BRIEFING

SAINSBURY CENTRE
for MENTAL HEALTH

removing barriers achieving change

40: Removing barriers
The facts about mental health and employment

Summary

This briefing paper looks at the barriers to employment for people with both common and severe mental health problems and at the initiatives that are being undertaken by the public, voluntary and commercial sectors to support their efforts to find and sustain work.

Too often people with common mental health problems, such as anxiety and depression, lose their jobs when they become unwell. Every day, opportunities to support people in work to get appropriate treatment and maintain their employment are being missed in workplaces across the UK. British business could save up to £8 billion a year if it managed mental health at work more effectively.

People with severe and enduring mental health problems, such as schizophrenia and bi-polar disorder (manic depression), are less likely to be employed than any other group of disabled people. Yet the vast majority want to work and research shows that many people have and can be supported to secure and maintain paid competitive employment through Individual Placement and Support (IPS).

The Government's welfare reform agenda emphasises the importance of getting more people with disabilities into employment. There are legitimate concerns that too much emphasis is being placed on getting people off welfare benefits as an end in itself. But the risks of doing nothing, especially during a recession, are greater still.

In the last recession, many people with mental health problems were written off as unemployable. We must ensure that we offer people the right help at the right time, or we run the risk of creating a new 'lost generation'.

▶

Introduction

At any one time one worker in six will be experiencing depression, anxiety or problems relating to stress (Singleton *et al.*, 2001). Many people find it difficult to remain in employment and face isolation and discrimination in their workplaces. They are at double the risk of losing their jobs compared with those who do not have a mental health problem (SEU, 2004). Over 200,000 people with mental health problems start claiming incapacity benefits each year (Black, 2008). But many people could remain in work with support from their GPs and their employers.

The proportion of people claiming Incapacity Benefit for mental health problems rose from 26% to 41% between 1996 and 2006. Many claimants with physical health problems also experience mental ill health. Around 70% of claimants in an analysis of Incapacity Benefit medical examinations had some form of mental health problem (Black, 2008).

People who experience severe and enduring mental health problems have one of the lowest employment rates. Only one user in five of specialist mental health services either has paid work or is in full-time education (Healthcare Commission, 2008). Yet many are able to work and pursue careers, if properly supported, and a person's diagnosis is often a poor predictor of employability (Grove & Membrey, 2005).

Research shows that work is good for our physical and mental health (Waddell & Burton, 2006). While unemployment can damage health and lead to a range of social problems such as debt and social isolation, being in employment and maintaining social contacts improves mental health, prevents suicide and reduces reliance on health services (SEU, 2004; Black, 2008).

Barriers to employment

The following section sets out some of the key barriers to employment for people with mental health problems.

Stigma and discrimination in the workplace

People with mental ill health face stigma and discrimination when trying to find work or retain their jobs. Many people in employment feel isolated and ostracised by colleagues who do not know how to support them (Thornicroft, 2006).

A recent study found that almost half (45%) of people with physical health problems experienced mild to moderate depression, but were more worried about telling their employer about their mental health issues than about their cancer or heart disease (Loughborough University / Mental Health Foundation, 2009).

Around a half (52%) of UK organisations say they have never knowingly recruited anyone with a history of mental ill health (CIPD, 2007). In a survey of public attitudes only two-thirds of people agreed that "People with mental health problems should have the same right to a job as anyone else" (TNS Global, 2007).

Employers have legal duties under the Disability Discrimination Act (1995) not to discriminate against disabled employees and job applicants, including people whose mental health problems result in them being disabled. It places a duty on employers and service providers to make 'reasonable adjustments' to enable disabled people to work and access services. However, there are limits to the power of legislation to change attitudes and we need to understand much more about employers' requirements and fears if we are to improve recruitment of people with a history of mental ill health.

Low expectations and a lack of resources

Low expectations by health care staff (Marwaha *et al.*, 2009) can also hinder a person's return to work. Staff may focus on maintenance of treatment rather than on recovery and a return to an independent life.

Only half of mental health service users in contact with specialist mental health services report having received any help with employment (Healthcare Commission, 2008). Poor communication between health and employment services can also create a barrier.

For many people, the journey to unemployment begins with the issuing of a sick note by their family doctor. GPs often issue sickness certificates without discussion of other options.

Research shows high levels of variability between different GPs, with some judging whether to sign someone off work based not just on their capacity to work but on their age, attitude and presumed job prospects (SEU, 2004).

