A close-up photograph of a young woman with dark hair, smiling warmly. She is wearing a white collared shirt under a grey sweater. The background is slightly blurred, showing what appears to be a clinical or office setting.

WORK,
MENTAL HEALTH
AND
WELFARE...

The case for co-ordinated action
to achieve shared benefit



A man wearing a grey t-shirt, a high-visibility yellow and green safety vest, and white work gloves with yellow palms is leaning over the open hood of a car. He is smiling at the camera while working on the engine. The background shows a road and some greenery.

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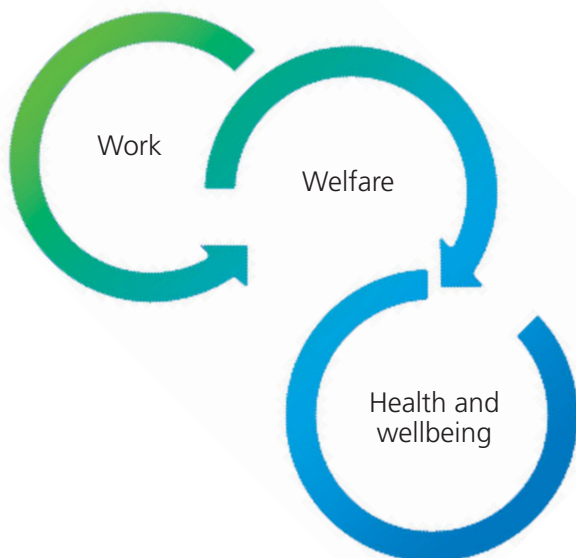
Introduction

Employment, mental health, and income are intrinsically linked – for good or ill. They can be positively reinforcing – work is good for individuals’ health, wellbeing and financial position; and in turn healthy employees are good for business, their families and communities, and for the economy. Conversely, a vicious circle can be established with mental ill health being a barrier to employment and financial independence; and unemployment in turn impacting on wellbeing and reliance on welfare. There is a complex system of processes and organisations involved in promoting mental health and employment – but the action required for the system to function more effectively need not be complex. There is good evidence for effective interventions which different agencies can deliver as individuals, employers, health and social care providers, or public health partnerships.

Mental health and employment are everybody’s business – but the danger is that they become nobody’s business when it comes to initiating and investing in action. Investment in mental health is vulnerable in periods of economic pressure but is worth protecting because it delivers significant savings to the public purse as well as wider benefits to individuals, communities and local economies.

The good news is that no one part of the system needs to bear the burden for change alone. If each part of the system takes action in those areas where it can have most impact, positive change can and will be delivered for individuals, families, employers, and the economy. In addition, the synergy created by all parts of the system working together will create the greatest added value for all concerned. Finally, effective action on mental health and employment will contribute to tackling related problems such as alcohol or drug misuse, debt, and the consequences of each of these issues for individuals and communities.

This paper summarises the case for action in different parts of the system – healthy workplaces, support for individuals with mental illness to retain employment, and routes into work for those already excluded because of mental health problems. It identifies opportunities for action and highlights those in the best position to lead or contribute to positive change. It is intentionally high-level, but detail is available from the references and resources appended, which include extensive evidence, information about specific interventions, tools and advice for employers and health professionals, and case studies from a wide range of employers.



The size and nature of the mental health and employment challenge

Mental illness takes a huge toll on individuals; accounting for 23% of all years of healthy life lost in high-income countries and being the largest cause of disability in the UK ^(1, 18, 72)

The estimated cost of mental ill health in England in 2009/10 was £105.2bn, with the highest cost (£53.6bn) relating to human suffering, followed by lost economic output (£30.3bn) and health and social care costs (£21.3bn) ⁽⁸⁾

Unemployment has a negative impact on wellbeing and is a threat to other determinants of health, such as an income and secure housing, and to the wellbeing of families and communities ^(34, 49, 65, 68)

Employment rates currently stand at 68.4% in London, two percentage points below the UK average, and they vary within the capital by borough, gender, age and ethnic group ⁽²⁷⁾

Both mental illness and unemployment increase use of primary health care, social care, medication, and hospital care ^(6, 25, 33, 41, 42, 43, 55, 57, 69)

900,000 working age Londoners (one in six of the current 18-64 year old population of 5.4m) will experience mental health problems during the course of each year ^(27, 40)

Mental health conditions are the most prevalent reason for people being dependent on health-related benefits ^(1, 54, 61) and significantly disadvantages individuals in their attempts to gain or stay in employment ^(12, 44, 48, 49, 51, 58, 60)

In future, performance on mental health and employment will be one of the criteria used to assess the quality of the NHS, social services, and public health partnerships ^(16, 17, 19) and can assist the NHS with delivery of the Quality, Innovation, Productivity and Prevention (QIPP) challenge

Employers have legal duties related to health, safety, and equalities, and increasingly recognise the value of a healthy, engaged workforce ^(9, 45, 64) and the cost of mental illness in terms of productivity, absence, early retirement, and staff turnover ^(1, 11, 12, 73)

Economic and policy context

Both business and public services are challenged by the current economic climate, and it is more important than ever to invest in effective interventions for enhanced productivity, wellbeing, and resilience. In its own way, each part of the work, health and welfare system is feeling the pressure of present challenges and each stands to gain from co-ordinated action to promote mental health and employment, and to reduce the costs of illness and unemployment.

