



Working our way to better mental health: a framework for action

Presented to Parliament by the Secretaries of State of the Department for Work and Pensions and the Department of Health by Command of Her Majesty

December 2009

Cm 7756

£19.15

© Crown Copyright 2009

The text in this document (excluding the Royal Arms and other departmental or agency logos) may be reproduced free of charge in any format or medium providing it is reproduced accurately and not used in a misleading context. The material must be acknowledged as Crown copyright and the title of the document specified.

Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned.

For any other use of this material please contact the Office of Public Sector Information, Information Policy Team, Kew, Richmond, Surrey TW9 4DU or e-mail: licensing@opsi.gsi.gov.uk

ISBN: 978 0 10 177562 5

Printed in the UK for The Stationery Office Limited
on behalf of the Controller of Her Majesty's Stationery Office

ID P002323063 12/09

Printed on paper containing 75% recycled fibre content minimum.

Contents

	Foreword	4
	Executive summary	6
	Introduction – meeting the challenge of mental health.....	10
	A framework for action – working together for success.....	16
	Changing the way we think and act	20
	Achieving well-being at work.....	26
	Intervening quickly when things go wrong	33
	Tailoring help for people in and out of work	40
	Building resilience for our future workforce.....	53
	Working as one across government – making it happen	61
	Appendices.....	67
	1 – Dame Carol Black’s Mental Health and Employment Strategy Steering Group.....	68
	2 – Commitment table.....	69
	3 – Case illustrations	83
	4 – Glossary	87
	5 – Other abbreviations and acronyms	98
	6 – Endnotes	99

Joint Ministerial Foreword

We are building a society in which no one should be held back from fulfilling their potential to lead full and rewarding lives. Satisfying work can play a huge part in improving and safeguarding our mental health. Evidence shows that we generally enjoy better mental health when we have work.

Even in these difficult times, many people who have mental health conditions also have successful careers and make a full contribution at work, at home and in their communities. Yet a significant number of people's lives are still blighted by mental ill-health.

Too many individuals experience the stigma and the low expectations that are all too often associated with having a mental health condition. Many face obstacles to joining the workforce which may seem insurmountable. Often people struggle on at work without appropriate support leading to lengthy sickness absences and often unemployment. This has a huge impact on families and costs all of us – in lost production, in lost tax revenues, in spending on benefits and in the lost aspirations of individuals and their families.

In *Working our way to better mental health* we explain how we can improve this situation for individuals – for example, for the mother worried about losing her job after spells of depression or the young person anxious about getting a job in the first place.

Even during the best of times it makes sense to provide the support that people need to overcome difficulties like these. During difficult economic times this becomes vital. We have learnt from past recessions of the real danger of large numbers of people being excluded from the jobs market. Across Government, we are therefore putting a significant focus on promoting and supporting good mental health. It makes sense for the economy, it makes sense for people's health and it makes sense for our whole society. Good mental health is linked to good physical health and positive relationships with family, friends and colleagues.

As a result of our investment over the past ten years, we have significantly improved our mental health services and the quality of care provided. We are now working to provide the foundations for further improvement over the next decade. But we recognise improving healthcare must go hand in hand with action to open up job opportunities for people who have mental health conditions and improve mental health and well-being at work for everyone. *Working our way to better mental health* focuses on the role of employment in tackling this challenge. It sets out how action by Government, employers, healthcare professionals and the third sector can help people with mental health conditions prepare for work, find work and stay in work.

This Great Britain-wide strategy is the result of joint working between Government departments in England, Scotland and Wales and has benefited from the advice of specialists in this field. In particular, we are indebted to Dame Carol Black, the National Director for Health and Work, and her group of experts, for their insights.

We recognise that if we are to make an even greater impact on mental health we need to build and maintain a joined-up approach across Government. Significantly, this framework for action is being published alongside other documents which demonstrate the cross-departmental approach to this challenge.

The Department of Health's *New Horizons: a shared vision for mental health* describes a new cross-government approach to improving public mental health in England and plans for further improvements to mental health services. It supports – and is supported by – this framework.

Realising Ambitions: Better employment support for people with a mental health condition is an independent review commissioned by the Department for Work and Pensions and led by Dr Rachel Perkins of South West London and St George's Mental Health Trust. It describes how we can strengthen employment, health and wider state support to help people with mental conditions who are out of work.

A third document, *Work Recovery and Inclusion* sets out a high-level vision and series of commitments to support people in contact with secondary mental health services into work and so forms part of the UK Government response to the Perkins Review mentioned above.

Delivering our vision of a society in which no one is excluded because of their mental health condition and where workplaces work best for all employees requires long-term commitment from Government and partners striving together. We believe *Working our way to better mental health* provides the practical framework to turn that vision into reality.



A handwritten signature in black ink, appearing to read 'Yvette Cooper'.

Yvette Cooper
Secretary of State
for Work and Pensions



A handwritten signature in black ink, appearing to read 'Andy Burnham'.

Andy Burnham
Secretary of State
for Health

Executive summary



Mental ill-health presents a major challenge to the well-being of our society, and the strength of our economy. It blights lives, traps people in poverty and prevents the country harnessing the talents and potential of hundreds of thousands of people. Government is determined to lead the way in meeting this challenge.

Poor mental health is very common. At any one time, one in three of our working-age population may be experiencing some kind of distress or mental health condition such as depression. The vast majority, fortunately, will recover quickly. But for far too many, the result is a lengthy sickness absence or long-term unemployment.

Indeed, mental ill-health is now the most common reason for claiming health-related benefits and 86 per cent remain on the benefits for more than three months (compared to 76 per cent for all other claimants). And the evidence shows that the longer people are detached from the labour market, the less chance they have of returning to work.

This is even more of a risk when, as now, global economic problems are pushing up jobless figures around the world. We have learnt from past recessions of the real danger of short-term job loss turning into permanent unemployment and are determined not to repeat these mistakes.

The positive link between employment and mental health is absolutely clear. Research shows people generally enjoy better mental health when they are in work. In contrast, the longer individuals are absent or out of work, the more likely they are to experience depression or anxiety. Work can therefore play a vital role in improving everyone's well-being and mental health.

But as well as having a major impact on individuals and their families, the cost of poor mental health to the country is also very high. A recent review of the health of Britain's working-age population carried out by Dame Carol Black estimated that over £100 billion is lost to the economy through ill-health and associated sickness absence and unemployment.

Of this we estimate around one third – £30-40 billion – can be attributed to mental ill-health, in lost production, and National Health Service (NHS) treatment. And it does not count the additional and hidden cost of people with mental health conditions still in jobs but working beneath their full potential.

A modern economy cannot afford such waste of individual talent nor the high welfare costs. We are determined to step up our efforts to support people in work and to help those out of work to return quickly to fulfilling and rewarding employment.

Working our way to better mental health – the first national framework for mental health and employment – establishes a cross-government approach to tackling this cost and waste. It has been developed with the support of Dame Carol Black, the National Director for Health and Work, who consulted mental health specialists, senior academics, representatives from business and third sector organisations, as well as people with mental health conditions.

The framework for action has a dual approach. It is designed to:

- improve well-being at work for everyone; and
- deliver significantly better employment results for people with mental health conditions, supporting them into work, helping them to stay in work and assisting them to return to work more quickly after sickness absences.

This is a challenging agenda – made even more so by the current economic conditions. But the Government believes the economic climate makes it even more important to step in to help people through new and effective solutions. The framework identifies six key areas where action is vital to achieve our goals. They are:

- Action to change attitudes to mental health.
- Action to improve health and well-being at work for the whole population.
- Swift intervention when things go wrong.
- Co-ordinated help tailored to individuals' needs both in and out of work.
- Action to build resilience from early years and throughout working lives.
- Co-ordinated action across government to ensure we deliver success.

Working our way to better mental health sets out the Government's framework for action to realise this challenging agenda. Our actions have three headline aims:

- We will support change in the way we think and act by:
 - challenging mental health stigma and the prevailing culture of low expectations by, and towards, people who have mental health conditions;
 - promoting the five steps for mental health and well-being – “Connect with people; Be active; Be curious; Learn; Give”¹; and
 - teaching skills that support resilience and emotional wellbeing in schools and through other services.

- We will support and encourage employers to promote action on healthy workplaces by:
 - publicising good practice and encouraging business-to-business support;
 - rewarding innovative measures to promote and manage mental well-being in small businesses through a new Challenge Fund;
 - providing better information and support for employers, particularly for small businesses through a professional occupational health advice line; and
 - expanding and improving specialist programmes to offer better in-work support to people with mental health conditions and their employers.
- We will transform the service provided by public bodies, joining up mental health, employment and other support services by:
 - strengthening resources and skills on the frontline to help staff work across traditional boundaries and deliver co-ordinated, work-focused and personalised support and advice;
 - working with health services to incorporate a work focus in care and treatment;
 - improving training on mental health and employment for healthcare professionals; and
 - making employment support a part of all psychological therapy programmes and introducing a new mental health co-ordinator role in every Jobcentre Plus district in Great Britain.

Action on employment and mental health must be a long-term commitment. The wider aim of this comprehensive programme for action is to influence future policy development across governments, departments and throughout the wider public sector, and bring about changes in behaviour in organisations and individuals. And it is designed to build a long-term commitment to joint working between Government and its partners. Together we can work our way to better mental health.

Introduction – meeting the challenge of mental health

1



Poor mental health presents a major challenge to the well-being of our society – and the strength of our economy. Mental health conditions are widespread. They blight lives, trap people in poverty and prevent the country harnessing the talents and potential of hundreds of thousands of people. Government is determined to lead the way in meeting this challenge. Central to success is strengthening the role of work, which has proven benefits for mental health.

To do this, we must tackle the culture of stigma and low expectations, encourage individual resilience, support employers to provide positive workplaces, co-ordinate support services for individuals and do more to understand what works best to help people who have mental health conditions to find, keep or return to employment.

Poor mental health is common and has a major impact on individuals and the economy. At any one time, one in three of Britain's working-age population may be experiencing some kind of distress or mental health condition. Usually this is a one-off incident or an episode in a fluctuating condition. Only a small proportion of the population will experience a long-term mental health condition that requires continuing treatment or care throughout their lifetime². But for far too many, the result of their poor mental health is a lengthy sickness absence or long-term unemployment.

Throughout this report the term 'mental health condition' is used to describe all mental disorders or illnesses that meet generally accepted criteria for clinical diagnosis. They include common conditions, such as depression and anxiety disorders, as well as far less common conditions such as schizophrenia or bipolar disorder. Terminology is important. Describing these conditions as mental health 'problems' reinforces the false stereotype that individuals who have such conditions are always problematic in the workplace. In fact, many people are able to manage their mental health condition successfully and continue to perform excellently in their jobs.

Distress affects many more people. It can cause sleeplessness, irritability, or poor concentration. People can feel strained or believe that they can't cope; they may be worried, anxious or low. Distress can be challenging and can lead to a mental health condition, or be a symptom of having a mental health condition. But, in many cases, these feelings and experiences are a response to a particular event or set of circumstances, are transitory and do not lead to a clinical diagnosis. They can often be resolved with help and support rather than a clinical diagnosis or specialist treatment³.

Whether by employers or by colleagues, someone with a mental health condition is often seen as "problematic" or abnormal when they experience the same emotions and reactions as their colleagues – having a bad day, being stressed out, tired or just plain fed up. People with mental health conditions do have bad days, but then again, so does the general population.

Andrea Woodside, 39

Different studies provide varying estimates for the numbers of people who have mental health conditions or experience distress. Stigma and negative cultural expectations still often mean that people are reluctant to disclose this information and surveys based on self-reporting can therefore underestimate the scale of the challenge.

However, the most accurate data we have⁴ suggests that at any one time:

- one in six adults of working age in Great Britain experiences symptoms of distress (such as sleeplessness, irritability or worry) that do not meet criteria for a diagnosis of a mental health condition but which can affect a person's ability to function adequately⁵;
- an additional one in six of the working-age population experiences symptoms that because of their nature, severity and duration would meet the criteria for clinical diagnosis such as anxiety and/or depression⁶; and
- around one in 100 adults of working age have a more severe mental health condition such as bipolar disorder or schizophrenia⁷.

Working for health

The positive link between employment and mental health is proven. Research shows that people generally enjoy better mental health when they are in work⁸. In contrast, there is evidence that the longer individuals are absent or out of work, the more likely they are to experience depression and anxiety⁹. Satisfying work can therefore play a vital role in improving everyone's well-being and mental health.

But all too often individuals with mental health conditions find it difficult to secure employment or find a job that matches their skills and experience. When they do, there can be a lack of support to help them flourish. The result is that temporary periods of ill-health can lead to lengthy sickness absence, long-term unemployment and a downward cycle of low income and poverty. The evidence shows that the longer people are out of work, the less chance they have of returning to work¹⁰.

These problems can be even more stark at a time when global economic problems are driving up unemployment around the world. It requires governments and countries to redouble efforts to help individuals made vulnerable by mental health conditions to enter the labour market and remain in fulfilling and rewarding work.

Obstacles to employment are fuelled by the low expectations of the public, employers and healthcare professionals about the ability of people with mental health conditions to work effectively¹¹. Despite the fact that many people with mental health conditions are successful in their jobs, surveys show widely-held views that such individuals do not work, should not work or cannot work.

- More than one quarter of the population still think that people who have mental health conditions should not have the same rights to a job as anyone else¹².
- Many employers do not believe that they employ anyone who has a mental health condition¹³.
- Fewer than four in ten employers have said that they would recruit someone who had a mental health condition¹⁴.
- Only just over one-third of people think their organisation supports people with mental health problems¹⁵.
- Nearly two out of three people who have received secondary mental health care and treatment say that they have experienced discrimination at work or in trying to get employment¹⁶.

Impact on individuals and their families

Estimates suggest that up to half of the total working time lost to sickness absences is attributable to mental ill-health¹⁷. Stress, depression and anxiety are together the largest single cause of work-related sickness absence¹⁸. In addition, stress at work can sometimes be exacerbated by problems at home – and vice versa¹⁹.

People who experience distress or who have a mental health condition are more likely to be on sickness absence for longer²⁰ and therefore are at greater risk of losing their job. Around 42 per cent of the 2.6 million people currently on out-of-work health-related benefits are claiming primarily because of diagnosed mental health conditions – up from 28 per cent in 1997²¹.

In addition, there is evidence that people with a mental health condition will remain out of work for longer. The evidence shows that 86 per cent of people who are on out-of-work health-related benefits due to a mental health condition remain on these benefits for more than three months, compared to 76 per cent for all other people claiming the benefits²². Yet the majority of people who use secondary mental health services say they want to work²³.

The longer a person is absent from work, the more likely they are to develop distress or a diagnosed mental health condition²⁴. People out of work long-term have higher rates of depression and anxiety than those who are out of work for only a short time²⁵. Research suggests that men who have lost their job are more likely to be prescribed medication to improve their mood than those who stay in work²⁶. The negative effects of being out of work are exacerbated if it continues into the longer-term, as people become more vulnerable to depression, anxiety and even suicide²⁷.

There is also a strong association between having a mental health condition, financial strain and poverty²⁸, and people with mental health conditions are often concentrated in our most deprived communities. The factors which place people at a social disadvantage, such as poor educational attainment, drug and alcohol abuse, homelessness or a history of offending²⁹ also increase vulnerability to poor mental health.

Families also feel the impact as poor mental health is associated with a reduced likelihood of employment. Children in workless households are at higher risk of child poverty. They are also more likely to experience mental health conditions and behavioural disorders when no parent in the household is working, often accompanied by absence from school and disrupted learning. Having a mental health condition in childhood or adolescence can affect future life chances including an increased likelihood of experiencing being out of work or having low earnings³⁰. This can lead to a long-term cycle of social disadvantage and poor mental health.

Economic costs

Dame Carol Black's recent review of the health of Britain's working-age population³¹ identified that over £100 billion is lost to the economy because of working-age ill-health and associated sickness absence and worklessness. Of this, we estimate that between £30-40 billion can be attributed to mental ill-health. This includes:

- lost production of people who experience distress or have a mental health condition who are on sickness absence or out-of-work benefits;
- lost production of people of working age who provide informal care; and
- a proportion of NHS healthcare costs used to treat people of working age with a mental health condition.