A survey of 1,500 GPs has found that two-thirds (64%) were unaware of the evidence that work is beneficial for physical and mental health. Most said that, if they knew of this evidence, it would affect the advice they give (DWP, 2007).

Psychological therapies such as cognitive behavioural therapy (CBT) can play a role in helping people to remain in work (Seymour & Grove, 2005). In 2006 some 59% of GPs said that local access to CBT was poor and many admitted to prescribing antidepressant medications because they could not access talking therapies (Hairon, 2006). The roll out of the Department of Health's Improving Access to Psychological Therapies (IAPT) programme has led to significant improvements but there are still reports of long waiting lists in some areas and it is vital that the programme is sustained until it covers the whole of England.

It is estimated that only 3% of companies have a comprehensive occupational health (OH) service. Few OH workers have an understanding of mental health issues and few mental health workers have direct experience of OH. Small and medium sized businesses often have no OH support (RCP, 2008). The Government plans to address this by introducing an OH telephone helpline to support smaller businesses (DH / DWP, 2008).

Financial disincentives

Incapacity benefits were originally introduced to provide additional support for those unable to work due to long-term ill health. But the system created financial disincentives for anyone wishing to return to work. Many feared that they would lose their entitlement to benefits before they could cope with an ordinary job.

The Welfare Reform Act and forthcoming changes to housing and council tax benefits aim to remove these disincentives, but the fear still remains for people with recurring ill health that a return to work will leave them worse off.

Government policy

Government policy has focused on tackling all forms of social exclusion (SEU, 2004; Social Exclusion Task Force, 2006). Dame Carol Black's review of health and work (Black, 2008; DH / DWP, 2008), the forthcoming mental health and employment strategy, and the review of employment services for people with severe and enduring mental health problems led by Dr Rachel Perkins, emphasise the Government's goal of enabling more people with mental health problems to gain and retain employment.

Public service agreements

Public service agreement (PSA) targets have been introduced to measure the performance of the public sector in meeting the government's key goals. PSA 16 focuses on social inclusion and includes a new set of targets (known as National Indicator 150) for local authorities and their partners to report annually on the numbers of people in contact with specialist mental health services who are in paid employment (DCLG, 2007).

Welfare Reform Act

The 2007 Welfare Reform Act radically changed the incapacity benefits system. It introduced the Employment and Support Allowance (ESA) from October 2008 to replace Incapacity Benefit (IB) for new claimants. During the first thirteen weeks of a new ESA claim, all claimants are asked to go through a work capability assessment. After this, those who are considered able to work must then take part in work-related activities, otherwise their benefits will be sanctioned. People with more disabling conditions who are not considered able to work will be entitled to a higher level of financial support which will not be conditional on any activity. They can, however, opt to work and will then be entitled to the same level of vocational support as the first group.

Between April 2009 and 2013 all people whose claims began before October 2008 are being transferred onto ESA. From April 2010 they will also be required to undergo a work capability assessment. Further changes being debated in Parliament at the time of going to press will increase the use of conditionality in the benefit system. Sainsbury Centre remains concerned

that the use or threat of benefit sanctions will be counter-productive among people with mental health problems and that people who need the most support to get paid work will not be adequately assisted in the reformed system.

Pathways to Work

The Pathways to Work scheme (see Box 1) offers a range of support for benefit claimants seeking work. Despite initial concerns that its advisors lacked training and experience in working with people with mental health problems, research by the DWP shows that the programme, as originally delivered by Jobcentre Plus and the NHS, has been as effective for this group of people as for any other (Bewley *et al.*, 2008). However, there are reports that recent changes to the scheme which have brought in lead contractors from the private sector and payment by results have made it less effective for all claimants (Timmins & Barker, 2009).

Box 1: Pathways to Work

The Jobcentre Plus/NHS Pathways to Work scheme consists of:

- Six compulsory work-focused interviews after the eighth week of a claim;
- Access to a personal advisor;
- A 'choices' package consisting of employment programmes and condition management programmes to enable people to manage their health-related conditions when in employment;
- A £40-a-week return to work credit for those earning £15,000 or less;
- In-work support – including job coaches, occupational health advice, financial and debt counselling as well as support from the Jobcentre Plus Access to Work teams.

Developing new ways of working

People with mental health problems can be supported to achieve their potential in several ways. Here we list some of key ways that they can be helped to find and retain jobs.