Employers and their staff are feeling the pressure of tighter financial constraints and ever higher expectations. Large and small organisations alike are juggling the need to deliver more for less, meet customer and investor expectations, comply with legal duties, and keep their staff motivated and engaged. Significant numbers of private and public sector employees are facing job insecurity, financial uncertainty, and the demands of continuing to deliver during periods of organisational change or downsizing. Alongside this employers, staff, and health providers are all having to get used to the range of changes required by national policy including, for example, the shift from sick notes to 'fit notes' which many are still finding a challenge to implement.

At the same time, the public sector is facing a period of structural upheaval and significant change to the policy context and expectations within which it functions. Arrangements for commissioning health-related services are in the midst of an unprecedented period of change with NHS funding transferring to emerging Clinical Commissioning Groups and new Health and Wellbeing Boards which are being established to coordinate local planning and investment for public health. National welfare policies – including the Department for Work and Pensions (DWP)'s funded work programme – and other related initiatives are being rolled out with expectations for working age adults, welfare and health services, and employers to work together in new ways to achieve a shift from health-related benefits to paid work.

Opportunities for effective intervention

In this challenging economic climate, with its impact on both the public purse and individual wellbeing, the need to be pragmatic and play to organisations' strengths is paramount. If each contributes where best able to promote mental health, work, and welfare; together the collective impact for London and Londoners will be significant.

As set out in the following three parts of this paper, there is good evidence for a range of interventions, led by a range of partners, and operating in a range of settings. By way of a taster, below is a summary of some opportunities for action by you...

.....as employers:

- providing healthy, efficient workplace policies and environments and encouraging staff to make positive choices for their own health
- investing in management skills and supporting action to recognise and respond to stress
- supporting individual staff to remain employed, or return early, if they experience mental illness

...as commissioners or providers of health and social care services:

- recognising the business case for early intervention and promoting awareness of the benefits to individuals, employers and service providers
- protecting and increasing joint investment in effective integrated approaches to supporting individuals through personalised support to respond to mental illness and/or unemployment
- being exemplary employers, providing healthy workplaces and supporting people with mental illness to be employed in their own organisations or those they are commissioning



...as partnerships for public health and wellbeing:

- prioritising action on work, health and wellbeing as central to the core business of promoting healthier communities and thriving local economies
- committing to delivery of integrated solutions to individuals and families, facilitating the involvement of welfare, work, and health partners in supporting employers and (potential) employees
- promoting local access to good jobs for people living with mental illness.

1 Promoting workplace wellbeing

The challenge:

There are currently 140m days lost per year due to sickness absence in Great Britain, equivalent to 4.9 days per worker each year ^(9, 61) and employers pay sick pay and associated costs of £9bn a year ⁽¹⁾

Sickness absence due to mental health problems costs the economy £30.3bn in lost output during 2009/10 ⁽⁸⁾

The cost of 'presenteeism' is estimated to be at least as high as the cost of sickness absence ^(1, 8, 11, 57) and impacts on performance, efficiency, colleague relations, and client contact ^(8, 12, 64)

43% of employers underestimate the prevalence of mental illness in the workplace, almost half do not have a diversity strategy and 72% do not have a stress management or mental health policy ^(13, 59)

Public sector employees are at greatest risk of work-related stress, and mental health problems accounted for almost 4.6m days lost in the public sector in 2010/11 ^(1, 3, 10)

Individuals in lower employment grades have a higher prevalence of depressive symptoms ⁽²³⁾

Lower paid, lower skilled workers are more likely to take sick leave or fall out of employment and are less likely to benefit from interventions to support them back to work ^(1, 11, 22, 37)

Job insecurity increases both physical and mental illness and increases use of GP services, and none of these changes is attributable to changes in health behaviours such as smoking ⁽²³⁾

workforce and seek to maximise employees' wellbeing and ability to contribute. This is the part of the system where employers can make the biggest difference to their staff members' mental health, and where they also stand to make significant organisational gains.

Staff and their representative organisations, too, have a part to play by actively engaging with their employers to promote healthier work environments and policies. Health organisations across sectors have expertise and advice to contribute, both in relation to keeping employees well and advising employers about recognising and responding to mental ill health when it occurs.