Some of these costs fall directly to individuals with mental health conditions and are mitigated through the tax and benefit system. We estimate that the government pays around £8 billion every year in benefit payments to people with a diagnosed mental health condition³².

In addition, United Kingdom (UK) employers annually pay an estimated £9 billion in statutory sick pay and occupational sick pay, of which we think around £2-4 billion is likely to be paid because of mental ill-health. This includes both diagnosed and self-declared illness.

There are additional and hidden costs to employers; for example the lost productivity of people who are at work but not working to their full potential – often referred to as presenteeism – and the costs associated with replacing staff if people leave their job because of mental ill-health. Establishing reliable estimates of these costs is very difficult, in part perhaps because people may fear that disclosing a mental health condition will lead to an assumption that they are not able to do their job³³. However, some studies suggest that the costs of presenteeism are generally higher than those estimated for sickness absence³⁴.

A framework for action – working together for success

2

We are determined to step up our efforts to support people with mental health conditions at work and to help those out of work return quickly to fulfilling and rewarding employment. The Government's response to improving the opportunities for work for individuals with mental health conditions has not in the past been well co-ordinated. But Government cannot act alone: we require united action between healthcare professionals, employers, service providers and individuals themselves. Governments across Great Britain have developed this first national framework for action to support this joined-up approach.

Over the last decade across Great Britain, mental health and care services, welfare and employment services, and education and skills have been transformed through increased investment and fundamental reform. But despite these improvements, we recognise that action on mental health and employment is still too often fragmented and lacking in proper co-ordination.

The UK Government and the Scottish Government gave commitments to establish a national framework for action on employment and mental health in their response to Dame Carol Black's Review of the health of Britain's working-age population. The Welsh Assembly Government will include mental health as a key priority in the Public Health Strategic Framework for Wales. The Secretary of State for Work and Pensions and Secretary of State for Health established a group of independent experts, chaired by Dame Carol Black, the National Director for Health and Work, to advise a cross-Government steering board representing Whitehall departments and the Scottish and Welsh Governments to oversee the development of this framework³⁵.

Dame Carol's expert group included mental health specialists, senior academics and representatives from business and third sector organisations. They also drew on international expertise and held a series of round-table discussion groups with people with mental health conditions, service providers, employers and directors of mental healthcare trusts.

There was widespread agreement amongst those consulted that the way in which work is organised and managed was critical to successful employment.

Other key themes that emerged during the consultations were:

- widespread experience of stigma and discrimination;
- low expectations and widespread stereotyping of people who have mental health conditions;
- evidence that people assume they will face discrimination;
- poorly co-ordinated services and support so individuals find it difficult to know where to go, when and for what;
- importance of building resilience, not only in the current working population but also in future generations;
- support needed by employers as well as individuals; and
- little or weak quantitative evidence of the interventions that work in delivering employment outcomes for people with mental health conditions.

As a result of this evidence, this framework for action deliberately takes a positive approach and focuses on an individual's abilities and potential, rather than their diagnosis or condition.

Some people with mental health conditions are disabled; many are not. Some people do not consider themselves to be disabled but nonetheless have rights under equality legislation.

Where a person meets the definition of a disabled person for the purposes of the Disability Discrimination Act³⁶ (DDA), the Act provides a vital framework of rights in many areas of life, including employment. The duties for employers under the DDA include the requirement to make reasonable adjustments for disabled people.

The Equalities Bill builds on these existing duties, and presents an opportunity to make it clear that discrimination on mental health grounds is as unacceptable as discrimination on the grounds of race or gender.

Although some people with mental health conditions have legal protection under disability legislation, we believe that no one should experience stigma because of their mental health, regardless of whether they meet the requirement for such protection. So in this framework there is no distinction between people with mental health conditions who meet the definition of a disabled person for the purposes of the DDA, and those who do not, as we wish to emphasise that positive workplaces will benefit all employees.

In addition, there is significant benefit to employers and the economy in general in providing supportive workplaces that promote well-being. People have a sense of well-being when they feel good about themselves, when they have a sense of purpose and when they feel capable of fulfilling their personal goals. Well-being has been defined as “a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community”³⁷.

In short, the framework for action has a dual approach. It is designed to:

- improve well-being at work for everyone; and
- deliver significantly better employment results for people with mental health conditions, supporting them into work, helping them to stay in work and assisting them to return to work more quickly after sickness absences.

This is a challenging agenda – made even more so by the current economic conditions. But the Government believes the economic climate makes it even more important to step in to help people. Government cannot deliver results alone. So we are determined to work closely with employers, healthcare professionals, employment advisers and other service providers as well as individuals themselves.

To meet the challenging agenda co-ordinated effort has to be made across a number of fronts. The framework identifies six key themes to underpin future activity by individuals, Government, employers, healthcare professionals and support service providers:

- Action to change attitudes to mental health.
- Action to improve health and well-being at work for the whole population.
- Swift intervention when things go wrong.
- Co-ordinated help tailored to individuals' needs both in and out of work.
- Action to build resilience from early years and throughout working lives.
- Co-ordinated action across Government to ensure we deliver success.

This framework for action is only the beginning and will function as a signpost for Government to develop and assess future policies.

To achieve our objective of a healthy population flourishing in work, we consider:

- children and young people – our workforce of tomorrow;
- people who are at work;
- people who are off sick; and
- people who are not in employment.

In the following chapters of this framework, we set out the practical steps that businesses, healthcare professionals, support workers, Government and individuals need to take to achieve this hugely beneficial objective.

Changing the way we think and act

3

People with mental health conditions are too often held back from participating fully in the labour market by widespread stigma and a prevailing culture of low expectations. To achieve the aims of this framework we need a better understanding of the nature of mental well-being, and a changed view of the role of work, creating a culture where people feel confident that the effects of their condition can be discussed, understood and acted on without discrimination.

We will also promote the five steps for personal mental health and well-being: Connect with people; Be active; Be curious; Learn; Give.

Tackling mental health stigma

Mental health conditions are not rare or restricted to a small proportion of the population. They need not prevent many people performing effectively and efficiently at work. Indeed, many great leaders, artists and scientists have left their mark on history while dealing with mental health conditions. Yet despite this, there is still a widespread stigma around mental health conditions at work and a prevailing culture of low expectations.

To improve mental health and well-being at work and deliver better opportunities for individuals with mental health conditions we need to tackle low expectations of people's capabilities by employers, healthcare professionals and friends or family, as well as help build self-belief in those who underestimate their own abilities or fear discrimination.

We need to:

- change public and professional attitudes towards mental health and well-being so that everyone understands that work is generally good for mental health and believes that sustainable employment is an achievable goal for almost all; and
- guard against ill-informed actions, however well-meaning, which can inadvertently reinforce misconceptions and low expectations.

Our ambition is to create a culture where people feel able to disclose their mental health condition or experience of distress without fear of stigma or discrimination, but we recognise that disclosure is an individual choice. We encourage talking openly about mental health and well-being with family, colleagues, managers or prospective employers, but will support people to work through other options if this is not their preference.

The Government has already created a legal framework to tackle discrimination and supported a range of programmes and campaigns. There has been much progress but we have more to do to influence attitudes, change behaviours, support self-help and build resilience.

- **We will use the Equality Bill to strengthen and streamline anti-discrimination legislation, including disability discrimination legislation to make it easier for disabled people and employers to understand and operate.**
- **We will work with partners to demonstrate the positive links between mental and physical health and well-being, and promote a public consensus that work is good for mental health and well-being.**
- **We will encourage employers, particularly those in the public sector, to offer more employment opportunities to people who have mental health conditions.**

In my thirties I disclosed my mental health condition for the first time, when I started working as the director of a mental health charity. It was incredibly liberating for me to feel it'd be OK to tell people I use mental health services. Ever since then I've been militantly out. In my current job, in the social housing sector, my lived experience is seen as an asset to the work I do. I feel much better for being able to be public about it.

Hilary Caldicott

Initiatives to raise awareness

Anti-discrimination legislation is an important driver and can help to change people's behaviour, but alone it will not improve understanding of mental health and the capabilities of people with mental health conditions. We are already supporting a number of initiatives to raise awareness and help improve understanding of mental health and of how people with mental health conditions can flourish at work.

Changing the Way We Think – Policy in Action

- **Headroom** is a mental health campaign launched by the BBC. It uses TV and radio programmes as well as a website, outreach events and partnerships with organisations such as libraries and student unions. All Headroom materials are publicly accessible and can be adapted by individuals and organisations.
- **Time to Change** is an initiative led by Mind, Rethink and the Institute of Psychiatry. It includes the largest ever multi-media awareness campaign for mental health. Many of the materials used are publicly available.
- **Shift** is an initiative funded by the Department of Health that tackles the stigma and discrimination associated with mental health across a range of audiences. The 'Shift Line Managers' Resource' and the Shift Employment films provide practical advice and guidance on how best to support and manage people with mental health conditions or disabilities at work.
- **See me...** tackles stigma and discrimination in the workplace and has developed materials, including radio advertising, to raise awareness amongst employers and employees in Scotland. Working in partnership with the Scottish Centre for Healthy Working Lives, and fully funded by the Scottish Government, organisations are encouraged to pledge support to the campaign and to develop action plans to ensure an end to stigma and discrimination.

Training programmes are available for employers and managers to use to raise awareness amongst staff and develop their confidence to discuss mental health and well-being at work. For example, the Advisory, Conciliation and Arbitration Service, the Charlie Waller Memorial Trust, and the Yorkshire and Humber Improvement Partnership have developed a training package for line managers and, to date, they have run 20 courses with employers in the region.

- **We will learn from successful awareness-raising programmes and develop further initiatives to tackle mental health stigma and low expectations.**

Promoting mental health, well-being and resilience

We all have a responsibility to look after our own mental health and well-being, develop our confidence and capacity, and learn to respond with resilience to life's changes and challenges in work and beyond. The Foresight Mental Capital and Well-being Project recommends five simple steps to promote mental health, well-being and resilience, based on the principles of Connect with people; Be active; Be curious; Learn; Give³⁸.

Well-being and resilience are enhanced by taking notice of the world around us. Reflecting on experiences and feelings and learning new things makes us more confident. Creating connections with people, considering their feelings and doing even small things for family members, friends, neighbours, or colleagues is rewarding and increases our happiness.

Well-being is also enhanced by being active. Lack of physical activity risks ill-health, but being active can help us to manage distress and mental health conditions – as well as having established physical benefits.

Having confidence and a realistic belief in our own ability helps us realise personal goals: whether we look for employment and keep looking even in the face of set backs, or whether we successfully retain work even if this means changing jobs or developing new skills. Self belief, or self efficacy, helps people maintain a positive outlook and recognise what they can do.

- **We will encourage people to take simple steps to maintain mental health and well-being, for example by remaining physically active and following the Foresight Report's recommended Five Steps a Day.³⁹**

Supporting others

People who have mental health conditions are often “experts by experience” and may be well aware of the steps that contribute to their recovery. However we cannot assume that this will always be the case, and people's views about their abilities and capabilities can also be influenced or reinforced by others.

As parents, friends, employers, colleagues, healthcare providers or other support workers, we all have an important role to play in helping others to develop their own well-being and resilience. People who support others:

- are positive about someone's ability to enter or return to the workplace and believe work has a beneficial impact for mental health and well-being; and
- acknowledge it is not always necessary to be 100 per cent well to work, agree achievable goals and provide mentoring and coaching.

When I was in hospital because of my depression ten years ago, I felt I was the only person who had any kind of career or any expectation to go back to work. There was no one to talk to who shared my expectations. It was the same with therapists; they were not used to dealing with people in management roles. But now I have a therapist who's also a business coach, which has solved that problem. When getting back to work, working somewhere where people share my values absolutely helps. Basic kindness and empathy is important too. What also helped me was a good GP, and a very supportive network of friends.

Female 39, Marketing director

- **We will encourage employers to support skills for life training.**

Achieving well-being at work

4

Healthy workplaces benefit everyone – not just people who experience mental health conditions – and they are good for business. Employers may fail to provide supportive workplaces because they do not understand the case for action on well-being or managers may not recognise the mental health issues at work. Small businesses in particular are not incentivised to act on well-being and occupational health support may be difficult to access. The Government will work with employers to improve health and well-being for everyone – promoting good work, productive workplaces, healthier teams and supportive environments that recognise work can be part of the solution. Good work can help recovery, prevent distress and reduce the likelihood of mental health conditions developing or worsening.

Healthy, thriving workplaces benefit everyone and they are good for business. A workforce that enjoys good mental health and well-being can improve job performance, productivity⁴⁰ and creativity⁴¹, and flourishing workplaces may experience lower absenteeism⁴². Investing in the well-being of staff is therefore also an economic issue for business⁴³.

However, evidence here and abroad suggests that significant numbers of workers do not flourish at work⁴⁴. Although this may be due to factors outside the workplace⁴⁵, evidence also shows that too many people feel unable to cope with the stress of being poorly managed or experiencing excessive pressure at work⁴⁶. Estimates suggest that 17 per cent of the working population think that their job is extremely or very stressful⁴⁷. To improve well-being at work, we must prevent work-related issues from affecting people's health and well-being in the first place.

Employers may fail to provide supportive workplaces because they do not understand the case for action on well-being or managers do not recognise the mental health issues as they arise. Small businesses in particular are not incentivised to act on well-being and occupational health support may be difficult to access.

In Chapter 1, we outlined some of the economic and business costs associated with poor mental health and well-being. In this chapter we explore what must happen in the world of work and management to encourage an understanding that work in supportive environments can be part of the solution, and explain the part that Government will play in supporting this.

Positive workplaces

Positive workplaces will both prevent work-related harm to individuals' well-being, and promote resilience and good mental health. Whatever the size of the organisation, there are key features that are common to those which have achieved success in promoting mental health and well-being at work. These include:

- senior, visible leadership;
- accountable managers throughout the organisation;
- systems of monitoring and measurement to ensure continuous improvement;
- empowering employees to care for their own health;
- attention to both mental and physical health improvements;

- consulting and engaging staff to develop a simple menu of activities and options with wide appeal; and
- job design that recognises ‘good work’ principles such as strong relationships⁴⁸, fairness⁴⁹, flexible work practices and meaningful work⁵⁰.

Organisations can call upon a range of tools to set up and measure their own well-being programmes. These include staff questionnaires⁵¹, guidance on developing staff resilience⁵², line manager guidance⁵³ and tools to benchmark and monitor the business impact of their interventions⁵⁴.

In particular the recent publication of the National Institute for Health and Clinical Excellence’s guidance for employers *Promoting wellbeing at work* offers practical recommendations for integrating mental well-being promotion into their work culture for employers in organisations of all types and sizes⁵⁵.

Workplace initiatives to promote well-being cannot prevent all mental illnesses, but they are an important signal to all employees of the organisation’s commitment to mental well-being, and give a clear message that stigma and discrimination are unacceptable.

The Government is supporting healthy workplaces in a number of ways.

- **We will reward small business workplace innovation with the recently launched Challenge Fund in which promoting and managing mental well-being in small businesses is a priority.**
- **We will establish a Great Britain wide network of Health, Work and Well-being Co-ordinators to provide a focal point, working across departmental and partner boundaries. The Co-ordinators will champion integrated approaches to health, employment and skills support, encourage local public sector employers as exemplars and build engagement with small businesses at a local level.**
- **With our European Union partners, we will develop new criteria for organisations to assess the quality of their mental health-related workplace health promotion⁵⁶. This will be led by the Scottish Centre for Healthy Working Lives.**
- **We will work with business and health services to provide better information about locally available health and well-being advice, support and services, including business-to-business support and publicise good practice for mentally healthy workplaces.**

The public sector should lead by example in providing best practice in the recruitment and retention of employees with mental health conditions.

- **We will consider how Government and the wider public sector can ensure that their policies and procedures offer the best possible support to employees and applicants with mental health conditions.**
- **In particular, we will encourage Government and the wider public sector throughout England to review their recruitment, retention and mental health promotion and prevention procedures in their organisations for people in the Public Service Agreement 16 group.**

Effective and supportive managers

Workplace relationships are crucial. People who report poor relationships with managers or colleagues are more likely to experience mental health conditions or distress⁵⁷. Good people management skills are also, of course, vital for business competitiveness as recent reports by the Chartered Institute of Personnel and Development, the Confederation of British Industry and the Chartered Institute of Management all confirm⁵⁸. Many employers already recognise the value of investing in the capability of their managers to deal with these issues.

