



SAINSBURY CENTRE
for MENTAL HEALTH
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Vocational Rehabilitation: what is it, who can deliver it, and who pays?

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Introduction

In the UK we are at a critical point for the health of the working age population. The costs of our long term failure to manage ill health and return people to work are no longer sustainable. This failure is particularly serious in relation to people with mental health problems (Sainsbury Centre, 2007).

The Government responded by asking Dame Carol Black to devise a mental health and employment strategy as part of her proposals for transforming the way we manage the health of the nation's workforce.

Difficult political decisions will have to be made in a deteriorating financial environment about how to improve our national performance. We need to develop a vocational rehabilitation workforce that is capable of delivering evidence-based services and we need to find the resources to invest in changing the system.

The good news is that there is already strong evidence to suggest that such investment will in the medium and longer terms produce a return that will save money both for employers and for the taxpayer (Sainsbury Centre, 2007).

As a contribution to this debate, in 2008 Sainsbury Centre and the College of Occupational Therapists joined forces to host expert roundtable discussions which addressed the thorny, practical issues about vocational rehabilitation – what is it, who can deliver it, who pays? This paper is the result.

Mental health at work – the facts

At any one time one worker in six will be experiencing depression, anxiety or problems relating to stress.

The total cost to employers of mental health problems among their staff is estimated at nearly £26 billion each year, or £1,035 for every employee in the UK workforce.

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 per cent 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.

(adapted from Sainsbury Centre, 2007)

What is Vocational Rehabilitation?

Vocational rehabilitation can be defined as whatever helps someone with a health problem to stay at, return to and remain in work. It is an approach rather than a particular intervention (Waddell et al, 2008).

There is now broad agreement about the key principles of vocational rehabilitation (VR) including:

- The need to intervene early to prevent people from losing their jobs when they could be helped back to work.
- The need for good quality case management for those who need professional support.
- The importance of a 'bio-psycho-social' approach, that considers all of a person's needs for getting or keeping work.

There is an urgent need to improve vocational rehabilitation interventions for mental health problems, which are the largest and fastest growing cause of long-term incapacity in the UK. Promising approaches include health care which incorporates a 'return to work' element, workplaces that are accommodating and non-discriminating, and early intervention to support workers to stay in work (Waddell et al, 2008).

Employers have a major role in vocational rehabilitation. There is strong evidence that managing sickness proactively and providing (possibly temporary) modifications such as flexible working are both effective and cost-effective.

Vocational rehabilitation should also be underpinned by education to inform the public, health professionals and employers about the value of work for health and recovery.

What will keep people at work?

Evidence suggests that the key components of an effective work-based programme are:

- Recognition by employers that work is on the whole very good for mental health, as it is for physical health.
- Prevention of mental health problems which are directly work-related (accounting for around 15 per cent of total costs). This may include providing mentally healthy working conditions and practices in line with the Health and Safety Executive's management standards on work-related stress (HSE, 2007).
- Training for line managers, to increase their knowledge and understanding of mental health issues, raise awareness of unthinking discrimination and improve their ability to respond confidently and in a timely fashion to employees in distress.
- Better access to help, particularly access to evidence-based psychological therapies, which wherever possible enable people to carry on working at the same time as receiving support.
- Flexible working: some people may need to take time off work or not work traditional hours.

- Regular contact with the employee during periods of absence, to maintain continuity of workplace relationships and prepare the ground for their return to work.
- Case management support for those not recovering as expected.

How do you get people with severe mental illness back to work?

There is international consensus that traditional ‘train and place’ approaches are not effective in supporting individuals with severe mental health problems into employment. The individual placement and support (IPS) approach, or ‘evidence based supported employment’, is more than twice as effective as traditional sheltered work or training programmes. We need to ‘place then train’, not ‘train then place’.

Individual placement and support (IPS) has seven key ingredients:

- Support for anyone who wants it (no exclusions)
- A focus on real jobs in the ordinary labour market
- Early help to search for jobs
- Employment support from dedicated employment specialists based in clinical teams
- Tailored support in line with individual preferences
- Ongoing support for as long as needed
- Expert benefits advice being made available.

Who can deliver vocational rehabilitation?

Vocational rehabilitation is an immature market in the UK: providers are emerging but they do not have sufficient skilled staff to meet the level of need that exists. This market needs to be nurtured and grown to meet the needs of Pathways to Work, of the forthcoming Fit for Work scheme and of employers.

There are a number of professional groups – of which Occupational Therapists, in terms of numbers and skills are one of the most significant – which address vocational rehabilitation as part of their work. However, even if you add up all the Occupational Therapists, Case Managers, Physiotherapists, Psychologists, Jobcentre Plus Personal Advisers, Disability Employment Advisers, Employment Support Workers (voluntary sector, Workstep, New Deal) there is still not, as yet, the capacity to deliver the evidence based programmes we need.

There has been little investment in training. Private sector providers simply take staff from public sector organisations or from abroad. The Freud Report approach, of paying providers by results, will not help us to overcome this barrier to scaling-up vocational rehabilitation. It could also have an impact on quality: there is a risk of harm from ill-timed or insensitive interventions when a person is particularly unwell and practitioners need to know to how reduce those risks.