1.1 Why invest in healthier workplaces?

Increasing productivity and efficient delivery of core business

Much has already been achieved by employers, staff and unions and other organisations to reduce the physical risks of injury or illness at work. However, significant risks remain in many organisations related to workplace culture, management practice, and organisational policy ^(9, 23, 40, 60). It is important employers and managers recognise the impact of these on staff health, commitment, and productivity. For example:

- Routinely working long hours impacts on employees' health, productivity and relationships with colleagues ^(12, 22, 41, 55) but many employees feel they have to work more than their contracted hours to keep their jobs ^(22, 35, 60, 71)
- 23% of working Londoners work over 45 hours per week (compared to a national average of 19%) and 110,000 (3% of working men and 4% of working women) have more than one job ⁽²⁶⁾
- More NHS staff in London (average 73%, with highest rate of 93% in one PCT) work longer than their contractual hours than in other parts of England, and more (average 32%) have suffered work-related stress in the previous 12 months than NHS staff elsewhere in the country ⁽⁴⁵⁾

A key focus of government policy and local action is on getting or keeping employees fit for work. What needs to happen in parallel is that employers ensure that their workplace environments and policies are fit for a diverse

- Organisational change and downsizing are a reality for many workplaces, and job insecurity impacts on health and productivity and continues to affect the health of those who remain following restructuring as well as those who leave ^(23, 59, 74)

Effective health promotion programmes at work, which proactively seek to protect and improve employees' health and wellbeing, can assist employers to achieve compliance with their health and safety duties. They also deliver additional benefits (illustrated in case studies which can be accessed through links in the Resources appendix) and have, for example, been shown to:

- Deliver significant business returns for modest investment ^(8, 22, 28, 32, 41)
- Reduce the risk of stress ^(11, 23, 39)
- Improve work performance and productivity, and reduce presenteeism ^(12, 32, 39, 43)
- Reduce absenteeism and long term sick leave ^(8, 11, 32, 46)
- Increase employee satisfaction and retention ^(13, 14, 57, 64, 74)

Minimising the impact of stress and mental ill health

As many as 26% of staff are working despite long-term health challenges ^(1, 10) and it is estimated that each year one in six workers are affected by anxiety, depression or unmanageable stress ⁽⁴⁰⁾. Employees are reluctant to disclose mental health issues at work ^(1, 12, 28, 36, 60) and it is in employers' interests to promote the early identification of stress or mental illness and initiate action to alleviate its impact. In addition, it matters to employers because they have a legal duty of care as well as duties to make 'reasonable adjustments' for employees living with disabling illness.

- Most employers recognise stress at work to be a significant challenge ^(9, 45, 60, 73) yet 72% still do not have a formal policy on stress and mental health ^(9, 60, 73)

- 53% of employees with poor mental health say they always go to work despite this and 41% say they sometimes do ^(12, 10) and they report this impacts on:
 - concentration, learning and ability to make decisions
 - delivery of multiple or complex tasks
 - being patient with clients or customers and
 - getting into conflict with colleagues ^(12, 23)

- 'presenteeism' is increasingly recognised as being every bit as important for employers to manage as sickness absence ^(8, 12, 56), and appears to be on the rise with fears about job security, costing employers £15bn a year ^(1, 11, 14, 23, 57)

- Risk assessment and stress management programmes have been shown to be very cost effective with returns on investment reported from three-fold to as much as eight-fold ^(9, 18, 32, 37)

Reputation management – being an employer or partner of choice

Productive staff and workplaces generate income for individuals and their families, help deliver organisations' targets and core business effectively, and support a vibrant economy. Effective action on workplace wellbeing can therefore enhance an organisation's brand, contribute to delivery of corporate social responsibility (CSR) aspirations, and enhance their reputation as a good employer.

- Public and private sector employers increasingly recognise the importance of being seen as an 'employer of choice' to attract and retain skilled staff and improve their brand ^(9, 13, 23, 32, 73)
- Motivated, healthy staff are more likely to be fully engaged, and in turn better employee engagement reduces absence and enhances competitiveness and productivity ^(7, 14, 27, 49, 64, 74)
- CSR considerations are increasingly important in attracting business as well as staff and effective action on staff wellbeing is increasingly recognised as a key element of being a responsible and sustainable organisation ^(9, 15, 26, 32, 59, 73)

1.2 Opportunities for action on workplace wellbeing

Wellbeing at work is best achieved when tackled as a joint venture between employers and employees. Stress is increasingly understood to be an interaction between individuals and their environments and action to manage it in turn requires coordinated action. There are many examples of good practice and a range of resources to support both large and smaller employers to take effective action to promote the health of their staff, and these are referenced in this paper.



Health promoting workplaces

There are numerous ways in which employers can promote healthy workplaces, helping to keep all staff fit for work as well as proactively protecting the wellbeing of those at risk of stress or mental ill-health. Stress is costly, especially for small firms, where staff cover for sickness can be particularly difficult to arrange. Work related stress is not an illness but can contribute to ill health and, as well as anxiety and depression, stress has been associated with heart problems, back pain and gastrointestinal illness.