GlaxoSmithKline – Energy for Performance

This is a programme that helps employees raise their energy and performance, personally and professionally. The programme includes a full assessment (with family as well as business colleague feedback), fitness and nutrition awareness, and the creation of a personal strategic action plan. The programme has resulted in significant changes in participants' behaviour at work, and an evaluation of this programme one year on indicates that these behaviour changes are sustained. For example, since participating in the programme, one employee said that they had more energy and a more positive outlook on how to handle their workload efficiently and other issues. Another employee said she no longer felt guilty about spending time caring for her mental and physical well-being because she now knows it improves her work performance.

GlaxoSmithKline Employee Health and Performance Services

Since January 2009, private and third sector small and medium-sized enterprises in England have been prioritised for Train to Gain funds to help with training, including leadership and management training.

Employees should feel enabled to discuss potential issues with their managers before distress becomes prolonged or serious enough to impede performance at work or lead to absence. This is true even where the cause of distress is something that has happened outside the workplace.

London Fire Brigade – ‘Fit for Life Programme’

This programme aims to increase the resilience of individuals at all levels of the Brigade, by giving them the tools and techniques to develop their self awareness and coping styles. Each session in the programme is based around a key topic, such as ‘understanding the effects of stress and its relation to lifestyle’. Evaluations show that well-being and resilience have increased significantly amongst those who attend the course, including the ability to handle bereavement.

Fit for Life Programme (London Fire Brigade) evaluation

Managers should be sensitive to changes in behaviour that may indicate distress, and know how to open a potentially difficult conversation, agree actions, and resolve issues early. They do not need to be experts on mental health, but they should be respectful, responsible, proactive and reasonable. These are essential principles of good management and are already set out in the Competency Framework for Line Managers, developed by the Health and Safety Executive (HSE), CIPD and Investors in People⁵⁹.

The public sector is making a start. DWP, for example, is developing an approach to help managers talk to staff on sickness absence about what needs to happen to help them return to work. The aim is to find ways to adapt and adjust the work environment and work patterns to make a return easier. The Cabinet Office is also piloting a new approach to managing issues of ill-health and performance at work by improving training for managers to increase their confidence and their ability to handle sensitive and complex issues.

- **We will encourage managers to use HSE’s Management Standards⁶⁰ and the Competency Framework for Line Managers.**

Early intervention

Whether due to work pressure or distress from events outside of work, there will be times when people struggle to cope but remain in work until the impact on work performance becomes an issue for their manager.

When people struggle:

- managers may fail to recognise the signs or not know how to get practical support;
- individuals may not spot their own need for employment-focused health support, or have no access to it; and
- healthcare and associated professionals may not understand that maintaining work is often a necessary element of recovery.

Without help people often become less productive in work or take sick leave. Some lose their jobs or drop out of work completely.

People with physical health issues may also struggle at work without asking for support. But for people with mental health conditions this is even more likely to happen, because the fear of stigma associated with disclosing a mental illness is greater and because of a lack of confidence that managers will know how to respond⁶¹. Our consultation findings support this view.

In a supportive environment, managers, employees and employee representatives can agree the actions that they will take together. These are often simple changes that allow valued employees to continue in sustained and meaningful employment.

Sometimes people are unwilling or unable to talk things over with their managers. If this is the case, then occupational health services and human resource departments are alternatives. Professionals in these areas are often able to broker access to other support services such as relationship counselling or advice on debt or housing. They can help people to access health services, if this is necessary, and advise managers about workplace adjustments that complement any other support.

Employee representatives can also give advice and support. For example, the Trades Union Congress has started training safety representatives to improve their understanding of occupational health, including mental health, recognising that they have a role to play in supporting people to remain in employment should an issue arise.

- **We will work with partners to encourage employers to commit to training for managers to support mental health and well-being at work, and give managers the skills to hold supportive conversations.**

Intervening quickly when things go wrong

5

Early and effective intervention by employers and GPs once people take sick leave for mental health conditions is vital to prevent lengthy absences or job loss. Prompt action and support benefits both individuals and businesses. The Government is developing programmes to support businesses and prepare individuals to return to work. Healthcare professionals, including GPs, are increasingly recognising the positive link between work and good mental health, and the Government is working with medical professional bodies to provide GPs with the training and tools to support back-to-work initiatives.

People with mental health conditions are at significant risk of falling into the trap of lengthy sickness absences followed by job loss. It is vital, therefore, that employers intervene swiftly and effectively in these cases to prevent the escalating social and economic costs of sickness absence and unemployment.

Most employers are aware of the negative impact of sickness absences on productivity, but many do not have systems in place to manage absence effectively. Sickness absence therefore remains at a high level, with a significant proportion of working time lost to sickness absences the result because of mental health conditions⁶².

Supportive employers will aim to intervene early to support people in the workplace wherever possible. However, even in well-managed workplaces, there will be times when people become unwell and need to take some time off work, perhaps due to the onset or recurrence of a mental health condition.

When this happens, it is important to support people to return to work as quickly as possible. Of course, **sometimes** it will be the case that a managed break from work is beneficial – or an alternative job or change of role may be appropriate. However in most cases, a quick return to work can contribute to a wider recovery.

There is general agreement that the best chances of success lie in following a few basic principles of good healthcare and workplace management⁶³. These require:

- active management of sickness absence;
- early access to co-ordinated work-focused support; and
- easy access to in-work support and workplace adjustments.

Achieving these will reduce time spent away from work, achieve better whole life outcomes for individuals and secure savings for business and society.

Active management of sickness absence

Managers have a vital role in helping people return to work at the earliest appropriate time. Simple measures such as keeping in touch throughout the absence, agreeing support mechanisms in advance for fluctuating conditions and agreeing an action plan for return are effective strategies.

However, our consultation indicated that some managers are anxious about contacting employees when they are off work. Managers often fear that contact may exacerbate issues and too readily assume that it will be unwelcome, but our consultation also revealed that sensible human resource and occupational health advice can counteract such concerns. People generally welcome their managers and colleagues showing interest in their recovery, and managers who know this are much more likely to act swiftly and behave effectively.

- **To support the effective management of sickness absences we will promote, through guidance, the use of return-to-work action plans agreed between employer and employee.**
- **We will work with partners to encourage employers to train managers in absence management and rehabilitation and share best practice in job retention amongst employers and employee representatives.**
- **We will work with partners to provide better access to help, advice and support when people are worried.**

Small and micro businesses are least likely to have easy access to occupational health or human resources departments. This is important as most of the British workforce is employed in small and medium-sized enterprises or in smaller business units within large corporate structures.

- **To provide easier access to practical advice for managers to help them deal with individual employee health and mental health conditions or distress at work, we will launch an occupational health adviceline for smaller businesses in nine pilot sites across Great Britain. The adviceline will also support employees and GPs.**

London Underground – Counselling and Support

London Underground provides a Counselling and Trauma Service which offers short-term one-to-one counselling, specialist trauma counselling, stress reduction workshops, and support to its employees and managers. One employee believes the service has helped her reach a state of calm both at work and home. She no longer gets wound up and stressed, nor has anxious feelings in the morning, and instead looks forward to going to work.

London Underground has found that early intervention really makes a difference. Employees referred to the counselling service within ten working days of going off sick with stress, anxiety or depression took an average of 28 working days off, whereas people who were off for 31 days before receiving support took an average of 94 days before going back to work.

Olivia Carlton, London Underground

Early access to co-ordinated work-focused support

Early access to treatment is key but it is important that this is work-focused, such as agreeing keep-in-touch arrangements with work and providing tips for maintaining well-being whilst away from the workplace. It is essential that all those in contact with people on sickness absence focus on achieving realistic employment goals as quickly as possible, and communicate effectively with each other where appropriate.

Our job retention service is able to achieve much quicker outcomes and can resolve issues much earlier when people are referred to us as early as possible.

Jobs in Mind – employment support provider in psychological therapy service

Mental health, social care and employment services are generally still a long way from the co-ordinated service delivery, with common employment goals, that has the best prospect of keeping people in work.

- **We are testing integrated health and employment support in psychological therapy services through specialist employment advisers delivering job retention advice to people who have mild to moderate mental health conditions. The pilots will identify what works well to help people stay at work or return to work after sickness absence. It will test the ways that health and employment services can offer better co-ordinated and personalised support.**

Helping people keep work – Joining up employment and mental health services

My client had been signed off with a stress-related illness for six weeks before being referred to me by the psychological therapy team. He was very agitated, had started to obsess about things and couldn't sleep.

I arranged a meeting with his employer where we talked about workplace issues and agreed solutions. We also agreed that when he felt ready, my client would have a phased return to work at a different site.

My client is feeling much happier and is back working full-time hours. I support him with problems as they crop up but I'm reducing contact where possible to encourage him to deal with matters independently. I also worked with his employer to discuss implementing job retention strategies throughout the rest of the company.

My client was referred to me by her clinical psychologist before she had been signed off sick from her job in a media company. She had been diagnosed with a panic disorder and felt that this was made worse by stress at work – including communication difficulties with her line manager. She was considering taking time off but wanted to stay in her job.

We discussed reasonable adjustments, like having time off for clinical appointments, changing her work environment, and a buddy scheme. Then we met with her employer where we outlined some of these ideas.

We agreed a number of adjustments and reviewed the plan after six weeks. My client remained in work and her employer made sure her line manager had mentoring and support which had a positive impact on the wider team.

My client had worked in education for five years. She was referred to me by her therapist after being off work with stress and anxiety for five months. She was fearful of the stress of the job and thought that redeployment to a less stressful, more junior role would be her best option.

We talked through her issues, like too much overtime, too little time to travel between sites and needing to complete qualifications without time for study. I set up a meeting with her employer at a neutral venue to reduce the anxiety my client felt about returning to her place of work. I helped my client to prepare for these meetings and encouraged her to speak up for herself.

My client agreed to a phased return to work, with the understanding that she gradually resume some but not all of her duties. I keep in touch with her by telephone, and she reports that all agreements have been adhered to and she has regular contact with her department manager.

Case studies provided by Jobs in Mind employment support provider, working with the Improving Access to Psychological Therapy service

Most people who are unwell choose to talk to a healthcare professional, often their GP. Access to treatment is vital, but treatment alone will not deliver the support necessary to return people to work at the optimum point and reduce the risk of job loss⁶⁴. There is often little or no support for people who need help other than purely clinical care despite clear evidence that work-focused healthcare and accommodating workplaces have a more significant impact on work outcomes.⁶⁵

- **To improve access to co-ordinated work-focused help we are trialling a variety of job retention approaches throughout Great Britain in the Fit for Work Service pilots. These will test various models of work-focused health-related support for people in the early stages of sickness absence from work and help identify the most effective ways of treating people and helping them back into work.**
- **We will work with partners to improve access to advice and support services dealing with employment, debt and financial advice, relationship and housing problems and use the expertise of voluntary and third sector providers to develop more joined up and comprehensive work-related health and vocational support services.**

Supporting healthcare professionals

GPs have traditionally received little or no training on the relationship between health and work⁶⁶. For people with mental health conditions in particular, GPs may have low expectations of what these patients are capable of. They may fail to recognise the role that work can play in contributing to recovery⁶⁷. There are encouraging signs, however, that an increasing number of GPs believe that work can play a beneficial role in maintaining and improving people's mental and physical health⁶⁸.

- We are working in partnership with the Royal College of General Practitioners and the Faculty of Occupational Medicine to deliver a new education programme for GPs to raise their awareness of the positive links between health and work, and equip them to manage health-related employment discussions with patients. The introduction of a revised medical statement, the “fit note”, will enable GPs to provide better return-to-work advice for patients to share with employers.
- We will work with the Royal College of General Practitioners and the British Medical Journal to produce e-learning support for GPs and healthcare professionals in primary care on the importance of employment on mental health.
- In addition, we are working with the Royal College of Psychiatrists to develop guidance for individuals who have mental health conditions, including chronic or fluctuating conditions. This will be simple practical advice and information to encourage people to get back to every day activities, including work, when they have been unwell.
- We will work with UK Rehabilitation Council partners to promote and embed quality standards for retention and rehabilitation services within the industry.

Tailoring help for people in and out of work

6

Well-managed work can benefit personal and family health and play a positive role in supporting individuals to develop their own well-being. Moving people with mental health conditions quickly out of unemployment will guard against further deterioration in health. Most people who have been out of work for some time require co-ordinated, tailored support to help get them back into the labour market and stay there. The Government is acting to join up its efforts and to improve the mental health focus in frontline employment support and the work focus in health services.

Extending personalised support

Most people who are out of work for some time will need some form of co-ordinated help to move into employment, whatever their health condition. Although this help may involve a range of support services, such as employment advice, health support and social care, and vary in its intensity, we know that the best employment outcomes result when support is properly co-ordinated and works towards common employment goals⁶⁹.

Around 42 per cent of the 2.6 million people currently on out-of-work health-related benefits are claiming primarily because of mental health conditions⁷⁰. The main employment support package for these claimants is Pathways to Work, available to all incapacity benefits and Employment and Support Allowance (ESA) customers. This work-focused package incorporates the health-related Condition Management Programme and in research, participants with mental health conditions have said that they feel the programme has moved them closer to work⁷¹.

The White Paper *Raising expectations and increasing support*⁷² announced our plans to extend personalised employment support to everyone receiving health-related out-of-work benefits so that by 2013/14 everyone who is able to work will have access to more support. We will also seek to better understand and meet the needs of people with mental health conditions⁷³ and are improving the support provided for Jobcentre Plus advisers.

This does not mean that employment advisers should be experts in mental health conditions. Of course they should be sensitive to people's health issues, but more important is their employment expertise, their problem-solving skill, their ambition for the individual, and their ability to encourage their customers to have self-belief and a positive outlook. They need to be proactive in identifying those in need of more specialist support.

Coventry and Warwickshire Jobcentre Plus Outreach Service

Coventry and Warwickshire Jobcentre Plus operate an outreach service at the local mental health trust in Coventry, the Caludon Centre.

The service has operated on a fortnightly basis over a number of years – a Jobcentre Plus adviser visits the hospital to give benefits advice and employment support to in-patients.

Appointments are booked through the ward clerk and ongoing information is exchanged with the patient through e-mail or telephone support.

The adviser supports patients to complete applications for benefits and puts the patients in touch with specialist employment advice.

Co-ordinating tailored help

In October 2008 the new Work Capability Assessment (WCA) was introduced to assess entitlement to ESA. The WCA focuses on identifying the capabilities – rather than simply the limitations – of disabled people and people who have health conditions. This means that in the future, some people who may previously have been on health-related benefits will be eligible for Jobseeker's Allowance.

Employment is a realistic goal for most people with mental health conditions, and the active, structured regime required by Jobseeker's Allowance provides more help to return to work quickly – for example, people who claim Jobseeker's Allowance after a health-related claim may have earlier access to the personalised support within the Flexible New Deal.

We have recently announced a review of how Pathways to Work is working. The introduction of ESA marked a new beginning in the way support is given to people out of work due to a health condition or disability. It is now time to look at ways to improve and adapt the Pathways programme to ensure that people claiming incapacity benefits and ESA receive more effective help to get into work and manage their condition. Further details will be set out in DWP's forthcoming White Paper on employment, and early next year we will publish options for renewing the Pathways to Work programme.

We also plan to test a single co-ordinated employment programme for all people claiming out-of-work benefits⁷⁴. The Personalised Employment Programme will enable people who have mental health conditions, regardless of which benefit they receive, to access the kind of work-focused health-related support that is currently available only to claimants of ESA or incapacity benefits.

Because losing a job can trigger distress or mental health conditions, we also need to do more to help new jobseekers maintain their well-being and skills, and access appropriate health-related support.

- **The Department for Business, Innovation and Skills, Jobcentre Plus and the Learning and Skills Council⁷⁵ are testing a new model of integrating the skills support available to help people out of work find and progress in work through continued skills development.**
- **We will also introduce a new national network of mental health employment co-ordinators in each Jobcentre Plus district to work with health and other services to improve access to co-ordinated health and employment support for jobseekers. They will also support personal advisers and promote a better understanding of our starting point – that work is generally good for people who have mental health conditions.**
- **We will provide advice for newly unemployed people on maintaining well-being whilst out of work and we will research the occurrence and impact of psychological distress in newly unemployed people.**
- **We will work with partners to share best practice to improve health and care services, independent living arrangements, and access to community facilities and activities for those who are most vulnerable.**

We will also expand the Government's successful Access to Work programme so that it provides better tailored support for people who have mental health conditions. The programme provides financial and practical support to disabled people and their employers to help them overcome work-related obstacles. It is highly regarded by both employers and employees but less than one per cent of people supported by it have a mental health condition.

