Realising ambitions:

Better employment support for people with a mental health condition

December 2009

A review to Government by
Rachel Perkins, Paul Farmer and Paul Litchfield

Department for Work and Pensions

Realising ambitions: Better employment support for people with a mental health condition

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Notes

Language used in the report

Health and social services	Used to denote all providers of Primary Care, Secondary Mental Health, and social services for people with a mental health condition in England, Scotland and Wales.
Mental health conditions	Used to describe all mental disorders or illnesses that meet generally accepted criteria for clinical diagnosis. We have used the term 'condition' rather than 'problem' or 'illness' to avoid the implication that these are always problematic in the workplace. Many people who have such conditions are able to manage these and perform well in a work context.
Welfare to work services	Used to denote Pathways to Work or Flexible New Deal, whether these are be provided by Jobcentre Plus or commissioned from provider organisations.

Quotations used in the report

- Unless otherwise indicated, quotes appearing in this review are from people with a mental health condition consulted as part of this review or separately by the reviewers.
- Personal stories appearing in the text have been shortened because of space constraints but the words used are those of the people relating their experiences.

Foreword

Foreword

For generations, people who experience mental health conditions have been 'out of sight, out of mind'. A group of our citizens were left marginalised and excluded from the most basic rights. In the 21st century, our perspectives about mental health are changing, and changing rapidly. Many people with mental health conditions are contributing as equal citizens in our society. But one major indicator of our approach as a society is how we support the most marginalised to seek and stay in work. While changing attitudes is important, the real measure of success is changing behaviour, of which increasing employment opportunities for people with a mental health condition is one tangible measure. Despite the progress made to date, there is still a long way to go, and the stories of lost opportunities and lost lives paint a powerful picture of the reality of life for hundreds of thousands of people in the UK.

So we were honoured, if rather surprised, to be invited to conduct this review into ways in which we might reduce the appallingly high levels of worklessness among people with a mental health condition and the associated personal, social and economic costs, and sheer waste of human talent. This is an issue close to the hearts of all three of us.

The thousands of people with more serious mental health conditions with whom we have had the privilege to work for many years have impressed upon us the importance of employment in people's lives and the awful consequences of enforced inactivity. The direct economic costs of this waste of human potential have been widely reported, but the indirect consequences of failing to utilise this large potential workforce are only now being considered properly. Even less well understood are the enormous personal costs to the health and well-being of individuals and their families. Worklessness robs people of their identity, status, social networks and a sense of purpose. Those who are already excluded by the prejudice and discrimination that surrounds mental health conditions are further marginalised by being denied the opportunity to use their talents and contribute to their communities via work.

We know that people with mental health conditions can and do pursue successful careers. We know that the majority would dearly love to be gainfully employed – in fact, people with a mental health problem have the highest 'want to work' rate of all disabled groups. We know that appropriate employment improves mental health and can protect against relapse. There is a wealth of research evidence showing how we can help many people with a mental health condition to realise their ambitions, yet, in most areas, we have failed to provide this support. And the number of people with a mental health condition who are workless continues to rise.

Too many people have been given the message, both by health professionals and society more generally, that work is not a realistic possibility for them. And, unsurprisingly, many have believed these messages and given up on themselves. We were particularly struck by the impact on young people who are looking for work and who have a mental health problem. A number told us how they had been given conflicting messages by different types of services. Equally, they all wanted to find work and receive support. There is a huge opportunity, which has personal, social and economic benefits, to ensure that

younger people can contribute as equal citizens in our society. We know that this group are less likely to experience discrimination, so it is even more important that the message is of support and hope, not pessimism and hopelessness.

Our aim in this review is to offer ways of reversing the trend of worklessness for people with a mental health condition. Obviously, prevention is better than cure. It is critical that we try to prevent people who develop mental health conditions from falling out of the labour market and enable them to progress in their careers. A number of programmes have been initiated to help people who develop such conditions retain their employment. However, there remain some people whose mental health condition develops before they have had the opportunity to embark on their working lives, and others who are unable to continue in their employment when their problems develop. It is towards helping these people with a mental health condition that this review is directed.