Re-designing vocational and day services

In the past, people with long-term and severe mental health problems were often referred to day centres and sheltered workshops which developed from the old long-stay psychiatric institutions. These were in effect an alternative to employment rather than a stepping stone and were actually found to reduce people's confidence in ever regaining an ordinary job (Seebohm & Scott, 2004).

Innovative work carried out by commissioners in Southern England has shown how primary care trusts and local councils can unlock these resources to build a range of personalised services that help service users to fulfil their hopes and ambitions (Lockett, Seymour & Pozner, 2008).

Government guidance recommends that services follow the Individual Placement and Support (IPS) approach (DWP, DH & CSIP, 2006; Sainsbury Centre, 2009a) (see Box 2). IPS was pioneered in the USA and has since been tested in countries across Europe where participants were twice as likely to gain employment (55% v. 28%) through services following the IPS approach compared with traditional vocational rehabilitation alternatives (Burns *et al.,* 2007).

In the UK, South West London and St George's Mental Health NHS Trust has used IPS successfully in supporting the employment of people with serious mental health problems (Rinaldi & Perkins, 2007). Sainsbury Centre has launched a major project to help develop centres of excellence across England. It has also published a set of indicators to enable local commissioners to judge how effective their services are in providing evidence-based supported employment services (Shepherd *et al.*, 2009).

> **Box 2: The seven principles of Individual Placement and Support (IPS)**
>
> 1. Competitive employment is the primary goal;
>
> 2. Everyone who wants it is eligible for employment support;
>
> 3. Job search is consistent with individual preferences;
>
> 4. Job search is rapid: beginning within one month;
>
> 5. Employment specialists and clinical teams work and are located together;
>
> 6. Support is time-unlimited and individualised to both the employer and the employee;
>
> 7. Welfare benefits counselling supports the person through the transition from benefits to work.
>
> (Adapted from Bond *et al.*, 2008)

Primary care

Fewer than 10% of people with mental health problems are in contact with specialist mental health services. The remainder, including the vast majority of people with common mental health problems, are supported entirely within primary care. It is estimated that GPs spend a third of their time on mental health issues (SEU, 2004).

GPs can play a key role in helping people to retain their jobs by suggesting work adjustments or by referring them on to other support. There are a number of initiatives looking at how GPs can support people's mental and physical health by addressing work issues more effectively, and this is one of the key objectives for the cross-government Health, Work and Wellbeing programme.

The Government's response to Dame Carol Black's Review of the health of Britain's working-age population includes proposals for a new electronic 'fit note' to replace the current medical certificate, for a national education programme for GPs, and for a range of early intervention 'Fit for Work' pilots to make access to work-related health support more available. There will also be an extension of the Pathways to Work advisory service pilots whereby employment advisors, based in GP surgeries, will work within the Improving Access to Psychological Therapies programme (DH / DWP, 2008).

Sainsbury Centre has published a web paper outlining the basic skills and knowledge that all people working in job retention services in primary care should possess (Sainsbury Centre, 2009b). This is based on a survey of experts in the field conducted by the Nottingham Institute of Mental Health.

Vocational rehabilitation

Support for people to get or keep jobs, referred to as vocational rehabilitation (VR), is delivered by a wide range of staff working across the public, private and voluntary sectors. The UK Rehabilitation Council (UKRC) was commissioned by the Department for Work and Pensions to develop national standards for providers of rehabilitation services (UKRC, 2009). The new standards will help to improve the quality of support that is provided, but there remains an urgent need to develop a national training accreditation scheme for VR staff and to increase their number considerably to meet demand for their work (Sainsbury Centre / College of Occupational Therapists, 2008).

Access to Work

The Access to Work scheme funds 'reasonable adjustments' under the Disability Discrimination Act. The scheme is commonly associated with funding for equipment or travel and a very low proportion of the budget has so far been spent on supporting people with mental health problems. However, the Government has expressed its intention to double the budget from £69m to £138m by 2013/14, and in the short term to make available an extra £8 million to help disabled people retain jobs and find work during the recession. The mental health charity, Mind, is running an Access to Work pilot project to find out how this funding can be made to work for people with mental health problems.

Working with employers

The cost of mental health problems to business is just over £1,000 per employee per year, or almost £26 billion across the UK economy (Sainsbury Centre, 2007) (see Box 3).

Effective programmes which manage mental health at work can save around 30% of these costs. Yet employer awareness of mental health issues at work in the UK is extremely poor. Most senior managers vastly under-estimate the scale of the problem and most think it will never affect their workplaces (Shaw Trust, 2006).