- **We will redesign the Access to Work programme to better support people with mental health conditions, including those whose conditions fluctuate.**

A London-based pilot run with the mental health charity Mind has explored how Access to Work can be used to support people with fluctuating mental health conditions, building employers' understanding and capacity to support their workforce. The pilot finished at the end of August and the results will be used to inform the design of future provision.

Islington Mind's Access To Work pilot – helping people with mental health conditions to stay in work

My client had a history of depression and anxiety and was signed off sick for several months. At the start she struggled with low moods, excessive worry, panic attacks (whilst using public transport at unfamiliar places), lack of trust in others and poor self esteem.

She had reluctantly been transferred to another work site, which made her feel angry and frustrated and therefore more stressed.

I helped her to lower her stress levels with a diary and relaxation exercise. She was worried about taking a different route to work, and getting panic attacks on the bus. I practised the route with her and helped her work on coping techniques.

I also helped her to talk more openly with her manager, and suggested a gradual return to work. We prepared for a meeting with her employer and practised the subjects she wanted to address. She felt more secure with me at the meeting, which meant she eventually addressed all these issues.

At this meeting she disclosed her mental health difficulties to her employer. With her consent, I discussed with her manager how best to deal with her disability, and what adjustments should be made to the workplace. As a result, a staggered return was agreed, along with regular meetings to discuss her well-being.

We continued to work on coping mechanisms to encourage self-sufficiency, and reduce the role that I play in the future. My client has been able to strengthen her self esteem, style of coping and finds it easier to deal with negative feelings.

Reshaping specialist employment services

People with mental health conditions who have the most complex employment support needs are helped by Disability Employment Advisers in Jobcentre Plus and can access specialist employment programmes.

Current specialist employment programmes, for example WORKSTEP and Access to Work, do not help sufficient numbers of people who have mental health conditions. From October 2010, a new programme, Work Choice, will be introduced to provide supported employment to disabled people. Work Choice providers will give special attention to particular groups, including people who have mental health conditions, who have been poorly represented as users of the current provision. Links will be forged with health and social services ensuring that support is given to those who need the help most.

- We will introduce a new programme, Work Choice, to replace WORKSTEP that will place greater emphasis on supporting people who have mental health conditions.
- We will aim to support more customers, including those who cite mental health conditions as their primary disability, to achieve progression to unsupported employment where appropriate and independent living. Work Choice will also offer ongoing in-work support to those people who cannot move into unsupported employment.
- We will publish a breakdown of all DWP disability employment programmes, including take up and outcomes, by primary medical condition or impairment wherever it is possible to do so.

The new adult advancement and careers service provides information and advice for all those in and out of work.

- We will ensure the adult advancement and careers service provides targeted support for people with specific challenges to getting into and getting on at work, including people with mental health conditions.
- We will also examine the need for a small pool of specialist advisers in the adult advancement and careers services to support people with more complex employment support needs.

Promoting an understanding that people are better off in work

The benefits system provides a safety net for people in need, but its complexity can be perceived as a disincentive to enter employment. We are aware that some people may feel anxious about entering employment in case they are unable to cope then find they cannot get back on to their previous benefit.

We have taken steps to improve the system so that advisers can help people to concentrate on their future job rather than their current benefit⁷⁶. In addition, an online calculator was launched in September to help people accurately estimate their potential entitlement to a range of benefits and tax credits⁷⁷.

- From April 2010, we will make changes to the permitted work system to make part-time work easier and more rewarding by raising the Housing Benefit and Council Tax Benefit earnings limit to £92 a week for people receiving contributory ESA, Incapacity Benefit (IB) and Severe Disablement Benefit (SDA) who also do permitted work. This means that people who receive contributory ESA, do permitted work and receive Housing Benefit will be able to work and earn up to £92 before their Housing Benefit is affected.
- From October 2010, we will begin eight Right to Control Trailblazers in England. These will design and test new opportunities for disabled people to exercise much greater choice and control over the support they receive to help them return to or stay in work. The Trailblazers will run for two years and be evaluated to determine how these principles can be implemented more widely.
- We will work with partners to increase understanding of financial incentives by individuals and their advisers.

Co-ordinating services and working to common goals

As we have already discussed in the context of sickness absence, employment issues traditionally received little attention in primary care, whilst secondary care had limited vocational aspirations⁷⁸. In the past, healthcare has focused almost solely on the alleviation of symptoms and clinical treatment.

This is no longer the case. New approaches to healthcare throughout Great Britain focus on a more holistic 'recovery approach', looking beyond treatment and acknowledging the role of factors like employment in maintaining well-being. This is reflected in the Department of Health's *New Horizon's consultation*, Scotland's *Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-11*, and the Welsh Assembly's *Our Healthy Future* public health framework.

Innovative pilots and voluntary and public sector services are complementing this approach. For example:

- placing **employment advisers in GP surgeries** through a Jobcentre Plus pilot;
- adding a responsibility for including **employment support co-ordination in Improving Access to Psychological Therapy (IAPT)** services in England; and
- increasing take up, although still slow, of the **Individual Placement and Support model of co-ordinated employment support, health and social care**, for people with complex mental health and employment needs as recommended in Department of Health and Department for Work and Pensions joint commissioning guidance⁷⁹.

These are encouraging developments, but building on this progress will require universal recognition from all health, educational and vocational services that employment outcomes are appropriate goals for people with mental health conditions.

- **We will use the evaluation findings from the integrated employment and skills pilots to make more fully integrated services available to every jobseeker from 2010/11.**
- **We will support the establishment of an employment support co-ordination function in every Primary Care Trust that has IAPT services, as an integral part of the IAPT service.**
- **We will work with partners to improve mental health and employment advice and guidance to employment advisers, providers and individuals.**
- **We will develop practical support pathways between employment services, health and social care providers and the third sector.**
- **We will work with healthcare providers and commissioners to incorporate a work focus in mental health and vocational services.**

Tailored Help for Success

Individual Placement with Support is an approach that focuses on assisting people with serious mental health conditions to get and keep 'real' jobs in open, competitive settings rather than segregated, sheltered work. A key focus is on rapid job searching – helping a person to get a job as quickly as possible and then providing them with the support they need, for as long as they need it, to make a success of their employment. Anyone who wants to work is offered assistance, with no selection on the basis of 'work readiness' 'employability' or the type or severity of their condition. South West London and St George's Mental Health Trust successfully help over 600 people a year to get/keep work using this approach. These people are involved in a range of jobs including IT trainer, teaching assistant, credit controller, and catering manager.

Rachel Perkins, Radar seminar presentation: Employment and People with Serious Mental Health Problems

The Perkins Review – Realising ambitions: Better employment support for people with a mental health condition

To complement the work already taking place, we commissioned an independent review, chaired by Rachel Perkins, to examine how employment, health and wider state support might be better targeted to meet the needs of people with mental health conditions who are out of work. The review focused on more effective support for people using mainstream employment programmes and additional employment and health support for the smaller number of people with more complex needs.

The findings of the review will support decisions on better targeting of interventions and possible new approaches to strengthen the support currently available. The key recommendations from the review centre on:

- increasing capacity and dispelling myths within the existing structures so that they are better able to meet the employment needs of people with a mental health condition; and
- establishing a model of **more support** to help people with a mental health condition to enter or re-enter work and stay there.

The Perkins Review – Key Recommendations for Action

Actions that can be performed quickly by work and health services at low or nil cost to make a difference, include:

- Building effective links between mental health and welfare-to-work services: better joined-up working between front-line staff.
- Increasing the extent to which welfare-to-work services can accommodate the needs of people with a mental health condition.
- Increasing the extent to which health and social services address the employment needs of people with a mental health condition.
- Better support and advice to people with a mental health condition and their employers.

Creating a “model of more support”: implementing Individual Placement and Support in a Great Britain context for the hardest to help:

- More support to get a job: embedding employment specialists in all mental health/social care teams.
- More support to stay in a job: reforming Access to Work.
- Augmenting this offer with the possibility of short-term internships for people who have been out of work for significant periods and by making possible the gradual build up of hours.

Establishing effective systems for monitoring outcomes and driving change:

- Ensuring the routine monitoring of employment and mental health condition across DWP services and health/social services, using agreed definitions of ‘employment’ and ‘mental health condition’.
- Adopting performance indicators and inspection criteria that require a year-on-year decrease in the gap between the general employment rate and that of people with a mental health condition

We have welcomed the work of the Perkins Review team and its vision for the future, and will respond positively to many of the key recommendations.

The role of employers

If more people with mental health conditions are to achieve sustained employment, it is crucial that we help employers to support the work we have outlined above. Employers have a key role in achieving our vision of supporting people to flourish at work, but they are also instrumental in tackling the stigma and discrimination that can make it even harder for people with mental health conditions to enter employment in the first place.

Consultation on this strategy showed that some people do not disclose their mental health condition when applying for jobs or in employment because they fear being treated differently or unfairly⁸⁰. This can inhibit disclosure and prevent the often simple steps that help people obtain or stay in employment.

In particular, some employers use pre-employment health questionnaires as part of the recruitment and selection process. These can help employers to plan for the reasonable adjustments that disabled applicants may require, including adjustments to the recruitment and interviewing process. However, they are not reliable indicators of likely future sickness absence patterns and prospective applicants may be wary of their use and fear discrimination.

Using disability-related information gained from pre-employment questionnaires to screen applicants on health grounds may be discriminatory and open to legal challenge. We encourage employers to limit the use of such questionnaires for any health conditions (other than for essential health-related criteria for the post) to identifying the reasonable adjustments that a job applicant may require for the recruitment process.

- **We will take steps in the Equality Bill to tackle the issues raised by inappropriate use of pre-recruitment health enquiries, and encourage all organisations to follow the best practice that many companies have already introduced successfully.**

BT – Recognising Mental Health Needs in the Workplace

As one of the largest private sector employers in the UK, British Telecom (BT) seeks to recruit and promote people in a way that reflects the communities that it serves. Diversity in all its aspects is respected and promoted, with mental health being recognised as an important but often overlooked issue.

Pre-employment health questionnaires were abolished some years ago. They were costly to administer and produced no benefit, even putting off good candidates from applying.

Under the current scheme, after an offer of employment has been made, applicants are asked if they want support to help overcome obstacles related to a health condition or disability and if so, specialist services are engaged.

People who find it useful can complete a “Well-being Passport” to document the adjustments they might need and contact points for support, especially with fluctuating conditions. Specialist services are available for advice if required, and arrangements are “signed off” with the line manager.

A wide range of materials and services is also available to employees to help them manage their own mental health conditions in work and to understand issues their colleagues might be experiencing.

Specific guidance, training and support is made available to line managers to help them deal with mental health issues.

Personal responsibility and self-help

Reforms to healthcare and the welfare system aim to ensure that people with mental health conditions have a better chance of obtaining and keeping employment. As well as improving the help available from support services, these changes also rightly place emphasis on the need for personal responsibility and self help. We have already set out some of the simple steps that people can take to maintain and develop their own well-being in Chapter 3.

Many organisations in the third sector already focus their support on empowerment, building personal responsibility and self-help. We will encourage providers to recognise that taking steps to achieve employment outcomes and encouraging people who have mental health conditions to achieve appropriate work-related goals is an important part of developing well-being, improving mental health and building resilience.

In particular for people who are out of work, volunteering, although not necessarily a direct route to employment, can contribute to self-confidence and employability and build skills needed in the workplace. Similarly, work experience can also play an important role in developing skills and experience that will help on an individual's journey towards paid employment.

The Beth Johnson Foundation – Building Confidence for Work

The Beth Johnson Foundation is a national organisation that seeks to make a positive impact on the lives of older people. One client became involved with the Foundation after being bullied and leaving his job when he experienced depression. The Foundation arranged a work placement for him that involved delivering exercise to older people and young adults with learning difficulties. This work increased the client's confidence, sense of empowerment and self-belief, and he was then able to undertake more training, including health and safety and risk assessment. As a result, the client has gone on to find paid employment within a local hospital as a healthcare support worker.

Jane Snape – Project Co-ordinator and Steve Griffiths – Project Member, Beth Johnson Foundation

Building resilience for our future workforce

7



The importance of developing the skills to adapt to adverse circumstances or events cannot be underestimated. Building such resilience starts in childhood and it is a vital role for educational services to perform. Governments across Great Britain are working to promote skills that support resilience and well-being in schools and through other services and deliver joined-up specialist support to young people who have mental health conditions.

It is unrealistic to think that individuals can avoid upset, distress or challenges to their well-being when things go wrong. But people can improve their ability to adapt and recover from adverse circumstances or events. An important part of resilience is the ability to recognise when help is needed from others and using the sources of support available.⁸¹

Investing in children and young people is equally crucial for our long-term success, and we know that childhood years are critical in setting the course for their future lives⁸² and this is the time when we can most influence children's growing cognitive and emotional abilities. Emotional well-being and good mental health not only helps children and young people to flourish in education, but also supports them to fulfil their potential as adults. Children and young people have a particular importance in the context of this framework, as they are tomorrow's workers.

For some people, mental health conditions start in childhood or adolescence. Young people can also be at particular risk of developing a mental health condition during adolescence and early adulthood. Even for young people who may have few other risk factors in their earlier life, "normal" events such as leaving home or starting college or university can trigger mental health conditions.

Other particular factors that increase a young person's vulnerability to having a mental health condition include:

- living in a household where no one works;
- having parents who are disabled or chronically ill; and
- being in care or leaving care.

This is a major challenge. Across Great Britain at any one time around one in ten children and young people may have a mental health condition or are experiencing an episode of distress or poor mental health⁸³. Estimates suggest that around 50 per cent of adults who have a long-term mental health condition that requires continuing treatment or care throughout their lifetime, had been diagnosed by the age 14.⁸⁴

In order to give every child and young person the best possible chance to thrive, families, carers and health and education systems must act together to promote well-being and foster skills for resilience. We should all be prepared to step in quickly to support those who are particularly vulnerable to mental ill-health because of their family situation or socio-economic circumstances.

Responsibility for policies and the delivery of education, health and social care services is devolved across Great Britain. But each nation recognises the following key ingredients that will help our children thrive both in childhood and beyond:

- enhancing emotional well-being and building resilience through supportive education and parenting; and
- early intervention and better service co-ordination for vulnerable children and young people.

Supportive education, parenting and relationships

Families and schools working well together must be at the centre of support for children and young people's development. Children and young people are influenced by messages and guidance from education, parents, wider families and friends, so positive education and supportive parenting should go hand in hand, each reinforcing the efforts of the other. These are the building blocks to help children and young people solve problems, cope with challenges and develop their resilience and well-being as they move into their adult lives.

Supportive education

Throughout Great Britain, many schools and further and higher education programmes promote the importance of well-being as a core component of general health. Focusing on well-being within an overall school plan can be highly effective in promoting young people's welfare and supporting their learning.

For example, schools across England, Scotland and Wales all have Healthy Schools programmes that promote the importance of developing emotional health and well-being policies and practices as a core theme⁶⁵. Recent policy developments in each nation have demonstrated the growing commitment to develop children and young people's well-being and resilience as part of their education.

Further and higher education establishments must also encourage and promote skills that help students manage their well-being so that they thrive in further education and have the best possible chances of progressing into fulfilling careers.

Supportive parenting and relationships

The curriculum, school environment and ethos are important but so too are the relationships that children and young people make among themselves and with the adults they meet. Skills for building personal resilience and well-being are not a separate part of education, and can be incorporated seamlessly throughout learning – both within school and as part of children and young people’s wider social development.

The role of parents is crucial to children and young people’s development. Recently, more attention has been placed on developing parenting skills to reduce the risk that poor lifestyle choices repeat themselves in future generations. In England, the Think Family programme promotes co-ordinated support between children, adult and family services as individual problems affect the whole family. In addition there are a number of programmes that offer targeted family support. Active parenting programmes encourage adults to adopt healthier lifestyles, including diet and exercise for themselves and their children, as well as play and positive role modelling.

Early and co-ordinated intervention

By providing support from education, parents, friends and family, we can help children and young people to develop skills for resilience and well-being.