Our remit was to make proposals that could realistically be enacted in the short to medium term without any new resources or new primary legislation.

In conducting this task, we are indebted to the hundreds of people who have contributed their expertise and experience to the review. Most especially we would like to thank those people with a mental health condition who have generously shared with us their experiences and ideas, and our review support team under the expert leadership of Nick McGruer: Harriet Cameron, Frank Davies, Mandy Langdon, Derek Lowden, Roger Morgan, Emma Ward and Mark Wilson. We could not have done it without you.

We recognise that the current recession makes the securing of employment harder for everyone. However, we do not believe that this means we should abandon hope of helping more people with a mental health condition to access employment. With employment so important to people with a mental health condition, this is precisely the time to re-double our efforts to assist them back into work. In previous recessions a lack of support meant too many people with a mental health condition were left behind on benefits. So it is vital that we set in place measures now, to ensure that people with a mental health condition receive the support they need to take advantage of the economic upturn.

We recognise that there are some for whom the proposals we have made will be ineffective. Some will require more support and adjustments than can reasonably be afforded in the difficult economic times we now face. There will be others who, after many years of low expectations, isolation in segregated settings and failure to provide the support that would have helped them pursue their aspirations, have given up on themselves and their own possibilities. Although the walls of the old asylums may have been broken down there are many who have been ‘institutionalised’ in segregated communities and have lost all roles and identities other than that of ‘mental patient’. We must not give up on attempts to help such people regain their confidence and move forward in their lives, but it will be hard, and maybe impossible, to rekindle their former ambitions and self-belief. We do not believe these people should be penalised for the long-term failings of a care system over which they had little or no control and we believe it is morally indefensible to allow yet another generation to be condemned to a life of hopelessness.

However, we are confident that, on the basis of the evidence we have seen, the initiatives we have proposed can reasonably be enacted within existing resources and can make a material difference to the employment prospects of many people with a range of mental health conditions, including those facing more serious and complex challenges.

It is imperative that we act now if we are not to condemn another generation of people with mental health conditions to a lifetime of worklessness.

Rachel Perkins

Paul Farmer

Paul Litchfield

Rachel Perkins is the lead author of this review and is Director of Quality Assurance at South West London and St George's Mental Health NHS Trust. She brings three different perspectives to leading this review. She has spent a large proportion of her 30 year career in mental health services setting up programmes to assist people with a mental health condition to access the gainful employment. Second, as a consequence of some of these programmes, she has employed many people with a range of mental health conditions. Third, as someone who lives with a long-term mental health condition she knows just how central her work has been in enabling her to live a satisfying, valued and contributing life, to be more than 'a mental patient'.

Paul Farmer is the Chief Executive of Mind and has worked in the mental health field for nearly 20 years. As a campaigner for equal rights for people who experience mental health problems, he has seen the importance of supporting people, in the best possible way, to achieve their goals. The current environment is challenging for many people, but it is essential that the Government give people the support they need in a way which does not threaten, but enables. As an employer, Mind supports many staff who experience a mental health condition to remain in work.

Paul Litchfield is an occupational physician with a special interest in mental health at work. As the lead for his speciality in this area for very many years, he has sought to promote a better understanding of the issues among his fellow health professionals and the wider employment community. Since becoming Chief Medical Officer for BT in 2001, he has focused on creating a framework and practical tools to help people with mental health conditions into work, to promote better job retention and to foster an improvement in mental well-being for the whole workforce. The benefits for the company can be measured in financial terms and for individual employees in the impact on their health and self-esteem.

Executive Summary

Realising ambitions: Better employment support for people with a mental health condition

Overview and main recommendations

People with mental health conditions remain among the most excluded within our society. And nowhere is this exclusion more evident than in the workplace. Over one million people with mental health conditions are on welfare benefits and the total number who are out of work is probably double this figure.

