

# **‘In work, better off’ – Consultation Response**

**October 2007**

The Sainsbury Centre for Mental Health welcomes the opportunity to comment on the consultation document *In work, better off* that sets out proposals to deliver a step change in the support offered to those who are most disadvantaged in the labour market.

Although we support the document’s stated objectives to raise the employment rate to 80%, to reduce the numbers of working age people who are dependent on benefits and to continue to close the employment gaps between different groups, we have serious concerns that the consultation paper further marginalises and excludes the majority of people with mental health problems.

These groups of citizens account for a significant proportion of people receiving incapacity benefits: At least two in five of those newly coming onto incapacity benefit (IB) have mental ill health, both common and severe, presenting as their main problem. However the proposals for full employment ignore a number of key aspects if you want to engage this group – although some of them will be lone parents, the group at the heart of the document.

## **The benefits of work for people with mental health problems**

Meaningful occupation and employment are both lynchpins of recovery for people with mental health problems. The *Mental Health and Social Exclusion* report (SEU 2004) identifies that being in employment and maintaining social contacts improves mental health outcomes, prevents suicide and reduces reliance on health services.

There is a significant evidence base that demonstrates that work:

- Promotes recovery and aids rehabilitation
- Leads to better health outcomes
- Minimises the harmful effects of long-term sickness absence
- Improves quality of life and wellbeing
- Reduces social exclusion and poverty (Waddell & Burton 2006)

For people with mental health problems, we know that employment is an integral part of their recovery. However we also know that there are very large (and growing) numbers of people with a mental illness who are out of work, most of whom want to work. Both research and practice has shown us that, given the right support, the vast majority can take up and sustain employment (Grove & Membrey, 2005, Bond, 2006, Burns *et al*, 2007, Schneider *et al*, 2007).

## **Stigma and Mental Health Awareness**

All previous programmes for people on IB (and now the Pathways to Work programme) have found it harder to help people with mental health problems to return to work than any other impairment group. However if the Government is going to achieve the target of 1

million off the IB rolls then they are going to have to crack this problem.

In our view this is partly due to the stigma and discrimination this group experiences (Thornicroft 2006) and partly due to the fact that the programmes do not address either the psychological needs of people with mental health problems, or the complexity of the barriers they face.

Additionally, much more needs to be done with employers to raise levels of awareness and understanding on mental health issues. We of course welcome the employment networks, but know from the research (Seymour and Grove 2005) that support needs to be given to employers – to address their fears; to reduce the stigma that surrounds mental health; and to skill up line managers to have the competence and confidence to identify and manage mental health problems as they arise within the workplace.

During 2008 SCMh will be delivering a project, in collaboration with colleagues from Australia, to train line managers to support colleagues with mental health problems and we will be evaluating its impact on the workplace.

Most recently, SCMh have produced a briefing paper in partnership with the Employers Forum on Disability (EFD) describing what employers and government can do differently to make it easier to recruit people with mental health problems (EFD and SCMh, 2007).

**Recommendation:** That the encouraging start on dealing with discrimination made by SHIFT and now Moving People should be seen as the beginning of a long term strategy to combat the ignorance, fear and poor attitudes that lead to discrimination against people with mental health problems. The impact of the programmes should be closely monitored and the programme extended until people with mental health problems are treated as fully contributing citizens with equal rights and responsibilities.

## **Mental Health Interventions in the Workplace**

In addition to attempts to improve early identification and reduce stigma so as to encourage help-seeking behaviour among people with mental health problems, we also need to improve access to a range of effective psychological interventions in the workplace.

Thus, one of the reasons why 'Pathways to Work' found it harder to help people with mental health problems is the difficulty of delivering integrated packages of support which contain both vocational help *and* psychological interventions. The tendency to separate vocational and health interventions and to deliver them 'in series', rather than in parallel, remains a problem. The dangers of doing this are highlighted in the Australian research, 'Work Outcomes Research and Cost-benefit' project (WORC) which suggested that those who were removed from work and treated outside for psychological problems actually did worse than those who were not identified (Hilton, 2007).