Action can be taken through changes to human resources policy, management practice, and the work environment. Examples of good practice can be found through the resources section and the experience of employers demonstrates a range of approaches can be effective including:

- Introduction of flexible working practices wherever practical, applied temporarily or on a permanent basis
- Effective performance management and team working approaches
- Regular supervision to encourage and support staff to deliver effectively and to facilitate early identification of problems or stress as they arise
- Up to date policies on equality, bullying, sickness management and other areas which impact on health and wellbeing at work
- Effective application of health-related policies as an essential aspect of good management practice
- Access to employment support schemes, peer support and/or work buddying programmes
- Promoting opportunities for walking, cycling, healthier eating and physical activity
- Making use of free advice and resources promoting healthy work environments
- Providing lunchtime seminars on health and wellbeing

Responding to stress and health challenges

Similarly, action on stress can take many forms and can benefit both staff at risk and those already experiencing the negative impact of unmanageable stress. Elements of employers' action to actively promote the recognition of and response to stress include:

- Introduction of stress management and mental health policies
- Skilling and supporting managers to recognise and take action on stress at work
- Raising employee awareness of opportunities to get help and support, whether through employer schemes or access to wider resources

Promoting a workplace culture that recognises staff will face health challenges, including stress, and encouraging individuals to seek advice as needed.



2 Retention and early return

The challenge:

Much absence from work is due to comparatively mild illness which is compatible with work and may indeed be improved by work ^(1, 24, 68)

The benefits of investment in early interventions to support return to work are not always recognised and actioned, yet both staff and employers stand to gain ^(1, 8, 12, 24, 25, 40) and health services can benefit from reduced demand longer-term ^(25, 37, 48)

Lower paid, lower skilled workers are less likely to have access to the advice and support to enable them to remain in work or return quickly after illness ^(1, 12, 23)

Around 75% of people on sick leave because of mental health conditions do return to work but after 20 weeks of sickness absence, the vast majority of individuals will eventually fall onto benefits ^(1, 24)

Many employers have problems recruiting and retaining staff and are increasingly focused on the need to reduce the cost and impact on competitiveness of high staff turnover ^(9, 13, 32, 64)

2.1 Why invest in supporting employees to stay in work?

Reducing turnover and retaining staff

Employers increasingly recognise the importance of retaining good staff and reducing the significant costs associated with high turnover. Enabling staff to remain at work or return early following illness can help organisations to both reduce the routine costs of turnover, and avoid the considerable costs of legal challenge if they fail in their duty of care or fall foul of equalities legislation.

- Just over half of organisations have a diversity strategy, rising to 90% in the public sector ⁽²³⁾
- During 2011, three-quarters of employers experienced recruitment difficulties and, despite high unemployment, more employers reported that competition for talent is greater than in previous years (52% of employers compared to 20% in 2009) ⁽²³⁾
- The CIPD estimates that employee turnover can cost as much as five times' the employee's monthly salary and the median cost of filling a vacancy in 2011 was £7,500 for senior managers or directors and £2,500 for other employees ^(23, 27)
- The 2010 Equality Act will apply to some staff ^(28, 57, 60) and the number of employment tribunal cases in 2010/11 was 44% higher than in 2009/10 with the average compensation awarded for disability discrimination £14,137 ⁽³⁵⁾

The importance of early intervention

When stress or mental illness impact on an employee's ability to work, early action can make the difference between a decline into longer-term unemployment and a positive focus on working towards recovery. Employers stand to gain by retaining talent and enhancing staff loyalty, and public services can achieve savings in the long run by investing in effective early intervention. Enabling staff to stay in work, or return quickly from sick leave, calls for open and constructive interaction between health providers, employers, and individual staff. Case studies in the resources section listed in this paper illustrate the benefits of doing this well.

Promoting recovery

Many people living with mental illness see work as an important part of their recovery and value its place in enabling them to contribute to society, be part of social networks, build identity, and find hope or meaning ^(3, 22, 38, 41, 49). Others may see work as a potential threat to recovery and require additional support to see its benefits to their wellbeing. Some health professionals see work as a risk to their patients' recovery or do not recognise employment as something their patients are motivated and capable to achieve ^(29, 44, 51, 52, 57).

Finally, some family members or carers also see work as something which may not support the person they care for to remain well^(40, 51). However:

- Good jobs enhance health and wellbeing and can promote recovery from mental illness^(7, 18, 22, 27, 37, 48, 50, 68)
- Early access to effective health interventions, such as cognitive behavioural therapy (CBT) available through IAPT, and employment support (which is a highly valued component of IAPT services) improve individuals' resilience, reduces depression, supports earlier return to work, and are cost-effective^(13, 16, 17, 20, 32, 47, 50)
- Some larger employers are also able to invest in their own support for employees with mental health problems and found the benefits included, for example:
 - a 6.1% increase in productivity and decrease in absenteeism by 10.6 days over 2 years⁽³²⁾
 - a 25% reduction in lost work days and an 8% reduction in turnover⁽³²⁾ and
 - a range of other benefits, as described in the resources appended

Preventing more intractable mental health or employment problems

Individuals' chances of recovery can diminish rapidly following loss of work, with high costs for them, their families, health and welfare providers, and the economy. Without effective support to remain in or return to work, individuals are at risk of long-term reliance on benefits and public services^(1, 4, 8, 24, 25) or early retirement with costs across the economy^(1, 7, 34). In both the short- and longer-term, being in work reduces the need for health services^(6, 22, 25, 37, 42, 43) and can help to reduce the health impact of associated problems such as financial pressures, debt or housing problems^(3, 34, 40, 53, 65).

