



Newsletter – Autumn 2023

The summer was definitely not quiet in the world of occupational health and the autumn is shaping up to be just as busy. I was fortunate to be invited to a number of stakeholder meetings with various government departments, mostly focussed on exploratory work to improve access to occupational health in order to meet the present and future demands for services. We also discussed the need to secure the resources to meet those demands, with occupational health nurses being a fundamental part of the overall requirements. I would encourage all of you to respond to the two government consultations that will help shape the future of occupational health, detailed in our News Round Up below. FOHN will continue to work with DWP/DHSC and HM Treasury on how to translate the findings into a sustainable, innovative and flexible OH service for the UK.

There was also a lot of work going on to better understand and effectively utilise the expertise that evident in the wide multidisciplinary OH team. This included a number of sessions at the SOM FOM OH conference, a regular multi-professional working group, invitations to talk to a number of forums and follow up discussions with a number of allied healthcare professionals. We will be featuring multidisciplinary working in our next newsletter with follow up webinars and a new website.

FOHN is once again proud to partner with Health and Wellbeing at Work on their 2024 conference, 12-13 March 2024. You can register your interest [here](#) and follow the event on [LinkedIn](#) and [X](#) to be kept up to date in the build up to the event and hear about the work of FOHN. Health and Wellbeing at Work is now part of MA Exhibitions, a division of [Mark Allen Group](#).

Finally, I have been busy developing a session on Health Risk Management for delivery at the AAOHN Virtual Symposium of 4th October. I aim to record this on the FOHN YouTube channel and will let you know once it is available.

In this edition, you will find a feature from Dr David R Lee on *Sleep and Mental Health*, two vital aspects of good health and wellbeing. There is also the usual news round up, updates on each of the four functions of occupational health nursing and opportunities to continually develop your practice through skills development and networking with peers.

Christina Butterworth, FOHN Chair

FEATURE

Sleep and Mental Health Blog.

By Dr David R Lee.

Clinical Director at Sleep Unlimited Ltd.

2023

How we think and feel not only affects our waking lives, but also has a significant impact on our sleep, especially our ability to initiate and maintain the sleeping states. There has long been an established link between a large number of “mental health” conditions and poor sleep. In fact, one would be hard pressed to find anyone living with an enduring mental health condition who does not also have a coexisting sleep problem. Mental health conditions and insomnia almost universally seem to come hand-in-hand, with insomnia being a core diagnostic feature of many mental health conditions (e.g. major unipolar depression, bipolar depression, Lewy Body Dementia and so on). We also have good evidence for effective co-treatment (particularly for depression with co-morbid insomnia) (Manber *et al.*, 2008), and emerging evidence for the co-treatment other conditions, e.g. people living with chronic pain and co-morbid insomnia (Tang, 2008),.

There is an emerging school of thought that a large number of mental health conditions (notably those which tend to be acquired (e.g. depression and anxiety) rather than those to which people are more genetically predisposed (e.g. type 1 schizophrenia)) are regarded as disorders of memory. To expand and taking depression as an example of this: we know that people with depression are prone to a certain thought processes that are involved in the development and maintenance of the condition. These are referred to as “cognitive bias” and “selective attention.” Depressed people will tend to focus on negative situations or stimuli more than on more positive or neutral situations or stimuli (selective attention), and they will tend to see situations as more desperate than people who do not suffer from depressive symptomatology (cognitive bias). These two phenomena interact and, over time, can contribute to the maintenance and increasing severity of a depressive episode; and so lead an individual into a persistently and deeply depressed state of mind – major, clinical, unipolar depression. This process is almost always accompanied by poor sleep and, as mentioned above, insomnia is a core diagnostic feature of major depression. Our mental health is driven by how we remember (and forget) things that happen to us in our everyday lives, and sleep is critical in these processes of the “memory” and the “forgettery.” There is a very small part of the brain, right in the centre near the

hypothalamus, called the hippocampus. When we are in deep sleep the brain is quiet and acquiescing, with the exception of the hippocampus, which is fully awake, up and running, firing on all cylinders, and at its most active in the 24-hour cycle. We know from a large number of studies that the hippocampus is critically important for the consolidation of memory, acting as a control centre in the middle of the brain, sending messages out into the cortices above it. Taxi drivers whom have learned all the streets in London, referred to as “*doing the knowledge*” have been shown to have larger hippocampi when training when compared to other people who have not had this training (Maguire *et al.*, 2000). Chronic insomniacs have also been shown to have smaller hippocampi those of normal sleepers (Riemann *et al.*, 2009).