It is important that we pick up signs of distress as they first appear, so that they can be addressed before they become more serious and impede progress. Early intervention limits the impact of adult ill-health, and a similar approach is needed during childhood and adolescence. Failure to intervene early risks poor mental health going on to disrupt a child’s education and development, with the negative impact lasting long beyond childhood.

Whilst actions to support well-being and skills for resilience are necessary for all children and young people, specifically targeted support can help those most at risk. As many children and young people with mental health conditions also face other challenges in their lives, each aspect of support must work in harmony. The most successful interventions co-ordinate a variety of services under one umbrella. For example, specialist early intervention teams have been successful in helping young people with psychosis to manage their conditions, thereby reducing disruption in education, their wider lives and their needs for hospital admission.

Kids Company – Supporting Young People in the Community

The Kids Company's Urban Academy is an education and life skills centre in Southwark, south London. Eighty-seven per cent of the young people coming to Kids Company have emotional difficulties and mental health conditions. The aim of the Urban Academy is to help young people who have been out of mainstream educational structures for periods of time to prepare to move on successfully into further education, training or employment. The Urban Academy offers a range of courses and workshops tailored to the needs of the individual young person.

These include: basic skills, such as literacy and numeracy; life skills, such as cooking and budgeting; and creative skills, such as art, media and fashion. Support is also provided for young people currently attending further education. Of a recent sample of clients with a history of not being in education or employment, 77 per cent have subsequently achieved their goal of returning to one or both after attending the Urban Academy.

Kids Company Report

In Scotland, the Mental Health (Care and Treatment) (Scotland) Act 2003 places a clear statutory duty on local authorities to promote well-being, social inclusion and development for anyone who has, or who has had, a mental health condition or learning disability. The Scottish Government published *With Inclusion in Mind* to provide guidance, best practice tools and background information to enable individuals and service providers in local authorities understand and fulfill their duties under the Act, including those for education.

In Wales, *Everybody's Business*, a strategy for improving child and adolescent mental health services, includes increasing support for school staff and promoting multi-disciplinary work. This has reduced waiting times, and resulted in earlier intervention by the NHS.

In England, an ambitious vision for how to build on improvements in support for children and young peoples' emotional well-being and mental health was set out by the independent review of child and adolescent mental health services (CAMHS) at the end of 2008⁸⁶. The Department of Health and the Department for Children, Schools and Families are together delivering the review's recommendations and will shortly publish the full Government response to the review, which will act as the key driver in England to promote improvement in children and young people's' psychological well-being and mental health. Part of the context for this work is *Healthy lives, brighter*

futures: the strategy for children and young people's health which sets out a comprehensive programme of action to improve both physical and mental health.

Targeted mental health support at school

The Targeted Mental Health in Schools Programme (TaMHS) promotes the development of innovative models of therapeutic and holistic early intervention and mental health support in school for 5-13 year olds who are at risk of experiencing mental health problems. Funded by £60 million between 2008-2011, all local authorities will have joined the programme by April 2010.

What Government will do

Investment today in tomorrow's workforce can help each child to build their capacity to cope when things go wrong and to take this learning into later life. Our attitudes about our health and education, and our essential social skills for living, are acquired largely while we are growing up, and our resilience develops throughout childhood. And for children and young people who become ill, early access to evidence-based interventions, including treatment and co-ordinated support, presents the best chance of recovery.

In England:

- **We will set out our programme of work to deliver the CAMHS review recommendations and improve children and young peoples' psychological well-being and mental health as part of the forthcoming full Government response to the independent CAMHS review.⁸⁷**
- **We will consider how best to improve the experience of young people undergoing transition between children and young people's mental health services and services provided for adults, to ensure continuity of care for those who need it.**
- **We will roll out the TaMHS Programme to clusters of schools in all local authorities by 2010.**
- **Subject to consultation, we will subject to consultation, use new pupil-level well-being indicators to capture health and well-being outcomes and perceptions as part of the new School Report Card.**

continued

In addition, *Healthy Lives, brighter futures: The strategy for children and young people's health* outlines further commitments:

- We will strengthen the national Healthy Schools programme;
- We will improve PSHE and make it a statutory part of the curriculum in schools; and
- We will develop school health teams in every local area as part of delivering the Healthy Child Programme for 5-19 year olds.

This is reiterated in the White Paper *Your child, your schools, our future: building a 21st century schools system*.

In Scotland:

- We will establish a new mental health and emotional well-being post in Scotland to facilitate mental health improvement in schools.
- We will support the implementation of legislation providing support for those children and young people with additional support needs including those related to mental health.
- We will develop a health improvement social marketing campaign for Scotland with a specific strand on mental health improvement aimed at young people.
- We will develop a web portal on mental health improvement for those people who work with infants, children and young people in Scotland.
- We will work with Universities Scotland, the National Union of Students, and Scottish Further Education Unit to advance work on mental health improvement.
- We will continue to improve transitions from children's to mental health services for adults and give consideration to how the mental health needs of parents impact on children.

In Wales:

- **We will use the Welsh Network of Healthy School Schemes National Quality Award to measure leadership and communication, curriculum, ethos and environment, and family and community involvement in schools; and seven aspects of health (emotional well-being and mental health; food and fitness; personal development and relationships; substance use and misuse; environment; safety and hygiene).**
- **We will issue new guidance on the health of children in care in Wales.**
- **We will develop a Welsh mental health promotion network and web-based guidance materials.**
- **We will encourage co-ordinated action to support children and young people who show signs of distress or mental health conditions.**
- **We will further strengthen the primary mental health worker workforce and support everyone who works with children and young people to develop an appropriate understanding of when to involve specialist services.**
- **We will improve access to, and the quality of the specialist child and adolescent mental health services for children, young people and their families who require them.**
- **We will develop stronger arrangements in Wales for transition between the specialist child and adolescent mental health services and the mental health services for adults.**
- **We will roll out Mental Health First Aid to people working with children and young people.**

Working as one across Government – making it happen

8

Working our way to better mental health: a framework for action provides a joined-up and practical approach to mental health and employment, but it is not designed to operate in isolation. Much has already been achieved to link the positive aspects of work to better mental health. Government and partners have made progress towards building a society in which work contributes to mental health and well-being and having a job is an achievable ambition for almost everyone. But we need to do more, especially at a time when economic conditions can challenge the progress already made. Each country and every department and local authority is responsible for integrating work-focused mental health policies into their work programmes.

This framework is designed to ensure that we speak with one voice across Government and that everything we do to improve mental health and increase employment success builds on agreed principles and delivers co-ordinated services with common goals.

Each country and every department and local authority is responsible for integrating work-focused mental health policies into their work programmes.

The work of third sector organisations, employers and employees and their representatives have been vital in developing this agenda for action. We have also benefited from the insights of people with mental health conditions into what could be improved and how.

Uniquely, this framework concentrates attention on work – the health benefits that work can offer and the benefits that creating healthy, thriving workplaces can bring to everyone.

The wider context: joined-up action

Across Government we are committed to continuing our efforts to improve and integrate services and manage and co-ordinate transitions more effectively. Action is being taken in public and mental health services, welfare, skills and employment support and in education.

1 Public and mental health services

Throughout Great Britain, Government is working with partners to develop new approaches to mental health services and good mental health for the whole population.

- The Scottish Government's *Towards a Mentally Flourishing Scotland Policy and Action Plan 2009-2011*, aimed at improving mental health and mental well-being in Scotland.
- The Welsh Assembly Government's *Our Healthy Future* the Strategic Framework for Public Health in Wales that includes mental health as one of its key priorities.
<http://wales.gov.uk/topics/health/ocmo/healthy/?lang=en>

- England's *New Horizons: Towards a shared vision for mental health* which will set out how mental health and care services can continue to improve and how agencies can collaborate to promote good mental health and well-being throughout England. It reinforces the link between good work and good mental health and the importance of building well-being and resilience in childhood, as well as looking more broadly at effective interventions up to and including later life. *New Horizons* is published in conjunction with this framework.

2 Specialist services for people with the most complex needs

Action to transform services places a particular focus on the most excluded groups:

- In England we have ambitious goals as part of Public Service Agreement 16, to improve the employment and settled accommodation outcomes for the small number of people who have the most severe mental health conditions. Alongside this framework, Government has published *Work Recovery and Inclusion*, a delivery strategy which gives further detail on specific commitments to support people who have severe mental health conditions into work.
- In Wales *Raising the Standard: The Revised Adult Mental Health National Service Framework and Action Plan for Wales* emphasises the importance of employment in everyone's mental health. It requires that support is made available to help service users retain their employment and that rehabilitation services for people with the most severe mental health conditions should maximise independence and promote recovery by improving access to employment and education.

3 Welfare, skills and employment services

Our actions are also supported by recent welfare and skills reforms. For example:

- Last year's Welfare Reform White Paper *Raising Expectations and Increasing Support: reforming welfare for the future* outlined plans to test a single integrated employment programme so that support is linked to need rather than benefit status. Other planned innovations will test the way we understand and meet the needs of longer-term incapacity benefit/ESA claimants, including those who have mental health conditions.⁸⁸

- Unlocking Talent (DWP and the Department for Innovations, Universities and Skills 2008) laid out plans for welfare and skills reform that includes the creation of the new adult advancement and careers service, skills screening, skills health checks, a legal entitlement to basic and intermediate skills and qualifications, skills accounts as well as support for employers for workplace training through Train to Gain, Local Employer Partnerships and the expansion of apprenticeships.
- In March 2009 the Learning and Skills Council's *Mental Health Strategy. The Way Forward* set out the actions we will take to increase the take up of work-based learning among people with mental health difficulties. Plans are in place to ensure that the implementation plan is progressed by the Learning and Skills Council successors, the Young People's Learning Agency and the Skills Funding Agency.
- DWP's forthcoming White Paper on employment will set out our goals for raising labour market participation further and for raising our game in job retention and progression.

4 Education – children and young people

Building resilience, supporting social and emotional skills and early action to support additional and complex needs are key elements for our investment in tomorrow's workforce. Actions include:

- School-based programmes help children and young people develop social and emotional skills, improve their self-esteem and build resilience. These include the Healthy Schools programme in England and the Social and Emotional Aspects of Learning Programme which, in most schools in England and Wales, provides curriculum resources to develop the qualities and skills that promote positive behaviour and effective learning.
- The Welsh Assembly Government has introduced new policies for education and health services to improve the mental health and well-being of children and young people. This is a key theme in *Personal and Social Education Framework for 7-19 year olds*. In addition, *Schools-based Counselling Services in Wales: a National Strategy* sets out the intention to develop accessible professional counselling services for young people. There will be increased access to primary mental health workers to advise teachers and health service staff about meeting the needs of children and young people, making referrals to other support, inclusion or specialist mental health services.

- In Scotland, all schools have a duty to promote the physical, social, mental and emotional health and well-being of all pupils. A team of regional educational professionals work to provide advice, information and training to help local authorities and schools to develop and implement a range of whole-school and targeted approaches to promoting positive behaviour and relationships. There are also a number of programmes in Scottish further education and universities to promote well-being and mental health and to build the resilience of young adults and staff. The Scottish Further Education Unit, for example, provides support for improving mental health through the professional development of staff in colleges as well as their guidance on how to support students who have additional needs.

Measuring change

We are committed to careful monitoring of the actions set out in this framework. In the grid in Appendix 2 we have outlined a selection of delivery actions in hand or planned. We will measure the impact of our efforts and track change and improvements through a range of indicators.

Work has already begun to develop indicators of improvement based on a combination of analyses of existing data and new primary research.

We are already:

- working to identify existing data sources and exploring the possibility of placing additional questions in patient experience surveys on access to appropriate and timely health service support for service users;
- funding questions in the Health Survey for England and using existing data from Scotland and Wales to provide baseline data on people's self-reported health status;
- exploring ways of measuring attitudes of health professionals and GPs to issues of health and work;
- commissioning new surveys of employees and employers on the availability of workplace health and well-being initiatives and employer support for staff health and well-being;
- developing a new module of questions for the Office for National Statistics Omnibus Survey to measure public attitudes to work and health (including mental health) and monitor whether these shift over time; and

- working with DWP disability employment programmes to ensure that statistics, including take up and outcomes by primary medical condition as well as impairment, are collected and published where it is possible to do so.

By tracking progress we can ensure that the actions of Government, employers, healthcare professionals and other support service providers are best directed to encourage well-being at work and support people with mental health conditions into work and in work. The Health Work and Wellbeing Steering Board, a senior cross-government group that reports to ministers, will oversee progress on delivery.

Conclusion

This document is not designed to be merely a framework for short-term action. It is intended to influence future policy development across governments and throughout the wider public sector, and over time bring about changes in behaviour in organisations and individuals. And it is designed to build a long-term commitment of joint working between Government and its partners. Together we can work our way to better mental health.

Appendices



Appendix 1 – Dame Carol Black’s Mental Health and Employment Strategy Steering Group

Judy Weleminsky	Chief Executive, Mental Health Providers Forum
Sheila Durie	Employment Programme Manager, Scottish Development Centre for Mental Health
John Cooper	Head of Occupational Health, Unilever
Rachel Perkins	Disability Employment Advisory Committee, South West London and St George’s Mental Health NHS Trust
Clare Gerada	Vice Chair, Royal College of General Practitioners
Richard Frost	Mindful Employer
Maggie Samuel	Chief Medical Officer, EDF Energy
Phil Chick	Welsh Assembly Government Director for Mental Health
Hugh Robertson	Senior Policy Officer for Health and Safety, Trades Union Congress
Paul Lelliott	Director, Research and Training Unit, Royal College of Psychiatrists
Louis Appleby	National Clinical Director for Mental Health, Department of Health
Paul Farmer	Chief Executive, Mind
Jonathan Naess	Chief Executive, Stand to Reason
Cary Cooper	Pro-Vice Chancellor and Professor of Organisational Psychology and Health, Lancaster University
Angela Greatley	Chief Executive, Sainsbury Centre for Mental Health
Simon Wessley	Professor of Epidemiology & Liaison Psychiatry, Institute of Psychiatry, Kings College London
Paul Litchfield	Chief Medical Advisor, BT
Richard Layard	Professor Emeritus of Economics, London School of Economics
Susan Scott-Parker	Chief Executive, Employers Forum on Disability

Appendix 2 – Commitment table

	Commitment	Where it appears	Lead organisation
Chapter Three: Changing the way we think and act			
1	We will use the Equality Bill to strengthen and streamline anti-discrimination legislation, including disability discrimination legislation to make it easier for disabled people and employers to understand and operate.	Tackling mental health stigma	Government Equalities Office
2	We will work with partners to demonstrate the positive links between mental and physical health and well-being and promote a public consensus that work is good for mental health and well-being.	Tackling mental health stigma	Department of Health, Scottish Government, Welsh Assembly Government
3	We will encourage employers, particularly those in the public sector, to offer more employment opportunities to people who have mental health conditions.	Tackling mental health stigma	Department for Work and Pensions
4	We will learn from successful awareness-raising programmes and develop further initiatives that tackle mental health stigma and low expectations.	Initiatives to raise awareness	Department of Health, Scottish Government, Welsh Assembly Government

	Commitment	Where it appears	Lead organisation
5	We will encourage people to take simple steps to maintain mental health and well-being, for example by remaining physically active and following the Foresight Report's recommended Five Steps a Day.	Promoting mental health, well-being and resilience	Department of Health
6	We will encourage employers to support skills for life training.	Supporting others	Department for Business, Innovation and Skills
Chapter Four: Achieving well-being at work			
7	We will reward small business workplace innovation with the recently launched Challenge Fund in which promoting and managing mental well-being in small businesses is a priority.	Positive workplaces	Department for Work and Pensions
8	We will establish a Great Britain wide network of Health Work and Well-being Co-ordinators to provide a focal point, working across departmental and partner boundaries. The Co-ordinators will champion integrated approaches to health, employment and skills support, encourage local public sector employers as exemplars and build engagement with small businesses at a local level.	Positive workplaces	Department for Work and Pensions
9	We will develop new criteria with our EU partners for organisations to assess the quality of their mental health-related workplace health promotion.	Positive workplaces	Scottish Centre for Healthy Working Lives