- Depression and anxiety are 4 to 10 times more prevalent among people who have been unemployed for more than 12 weeks⁽⁵¹⁾

- the risk for mental health problems continuously rises through the first nine months of unemployment and only recedes partially afterwards⁽⁴⁸⁾
- Longer-term absence is more prevalent in the public sector, and lower paid workers are more likely to be absent or fall out of work as a result of ill-health^(1, 11, 23)
- 28% of Employment Support Allowance claimants coming from work are doing so because of mental health conditions, and before reaching this point many have been on long-term sick leave^(1, 62)
- Across Europe, there is an increasing trend of early retirement from mental illness, particularly depression^(34, 36, 63)

2.2 Opportunities for action

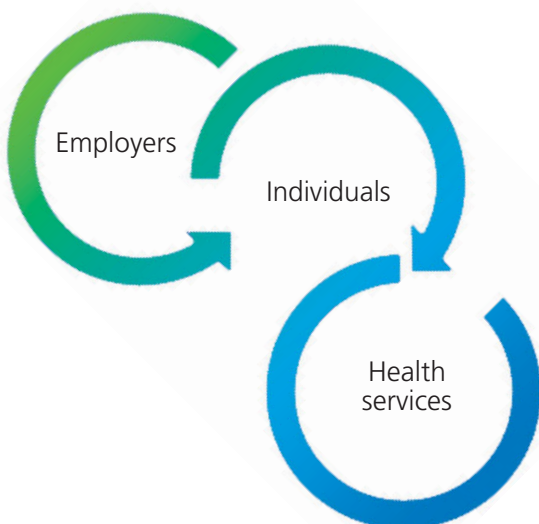
As with promoting workplace wellbeing, this is an area for coordinated action involving health services and employers, but in this case more personalised to individual needs. There are well evidenced approaches that both health providers and employers can invest in (see resources section for list of relevant sites). Action needs to build upon ongoing efforts to promote work as key to recovery and good for wellbeing – to individuals, health staff, employers, and staff representatives.

Reasonable adjustments by employers

The Equality Act 2010 requires employers to consider and make reasonable adjustments to enable people with long-term limiting illness to remain in work where possible. These adjustments need not be complicated or onerous and, in many cases, are the types of approaches that good managers should ordinarily be building into their work with staff and teams. Organisations with access to Human Resources and Occupational Health staff should encourage both managers and staff to access tailored advice on specific needs. Smaller organisations may not be able to provide in-house services of this sort, but can encourage line managers to access the NHS Occupational Health Advice line and the specialist advice provided by third sector organisations.

Specific arrangements to enable staff to continue to work with ill-health need to be discussed with individual staff and managers, with advice from health providers, and may include:

- Access to flexible working options including reduced or altered hours, some opportunities to work from home, variation in start and finish times
- Temporary renegotiation of specific work tasks or deadlines for delivery
- Provision of informal support from a 'work buddy' and, where possible, access to additional support through employee assistance programmes or similar
- Clear process for reviewing arrangements with the employee and their manager, supported by expert advice from human resources, occupational health, or other sources
- Encouraging individual staff to access support and discuss practical ways to enable them to follow relevant advice in the course of their work day



Early interventions from health and related services

Commissioners and providers of health services can make a significant contribution to individuals' recovery by improving early recognition of, and effective response to, mental health problems. Despite the cost-effectiveness of early treatment and brief interventions for anxiety, depression, and alcohol misuse, timely provision of these services remains variable. Clinical Commissioning Groups would be well advised to protect and enhance local investment in IAPT. This will both assist with achieving targets set out in the NHS Operating Framework and the NHS and Social Care Outcomes Frameworks as well as delivering longer-term cost savings and the QIPP challenge. In addition, health services (both NHS and third sector) can and do make a difference by continuing to raise public and employer awareness of ways to promote recovery and services available to individuals.

Employers, too, can facilitate their staff members' awareness of (and access to) support for stress and common mental health conditions. Some are able to invest in employee assistance programmes, providing short-term advice and support on a range of issues, which can deliver considerable returns for modest investment. Some also provide access to short-term health interventions including psychological therapies to ensure staff have rapid access to interventions which will enable them to return to productive work as soon as possible.

In summary, health services should provide, and employers facilitate access to

- clear advice to individuals about how to promote their own recovery from mental illness and where to access support
- psychological therapies, including cognitive behavioural therapy and brief interventions for related conditions, such as alcohol-related problems, as appropriate
- constructive advice to protect and promote employees' mental health and resilience while returning to work

3 Routes into (re)employment

The challenge

Despite many wanting to work, people living with mental illness are significantly less likely to gain or remain in work, with employment rates between just 16% and 35% ^(36, 40, 48, 49, 52)

People with mental illness have much lower employment rates than people without a health condition (77%) or those with any long-term physical health problem (59%) ^(1,61)

Unemployment is a risk factor for the development or exacerbation of mental health problems and / or substance misuse ^(35, 36, 48, 71) as well as adding to other problems such as debt which have further mental health consequences for individuals and families ^(3, 65, 68)

Male blue collar workers are more vulnerable to the negative mental health effects of unemployment than any other social group ⁽⁴⁸⁾

Young people and those over 50 years suffer more from the mental health impact of unemployment ⁽⁴⁸⁾ and in London have lower rates of employment (65% for people under 25 years and 64% for people over 50 years, compared to the overall rate of 79%) ⁽²⁷⁾

The latest available Office for National Statistics data (May 2011) shows us that 107,820 Londoners receive Incapacity Benefit (IB)/ Severe Disablement Allowance (SDA) on the grounds of mental illness. This represents 47% of the total IB/SDA claimant rate. 80,890 or 75% have been claiming due to mental ill health for 5 years or more. This figure is 15 percentage points higher than the 2009 claimant rate and implies that people with mental illness are being left behind.