This means increasing the availability of evidence-based psychological interventions in the workplace as described in the relevant NIHCE guidance (NIHCE, 2007) which recommends a number of approaches - self-help manuals, computerised CBT (CCBT), brief psychological treatments, etc. – to be deployed in a 'stepped care' model. This will be supported by the initiative to improve access to psychological therapies (IAPT) which was launched last year (Department of Health/CSIP, 2006) and recently received a further boost of £170 million

funding (Department of Health, 2007)..

**Recommendation:** That, in addition to improving early identification and reducing stigma surrounding mental health problems in the workplace, further attention should be directed towards increasing access to evidence-based psychological interventions. These should be delivered, as far as possible, in the workplace and should not remove people for ‘treatment’ thereby avoiding the potentially difficult problems of ‘re-entry’.

### **Vocational Services and guidance for commissioners**

Commissioning guidance on vocational services for people with severe mental health problems (DH, 2006) recognises that a range of services are necessary to meet the needs of all individuals, including those most disabled by their mental ill health. The guidance focuses on vocational services and enabling commissioners and other stakeholders to:

- implement evidence-based practice within vocational services, in particular, the Individual Placement and Support (IPS) approach;
- work towards access to an employment adviser for everyone with severe mental health problems;
- aim for the provision of vocational and social support to be embedded in the Care Programme Approach (CPA) with full involvement of the service user;
- base provision around the needs of the individual irrespective of whether care is received from secondary or primary care services.

The *Mental Health and Social Exclusion* report (SEU 2004) also described key elements of vocational and social support e.g.:

- establishing employment status on admission to hospital;
- supporting job retention;
- promoting involvement of carers and families;
- identifying a lead contact on vocational and social issues in secondary care teams;
- strengthening links to key local partners, in particular Jobcentre Plus and education providers;
- promoting access to advice and support on benefits issues;
- monitoring vocational outcomes for people on CPA; and
- monitoring the employment rates of people with mental health problems within their own organisation.

### **Case Study: Re-commissioning employment and day services in Eastern Surrey for adults with mental health problems**

A collaboration between Surrey County Council, East Surrey & East Elmbridge and Mid Surrey PCTs (now part of Surrey wide PCT), Surrey & Borders Partnership NHS Trust, service users, the Sainsbury Centre for Mental Health and Third Sector Providers in Surrey resulted in the re-commissioning of employment and day services from the NHS to the voluntary and social enterprise sectors and a new joint commissioning framework for the area.

The emphasis of the day and work services had been on providing segregated occupation and social support. Very few people moved on to other services once referred and for many people with mental health problems, particularly people who were newly diagnosed, women or young adults, these services did not provide the type of support or activity they wanted.

Health and social care commissioners had been looking to modernise these services, with a particular focus on providing more one-to-one support to access and sustain mainstream employment and community activities. The Trust concurred that these services did not form part of their core delivery objectives and they therefore supported a re-commissioning process. The development of a joint commissioning strategy was central to the outcomes achieved.

The new service model now in place, provided by a voluntary sector organisation, delivers more individualised support, more accessible services and more choice. This approach enables individuals to develop their own pathways to move between support services according to their particular needs and aspirations at any given time.

The evidence base on helping people with a history of severe mental ill health to obtain open employment points strongly to IPS and we believe that this approach would also be effective in helping people who are both disabled by common mental health problems and who have been out of work long term.

**Recommendation:** The funding of Pathways to Work should recognise the added difficulties faced by people with mental health problems and allow for differential payments to be made. This would enable full implementation of evidence-based good practice (the IPS Approach to supported employment).