These findings – and many others – have identified deep sleep as critical for the consolidation of memory. There is a useful analogy that can explain this a bit more. If you imagine that the inside of your head is a busy office, and that every thought that you have during the day generates a piece of paper in that office. During the course of a day we have many, many thoughts, about everything and anything. Some of those things are important, or even very important (e.g. *I need to call the mortgage adviser*), but other thoughts may be less so (e.g. *which socks shall I wear today?*; *Ooh - look at that dirty car*). But each of these generates a piece of paper. Then we sleep and our secretary (the hippocampus) comes into the office and starts to organise things. This organisation consists of sorting through all the paper and throwing out the rubbish (socks / dirty car); and prioritising the important things (sticking the “*call the mortgage adviser*” piece of paper on top of the in-tray for tomorrow morning) i.e. encoding this into the cortex as something to be remembered and not forgotten. If we sleep well we will do a good job of organising our office and it will be tidy again by the morning, if we do not sleep well then the office will be a mess in the morning. There is the analogy for deep sleep and the hippocampus, but we are still left standing a bit as to where REM sleep fits into this picture. Some very recent work published in 2014 by Dieter Riemann, Kai Spiegelhalder and colleagues from Freiberg in Germany has posited an advanced theory on the complex interplay between the memory, the forgettery, REM sleep and deep sleep. Their work is highly innovative and at the cutting edge of our understanding of the psychophysiology of sleep in health, and how it changes in poor health. In order to explain this, we need to first examine the concept of schemas or frameworks. These will be familiar to many people, but, briefly for those unfamiliar with schemas another quick analogy.

If someone asks you to make them a cup of tea, and you have never done this before, it will be very difficult for you as you have had no experience in the task, no frame of reference, no

“schema” for making tea. If you are then taught to do this, you will have a framework in your head for what (and how) it is to make tea. Once in place, you will then find it much easier to make, say, a cup of coffee, as you already have a very similar schema established in your mind for making tea. Once practiced at making tea and coffee, you will then find it quite easy to make any number of hot beverages (hot chocolate, herbal tea, chai etc.) as your framework for hot drinks is well established in your mind.

We know from a large number of studies that learning is much improved after good sleep, and seriously impeded after poor sleep (and especially after no sleep). We are also pretty certain that this is why children need to sleep much more than adults do. This is also thought to be why infants will need to be asleep and awake multiple times in a 24-hour period as they have no schemas, and so need to assimilate much new information (and forget much irrelevant information) into their developing minds.

Enter Riemann and Spiegelhalter and the interplay of REM sleep and deep sleep in this phenomenon. They suggest, from their own work and from reviewing the numerous studies published in this field over many years that, as we have seen, deep sleep is essential for the consolidation of memory, but also that REM sleep is critically important in the forgetting of irrelevancies (Landmann *et al.*, 2014) or the “forgettery.” Forgetting some things may be just as ‘useful’ to us as remembering others.

If we reflect briefly on memory and schemas where we introduced the analogy of the sleeping brain being a cluttered office which is being “tidied” of superfluous information. If our sleep is disturbed then this “clutter” is not being fully cleared away before we awaken in the morning, leaving us feeling discombobulated with an “untidy” office still in need of some spring cleaning. If we look at this in terms of slow wave sleep and REM sleep on the formation, integration and disintegration of schemas as proposed by Reimann’s group in 2014, then this idea carries some weight. In that, if we do not get enough good quality sleep to arrange our memories effectively during the night, then the consequences of this are potentially twofold.