	Commitment	Where it appears	Lead organisation
10	We will work with business and health services to provide better information about locally available health and well-being advice, support and services, including business-to-business support and publicise good practice for mentally healthy workplaces.	Positive workplaces	SHIFT (part of the National Mental Health Development Unit)
11	We will consider how Government and the wider public sector can ensure that their policies and procedures offer the best possible support to employees and applicants with mental health conditions.	Positive workplaces	Department for Work and Pensions
12	In particular, we will encourage Government and the wider public sector throughout England to review their recruitment, retention and mental health promotion and prevention procedures in their organisations for people in the PSA 16 group.	Positive workplaces	Cabinet Office
13	We will encourage managers to use HSE's Management Standards and the Competency Framework for Line Managers.	Effective and supportive managers	Health and Safety Executive
14	We will work with partners to encourage employers to commit to training for managers to support mental health and well-being at work and give managers the skills to hold supportive conversations.	Early intervention	Department for Business, Innovation and Skills, Department for Work and Pensions

	Commitment	Where it appears	Lead organisation
Chapter Five: Intervening quickly when things go wrong			
15	To support the effective management of sickness absences we will promote, through guidance, the use of return-to-work action plans agreed between employer and employee.	Active management of sickness absence	Department for Work and Pensions
16	We will work with partners to encourage employers to train managers in absence management and rehabilitation and share best practice in job retention amongst employers and employee representatives.	Active management of sickness absence	Department for Business, Innovation and Skills
17	We will work with partners to provide better access to help, advice and support when people are worried.	Active management of sickness absence	Department of Health, Scottish Government, Welsh Assembly Government
18	To provide easier access to practical advice for managers to help them deal with individual employee health and mental health conditions or distress at work, we will launch an occupational health adviceline for smaller businesses in nine pilot sites across Great Britain. The adviceline will also support employees and GPs.	Active management of sickness absence	Department for Work and Pensions

	Commitment	Where it appears	Lead organisation
19	We are testing integrated health and employment support in psychological therapy services through specialist employment advisers delivering job retention advice to people who have mild-to-moderate mental health conditions. The pilots will identify what works well to help people stay at work or return to work after sickness absence. It will test the ways that health and employment services can offer better co-ordinated and personalised support.	Early access to co-ordinated work-focused support	Department of Health, Department for Work and Pensions
20	To improve access to co-ordinated work-focused help we are trialling a variety of job retention approaches throughout Great Britain in the Fit for Work Service pilots. These will test various models of work-focused health-related support for people in the early stages of sickness absence from work and help identify the most effective ways of treating people and helping them back into work.	Early access to co-ordinated work-focused support	Department of Health, Department for Work and Pensions
21	We will work with partners to improve access to advice and support services dealing with employment, debt and financial advice, relationship and housing problems and use the expertise of voluntary and third sector providers to develop more joined up and comprehensive work-related health and vocational support services.	Early access to co-ordinated work-focused support	Department for Business, Innovation and Skills, Department for Work and Pensions

	Commitment	Where it appears	Lead organisation
22	We are working in partnership with the Royal College of General Practitioners and the Faculty of Occupational Medicine to deliver a new education programme for GPs to raise their awareness of the positive links between health and work, and equip them to manage health-related employment discussions with patients. The introduction of a revised medical statement, the 'fit note', will enable GPs to provide better return-to-work advice for patients to share with employers.	Supporting healthcare professionals	Department for Work and Pensions
23	We will work with the Royal College of General Practitioners and the British Medical Journal to produce e-learning support for GPs and healthcare professionals in primary care on the importance of employment on mental health.	Supporting healthcare professionals	Department for Work and Pensions
24	In addition, we are working with the Royal College of Psychiatrists to develop guidance for individuals who have mental health conditions, including chronic or fluctuating conditions. This will be simple practical advice and information to encourage people to get back to every day activities, including work, when they have been unwell.	Supporting healthcare professionals	Department for Work and Pensions
25	We will work with UK Rehabilitation Council partners to promote and embed quality standards for retention and rehabilitation services within the industry.	Supporting healthcare professionals	Department for Work and Pensions

	Commitment	Where it appears	Lead organisation
Chapter Six: Tailoring help for people out of work			
26	We are testing a new model of integrating the skills support available to help people out of work find and progress in work through continued skills development.	Co-ordinating tailored help	Department for Business, Innovation and Skills, Jobcentre Plus, Learning and Skills Council
27	We will also introduce a new network of mental health employment co-ordinators in each Jobcentre Plus district to work with health and other services to improve access to co-ordinated health and employment support for jobseekers. They will also support personal advisers and promote a better understanding of our starting point – that work is generally good for people who have mental health conditions.	Co-ordinating tailored help	Jobcentre Plus
28	We will provide advice for newly unemployed people on maintaining well-being whilst out of work and we will research the occurrence and impact of psychological distress in newly unemployed people.	Co-ordinating tailored help	Department for Work and Pensions
29	We will work with partners to share best practice to improve health and care services, independent living arrangements, and access to community facilities and activities for those who are most vulnerable.	Co-ordinating tailored help	Department of Health, Scottish Government, Welsh Assembly Government
30	We will redesign the Access to Work Programme to better support people with mental health conditions, including those whose conditions fluctuate.	Co-ordinating tailored help	Department for Work and Pensions

	Commitment	Where it appears	Lead organisation
31	We will introduce a new programme, Work Choice, to replace WORKSTEP that will place greater emphasis on supporting people who have mental health conditions.	Reshaping specialist employment services	Department for Work and Pensions
32	We will aim to support more customers, including those who cite mental health conditions as their primary disability, to achieve progression to unsupported employment, where appropriate, and independent living. Work Choice will also offer ongoing in-work support to those people who cannot move into unsupported employment.	Reshaping specialist employment services	Department for Work and Pensions
33	We will publish a breakdown of all DWP disability employment programmes, including take up and outcomes, by primary medical condition or impairment wherever it is possible to do so.	Reshaping specialist employment services	Department for Work and Pensions
34	We will ensure the adult advancement and careers service provides targeted support for people with specific challenges to getting into and getting on at work, including people with mental health conditions.	Reshaping specialist employment services	Department for Business, Innovation and Skills, Department for Work and Pensions
35	We will examine the need for a small pool of specialist advisers in the adult advancement and careers services to support people with more complex employment support needs.	Reshaping specialist employment services	Department for Business, Innovation and Skills, Department for Work and Pensions

	Commitment	Where it appears	Lead organisation
36	From April 2010, changes to the permitted work system will make part-time work easier and more rewarding by raising the Housing Benefit and Council Tax Benefit earnings limit to £92 a week for people receiving contributory ESA, IB and SDA who also do permitted work. This means that people who receive contributory ESA, do permitted work and receive Housing Benefit will be able to work and earn up to £92 before their Housing Benefit is affected.	Promoting an understanding that people are better off in work	Department for Work and Pensions
37	From October 2010 we plan to begin eight Right to Control trailblazers in England. These will design and test new opportunities for disabled people to exercise much greater choice and control over the support they receive to help them return to or stay in work. The trailblazers will run for two years and be evaluated to determine how these principles can be implemented more widely.	Promoting an understanding that people are better off in work	Department for Work and Pensions
38	We will work with partners to increase understanding of individuals and their advisers of the financial incentives.	Promoting an understanding that people are better off in work	Department for Work and Pensions
39	We will use the evaluation findings from the integrated employment and skills pilots to make more fully integrated services available to every jobseeker from 2010/11.	Co-ordinating services and working to common goals	Department for Work and Pensions

	Commitment	Where it appears	Lead organisation
40	We will support the establishment of an employment support co-ordination function in every PCT that has IAPT services, as an integral part of the IAPT service.	Co-ordinating services and working to common goals	Department of Health
41	We will work with partners to improve mental health and employment advice and guidance to employment advisers, providers and individuals.	Co-ordinating services and working to common goals	Department of Health, Department for Work and Pensions, Scottish Government, Welsh Assembly Government
42	We will develop practical support pathways between employment services, health and social care providers and the third sector.	Co-ordinating services and working to common goals	Department of Health, Department for Work and Pensions, Scottish Government, Welsh Assembly Government
43	We will work with healthcare providers and commissioners to incorporate a work focus in mental health and vocational services.	Co-ordinating services and working to common goals	Department of Health, Scottish Government, Welsh Assembly Government
44	We will take steps in the Equality Bill to tackle the issues raised by inappropriate use of pre-recruitment health enquiries, and encouraging all organisations to follow the best practice that many companies have already introduced successfully.	The role of employers	Government Equalities Office, Office for Disability Issues, Department for Work and Pensions

	Commitment	Where it appears	Lead organisation
Chapter Seven: Building resilience for our future workforce			
45	We will set out our programme of work to deliver the CAMHS review recommendations and improve children and young peoples' psychological well-being and mental health as part of the forthcoming full Government response to the independent CAMHS review.	Early and co-ordinated intervention	Department for Children, Schools and Families
46	We will consider how best to improve the experience of young people undergoing transition between children and young people's mental health services and services provided for adults, to ensure continuity of care for those who need it.	Early and co-ordinated intervention	Department for Children, Schools and Families
47	We will roll out the TaMHS Programme to clusters of schools in all local authorities by 2011.	Early and co-ordinated intervention	Department for Children, Schools and Families
48	We will, subject to consultation, use new pupil-level well-being indicators to capture health and well-being outcomes and perceptions as part of the new School Report Card.	Early and co-ordinated intervention	Department for Children, Schools and Families
49	We will strengthen the national Healthy Schools programme.	Early and co-ordinated intervention	Department for Children, Schools and Families
50	We will Improve Personal, Social, Health and Economic Education and make it a statutory part of the curriculum in schools.	Early and co-ordinated intervention	Department for Children, Schools and Families

	Commitment	Where it appears	Lead organisation
51	We will develop school health teams in every local area as part of delivering the Healthy Child Programme for 5-19 year olds.	Early and co-ordinated intervention	Department for Children, Schools and Families
52	We will establish a new mental health and emotional well-being post in Scotland to facilitate mental health improvement in schools.	Early and co-ordinated intervention	Scottish Government
53	We will support the implementation of legislation providing support for those children and young people with additional support needs, including those related to mental health.	Early and co-ordinated intervention	Scottish Government
54	We will develop a health improvement social marketing campaign for Scotland with a specific strand on mental health improvement aimed at young people.	Early and co-ordinated intervention	Scottish Government
55	We will develop a web portal on mental health improvement for those people who work with infants, children and young people in Scotland.	Early and co-ordinated intervention	Scottish Government
56	We will work with Universities Scotland, the National Union of Students, and Scottish Further Education Unit to advance work on mental health improvement.	Early and co-ordinated intervention	Scottish Government

	Commitment	Where it appears	Lead organisation
57	We will continue to improve transitions from children's to mental health services for adults and give consideration to how the mental health needs of parents impact on children.	Early and co-ordinated intervention	Scottish Government
58	We will use the Welsh Network of Healthy School Schemes National Quality Award to measure leadership and communication, curriculum, ethos and environment, and family and community involvement in schools; and seven aspects of health (emotional well-being and mental health; food and fitness; personal development and relationships; substance use and misuse; environment; safety and hygiene).	Early and co-ordinated intervention	Welsh Assembly Government
59	We will issue new guidance on the health of children in care in Wales.	Early and co-ordinated intervention	Welsh Assembly Government
60	We will develop a Welsh mental health promotion network and web-based guidance materials.	Early and co-ordinated intervention	Welsh Assembly Government
61	We will encourage co-ordinated action to support children and young people who show signs of distress or mental health conditions.	Early and co-ordinated intervention	Welsh Assembly Government

	Commitment	Where it appears	Lead organisation
62	We will further strengthen the primary mental health worker workforce and support everyone who works with children and young people to develop an appropriate understanding of when to involve specialist services.	Early and co-ordinated intervention	Welsh Assembly Government
63	We will improve access to, and the quality of the specialist child and adolescent mental health services for children, young people and their families who require them.	Early and co-ordinated intervention	Welsh Assembly Government
64	We will develop stronger arrangements in Wales for transition between the specialist child and adolescent mental health services and the mental health services for adults.	Early and co-ordinated intervention	Welsh Assembly Government
65	We will roll out Mental Health First Aid to people working with children and young people.	Early and co-ordinated intervention	Welsh Assembly Government

Appendix 3 – Case illustrations

These case studies are drawn from the real stories of people who have mental health conditions. Where possible we have used their views to illustrate outcomes where change would make a difference. The right-hand column is a vision of what we hope service users will be able to say in future.

What people sometimes say now	What we want to achieve
Issue – Changing the way we think and act	
<p>‘The fear of disclosing my bipolar disorder when starting a new job was not an easy decision for me.’</p> <p>‘I was working for an insurance company when I had depression and I had to leave my job. When I tried to find work again, I called it ‘stress’ to employers, but I think they declined to employ me because of the stigma linked to stress.’</p> <p>‘It doesn’t seem fair that because I suffer from anxiety I feel like I am ‘a problem’ employee, when in fact most of the time I just experience the same emotions and behave in the same manner as all my other workmates.’</p>	<p>‘I decided to tell my work about my bipolar disorder. My boss had recently completed a course on managing mental health conditions in the workplace, and she was very supportive and non-judgemental. I felt great that I did not have to try and hide my condition anymore.’</p> <p>‘My boss understands that my condition fluctuates. This means that sometimes he is happy to be flexible, and I can work from home if I need to.’</p> <p>‘Working with a boss who understands really helps. My manager has also had training about mental health and takes it seriously – as do my other colleagues, which I think really helps.’</p>

What people sometimes say now	What we want to achieve
<p>‘My problems in returning to work from a relapse of my bipolar disorder have partly come from my own low expectations, as well as those of my health workers.</p> <p>‘I don’t think that enough is done to educate people with mental health conditions about their own responsibilities regarding work, aside from what others can do to support them.’</p>	<p>‘My GP recently attended the <i>GP education programme</i> on health and work, and has since helped me to think about work as part of my recovery. My community mental health team also support my ambition to get back to work.’</p>
Issue – Employers action on workplace health and well-being	
<p>‘In one of my recent jobs I didn’t disclose my anxiety disorder until I was off work for a period of time and ended up telling my employer. My employer said that they wouldn’t have employed me if I had told them about it in the beginning, and then they let me go.’</p> <p>‘When I first started working, I disclosed my mood disorder but they were unprepared. They had all the policies but had no idea how to put those policies into practice in a real life situation.’</p> <p>‘When I began to breakdown, I expected empathy, but the response was the opposite. Because no-one can see any physical signs of my anxiety, I felt like my colleagues and boss thought I was making it up. My manager just didn’t know what to do.’</p> <p>‘My boss didn’t manage the team well. The pressure made me feel anxious and stressed.’</p>	<p>‘Now I have a part-time job. What helps in this job is not particularly that my employer knows what reasonable adjustments to make, although that is important, but more just their willingness to be accommodating and to learn.’</p> <p>‘I work in a smaller business, and my boss got advice from the <i>Occupational Health Advice line</i>. He said it was easy to contact and the advice made sense.’</p> <p>‘My boss got useful and practical training about mental health and well-being from the <i>Shift guidance for line managers</i>. I feel comfortable talking to him about my concerns now as he’s no longer afraid of mentioning depression.’</p> <p>‘My boss made a real effort to improve our work-life balance and now the team works harder than ever – and it doesn’t feel like a strain.’</p>

What people sometimes say now	What we want to achieve
<p>‘There could be more of a safety net for people to stay in employment, particularly when you start a new job. It can be a big change, and having more support to help during this time would be useful.’</p>	<p>‘I received telephone support in the first few months after starting my new job. This was crucial as it is during this time I was getting used to new things. <i>My employment support worker</i> was essential – and so was knowing I could call her at any time in the future.’</p>
Issue – Returning to work and keeping employment	
<p>‘When I was depressed again recently my GP wanted to just sign me off for six months sick pay...this didn’t suit my fluctuating bipolar disorder. Most GPs want to rate you are either sick or not sick.’</p> <p>‘As a manager you need advice from the GP about how well the person is able to work, but most GPs respond that they cannot provide such advice. It is hard to know if you are doing and saying the right thing to your staff.’</p> <p>‘My main problem is how to manage benefits and tax payments. There’s a lack of stepping stone from earning very little to having some degree of independence.’</p> <p>‘My manic episodes fluctuate – I have frequent spells off work and I can’t get help quickly enough. My GP doesn’t understand that I’m worried about losing my job.’</p>	<p>‘My GP completed a statement of fitness for work which helped me and my employer work out those tasks I could still perform.’</p> <p>‘I got back to work very quickly and my GP and employer encouraged me and provided me with advice on services available. My employer provided a range of adjustments to my working hours and job content after discussing with me what would help me to do my job effectively.’</p> <p>‘I took on my current job because it’s part time and flexible. When I have difficult times, I say I can’t work and they pay me for hours I work alongside benefits! But still, it allows me to do more work when I’m well.’</p> <p>‘I’d been out of work for four weeks when I was put in touch with the <i>Fit for Work Service</i>. They helped me manage my condition – but they also helped me with my money problems, and suggested ways I could return to work on a part-time basis until I was ready for a complete return.’</p>