The average Employment Support Allowance claim costs the state £8,500 per year ⁽²²⁾

Supporting people with long-term mental illness and little employment experience into paid work is seen by many as the most challenging area in which to achieve results. Whilst it may be difficult to achieve change at scale, there is depth here rather than breadth with potentially large benefits from working with relatively

small numbers of individuals. Effective action in this area can reduce the impact of continued exclusion on individuals and families, and achieve significant economic and wider societal savings by more successfully supporting people with complex needs into – or closer to – paid work.

3.1 Why invest in supporting individuals into employment?

Reducing the personal impact of mental illness and unemployment

People already disadvantaged with regard to their mental health experience additional barriers when trying to get or keep a job, and this in turn impacts on their mental health creating a downward spiral. The majority of people living with mental illness see work as important to many aspects of their lives, an important way to contribute to and be part of society, and promoting recovery; yet they face a range of practical and attitudinal barriers to work ^(40, 44, 60). Both mental illness and unemployment are significant determinants of health inequalities, impacting both on life expectancy and disability-free life expectancy ^(34, 72).

- Employment rates for people with severe mental health problems are nearly always lower than those for people with severe physical health problems ^(1, 24, 36, 57)
- Employers' understanding of mental illness continues to improve, but 40% believe they take a significant risk employing someone with mental health problems in public or client-facing roles and 79% believe people with mental illness are less reliable than other employees ^(60, 73)
- there is evidence of a reduction in employers' use of methods to address diversity issues, particularly in the public sector which 'traditionally led the way in diversity practice' ^(13, 28)
- co-workers attitudes to mental illness is considered by 41% of employers as a barrier to employing people with mental health conditions ^(60, 73)
- part-time work, which may be a preferred option for some, is lower paid with part-time Londoners earning an average of 42% less than full-time workers in the capital ⁽²⁷⁾

More efficient and effective use of health services and expertise

There is a growing body of evidence for raising health services' awareness of and investment in earlier interventions for mental illness. Similarly, the case for coordinated health and social care approaches to promote the independence and social inclusion of people living with long-term illness has been demonstrated. National policy and outcomes frameworks clearly reflect the expectation that access to early interventions and provision of integrated, personalised services are at the heart of local delivery of health-related services.

- increased health service responsiveness to unemployment, early recognition of mental health problems, and provision of psychological support reduce the human toll of recession and modify the effects of unemployment and debt ^(35, 71)

- almost one-third of people who have fallen out of work onto health-related benefits report they were still waiting treatment of their health condition (mental health in 28% of cases) twelve to fifteen months after making their claim ^(1, 24, 62)

- programmes providing psychological support for long-term unemployed people promote mental health, improve attitudes to work, and increase re-employment rates, and there is increasing evidence for the additional benefits of integrating employment support with psychological therapies which can deliver significant returns on investment ^(20, 30, 47, 50, 52, 66)

- by the time young people with a first episode of psychosis come into contact with mental health services, they are already experiencing lower employment rates than their peers and the rate continues to decrease during the first two years of contact with services ⁽⁵¹⁾

- there is good evidence for the efficacy and cost-effectiveness of vocational and employment support, particularly Individual Placement and Support ^(5, 46, 52, 53, 56, 58)

Reducing the costs of unemployment to the public purse

- Potential medium and longer term savings to the economy and public purse far outweigh the up-front costs of investing in mental health ^(22, 24, 50, 59, 69)

- Supporting people with mental illness to gain and maintain employment reduces use of primary care, lowers the number and frequency of hospital admissions, and can reduce the cost of mental health services to individuals by half ^(25, 37, 41, 43, 46)

- In addition, improving mental health and employment can reduce the costs of physical illness ^(33, 55). Over the past 10 years, incapacity benefits rates remained stable at about 6.5% of the British population, but the proportion of people claiming because of mental illness increased from 32% to 45% of claimants ^(1, 24, 69)

- The total direct cost of Individual Placement and Support for individuals with severe mental illness is as low as £3,000 per client, less than traditional vocational support, with employment rates of 55% in a European trial compared to 28% for traditional approaches advocating 'train and place'⁽⁵⁶⁾

3.2 Opportunities for action

This is the part of the system where health service providers and employment advisors – working with and for unemployed individuals – have a very significant part to play. Employers may consider this an area where they need not, or cannot, make a difference. On the contrary, they too have an essential part to play by creating healthy, inclusive workplaces and offering working conditions which are conducive to successful integration of people with mental illness. In addition, some employers, notably in the public sector, have also demonstrated leadership by supporting people with limited employment experience into work and this role as exemplars continues to be critical.