Box 3: Mental health at work: the business case

The business costs of mental ill health comprise:

- £8.4 billion a year in sickness absence. The average employee takes seven days off sick each year of which 40% are for mental health problems. This adds up to 70 million lost working days a year, including one in seven directly caused by a person's work or working conditions.

- £15.1 billion a year in reduced productivity at work. 'Presenteeism' accounts for 1.5 times as much working time lost as absenteeism and costs more to employers because it is more common among higher-paid staff.

- £2.4 billion a year in replacing staff who leave their jobs because of mental ill health.

(Sainsbury Centre, 2007)

A review conducted by the Sainsbury Centre for the British Occupational Health Research Foundation (BOHRF) found that:

- Cognitive behavioural therapy can be helpful in enabling people who experience depression and anxiety to remain in work.

- Stress management techniques, such as relaxation, exercise and teaching problem-solving skills, can help staff to cope with stress.
- High quality occupational support and training for line managers to enable them to support colleagues with mental health problems are vital to help people to keep their jobs.
- Line managers, occupational health professionals and GPs need to work together to support employees with mental health problems (Seymour & Grove, 2005).

It is essential that managers and human resources practitioners are aware of the early signs of mental ill health so that they can provide support before an individual's condition deteriorates to the point they go off on long-term sick leave. A survey of managers (EFD & GPW, 2008) found that they feel they need more appropriate training and support to effectively manage staff experiencing mental health problems.

Sainsbury Centre is working with a number of UK employers to see how Australia's '*beyondblue*' National Workplace Programme could help line managers in the UK to respond better to people who are experiencing mental distress.

A mentally healthy workplace is a more productive workplace and some companies are seeing commercial benefits in promoting positive mental health. BT has reported that its mental wellbeing strategy has led to a reduction of 30% in mental health-related sickness absence, and a return to work rate of 75% for people absent for more than six months (Wilson, 2007).

References

Black, C. (2008) *Working for a Healthier Tomorrow: Dame Carol Black's Review of the health of Britain's working age population*. London: The Stationery Office.

Bewley, H., Dorsett, R. & Salis, S. (2008) *The Impact of Pathways to Work in the Expansion Areas, DWP Research Report 552*. London: Department for Work and Pensions.

Bond, G.R., Drake, R.E. & Becker, D.R. (2008) An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, **31**, 280-289.

Burns, T., Catty, J., Becker, T. *et al.*, (2007) The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial. *The Lancet*, **370**, 1146-1152.

CIPD (2007) *Labour Market Outlook: Quarterly survey report Autumn 2007, Focus on Employing people with mental health problems*. London: CIPD.

DCLG (2007) *The New Performance Framework for Local Authorities and Local Authority Partnerships: Single set of national indicators*. London: Department for Communities and Local Government.

Department of Health / Department for Work & Pensions (2008) *Improving Health and Work – Changing Lives: The Government's Response to Dame Carol Black's Review of the health of Britain's working-age population*. Norwich: The Stationery Office.

Department for Work & Pensions (2007) *Press Release 05 September 2007: GPs reconsider advice to patients on sick leave*. http://www.dwp.gov.uk/mediacentre/pressreleases/2007/sep/emp034-050907.asp [Accessed 14 April 2009]

Department for Work & Pensions / Department of Health / CSIP (2006) *Vocational Services for People with Severe Mental Health Problems: Commissioning Guidance*. London: Department of Health.

Employers' Forum on Disability & Great Place to Work (2008) *Line Manager Survey* http://www.scmh.org.uk/employment/employers.aspx [Accessed 7 May 2009]

Grove, B. & Membrey, H. (2005) Sheep and Goats: New thinking about employability. In: Grove, B., Secker, J. & Seebohm, P. (eds) *New Thinking about Mental Health and Employment*. Abingdon: Radcliffe.

Hairon, N. (2006) Survey exposes GP frustration at dire access to depression services. *Pulse*, 2 March, 14-15.

Healthcare Commission (2008) *Mental Health Service Users' Survey*. London: Healthcare Commission.

Lockett, H., Seymour, L. & Pozner, A. (2008) *About Time: Commissioning to transform day and vocational services*. London: Sainsbury Centre for Mental Health.

Loughborough University / Mental Health Foundation (2009) *Returning to Work: The role of depression*. London: Mental Health Foundation.

Marwaha, S., Balachandra, S. & Johnson, S. (2009) Clinicians' attitudes to the employment of people with psychosis. *Social Psychiatry and Psychiatric Epidemiology,* **44** (5) 349-60 (Epub Oct 31 2008).

