

Flags - what have they got to do with Rehabilitation?

Red and yellow and pink and blue... and so begins a song I think?!

It is a bit like this now when it comes to flags for rehabilitation and elsewhere on this website and in other documents you may have heard people talking about this flag and that flag, and still have no idea! Essentially flags are things that may indicate a problem or in this context an obstacle or barrier to recovery, or return to work. So here is the whistle stop guide to flags in rehabilitation:

(Some authors vary on the exact definitions, but we'll start with an overview then go into more detail in future articles.)

Red Flags

These are clinical flags. That is the signs or symptoms that a clinician would be concerned about finding when carrying out an interview, examination or investigation with an individual. The presence of a red flag usually indicates that there could be something seriously wrong that requires urgent medical attention. An example for back pain, would be a person saying that they had lost the feeling in both legs or lost control of their bowel.

ACTION: Usually immediate referral to hospital.

Orange Flags

These are also clinical flags but relate to serious psychological and psychiatric illness. so, for instance a diagnosis or suspicion of psychosis, suicidal tendencies or addictive behaviour such as alcoholism. Evidence or implications of orange flags would again require full medical assessment by a Clinical Psychologist or Psychiatrist.

ACTION: Referral on to GP or Hospital for further assessment

Red and Orange Flags should be fully investigated and treated, and this may have to be done before a return to work can be planned to know what the full effect on someone's work may be.

Yellow Flags

These are known as Psychosocial factors that can create barriers to recovery from illness or return to work. They are usually beliefs or behaviours that may be related to the health condition and the anxiety and fears it presents, or they may be related to the social situation of the person. They are not necessarily conscious beliefs, and may be long held and hard to change. There is a lot of evidence to show that if these factors can be identified and addressed then recovery and return to work can be improved. It is possible to screen for these using a questionnaire, and via interview with suitably trained clinicians.

Yellow flags are sometimes broken down into ABCDEFW

Attitudes, Behaviours, Compensations, Diagnosis, Emotions, Family and Work

ACTION: Screening by a suitably qualified health professional using a questionnaire or interview technique, which then informs treatment and rehabilitation planning.

Blue Flags

Blue Flags are usually considered to be the perceptions of the situation by the employee or the employer. Both the blue and black flags have grown out of the yellow flags, as better understanding of the impact of social environments has been made. Blue flags are often factors that may be a perception only (i.e. an employee feels that his manager is not supportive, but the manager may feel he is supportive), or may be a company policy that inadvertently affects an employee's behaviour - such as a policy (often a belief of the management and employee) that a person cannot return to work until they are 100% fit (PS see a later article for more on that topic!). This example is a classic that actually delays return to work unnecessarily. Usually something constructive can be done to address blue flags.

ACTION: Identify through review of company systems and employee's perceptions, then make an action plan to address those.

Black Flags

Black flags are societal or cultural factors that can be an obstacle to recovery and return to work. one clear example is that of a state welfare system where people may be better off staying on benefit than returning to work - there is a disincentive to finding a new job. Also widely held beliefs or stigmas around particular types of conditions - for instance the societal belief that back apin means someone can't retrun to any kind of manual work, or that someone with a mental health problem can't work. Both of which are untrue, but still remain a widely held belief. Black flags are extremely difficult to influence and there needs to be change at national or organisational level (if in a large corporation). There is overlap between the blblue and black flags.

ACTION: Identify as far as possible where black flags may influence your business' management of absence and make plans to control for these as much as possible. Take an active interest in political debate on the subject of welfare reforms, because ven if they don't affect your business directly they will be having a considerable indirect effect on your current and future workforce.

Pink Flags

These have been recently invented as light relief by a physio who specialises in pain managment, Louis Gifford. in summary, he felt that all the other flags were very negatively orientated, so decided that instead of always looking for "bad" flags, he would also look for "good" flags. So pink flags are positive things that will help a person to return to work and recover. An example might be that the person really enjoys their job, and that they are prepared to put in all the effort needed to get them selves ready to go back, and / or that the employer has a great system in place for early management of absence.

ACTION: Be cheerful that there is something positive to go on when all else seems doom and gloom and make sure you use them to their full advantage!

What next?

- If you would like more help in determining the Blue and Black flags that may be limiiting how you are bale to get your employees back to work please visit the consultancy section. The Sickness Absence Management Audit included in the membership schemes identifies and reports on the blue and black flags.
- Make sure you download the free report by signing up to the newsletter. This contains more detail on the flags systems.