### **Contracting principles**

In addition to the outcome measures identified as the assessment of efficacy, we would advocate the inclusion of process indicators into contracts and any sub-contracts. They should include key elements of the individual placement and support approach to supported employment, which research has shown to be most effective in recruiting and retaining people with mental health problems in employment (Burns et al 2007, Rinaldi and Perkins 2007).

We are concerned that outcome only contracting will compel providers to cherry pick and therefore not provide the on-going, flexible support needed to support individuals with mental health problems. To address this gap, SCMh is collaborating with key partners from across Departments (DH, DWP), regulators (CSCI, Healthcare Commission), commissioners and providers to develop a set of key performance indicators that can be used at a number of different levels to measure outcomes at an individual and also an aggregate level. Our website will maintain an up-to-date audit trail of progress.

In order to effectively support individuals with mental health problems into work, the links between employment advisors and either secondary or primary care services, particularly GPs, needs to be strengthened. There is no reference to this approach in the document. SCMh is currently researching approaches which place Employment Advisors in GP Surgeries to increase the evidence base in this important area.

A further concern centres on the capabilities of the specialist personal advisors to which the document refers. These roles seem to be central to delivering on the vision of the document, but it is unclear who will train these practitioners, where they will come from and what the training will comprise. For example, we know that existing Jobcentre Plus staff can often lack awareness and understanding of the needs of our client group of interest.

*In work, better off* contains no obvious proposals on the role of collaboration at a local level to realise increased rates of employment amongst people with mental health problems. For example, a key element of the success of the Pathways to Work pilots was the integrated working between Jobcentre Plus offices and their local NHS Mental Health Trust. The roll out of Pathways to Work and the provision of the additional sites by the private and voluntary sector eliminates this level of integration on which success has been shown to be founded.

**Recommendation:** Both primary and secondary mental health services should recognise that enabling people to work is a crucial part of recovery for adults of working age and all mental health services should reflect this priority. A good start has been made through the funding allocated to Improved Access to Psychological Therapies, but this is only a part of the answer and attention now needs to be focussed on providing the full range of supports people needed to get back to work. The Government should ensure that both commissioners and providers are aware of the guidelines that already exist and that they monitor and publish outcomes using the KPIs that SCMh is developing.

## **The mental health needs of lone parents**

Research has found that lone parents (of whom 91% are women, and are less likely to be in work than their married counterparts (Bradshaw and Finch 2002)), who are also out of work, are more likely to be in ill-health or have a child with ill-health who restricts their opportunities to work (Lewis et al 2000; Dawson et al 2000, Marsh 2001).

In addition, many of the health problems suffered by lone parents are related to mental health problems, some suffer both physical and mental health, and some also have children with behavioural problems – all of which have a strong influence on their ability to act out routine and daily activities or work (Casebourne and Britton, 2004).

**Recommendation:** Lone parents with disabilities require the same help to start and maintain work as those without disabilities; for example help with children, training, confidence building. Yet they also require a specific focus on their health problems as for example provided in the condition management programmes. However, these programmes should be reviewed in the light of their possible failure to deliver the necessary desirable outcomes (as is achieved for people with physical health problems).

We would recommend that additional support is given to lone parents with mental health problems to return to and sustain work along the lines provided in the IPS, and that this is done in liaison with local Community Mental Health Teams and primary care services (Sainsbury Centre for Mental Health, 2007a; 2007b). For lone parents whose children have mental health problems it is important that their children's difficulties are taken into consideration, and assessment and intervention is available – for example, parent skills training for those whose children have conduct disorders (Scott et al, 2001).

### Summary of key points

- People with common and severe mental health problems account for a significant proportion of people receiving incapacity benefits (IB); in addition, many lone parents on IB also have mental health problems.
- A significant evidence base supports the contention that employment is an integral part of recovery for people with mental health problems;
- In order to achieve the stated objective of raising the employment rate to 80%, reducing the numbers of working age people who are dependent on benefits and continuing to close the employment gaps between different groups, people with mental health problems must be included in the thinking and planning that underpins *In work, better off*.

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