Rinaldi, M. & Perkins, R. (2007) Implementing evidence-based supported employment. *Psychiatric Bulletin,* **31**, 244-249.

Royal College of Psychiatrists (2008) *Mental Health and Work*. London: Royal College of Psychiatrists / Health Work and Wellbeing Programme.

Sainsbury Centre / College of Occupational Therapists (2008) *Vocational Rehabilitation: what is it, who can deliver it, and who pays?* London: Sainsbury Centre for Mental Health / College of Occupational Therapists.

Sainsbury Centre (2009a) *Doing What Works: Individual placement and support into employment*. London: Sainsbury Centre for Mental Health.

Sainsbury Centre (2009b) *Delivering Job Retention Services: A knowledge and skills set for employment advisory services located in primary care settings*. London: Sainsbury Centre for Mental Health.

Sainsbury Centre (2007) *Mental Health at Work: Developing the business case*. London: Sainsbury Centre for Mental Health.

Seebohm, P. & Scott, J. (2004) *Addressing disincentives to work associated with the welfare benefits system in the UK and abroad*. London: Social Enterprise Partnership GB.

Seymour, L. & Grove, B. (2005) *Workplace interventions for people with common mental health problems*. London: British Occupational Health Research Foundation.

Singleton, N., Bumpstead, R., O'Brien, M., *et al.* (2001) *Psychiatric Morbidity among Adults Living in Private Households*. London: The Stationery Office.

Shaw Trust (2006) *Mental Health: The last workplace taboo*. London: Shaw Trust.

Shepherd, G., Lockett, H., Bacon, J. & Grove, B. (2009) *Measuring What Matters: Key indicators for the development of evidence-based employment services*. London: Sainsbury Centre for Mental Health.

Social Exclusion Task Force (2006) *Reaching Out: An action plan on social exclusion report*. London: The Cabinet Office.

Social Exclusion Unit (2004) *Mental Health and Social Exclusion*. London: Office of the Deputy Prime Minister.

Timmins, N. & Barker, A. (2009) Private welfare-to-work schemes failing. *Financial Times*, 29 January.

Thornicroft, G. (2006) *Shunned: Discrimination against people with mental illness*. Oxford: Oxford University Press.

TNS Global (2007) *Attitudes to Mental Illness 2007 Report*. London: Shift / CSIP.

UKRC (2009) *Rehabilitation Standards: Hallmarks of a good provider*. London: UK Rehabilitation Council.

Waddell, G., & Burton, A.K. (2006) *Is Work Good for Your Health and Well-being?* Norwich: The Stationery Office.

Wilson, A. (2007) *The Commercial Case for Health and Wellbeing. Presentation to the National Employment and Health Innovations Network, London, 20 July 2007*. http://www.scmh.org.uk/employment/nehin_jul07.aspx [Accessed 14 April 2009]

Briefing 40: Removing barriers

The facts about mental health and employment

Published August 2009

Photograph by Katherine Hall

Register for our monthly email bulletins and copies of new briefing papers at www.scmh.org.uk

BRIEFING

SAINSBURY CENTRE
for MENTAL HEALTH
removing barriers achieving change

40: **Removing barriers**
The facts about mental health and employment

Summary

This briefing paper looks at the barriers to employment for people with common and severe mental health problems and at the initiatives that are being undertaken by the public, voluntary and commercial sectors to support their efforts to find and sustain work.

Too often people with common mental health problems, such as anxiety and depression, lose their jobs when they become unwell. Every day, opportunities to support people in work to get appropriate treatment and maintain their employment are being missed in workplaces across the UK. British business could save up to £8 billion a year if it managed mental health at work more effectively.

People with severe and enduring mental health problems, such as schizophrenia and bi-polar disorder (manic depression), are less likely to be employed than

any other group of disabled people. Yet the vast majority want to work and research shows that many people have and can be supported to secure and maintain paid competitive employment through Individual Placement and Support (IPS).

The Government's welfare reform agenda emphasises the importance of getting more people with disabilities into employment. There are legitimate concerns that too much emphasis is being placed on getting people off welfare benefits as an end in itself. But the risks of doing nothing, especially during a recession, are greater still.

In the last recession, many people with mental health problems were written off as unemployable. We must ensure that we offer people the right help at the right time, or we run the risk of creating a new 'lost generation'.

▶

SAINSBURY CENTRE
for MENTAL HEALTH

removing barriers achieving change