Firstly, our schemas are not as well organised as they could be, and this “cluttering” potentially aids in the precipitation and maintenance of a depressed mood; and secondly, that we begin to build new schemas that may be selectively attending and cognitively biased to negative situations or stimuli, and so the depressive state becomes self-perpetuating, even hard-wired into our neural pathways.

This idea is relatively novel, requiring further research to explore in detail and also explored for other mental health conditions, but the principle remains sound and extends beyond depression and into other mental health conditions. For example, people with depression (as above) will be developing schemas that selectively attend, and are more cognitively and emotionally biased towards, negative, threatening situations and events, which contributes further to the depression and to the strengthening of these schemas.

Depressed people tend to regard the world as a depressing place. The same is true for people with anxiety – situations and events are perceived as worrisome, events that others (in health) might regard as trivial, are regarded as threatening or dangerous in some way. People with insomnia often regard the bed as a place of arousal and distress rather than of solitude and rest, and they attend to sleep-related stimuli more so than people who sleep well (Speigelhalder *et al.*, 2008). Those whom have a dependency on alcohol, or eating, or gambling etc. will have schemas that selectively attend to the environment and see opportunities to drink, eat, gamble etc. more so than those who are less dependent. They have schemas that attune themselves towards these particular stimuli.

The argument here is that over time we become hard-wired (neurones become laid down and organised in our brains) to selectively attend to, and to have emotional and cognitive biases towards, certain situations or stimuli. There are three old adages here that can perhaps contextualise this as part of a brief thought experiment: One: *“everyone has their drug,”* two *“moderation in all things,”* and three *“we see the world through rose-tinted spectacles.”*

By way of example: A small amount of alcohol consumption is not regarded as harmful, it is even seen as protective of health by some. Conversely, excessive amounts of exercise can be harmful (and are part of the diagnostic criteria for some of the eating disorders), but we are often told that alcohol is a bad thing and that exercise is good for us. If we are using alcohol, or exercise, (or whatever) to excess then we may be “over-attending” to such an activity, and that leads to strengthened schemas for (and a cognitive bias towards) such activities and if these then start to predominate in our lives, then we may begin to “lose balance” and our mental health can begin to suffer as a result.

So if mental health conditions can be seen as a disorder of memory, and if memory is schematically organised, driven and arranged; then sleep, which has such a pivotal role in that schematic organisation and arrangement, must be regarded as fundamental to the

maintenance of our mental health, whether that be healthy or poorly, and everywhere else in between.

If you or someone you know is having trouble with either their sleep or another mental health problem and wants to speak in confidence then please do contact us for advice, guidance and signposting to appropriate services and professionals trained in the management of these conditions.

Further information is available in *“Teaching the World to Sleep, 2nd Edition”* by Dr David R Lee. 2023. Routledge, London.

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NEWS ROUND UP

FOHN Accreditation is launching on 18th October. The website is being developed, assessors are being trained and we are looking forward to receiving applications from OH nurses with at least 2 years experience. Once you have successfully completed the assessment you can join our Directory of Occupational Health Nurse Specialist, where applicable.

FOHN Quality Framework and Guidelines are under development and will be our next initiative to be rolled out.

“Tax incentives for Occupational Health” consultation Consultations close on October 12th, 2023

The Chancellor announced £2 billion at the Spring Budget 2023 to support disabled people and people with health conditions to work. This included a package of two consultations. This one is administered by [HMT/HMRC: Tax Incentives for Occupational Health](#), which is focussed on assessing whether there is a case for further support through the tax system to encourage greater employer provision of OH services.

“Occupational Health: Working Better” consultation Consultations close on October 12th, 2023

The Chancellor announced £2 billion at the Spring Budget 2023 to support disabled people and people with health conditions to work. This included a package of two consultations. This consultation, “[Occupational Health: Working Better](#)” is seeking views on proposals aimed at increasing employer use of Occupational Health (OH) Services.