The developing market in VR will call at the very least for better workforce planning, ensuring that all these professional groups work together to produce a body of knowledge, training and accreditation

to deliver the new services. Contracting out services on a ‘payment by results’ basis will not necessarily deliver the investment to skill up the new workforce. Government has an important role to play in developing and nurturing the skills that will be needed in the emerging VR market.

Who should pay for vocational rehabilitation?

Ill health in the workplace is very costly both to employers and the taxpayer. It is clearly better to intervene early – to keep people in work rather than let them drift into long term unemployment. By the time a person has been off work for six months their chances of ever working again are reduced by 50%. Once people are on benefits the costs to the taxpayer escalate, so it is in the interest of both the employer and the taxpayer to prevent them getting there.

It is reasonable to expect both the employer and the taxpayer to contribute to returning people to work as soon as possible. Sharing responsibility in this way is easier said than done, but nonetheless within the next few months a fair formula will have to be worked out that takes account, not only of who benefits from VR, but also who has the capacity to pay.

Big employers can pay for VR support and have shown good returns on their investment. But for small employers, the question is less clear cut. Small employers get a greater benefit for each person they help back to work, so we need to find ways of providing them with support.

Some ideas on particular measures are already being developed or proposed, including:

- Incentives towards healthy practice via reduced insurance premiums
- ‘Fit for Work’ teams in primary care
- Tax benefits or the removal of taxation disincentives for employers who look after their workforce
- Occupational health services being made available to small and medium enterprises via NHS Plus.

These, however, are piecemeal measures. We need systemic change and development and we need it soon or we risk losing all the gains that have been made in recent years.

Where next for vocational rehabilitation?

We need to develop much more vocational rehabilitation provision, sufficient to offer the support people need in a timely manner, based on the evidence of what is effective and with an appropriately skilled workforce. We believe measures are needed to build the role of the NHS in vocational rehabilitation, to encourage more employers to take more responsibility and to create a workforce that meets demand. Some of the first steps to making this possible could include:

For the NHS:

- Primary care services need to build up their role in back to work support, using the Fit for Work model (Black, 2008). This should include expert case management through employment advisers linked to psychological therapy services. It could be boosted by changes to the GP contract to give greater priority to employment and by increasing the awareness among GPs of

the extra support local occupational therapy services can provide.

- Individual budgets should be made more widely available to enable mental health service users to set their own standards for the employment-related support they get.
- Occupational health services should employ more occupational therapists to ensure they provide a multi-professional and client-centred service to people who require holistic support rather than a purely medical intervention.

For employers:

- Government should take action to remove barriers, especially in the tax system, to employers buying in rehabilitation support for their staff, and should explore what incentives might encourage greater take-up of these services.
- Small employers need support and encouragement to invest in vocational rehabilitation for their staff as and when they need it.
- The public sector needs to lead by example both in hiring more disabled people and in better supporting its staff. This will make such measures more credible to other employers.
- The Disability Discrimination Act needs to be better used to encourage rehabilitation at work: employers need to know their responsibilities but they also need the freedom to act sensibly to support their staff.

For the workforce:

- Investment is needed in training at both undergraduate and postgraduate levels, across a range of disciplines, to increase awareness of vocational rehabilitation and to support the growth of the workforce.
- Providers of Pathways to Work services should be given incentives to build a suitably skilled workforce that is sensitive to the needs of people with mental health problems.

Avoiding a 'lost generation'

The last recession created a 'lost generation' of workers who were written off on incapacity benefits. This time we need to avoid 'pathologising' unemployment. The real test of any welfare-to-work policy is whether employers continue to hire and retain people with disabilities in harder times. The system will be judged long-term on how it supports those who are hardest to place in employment – in particular people with mental health problems, 90% of whom want to work, but who face much higher levels of discrimination than other groups of disabled people.

Making a start – the UK Rehabilitation Council (UKRC)

The UK Rehabilitation Council (UKRC) has been commissioned by the DWP to work on the creation of standards for providers of rehabilitation services that will enable commissioners and purchasers to be better informed about what they are buying. These will be published in 2009.

With the Department for Work and Pensions set to become a major commissioner of these services, through its initiatives to assist the return of people on long term benefits to the workforce, there is a growing imperative to ensure that the rehabilitation sector provides both value and quality – especially for those furthest from the labour market.

Eventually such a body could also bring coherence (and nationally accepted accreditation) to training a workforce to deliver according to the standards. But to do so it will require buy-in from all the professional groups and stakeholders, including and especially from government.

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Sainsbury Centre for Mental Health works to improve the quality of life for people with mental health problems by influencing policy and practice in mental health and related services. We now focus on criminal justice and employment, with supporting work on broader mental health and public policy.

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The College of Occupational Therapists is a subsidiary of the British Association of Occupational Therapists. It represents the profession and contributes widely to policy consultations throughout the UK.

The College sets the professional and educational standards for occupational therapy. It provides leadership, guidance and information relating to research and development, education, practice and lifelong learning.

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