What people sometimes say now	What we want to achieve
Issue – Joining up mental health, employment and other support services	
<p>‘When I was in hospital because of my schizophrenia, it felt like the healthcare professionals were not used to dealing with people who wanted to go to back to work, or had any kind of career expectations.’</p> <p>‘Mental health service providers have been very ignorant of support for people who are just returning to work, especially with the initial period at work. My social worker and Community Mental Health Team didn’t know who I could go to, and didn’t know about schemes such as Pathways to Work.’</p> <p>‘Public services aren’t really geared towards people getting back to work, especially people with mental illness.’</p>	<p>‘Now I have a therapist who helps me and I also have an employment support worker who encourages me in my career and helps me work with my Jobcentre Plus adviser.’</p> <p>‘In the transitional period of returning to work, a key process is building up social relations with peers and new colleagues and getting to grips with all the changes. My employment support worker was a vital support to me in these first few months. I didn’t need her to do much, but I needed to know I could call on her if necessary.’</p> <p>‘The staff in Jobcentre Plus knew how to help me and understood my goals. They sorted out all my benefits and have continued to provide support while I find my feet as I applied for jobs. They have helped me find out about other local services. Even before I found a job, I had a good idea how Access to Work would help me and my employer.’</p>

Appendix 4 – Glossary

Advisory, Conciliation and Arbitration Service (Acas)	Aims to improve organisations and working life through building better employment relations.
Access to Work	A programme that offers help to individuals with a disability or health condition that affects the way they do their work. Access to Work advisers can give the employee and their employer advice and support with extra costs that may arise because of individual needs.
Anxiety disorder	The term anxiety disorder covers a broad range of extreme reactions that differ markedly from day-to-day feelings of nervousness. Anxiety symptoms may include worrying all the time, being fearful, on edge or irritable, sleep disturbance, poor concentration, panic attacks, poor appetite and digestive problems. The presence of one or two of these symptoms doesn't necessarily mean that a person has a mental health condition.
Bipolar disorder	People who have bipolar disorder experience disturbed mood and behaviour including mania or hypomania (increased energy and activity) and depression (lowered mood and reduced energy). In most people these episodes occur intermittently with periods of otherwise unremarkable mood in between, but different people take different times to move between depression and mania, with some phases lasting years. Relapses are not inevitable, can be years apart and may not be of the same severity.
Challenge Fund	The Health Work and Well-being Challenge Fund is a grant scheme of £4 million available over two years from the Department for Work and Pensions. It is a competitive scheme to fund innovative projects that improve employees' health and well-being at work and is aimed at local partnerships and small and medium-sized businesses based and trading in Great Britain.

**Charlie Waller
Memorial Trust**

Aims to raise awareness of the nature and dangers of depression, reduce stigma, provide training to primary care staff and encourage those who may be depressed to seek help.

**Competency Framework
for Line Managers**

A framework jointly developed by the CIPD and HSE to enable line managers to work on the skills required to reduce and prevent stress at work. www.hse.gov.uk/stress/mcit.htm

Depressive disorder

Depressive disorder (Depression) is a common mental health condition. It includes being sad or unhappy but is much more than this. A person with depressive disorder may experience intense emotions of anxiety and hopelessness. They may be unable to experience pleasure, lose interest or motivation, and have very negative views about themselves and the future. These problems interfere with the way a person is able to function in their relationships or at work, and may become prolonged or recurrent.

**Disability Discrimination
Act**

This act states that there is a duty on employers to make 'reasonable adjustments' to accommodate disabled workers and job applicants. The DDA covers all employees who meet the Act's definition of a disabled person, including those with mental health conditions, regardless of the size of the company. The Act covers existing staff as well as applicants for jobs with the company. Members of the Armed Forces fall outside the Act's scope.

Discrimination

To treat one particular person or group of people less favourably than others because of, for example, their age, whether they are disabled, their sex or their race.

Distress	Symptoms of distress can include sadness, irritation, anger and worry. A person is usually able to identify what has made them distressed. Distress is often normal and appropriate; on its own it should not be regarded as a health condition and does not in itself normally need treatment. For example, it can be normal for a person to feel fed-up, unhappy and have low energy. This is usually related to an issue or event, for example failing a job interview. The feelings usually pass when the individual comes to terms with the situation or it is resolved.
Employment and Support Allowance (ESA)	A government benefit which, from October 2008, replaced Incapacity Benefit and Income Support for new claimants. Eligibility for ESA is based on an assessment of an individual's functional capability and what help they need to manage their condition and return to work.
Equality Bill	This brings together nine pieces of primary legislation in a single Bill and streamlines and strengthens the equality legislative framework. Its aim is to make Britain a fairer place where people have the opportunity to succeed whatever their race, sex, sexual orientation, disability, age, religion or belief.
Everybody's Business	The first ever all Wales Strategy for Child and Adolescent Mental Health Services, published September 2001.
Fit for Work Service pilots	These pilots will test various models of work-focused health-related support for people in the early stages of sickness absence from work, and help identify the most effective ways of treating people and helping them back into work.

Flexible New Deal	A programme for Jobseeker's Allowance customers who have been out of work for a year to find and stay in work. In some cases, customers will join the programme after six months. Delivered by providers who offer tailored support to customers and an innovative, flexible service to determine the best method of getting customers into sustainable employment.
Foresight Report's Five Steps a Day	A "five-a-day" programme of social and personal activities that can improve mental well-being. The five steps are "Connect with people; Be active; Be curious; Learn; Give".
Health	State of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
Health, Work and Well-being co-ordinators	These co-ordinators will work at a local level to promote action on the Health, Work and Well-being agenda, and in a network at a national level to share best practice across England, Scotland and Wales.
Healthy Child Programme	An early intervention, clinical and prevention public health programme, which begins in pregnancy and extends through childhood into the end of the teenage years.
Healthy Schools Programme	A joint initiative between the Department for Children, Schools and Families and the Department of Health which promotes a whole school/whole child approach to health.
The Management Standards for Work-related Stress	Standards developed by HSE which define the characteristics, or culture, of an organisation where the risks from work-related stress are being effectively managed and controlled.
Individual Placement and Support model	An approach that focuses on assisting people with serious mental health conditions to get and keep 'real' jobs in open, competitive settings rather than segregated, sheltered work.

Improving Access to Psychological Therapy	A Department of Health programme to enable every Primary Care Trust in England to implement the National Institute for Health and Clinical Excellence guidelines for people suffering from depression and anxiety disorders.
Incapacity Benefit (IB)	Government benefit payable to those of working age who are unable to work because of illness or disability and who are not eligible for statutory sick pay. IB has now been replaced by ESA for new claimants and migration of existing IB claimants onto ESA will begin in 2010.
The Institute of Psychiatry (London)	A research institution which provides post-graduate education and carries out research in psychiatry, psychology, and allied disciplines, including basic and clinical neurosciences.
Investors In People	A non-departmental public body which helps organisations of all sizes and sectors by improving the way in which organisations manage and develop their people, leading to business improvement and better public services.
Jobcentre Plus	A government agency supporting people of working age from welfare into work, and helping employers to fill their vacancies.
Jobseekers Allowance	The main Government benefit payable to unemployed people of working age who are available for and actively seeking work.
Mental Health (Care and Treatment) (Scotland) Act 2003	This Act places a clear statutory duty in local authorities to promote well-being, social inclusion and development for anyone who has, or has had, a mental health condition or learning disability.

Mental health condition	This term describes all mental disorders or illnesses that meet generally accepted criteria for clinical diagnosis, treatment or interventions. They include common conditions, such as depression and anxiety, as well far less common conditions such as schizophrenia or bipolar disorder.
Mind	Mental health charity in England and Wales. It works to create a better life for everyone with experience of mental distress.
Occupational health	The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations. This covers the effect of work on people's health and well-being, the effect of people's health and well-being on their work, and work as a place for promoting and improving people's health and well-being.
Pathways to Work	Pathways to Work provides support for all claimants of incapacity benefits and Employment and Support Allowance to help them return to work. Pathways to Work has a flexible menu of different support options tailored to the needs of each customer that can include Work-focused Interviews, help finding and applying for a job, training and help to manage a health condition or disability (Condition Management Programmes). Pathways to Work can also provide financial assistance (Return to Work Credit) for those who find employment.
Perkins Review	An independent review, sponsored by the Secretary of State for Work and Pensions, and chaired by Rachel Perkins, to examine how employment, health and wider state support might be better targeted to meet the needs of people with mental health conditions who are out of work.

Poverty	Most commonly used threshold of poverty (low income) is a household income that is 60 per cent or less of the average (median) household income in that year.
Presenteeism	The term used for individuals attending work but being unable to perform effectively because of the interaction between a mental health or physical health condition, or both, and the workplace. The loss of performance may last for hours or days.
PSA 16	Public Service Agreement 16 aims to ensure that the most socially excluded adults are offered the chance to get back on a path to a more successful life, by increasing the proportion of at-risk individuals in settled accommodation and employment, education or training.
Recovery	It is not easy to define 'recovery' from a mental health condition. Traditionally the term recovery has implied being free from symptoms. However, the recovery model is about personal control over one's life and experiencing a good quality of life whether there are symptoms or not. In this sense work can be part of recovery. The National Institute for Mental Health in England describes recovery as something that people experience as they become empowered to achieve fulfilling, meaningful lives and both contribute and belong to their communities.
Resilience	The capacity to adapt and recover from adverse circumstances and events.
Rethink	A national mental health membership charity which works to help everyone affected by severe mental illness recover a better quality of life.

Right to Control Trailblazers

Pilots to design and test new opportunities for disabled people to exercise much greater choice and control over the support they receive to help them stay in, or return to work.

Royal College of Psychiatrists

The professional and educational body for psychiatrists in the United Kingdom and the Republic of Ireland.

Schizophrenia

A person who has schizophrenia may have difficulties in a number of areas. At any given time, they may experience extreme symptoms or hardly any. These may include distorted thinking, visual, physical and auditory hallucinations, and difficulties with drive or motivation. Many of the symptoms can be extremely distressing and at times make the person withdraw, behave strangely, be uncommunicative and seem like a different person. Schizophrenic disorders may be single or recurrent episodes. When symptoms are light or absent the individual should be able to undertake activities of daily living and perform a job.

Scottish Centre for Healthy Working Lives

Helps employers, employees and other partner agencies in Scotland to come together to create a healthier and more motivated workforce through confidential workplace visits, practical information and advice, and a structured award programme. The centre is the catalyst and facilitator for the delivery of the Scottish Executive's strategy document 'Healthy Working Lives: a plan for action' which was published in August 2004.

Secondary mental health care services

Services provided for people with more severe mental health conditions such as severe anxiety, depression, schizophrenia, and bipolar disorder. It can involve community-based treatment, usually provided by mental health trusts. Depending on the type of service required, treatment can be accessed through a day hospital, in-patient clinic, home visits, 24-hour help lines, crisis centres, voluntary drop-in centres and day-care centres.

See Me	A campaign that tackles stigma and discrimination in the workplace and has developed materials, including radio advertising, to raise awareness amongst employers and employees in Scotland.
Shift	An initiative funded by the Department of Health that tackles the stigma and discrimination associated with mental health across a range of audiences.
Sainsbury Centre for Mental Health	An organisation that works to improve the quality of life for people with mental health conditions by influencing policy and practice in mental health and related services.
Skills Funding Agency	Funding provider for adult skills in England outside of higher education. Directs funding quickly and efficiently to further education colleges and other skills providers.
Stress	Stress is not a mental disorder. It can be said to occur when a person feels they are under abnormal pressure and are unable to deal with this. All sorts of situations can cause a feeling of stress; the most common include work, money matters, and relationships with partners, children or other family members. Stress is not the same as pressure – sometimes pressure can be positive and, if well managed it can encourage people to perform better. However if pressure is not well managed, it can lead to stress or symptoms of physical or mental distress.
Stigma	Causes an individual to be classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one.
Stand To Reason	A service-user led organisation that works with and for people with mental ill-health by raising the profile, fighting prejudice, establishing rights and achieving equality.

Targeted Mental Health in Schools Programme (England)	A three year pathfinder programme aimed at supporting the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged 5–13 at risk of, and/or experiencing, mental health problems, and their families.
The Yorkshire and Humber Improvement Partnership	Dedicated to improving health and social care outcomes for people in Yorkshire and Humber. They work across health and social care boundaries and with a range of partners from both health, social care, criminal justice agencies and independent and third sectors to create the best overall outcomes for people and families who need support and/or use services.
Time to Change	An initiative led by Mind, Rethink and the Institute of Psychiatry. It includes the largest ever multi-media awareness campaign for mental health.
Trades Union Congress	The Trades Union Congress has 58 affiliated unions representing nearly seven million working people from all walks of life. It campaigns for a fair deal at work and for social justice at home and abroad.
Train to Gain	Service offered by the Government’s Learning and Skills Council to help businesses acquire the training they need. It offers skills advice and matches business needs with further education and training providers.
Vocational rehabilitation	A process that enables people with impairment or health conditions to overcome barriers to accessing, maintaining or returning to employment or other useful occupation.
Well-being	Well-being refers to a person’s sense of positive feeling about their life situation and health, both physical and mental. An individual can have a physical or mental health condition and still have a sense of well-being. Positive mental health and well-being is essential for good health.

Work Capability Assessment

The WCA is the medical assessment which determines entitlement to ESA, by evaluating the functional capabilities – rather than simply the limitations – of disabled people and those with health conditions, including those who have mental health conditions.

Work Choice

From October 2010, Work Choice will be introduced to provide supported employment for disabled people. Work Choice providers will give special attention to particular groups, including people who have mental health conditions, who have been poorly represented as users of the current provision. Links will be forged with health and social services to ensure that support is given to those who need the help most.

WORKSTEP

WORKSTEP is a government supported employment programme designed specifically for people who, due to their disability, may find it difficult to find or keep a job. It will be replaced by Work Choice from October 2010 (see above).