Through the [Occupational Health: Working Better](#) consultation, to better support businesses, government intends to seek views on establishing an agreement and partnership between government, employers and OH providers to help drive an ambitious increase in OH coverage, specifically in relation to:

- the introduction of a national ‘health at work’ standard to help provide a baseline for quality OH provision including guidance, the option of pursuing accreditation and additional government-funded support services as well as employer best practice sharing (Chapter 1);
- best practice from other countries and other UK-based employer models that enable employers to provide support for their employees (set out in Chapter 2); and
- developing work and health workforce capacity through new service models, building the skills mix and diversity of the current workforce and partnering with the private sector to develop a long term sustainable multidisciplinary OH workforce (set out in Chapter 3).

We particularly welcome views from:

- Employers
- Healthcare Professionals
- Non-Healthcare Professionals
- Occupational Health Providers

OCCUPATIONAL HEALTH

FOHN defines occupational health nurse practice in four functions. Here are a few resources that will help to build your understanding and support your practice:

1. Health leadership

A few articles to help with your evidence-based knowledge and practice in leadership

Mrayyan MT, Algunmeeyn A, Abunab HY, *et al*

Attributes, skills and actions of clinical leadership in nursing as reported by hospital nurses: a cross-sectional study

BMJ Leader Published Online First: 25 January 2023. doi: 10.1136/leader-2022-000672

8 key leadership skills you need to know in 2023

International Institute for Management Development

<https://www.imd.org/reflections/leadership-skills/>

Leadership in the workplace

The basics of leadership and how to develop leaders in the workplace

<https://www.cipd.org/uk/knowledge/factsheets/leadership-factsheet/>

2. Health risk management

BOHS Women's Workplace Health Report that was published on Thursday

3rd August [Uncovering the UK's Hidden Crisis in Women's Workplace Health \(bohs.org\)](https://www.bohs.org) and a press release was published on the website and sent to the media [BOHS Calls for Urgent Action to Tackle UK's Hidden Crisis in Women's Workplace Health - British Occupational Hygiene Society \(BOHS\)](#)

Key highlights from the report:

1. An alarming rise in work-related illness among women: the report gives evidence that more women are falling ill due to their work, necessitating immediate action.

2. Under-reporting of women's work-induced illness: there is evidence suggesting significant under-reporting of work-related health issues among women, making it more difficult to address the problem.
3. Need for monitoring and reporting: the lack of monitoring and reporting contributes to the insufficient understanding of the scale of the crisis.
4. The report reveals that women carry a heavier burden of occupational disease compared to men much of which is entirely preventable, presenting a significant opportunity for business, the economy, and society to save costs and protect the health of their female workforce.

BOHS is calling for everyone involved in Occupational Health protection to prioritize the impact of the workplace on women's health. The Society stresses the urgency of collaborative efforts in tackling this issue and ensuring a healthier and more equitable working environment for women.

Scotland Ill-Health Crisis

Ahead of the meeting at the Scottish Parliament, BOHS published a report highlighting the fact that Scotland's workers are experiencing the greatest increase in work-induced ill-health in the UK.

The report [Tackling Scotland's Ill-Health Crisis](#) shows:

- Scotland had Britain's highest rates of work-related mental ill-health and growing asbestos related cancers among women workers.
- It has doubled the incidence of work-related sickness in a decade, costing the Scottish economy more than £1bn per annum.
- A quarter of Scotland's lung cancer deaths (its biggest cancer killer) have associations with workplace exposures.
- Almost as many workers die from work-related respiratory illnesses alone as from the record number of alcohol-related deaths reported this year.

3. Fitness for work

Keep up to date with clinical care by regularly viewing NICE guidelines, standards and clinical knowledge summaries. <https://www.nice.org.uk>

[Let's talk about professional judgement NMC](#) 2.44 minutes short video looking at clinical decision making and escalation.