We know that:

- appropriate employment actively improves mental health and well-being;
- people with mental health conditions can and do pursue successful careers; and
- most people with a mental health condition who are out of work would like to be in paid employment.

Yet a combination of prejudice and discrimination, low expectations, and failure to provide the necessary support, continue to deny many the opportunity to work. Too often this failure leads to hopelessness and despair. In the face of the negative images that surround people with a mental health condition, too many people give up on themselves and their possibilities: they resign themselves to a life on the margins of society. It is especially important that younger people receive positive messages of hope, enabling them to contribute to society as equal citizens.

Whether we like it or not, employment has a central role in our society and is central to the lives of most people. Increasing access to paid work is essential in changing the way in which people with a mental health condition are viewed in our society. Enabling people with mental health conditions to contribute their talents through gainful employment challenges myths and stereotypes, and offers hope to those who develop such conditions.

In May 2009, the Secretary for Work and Pensions commissioned us (Rachel Perkins, supported by Paul Farmer and Dr Paul Litchfield) to undertake a review of mental health and employment, with a focus on how the Government could better help people with mental health conditions, who are out of work, fulfil their employment ambitions.

This review has been conducted in the context of a number of mental health and employment initiatives across the spectrum of employment, across government and across Great Britain. The review supports and extends these initiatives by focusing on those people with a mental health condition who are out of work. It considers both those people who experience 'common' or 'mild to moderate' conditions and those with 'severe' conditions, whether they are being treated by primary care or secondary mental health services and regardless of the out-of-work benefits they are receiving.

It was not within the remit of this review to propose a fundamental reorganisation of the welfare benefits system. Working within the framework that is being implemented, our aim has been to make proposals that could realistically be enacted in the short to medium term to better help people with a mental health condition, who have not been well served by existing programmes, to gain employment and pursue successful working lives.

The challenges faced by people with a mental health condition

The adjustments needed to enable disabled people to access employment tend to focus on adaptation to the physical environment, extra support to learn the job or language assistance. A person with mental health conditions may require these, but more often the obstacles are less tangible.

- Mental health conditions typically fluctuate and it can be difficult to predict when these fluctuations are going to occur.
- They affect a person's ability to negotiate the social world, rather than the physical world of work.
- They are not immediately obvious and attract fear because of myths and stereotypes that surround them.
- Appropriate employment activity actively improves mental health and protects against relapse.

A vision for the future

1. Increasing capacity and dispelling myths

Some people with a mental health condition can use existing mainstream welfare to work services successfully. There are others whose mental health condition undoubtedly means they require more specialist support to get into work. Between these two extremes there are a large group of people who could be helped within existing structures, if those structures were better tailored to the employment needs of people with a mental health condition.

We recommend that Government take a number of practical steps to increase the capacity of current systems, including:

- building more effective links between DWP, health and social services;
- increasing the extent to which welfare to work services can accommodate the needs of people with a mental health condition by, for example, improving training and ensuring both privacy and continuity of advisor;
- increasing the extent to which health and social services address the employment needs of people with a mental health condition by, for example, ensuring that vocational issues are addressed in assessments and consultations and form part of treatment and support plans;

- increasing the extent to which the day to day support provided by DWP, health and social services meets the needs of people with a mental health condition seeking work and their potential employers by, for example, providing better information and assistance in managing mental health conditions; and

- support initiatives to address misunderstandings among employers, employees and the services that support them.

2. Providing more support

For those who require more intensive, specialised support than can be offered within current structures, we recommend that Government should implement an innovative, radical vision of 'more support' in line with the now extensive evidence base in the area: 'Individual Placement and Support'. This integrates treatment and employment support and focuses on open, competitive employment commensurate with a person's needs and preferences. People are assisted to get a job as quickly as possible and then both employer and employee are provided with personalised support for as long as necessary.

