduced costs

The valuable support through our fully funded treatment, where appropriate, could save businesses in Statutory Sick Pay (SSP). For every employee absent long term due to mental ill health, there could be a saving compared to those businesses whose employees received SSP for the full 26 week deferred period.



## Engaged workforce

Many of our support services aren't limited to when an employee is unable to work long term due to illness or injury. We strongly believe, that when employees are happy, productivity increases and businesses can thrive. Good work is beneficial for health and being supported to return to work is part of the recovery.