The Conversation recently published an e-publication on womens' health which is free to access at

https://cdn.theconversation.com/static_files/files/2811/Women's_Health_Matters_ebook.pdf?1695215392

4. Wellbeing

As workforce well-being dips, leaders ask: What will it take to move the needle?

by Jen Fisher, Paul H. Silverglate, Colleen Bordeaux, Michael Gilmartin

<https://www2.deloitte.com/uk/en/insights/topics/talent/workplace-well-being-research.html>

EVENTS AND COURSES

There are plenty of events and courses for OH professionals to enhance their practice – it just helps to know where to look! Here are a few more coming up for 2023:

Lane Lecture – University of Manchester



In this year's annual Lane Lecture, Professor Madan will reflect on how the clinical, political, and cultural landscape has changed Occupational Health practice in recent decades and why Occupational Health research is more important than ever.

For more information [click here](#).

Date: 1 December 2023		 Joint RCN and SOM Occupational Health Nursing Conference Fees from just £100 +VAT Friday 1 December 2023 Hybrid: Online and RCN HQ, 20 Cavendish Square, London W1G 0RN 9am - 4.30pm rcn.org.uk/OH23  <small>In partnership with Supporting occupational health and wellbeing professionals</small>
Time: 9:00am - 4:35pm		
Location: Hybrid: online or in-person at the RCN HQ, London		
Information: See the website		



[See the website](#)

EOPH



**EOPH 2023
Conference for All OH
Professionals**

November
2

Find out more <https://simplebooklet.com/eoph2023conferenceforallohprofessionals>



Honing Report Writing Skills Online Workshop

Virtual Course : 21 Nov 4.00pm - 5.30pm & 29 Nov 1.00pm - 5.00pm

Two-part online workshop is suitable for all OH nurses and OH allied health professionals who undertake report writing and will enable you to deliver first class reports every time. Workshop requires participation in both sessions.

Early bird booking discount available until 30 Oct 2023.

Course lead: Dr Nikki Cordell

<https://bookwhen.com/eoph/e/ev-sdux-20231121160000>

A Concise Guide to Supporting Mental Health in the Workplace for Occupational Health Practitioners

Virtual Course: 17 January 2024 9.30am - 4.00pm

One-day online course focused on the development of skills to identify mental health conditions, taking work factors into consideration.

Overview:

- Common mental health conditions, neurodiversity, suicide risk assessment, trauma & sleep hygiene
- Exploring mental health workability in safety critical roles
- Case studies focusing on mental health consultations and potential workplace adjustments
- Mental health services available within the current landscape.

Includes pre and post course information plus a copy of 'Mental Health in the Workplace' written by Libby.

Early bird discount available until 30 Nov 2023.

Course lead: Libby Morley-Hassanali and Dr Laura Adcroft

<https://bookwhen.com/eoph/e/ev-sx5y-20240117093000>

At Work Partnership

HAVS refresher courses - Standard

Online

1 November 2023



This Standard Refresher Course is for OH advisers and physicians who *infrequently* undertake HAVS surveillance. provides an in-depth update on the requirements for health surveillance for a workforce exposed to hand-transmitted vibration, and in the diagnosis and management of an individual with HAVS.

HURRY - Book and pay by 13 September for early bird rates!

HAVS refresher courses - Advanced



Online

2 November 2023

This Advanced Refresher Course is for OH advisers and physicians who are *regularly* undertaking HAVS health surveillance. This refresher course provides an in-depth update on the requirements for health surveillance for a workforce exposed to hand-transmitted vibration, and in the diagnosis and management of an individual with HAVS.

HURRY - Book and pay by 13 September for early bird

rates!

Certificate in Managing Mental Health at Work

Online

8-10 November 2023

A practical three-day qualification designed to give OH professionals the in-depth knowledge, strategies, skills and techniques to successfully manage mental health at work.

SAVE NOW - Book now at early bird rates before 20 September!

OH Report Writing

Online

Friday 17 November 2023

Attend this one-day online workshop to ensure that your OH reports provide management with the information that they require, and meet all your legal obligations.

Save with early bird rates before 6 October!

UK Hearing Conservation Association Listen Up HearWELL Conference 2023

Following the success of the inaugural event in 2022, The UK Hearing Conservation is proud to announce plans for its second Conference to be held in Sheffield on the 8th November 2023.