- Health and social services should be responsible for ensuring that those who need it are provided with the additional intensive support they require over and above that provided through welfare to work services to help people into work. Employment Specialists should be embedded in primary care and secondary mental health teams to ensure integrated vocational and employment support. Working as part of a multidisciplinary mental health team, Employment Specialists may either be directly employed by health and social services or the service commissioned from an external provider, but they must work as part of clinical health and social services teams.

- DWP should be responsible for providing the resources necessary to provide the flexible, individually tailored assistance that some people need to help this group to sustain work through reformed Access to Work. Such support may be commissioned from any local agency with the necessary expertise in evidence-based supported employment for people with a mental health condition. Often this may involve voluntary sector providers, but health and social services and the private sector may in some instances be appropriate.

- To ease the transition from benefits to work, DWP should also ensure the availability of time-limited internships in parallel with job search for those who may need to familiarise themselves with the world of work and make it possible for people to commence work on a limited number of hours and build these up.

3. Effective monitoring and drivers for change

Enabling people with a mental health condition to access and sustain employment necessarily involves welfare to work, health and social services. Employment must be a core part of the work of health and social services and assisting people with a mental health condition must be central to the work of welfare to work services. For this to become reality, the review recommends that Government ensures:

- health and social services routinely monitor employment outcomes for people they serve;
- DWP services routinely monitor service provision and outcomes for people with a mental health condition whom they serve; and
- service provision, and employment outcomes, for people with a mental health condition form part of the core commissioning criteria, key performance indicators and inspection criteria for DWP, health and social services.

Significant progress towards implementing the proposals made in this review can be achieved within existing resources: by reviewing priorities, rebalancing resources and replacing traditional services that have proved relatively ineffective or produced poor employment outcomes. While a number of possible ways of achieving this are described, it is clearly up to local commissioners to make decisions about the most effective ways of achieving the desired ends in their areas.

The aim should be to progressively decrease the gap between employment rates for the general population and those for people with mental health conditions. We are confident that the approach proposed in this review will make a significant contribution to achieving this end.

Chapter 1

Introduction

1.1 Case for action

The important role that work can play in promoting well-being has long been recognised. In 172 AD, the Greek physician and philosopher, Galen, described employment as '*nature's best physician*' and said it was '*essential to human happiness*'.[1]

Most people with a mental health condition want to be gainfully employed.[2] The right to work is enshrined in Article 23 of the Universal Declaration of Human Rights[3], which states '*everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.*' Yet this remains a right that is too often denied to people with a mental health condition.

In recent years there has been an increased focus on the challenges faced by people with mental health conditions in relation to work. Whether addressing fundamental inequalities in the labour market, understanding the benefits of work on mental health, or reducing rising benefit expenditure. The Disability Discrimination Act has also increased clarity about the rights that people with a mental health condition have in relation to employment. Many test cases have further clarified the legislation.

The Government's National mental health and employment strategy, *Working our way to better mental health: a framework for action*, provides an overarching vision of a society where everyone (including people with a mental health condition) has the opportunity to reap the benefits of health and well-being that appropriate employment can bring.

This important Strategy sets a vision and framework for mental health and employment across Great Britain, and also contextualises this review. The Strategy covers a broad spectrum of people from those with a mental health condition who are pursuing successful careers through to those who are in work, but struggling or out of work. It is this final group that is the focus of this review.

The purpose of this review is to contribute to the Strategy's vision by exploring 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, regardless of the severity of their condition or the type of benefit they receive (see Appendix 1). However, in talking with younger people who were seeking employment, we were struck by the particular importance of ensuring that they receive the support they need to fulfil their employment ambitions.

We recognise that many people with a mental health condition are in work[4] and it is important that they maintain this employment. There already exist many retention initiatives across England, Scotland and Wales. This review is designed to complement these by addressing the needs of those who have fallen out of, or never entered, the labour market.

It is not within the remit of this review to propose a fundamental reorganisation of the welfare benefits system. Professor Paul Gregg set out a framework for a personalised conditionality and support regime in 2008[5], which the Government has taken forward in recent legislation. Working within this framework, our aim is to consider how support might be better personalised to the needs of people with a mental health condition, who are not well served by existing programmes. The support we propose should be made available regardless of welfare benefit status.