Appendix 5 – Other abbreviations and acronyms

BBC	British Broadcasting Corporation
BT	British Telecom
CAMHS	Child and Adolescent Mental Health Services
CIPD	Chartered Institute of Personnel and Development
DDA	Disability Discrimination Act
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
EU	European Union
GPs	General Practitioners
HSE	Health and Safety Executive
IB	Incapacity Benefit
IAPT	Improving Access to Psychological Therapies
NHS	National Health Service
PCT	Primary Care Trusts
PSA	Public Service Agreement
PSHE	Personal, Social, Health and Economic Education
SDA	Severe Disablement Allowance
TaMHS	Targeted Mental Health in Schools Programme
WCA	Work Capability Assessment
UK	United Kingdom

Appendix 6 – Endnotes

- 1 Foresight Mental Capital and Wellbeing Project (2008) *Final Project Report*. Government Office for Science.
- 2 People who have these conditions receive mental health services, for example under the Department of Health's Care Programme Approach in England, under the Framework for Mental Health Services in Scotland or under 'Raising the Standard', the Revised National Service Framework for Mental Health Services in Wales.
- 3 Horwitz, A. (2007) *Distinguishing distress from disorder as psychological outcomes of stressful social arrangements* in *Health* Volume 11 no 3 pp 273–289 Sage.
- 4 The Adult Psychiatric Morbidity Surveys were conducted in private households across England, Scotland and Wales in 1993 and 2000 and in England in 2007, using structured assessments and diagnostic screening instruments for a range of mental health conditions and distress.
- 5 Singleton, N., Bumpstead, R., O'Brien, M., Lee, A. and Meltzer, H. (2001) *Psychiatric morbidity among adults living in private households, 2000*, The Stationery Office; Royal College of Psychiatrists (2008) *Mental Health and Work*, Royal College of Psychiatrists; and McManus, S., Meltzer, H., Brugha, T., Bebbington, P. and Jenkins, R. (2009) *Adult Psychiatric Morbidity in England 2007: results of a household survey*, National Centre for Social Research.
- 6 Singleton *et al.* (2001) *Psychiatric morbidity among adults living in private households, 2000*, The Stationery Office; Royal College of Psychiatrists (2008) *Mental Health and Work*, Royal College of Psychiatrists; and McManus *et al.* (2009) *Adult Psychiatric Morbidity in England 2007: results of a household survey*, National Centre for Social Research.
- 7 Wing, J. K. (1994) *Mental Illness* in Stevens, A. and Raftery, J. (eds) *Health care needs assessment: the epidemiologically based needs assessment reviews*. Radcliffe Press, Oxford.
- 8 Waddell and Burton (2006) *Is Work Good for Your Health and Wellbeing?* The Stationery Office.
- 9 Royal College of Psychiatrists (2007) *Mental Health and Work*. The Stationery Office.
- 10 Waddell, G., Burton, A. and Kendall, N. (2008) *Vocational Rehabilitation: What works, for whom and when?* The Stationery Office.
- 11 Michalak, E., Yatham, L., Maxwell, V., Hale, S. and Lam, R. (2007) *The impact of bipolar disorder upon work functioning: a qualitative analysis* in *Bipolar Disorders* 9; Blackwell, 126-143; and Baldwin, M. and Marcus, S. (2006) *Perceived and measured stigma among workers with serious mental illness* in *Psychiatric Services* 57, 388–392, American Psychiatric Association.
- 12 TNS UK Ltd on behalf of Care Services Improvement Partnership (2009) *Attitudes to Mental Illness*. Department of Health.
- 13 Chartered Institute of Personnel and Development *CIPD) *Labour Market Outlook (2007) Autumn 2007 Quarterly survey report: Focus on employing people with mental health problems*. Chartered Institute of Personnel and Development.
- 14 Social Exclusion Unit (2004) *Mental Health and Social Exclusion*. London: Office of the Deputy Prime Minister.
- 15 CIPD *Labour Market Outlook (2007) Autumn 2007 Quarterly survey report: Focus on employing people with mental health problems*. Chartered Institute of Personnel and Development.

- ¹⁶ Lewis-Holmes, E., Hamilton, S. and Pinfold, V. *et al.* (2009) *Discrimination experienced by mental health consumers in England*. Submitted for publication.
- ¹⁷ See annual sickness absence surveys produced by both the Confederation of British Industry and CIPD; and Sainsbury Centre for Mental Health, Policy paper 3: *The economic and social costs of mental illness*.
- ¹⁸ Health and Safety Statistics 2008/09.
- ¹⁹ CIPD 2009 Autumn Employee Outlook Survey.
- ²⁰ Sheils and Gabby *An analysis of medical certificates issued over a 12-month period by general practices in the Merseyside area, between 2000 and 2002*. University of Liverpool.
- ²¹ DWP Administrative data tabulation tool: <http://research.dwp.gov.uk/asd/tabtool.asp>
- ²² DWP Administrative data tabulation tool: <http://research.dwp.gov.uk/asd/tabtool.asp>
- ²³ Seebohm, P. and Secker, J. (2005) *What do Service Users Want* in New thinking about Mental health and employment, pp 11–18 Oxford: Radcliffe.
- ²⁴ Royal College of Psychiatrists (2008) *Mental Health and Work*, Royal College of Psychiatrists and Fryers, T., Melzer, D., Jenkins, R. (2003) *Social inequalities and the common mental disorders: A systematic review of the evidence* in *Social Psychiatry and Psychiatric Epidemiology*, 38: 229–237.
- ²⁵ Paul, K. I. and Moser, K. (2009) *Unemployment impairs mental health: Meta-analyses*. *Journal of Vocational Behavior*, 264–282.
- ²⁶ Kivimaki, M. *et al.* (2007) *Organisational downsizing and increased use of psycho-tropic drugs among employees who remain in employment*. *Journal of Epidemiology and Community Health*, Vol 61 pp 154–158, Society for Social Medicine.
- ²⁷ Lewis, G. and Slogget, A. (1998) *Suicide, deprivation, and unemployment: record linkage study* in *British Medical Journal*, 317:1283–1286.
- ²⁸ McManus, S. *et al.* (2009) *Adult psychiatric morbidity in England, 2007, Results of a household survey*. National Centre for Social Research.
- ²⁹ Bynner, J. and Parsons, S. (2006) *New Light on Literacy and Numeracy*. National Research and Development Centre.
- ³⁰ Richards, M., Abbot, R. *et al.* (2009) *Childhood mental health and life chances in post-war Britain – Insights from three national birth cohort studies*. Sainsbury Centre for Mental Health.
- ³¹ Black (2008) *Working for a Healthier Tomorrow*. TSO.
- ³² Note that this £8 billion figure is not in addition to the overall economic costs of mental health since it is a transfer within the economy.
- ³³ Stuart (2006) *Mental Illness And Employment Discrimination*, in *Current Opinion in Psychiatry* Vol 19 pp 522–526 Lippincott Williams and Wilkins.
- ³⁴ Sainsbury Centre for Mental Health (2007) *Mental Health at Work: developing the business case*. Policy Paper 8, London: The Sainsbury Centre for Mental Health; Cooper, C. and Dewe, P. (2008) *Well-being absenteeism, presenteeism, costs and challenges* in *Occupational Medicine* 58: 522–24; Stewart, W. *et al.* (2003) *Cost of Lost Productive Work Time Among US Workers With Depression* in *Journal of the American Medical Association* 2003, 289:3135–3144; and Goetzel *et al.* (2004) *Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers* in *Journal of Occupational and Environmental Medicine*, April 2004 Volume 46 Issue 4 pp 398–412.

- ³⁵ The cross-government group consisted of representatives from Department for Work and Pensions, Department for Business, Innovation and Skills, Cabinet Office, Department of Health, Department for Children, Schools and Families, the Health and Safety Executive, the Welsh Assembly Government and the Scottish Government.
- ³⁶ The Disability Discrimination Act generally defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
- ³⁷ Foresight Mental Capital and Wellbeing Project (2008) *Final Project Report*. Government Office for Science, London.
- ³⁸ Ibid.
- ³⁹ Ibid.
- ⁴⁰ Clifton, D. O. and Harter, J. K. (2003) *Investing in strengths*, in Cameron, K. S., Dutton, J. E. and Quinn, R. E. (Eds), *Positive Organizational Scholarship*, pp. 111–121
Berrett-Koehler; Wright, T., Cropanzo, R. and Bonett D. (2007) *The moderating role of employee positive well being on the relation between job satisfaction and job performance* in *Journal of occupational health psychology* 01/05/2007, 12(2):93–104.
- ⁴¹ Wright, T. A. and Staw, B. M. (1999) *Affect and favorable work outcomes: Two longitudinal tests of the happy-productive worker thesis*. *Journal of Organizational Behavior* 13, 603–615.
- ⁴² Pelled, L. H., Eisenhardt, K. M. and Xin, K. R. (1999) *Exploring the black box: an analysis of work group diversity, conflict, and performance*. *Administrative Science Quarterly* 44, 1–28; and Keyes, C. (2005) *Mental health and/or mental illness? Investigating axioms of the complete state model of health*. *Journal of Consulting and Clinical Psychology* 73, 539–548.
- ⁴³ Carol Black Review (2008) *Working for a healthier tomorrow*.
- ⁴⁴ Braunholtz, S., Davidson, S., Myant, K., Mori, I. and O'Connor, R. (2007) *Well? What Do You Think? The Third National Scottish Survey of Public Attitudes to Mental Health, Mental Well-being and Mental Health Problems*. Edinburgh; and Grzywacz, J. G. and Dooley, D. (2003) *"Good jobs" to "bad jobs": Replicated evidence of an employment continuum from two large surveys*. *Social Science & Medicine* Volume 56, Issue 8, April 2003, Pages 1749–1760.
- ⁴⁵ Office for National Statistics (2007) *Psychiatric Morbidity among Adults Living in Private Households*.
- ⁴⁶ CIPD Absence Management Report (2009) *Labour Force Survey (2008)*. Health and Safety Executive.
- ⁴⁷ Webster, S and Buckley, P. (2008) *Psychosocial Working Conditions in Britain in 2008*. Health and Safety Executive.
- ⁴⁸ Karasek and Theorell (1990) *Healthy Work: Stress Productivity and the Reconstruction of Working Life*; Stansfield, S. and Candy, B. (2006) *Psychosocial work environment and mental health—a meta-analytic review*, *Scandinavian Journal of Work, Environment & Health*; and Wolff and De-Shallit (2007) *Disadvantage*.
- ⁴⁹ Siegrist, J. (1996) *Adverse health effects of high-effort/low-reward conditions* in *Journal of Occupational Health Psychology* 1 pp 27–41.
- ⁵⁰ Coats and Lekhi (2008) *'Good Work': Job Quality in a Changing Economy*. Work Foundation.
- ⁵¹ Health and Safety Executive Stress Management Standards Indicator Tool: www.hse.gov.uk/stress/standards/downloads.htm

- ⁵² Business in the Community Emotional Resilience toolkit: www.bitc.org.uk/resources/publications/emotional_resilience.html
- ⁵³ Shift line managers resource: www.shift.org.uk/employers
- ⁵⁴ Price Waterhouse and Business in the Community Business Healthcheck tool: www.workingforhealth.gov.uk/Initiatives/business-healthcheck-tool/Default.aspx
- ⁵⁵ <http://guidance.nice.org.uk/PH22>
- ⁵⁶ Promoting Good Practice for Mental Health at the Workplace. The Scottish Centre for Health Working Lives is contributing to this project on the UK's behalf.
- ⁵⁷ Office for National Statistics (2007) *Psychiatric Morbidity among Adults Living in Private Households*.
- ⁵⁸ CIPD (2007) *A Barometer of HR trends and prospects*; CBI (2006) *Employment Trends Survey*; and Chartered Management Institute (2009) *Manifesto for a Better Managed Britain*.
- ⁵⁹ HSE Stress Management Competency Indicator Tool: www.hse.gov.uk/stress/mcit.htm
- ⁶⁰ HSE Management Standards: www.hse.gov.uk/stress/standards/index.htm
- ⁶¹ Sainsbury Centre for Mental Health (2007) *Policy paper 8: Mental Health at Work: Developing the business case*; Dewa, C. and Lin, E. (2000) *Chronic physical illness, psychiatric disorder and disability in the workplace* in *Social Science and Medicine* 51:41–50; and Dewa, C., Lin, E., Kooehoorn, M. and Goldner, E. (2007) *Association of chronic work stress, psychiatric disorders, and chronic physical conditions with disability among workers* in *Psychiatric Services* 58(5), 652–658.
- ⁶² Foresight Mental Capital and Wellbeing Project (2008) *Final Project Report*. Government Office for Science, London.
- ⁶³ Waddell, G., Burton, A. K. and Kendall, N. A. S. (2008) *Vocational rehabilitation – what works, for whom, and when?* Report for the Vocational Rehabilitation Task Group. TSO, London.
- ⁶⁴ Ibid.
- ⁶⁵ Ibid.
- ⁶⁶ Chang, D. and Irving, A. – Andrew Irving Associates (2008) *Evaluation of the GP Education Pilot: Health and Work in Practice*. DWP Research Report No. 479.
- ⁶⁷ Carol Black Review (2007) *Working for a Healthier Tomorrow*; and Sheils and Gabby (2003) *An analysis of medical certificates issued over a 12-month period by general practices in the Merseyside area, between 2000 and 2002*, University of Liverpool.
- ⁶⁸ Doctors.net survey 2009.
- ⁶⁹ Waddell, G., Burton, A. K. and Kendall, N. A..S. (2008) *Vocational rehabilitation – what works, for whom, and when?* Report for the Vocational Rehabilitation Task Group. TSO, London.
- ⁷⁰ DWP Administrative data tabulation Tool: <http://research.dwp.gov.uk/asd/tabtool.asp>
- ⁷¹ Dorsett, R. (2008) *Pathways to Work for new and repeat incapacity benefits claimants: Evaluation synthesis report*. DWP Research Report No. 525.
- ⁷² DWP White Paper (2008) *Raising expectations and increasing support: reforming welfare for the future*.
- ⁷³ Ibid, p 49–50.

- ⁷⁴ DWP White Paper (2008) *Raising expectations and increasing support: reforming welfare for the future*.
- ⁷⁵ From 2010 this will pass to the new Skills Funding Agency.
- ⁷⁶ DWP White Paper (2008) *Raising expectations and increasing support: reforming welfare for the future*. The Personal Benefit Advice application works alongside the Better Off Calculator and produces estimates of current and potential entitlement to a range of benefits and tax credits. It is used by DWP staff, and by external organisations that provide benefit advice to customers.
- ⁷⁷ www.direct.gov.uk benefits adviser section.
- ⁷⁸ Sainsbury Centre for Mental Health (2008) *About Time: Commissioning to transform day and vocational services*.
- ⁷⁹ Department of Health/Department for Work and Pensions commissioning guidance for vocational services for people with severe mental health conditions www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131059
- ⁸⁰ As supported by Stuart (2006) *Mental Illness And Employment Discrimination* in *Current Opinion in Psychiatry* 19 – Issue 5 – p 522–526.
- ⁸¹ Almedom, A. M. (2008) *Resilience research and policy/practice discourse in health, social, behavioural and environmental sciences in the last ten years* in *African Health Sciences* 8S:1–4; Williams, R. and Drury, J. (2009) *Psychosocial resilience and its influence on managing mass emergencies and disasters* in *Psychiatry* Volume 8, Issue 8, August 2009, Pages 293–296.
- ⁸² Foresight Mental Capital and Wellbeing Project. London: Government Office for Science, 2008.
- ⁸³ Office for National Statistics (2005) *Mental health of children and adolescents in Great Britain*.
- ⁸⁴ Kessler, R., Demler, O., Frank, R. *et al.* (2005) *Prevalence and Treatment of Mental Disorders, 1990 to 2003*. *New England Journal of Medicine* 352 (24), 2515–23; and Kim-Cohen, J., Caspi, A., Moffitt, T., *et al.* (2003) *Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective longitudinal cohort*. *Archives of General Psychiatry*, 60, 709–717.
- ⁸⁵ Ninety-nine per cent of English schools participate and 80 per cent have achieved national Healthy Schools status. *The Welsh Network of Healthy School Schemes* delivers this programme in Wales and is intended to promote the health and well-being of all pupils and staff. Over 90 per cent of maintained schools in Wales are actively involved. The Welsh Assembly Government has a target for all schools to be involved in the programme by 2010.
- ⁸⁶ Children and Young People In Mind – the final report of the national CAMHS review, 2008.
- ⁸⁷ *Ibid.*
- ⁸⁸ White Paper, p 49–50.

Impact assessment

In developing the Mental Health and Employment Strategy, due regard was given to our duty to meet equality legislative requirements – the Race Equality Duty, the Disability Equality Duty and the Gender Duty, in order to eliminate discrimination and to promote equality of opportunity. An equality impact assessment will be produced where appropriate, by the responsible department, for individual new proposals as part of the policy development process. We shall also carry out more detailed (economic) impact assessments as we move through the development and implementation phases on each of the individual new policies.



Published by TSO (The Stationery Office)
and available from:

Online

www.tsoshop.co.uk

Mail, Telephone Fax & E-Mail

TSO

PO Box 29, Norwich, NR3 1GN

Telephone orders/General enquiries

0870 600 5522

Order through the Parliamentary Hotline Lo-Call

0845 702 3474

Fax orders: 0870 600 5533

E-mail: customer.services@tso.co.uk

Textphone: 0870 240 3701

The Parliamentary Bookshop

12 Bridge Street, Parliament Square,

London SW1A 2JX

Telephone orders/General enquiries:

020 7219 3890

Fax orders: 020 7219 3866

Email: bookshop@parliament.uk

Internet: <http://www.bookshop.parliament.uk>

**TSO@Blackwell and other Accredited
Agents**

Customers can also order publications from

TSO Ireland

16 Arthur Street, Belfast BT1 4GD

028 9023 8451 Fax 028 9023 5401

Produced by the cross-government
Health, Work and Well-being
Programme

December 2009

www.workingforhealth.gov.uk