Local action to address unemployment and mental health issues should also be at the heart of emerging public health and wellbeing partnerships. Improving the health of individuals and communities requires visible leadership to ensure local initiatives on employment and regeneration will promote mental health and the inclusion of people with existing mental illness.

This complex new area of joint work requires careful attention to the potential impact on vulnerable people with high levels of need. Some welfare to work programmes are mandatory for some people and will affect their benefits entitlement and wellbeing if they 'fail'. The NHS and employment support providers also face consequences if attempts fail, and conversely have a shared interest in working together to successfully support individuals into sustainable work, with financial incentives for employment providers and cost savings for health services as demand reduces.

Health and employment services working together

National welfare to work policies require effective joint work between the NHS, Job Centre Plus, and employment support providers to assess and enhance unemployed individuals' ability to work. This is requiring both strategic and operational changes to the way services function, and there are a number of ongoing challenges in implementing policies across London. However, there are also new opportunities for scaling up effective interventions including:

- Wider availability of Individual Placement and Support for people with severe mental illness, and other forms of vocational and employment support for some specific client groups, such as intermediate labour market models for those with substance misuse issues
- Improved access to psychological therapies and IAPT provision, with integrated employment support services for those requiring it
- Dual-trained staff able to recognise and respond to the range of inter-connected needs unemployed people may have, such as mental illness, alcohol or drug misuse, and related stressors such as unmanageable debt
- Wider public promotion of positive information about the health benefits of employment and, as far as possible, provision of consistent advice and support to individuals about work options for them

Protecting individuals from the consequences of unemployment

The combination of deteriorating mental health and decreasing employment opportunities can be devastating for individuals and their families. Recognising this, and the reality that some people will be out of work for long periods, it is important that everything possible is done to protect them as far as possible during this time. As with other interventions set out above, this is an area where different players can make a meaningful contribution, including in the following ways:

- Health services can recognise the impact of unemployment and unmanageable debt, and provide access to psychological treatment and facilitate contact with employment or financial advice to modify the effects of being out of work
- Employers and employee representatives can proactively advise staff at risk or those leaving through redundancy, illness or early retirement about sources of advice and support they may require some time after leaving work
- Third sector organisations can continue to raise awareness and lobby for effective action on the interface between mental illness and unemployment, as well as actively supporting those affected and providing ways for individuals to be heard and valued
- All organisations can consider ways of providing other opportunities for meaningful occupation, including volunteering, mentoring, and other unpaid roles



4 Next steps

The coming year will be crucial as the Health and Social Care Bill has received royal assent and local Clinical Commissioning Groups and Health and Wellbeing partnerships emerge. At the same time the government's work and welfare programmes will continue to be rolled out and the future direction of the national health, work and wellbeing programme will need to be embedded in relevant structures and initiatives.

The Executive Group of the London Mental Health and Employment Partnership (LMHEP) commissioned and supported the development of this case for action and will play a key part in supporting next steps. The LMHEP Executive Group consists of senior executives, clinicians, and leaders from health services and commissioners, public and private sector employers, employment and welfare providers, local government and the third sector. It was established in September 2011 to support wider partnership work in this area, and its role is to provide high-level advice, guidance, leadership, coordination and communication to support strategic and operational action on mental health and work. Its membership are detailed below.

The LMHEP will continue to seek to secure commitment and galvanise further joint work to promote wellbeing and healthy employment. In addition Executive Group members will continue to work with the wider LMHEP network and their constituent organisations to:

- galvanise leadership in their own organisations and sectors
- raise awareness and demonstrate the benefits of effective interventions and
- build capacity for effective partnership arrangements and actions

As part of this commitment, the Executive Group is developing a sister publication to this document, focussed on supporting the process of embedding mental health and employment into local partnerships and programmes. This will reflect the critical part Health and Wellbeing Boards and local regeneration, employment and skills partnerships can play in progressing this agenda.

This case for action document, the reference list and resources section, and all subsequent publications can be found on the London Health Programmes website www.londonhp.nhs.uk.

Membership of the London Mental Health and Employment Partnership Executive Group

Michael Bell (Chair)	Vice Chair	NHS London
John Brouder	Chief Executive	North East London NHS Foundation Trust
Peter Molyneux	Chair	South West London and St Georges NHS Mental Health Trust
Melanie Smith	Director of Public Health	NHS Inner North West London
Marie Gabriel	Chair	NHS North East London and The City
Stephen O'Brien	Chair	Barts & The London NHS Trust
Dr Haren Patel (Vice Chair)	GP, Joint CCG Chair	City & Hackney CCG
Jane Rennison	Trust Head of Occupational Therapy & Social Inclusion	Central and North West London NHS Foundation Trust
Jonathan Naess	Director	Stand to Reason
Dr Vicky Vidalaki	Clinical Lead Wandsworth IAPT service	South West London and St Georges NHS Mental Health Trust
Derek Harvey	Group Partnership Manager	Jobcentre Plus
Helen Shaw	Director	Shaw Wilson Limited
Maria Robson	Head of Human Resources	NHS London
Graham Fisher	Chief Executive	Toynbee Hall
Alan Sarll	Head of Health & Wellbeing	Reed in Partnership
Annie Smith	Business Development Director – Local Government	A4E
Andrew Turnbull	Head of Mental Health	London Health Programmes
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Appendix 2 – Resources