Although this review focuses specifically on people experiencing mental health conditions, it recognises that:

- many people experience additional disadvantages and discrimination which impose further challenges in relation to employment. This might include disrupted education, homelessness, co-occurring drugs/alcohol misuse and discrimination on the grounds of race, gender, age, religion, sexuality and physical impairments. It is likely that multiple disadvantage will necessitate higher levels of support which could be accommodated within the model we present; and

- there are people with other related impairments to whom the model proposed could be usefully extended. Preliminary discussions indicate that this might include those with autistic spectrum/Asperger's and some long-term and fluctuating health conditions such as chronic fatigue syndrome or arthritis.

Paul's story – Part 1

"I grew up on a rough council estate in South London, left school at 15 to work in the construction industry and got into drugs. One crappy weekend my girlfriend of 3 years decided to dump me with no explanation and this led to 4 sleepless nights and some dark paranoid experiences. Eventually I broke down [and] was compulsory detained in a psychiatric hospital. I was a 17 year old boy and my only knowledge of mental health was images of psychos and nutters from the television and papers. The stigma and shame consumed me for the next 4 years. I was on a self-destructive binge of drugs and alcohol that led to repeated admissions, a total of 18 months on a section and a psychiatric diagnosis.

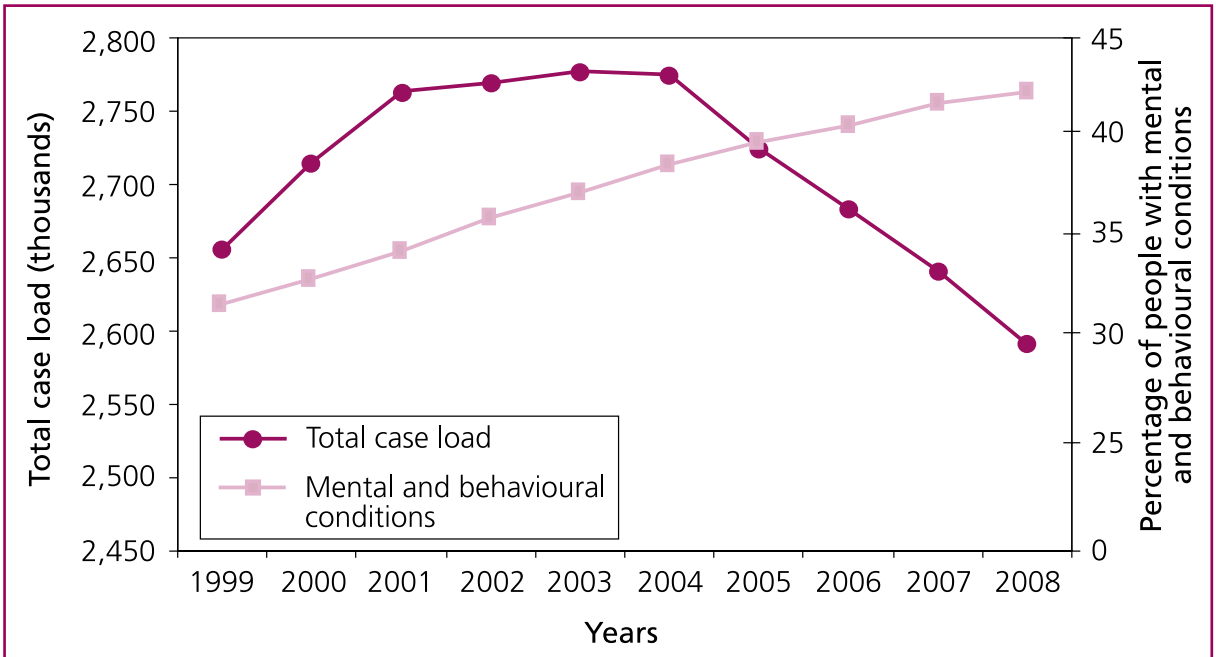
I lived with no hope of a future."