This year's theme is; HearWELL - the role of hearing conservation in ensuring and driving good health & wellbeing for everyone. This builds on the growing body of evidence and



interest in the wider implications of noise on not just hearing health but cognitive function, stress and wellbeing.

Recognising the opportunity to prevent harm and improve people's lives and longevity through simple actions. This year our multidisciplinary approach looks to join forces across disciplines of occupational and public health we hope to engage professionals on how they can make a difference to prevent hearing and other significant health impacts.

This year promises to be bigger and better with a poster session planned alongside the exhibition. Confirmed speakers include;

- Dr Dalia Tsimpida, Lecturer in Public Health at University of Liverpool
- Professor Walter Marcotti, Professor of Sensory Neuroscience, University of Sheffield
- Andrew Hounslea, N&V Specialist Inspector HSE
- Dr Finola Ryan Honorary lecturer on the Performing Arts Medicine at University College London
- Prof Stuart Rosen, Professor of Speech and Hearing Sciences and University College London
- With talks from the RNID and British Society of Audiology

Topics will cover; Impact of noise pollution on mental health, Gene-based therapy for Deafness and Age-related Hearing Loss, updates from the HSE and their emerging research in this area, how sound interferes with perception of speech, research on dementia and hearing loss and a workshop on health surveillance.

As well as fantastic exhibitors showcasing innovative noise, health and wellbeing solutions delegates will be able experience a 'spaceship inside the ear' and enter a virtual acoustic reality in an innovative 'soundscape booth'.

If you are interested in attending, you can register here;

<https://www.eventbrite.co.uk/e/listen-up-ukhca-annual-conference-8th-november-2023-tickets-646103893137?utm-campaign=social&utm-content=attendeeshare&utm-medium=discovery&utm-term=listing&utm-source=cp&aff=ebdsshwebdesktop>

About the UKHCA

The UKHCA are a group of passionate and experienced professionals from across a variety of disciplines and associations, brought together to provide a unified and coherent approach to tackling noise and its effects.

Our mission is to ***prevent damage to our Nation's hearing health and to reduce other noise related health conditions by promoting practical, evidence-based and cost-effective solutions.*** The UKHCA has been established to provide impetus for action against wholly preventable hearing health harm, both at work and across our society. Our experience has shown that the approach to managing work related noise is often based on outmoded ideas and there is a general lack of knowledge about or respect for our hearing and how it can be harmed.

Follow us at;

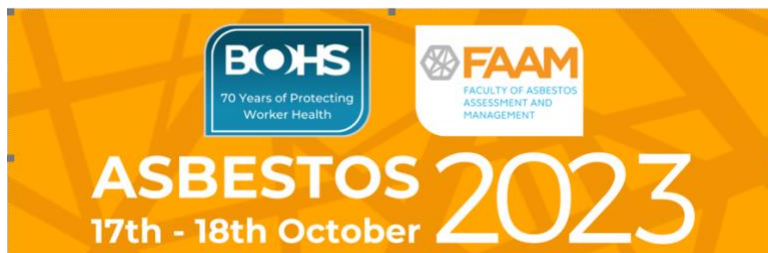
Website; <http://hearingconservation.org.uk/>

Twitter; @uk_hearing

LinkedIn; <https://www.linkedin.com/company/uk-hca/>

#lovetohear

BOHS sixth annual asbestos-themed conference taking place in Birmingham.



This event will bring together researchers, academics, practitioners and regulators, through various plenary talks and technical sessions with a programme that will include UK and international speakers, dealing with scientific topics covering areas regarding the assessment, control, and management of asbestos.

If you can't make it in person a **digital delegate pass** is being offered as a booking option where delegates will receive a recording of the whole conference after the event has taken place.

Details of other courses and conferences can be found on the FOHN website [Link]

<https://www.linkedin.com/company/fohn>

Our Winter newsletter will include a Feature on the OH multidisciplinary team.

Follow us on social media to be kept up to date with research, consultations and CPD

[Link] <https://www.facebook.com/groups/2173813195966817/>

[Link] <https://www.linkedin.com/company/fohn>

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