Resources for action on mental health and employment

Information and resources specific to mental health and work

Centre for Mental Health – information and advice for employers, and evidence base for interventions including Individual Placement and Support

<http://www.centreformentalhealth.org.uk/employment/index.aspx>

MIND ‘Taking care of business’ campaign providing advice for employers including a new SME guide developed with the Federation for Small Businesses

<http://www.mind.org.uk/workplace>

London Health Programmes information, including a practical guide to employer engagement, and information on Improving Access to Psychological Therapies

<http://www.londonhp.nhs.uk/services/mental-health/social-inclusionemployment/>

Mindful Employer is a campaign and source of information and advice on mental health, stress, and work issues, developed by employers for employers

<http://www.mindfulemployer.net/>

Stand to Reason works with and for people living with mental illness to promote social inclusion and raise awareness in the workplace about recognising and responding to mental health issues

<http://www.standtoreason.org.uk/home>

Information and resources for workers, employers, clinicians and carers on mental health and work

<http://www.rcpsych.ac.uk/mentalhealthinfo/workandmentalhealth/>

Health and work resources for employers including specific advice or resources for SMEs

DWP / DH health, work and wellbeing programme includes comprehensive range of reports, guides, case studies and links to other relevant sites for employers covering all aspects of health and work

<http://www.dwp.gov.uk/health-work-and-well-being/>

Business in the Community Workwell campaign and case studies aimed at large employers

http://www.bitc.org.uk/workplace/health_and_wellbeing/

London Works for Better Health – ‘Good Jobs’ campaign, information and case studies with a particular focus on medium-sized employers

<http://www.london.gov.uk/lhc/goodjobs/index.jsp>
(legacy site)

Advice, tools, downloads of wide range of documents developed for SMEs on all aspects of workplace health, safety and well-being

<http://www.businesslink.gov.uk/bdotg/action/layer?r.l1=1073858799&r.l2=1074409641&r.s=sm&topicId=1084699219>

NHS occupational health advice (online advice and free telephone helpline with specific focus on small and medium employers across a wide range of sectors)

<http://www.health4work.nhs.uk/>

Information on many London IAPT services including self-referral details where available locally and translated self-help materials

<http://www.workingforwellness.org.uk/resources/general-information/search-map/>

Health and work information for local government employers

<http://www.lge.gov.uk/lge/core/page.do?pageId=119837>

Health and work information for NHS employers

<http://www.nhsemployers.org/HealthyWorkplaces/Pages/Home-Healthy.aspx>

Health, safety and wellbeing information for HR professionals

<http://www.cipd.co.uk/hr-topics/health-safety-well-being.aspx>

Information and advice on health and safety legislation including a guide developed for SMEs

<http://www.hse.gov.uk/simple-health-safety/index.htm>

SHIFT Line Managers Resource – A practical guide to managing and supporting people with mental health problems in the workplace
http://shift.org.uk/files/employers/lmr2009_web.pdf

Health and work resources for commissioners, funders and providers of services

DWP / DH health, work and wellbeing programme includes comprehensive range of reports, guides, case studies and links to other relevant sites for health professionals (covering all aspects of health and work, i.e. not mental health specific)
<http://www.dwp.gov.uk/health-work-and-well-being/>

Health and work information for local government employers
<http://www.lge.gov.uk/lge/core/page.do?pagelid=119837>

Health and work information for NHS employers
<http://www.nhsemployers.org/HealthyWorkplaces/Pages/Home-Healthy.aspx>

London Health Programmes information on mental health issues including information on Improving Access to Psychological Therapies
<http://www.londonhp.nhs.uk/services/mental-health/social-inclusionemployment/>

Mental health and wellbeing advice for individuals

Confidential service for anyone employed or starting employment who is experiencing emotional issues or mental health problems affecting their work, provided by MIND
<http://www.inworksupport.org.uk/index.html>

Information on many London IAPT services including self-referral details where available locally and translated self-help materials
<http://www.workingforwellness.org.uk/resources/general-information/search-map/>

Easy to use guidance on what individuals can do for their own wellbeing, based on detailed evidence. Includes guide for local authorities on what they can do for population wellbeing
<http://www.neweconomics.org/projects/five-ways-well-being>

Living Life to the Full resource developed by UK practitioners and providing online CBT and life skills training to support individuals to cope with anxiety, depression, and stress. Both individuals and practitioners can sign up for information and updates.
<http://www.lltff.com/>

Information about staying healthy – including advice on both physical and mental health – provided by the NHS and aimed at individuals
<http://www.nhs.uk/livewell/Pages/Livewellhub.aspx>