Continued on page 35

1.2 The issue

Estimates suggest that there are 1.3 million people with a mental health condition on benefits[6] and a further one million people who are workless but not claiming benefits.[7] These numbers have risen considerably in recent years.

Figure 1. Rising numbers of incapacity benefits claimants with a mental health condition



Source: National Statistics.

The employment rates for people with a mental health condition are low: with an overall rate of around 21 per cent, compared to around 74 per cent for the overall working age population and in the region of 47 per cent[8] for all people declaring a disability as defined by the Disability Discrimination Act.[9] Research shows that employment rates for those with a more serious mental health condition are considerably lower and have fallen steadily over four decades.[10, 11]

The needs of people with mental health conditions who are out of work have not been fully recognised or met by existing services.

Mainstream welfare to work services tend to be limited to signposting and advice, which are inadequate for people with higher levels of need. While DWP's specialist disability programmes do provide extra support for those with the greatest needs, they have a very low take up by people with a mental health condition. Only eight per cent of entrants onto the WorkStep programme[12] and less than one per cent of those receiving Access to Work support[13] have a mental health condition.

Health and social services have often not seen employment as part of their remit, and have not always recognised the importance of appropriate work in restoring and maintaining mental health. Too often they fail to address the employment needs of those they serve, believe open employment is not a realistic possibility for them and too often advise against it.

> "In 14 years as a service user, mental health professionals have never offered me help with working towards getting back to work."

> "My doctor told me I would never work again, eventually you start believing what they are saying."

Surveys show that employers are reluctant to recruit people with a mental health condition. While 62 per cent of employers said they would consider recruiting people with physical impairments, fewer than 4 in 10 employers said that they would recruit someone with a mental health problem.[14]

The net result is that many people with a mental health condition who could work and who want to work are excluded from employment.

> "Out of the blue your job is gone, and with it any financial security you may have had. At a stroke, you have no purpose in life, and no contact with other people. You find yourself totally isolated from the rest of the world. No one telephones you. Much less writes. No-one seems to care if you are alive or dead."[15]

As a result, the costs associated with mental health conditions are high. In overall terms, they have been estimated to be £77.4 billion in England[16], £8.6 billion in Scotland[17] and £7.2 billion in Wales.[18] This includes costs from lost output and missed employment opportunities amounting to £23.1 billion England, £2.4 billion in Scotland and £2.7 billion in Wales.[19]

At a personal level, unemployment is associated with:

- increased physical health problems, including premature death;
- increased mental health problems and increased use of mental health services;
- increased risk of suicide; and
- an increased level of symptoms and increased risk of relapse and hospitalisation among those with a pre-existing mental health condition.

> "My job was my life, I felt my life was destroyed."[20]

There is strong evidence that appropriate work actively improves mental health and protects against relapse.[21]

Employment provides people with:[22]

- meaning and purpose in life – a reason to get up in the morning;
- a means of structuring and occupying time;
- status and identity in society;
- social inclusion, linking us to our communities and enabling us to contribute to them;
- an income and the resources necessary to raise individuals and their families out of poverty; and
- social contacts, social networks and social support.

> "Now I'm a contributing member of society because of my employment. It's worth altering the life of someone with a mental illness…helping them to change direction from hopelessness to being worthwhile."

These human and financial costs, together with the wasted opportunities that they represent, provide a compelling case for action.

Mary's story

"I experienced psychosis when I was a teenager. I self-harmed. For twelve years, I was not able to engage in society. Hospital was frightening, and nightmarish. Then I started receiving therapy at home from the CMHT [Community Mental Health Team]. Eventually I developed the confidence to get back into society. I started volunteering at a mental health centre, and eventually got back into employment. it was a horrendous journey. Having a background in business and a supportive family helped me return to work.

Service users' problems in returning to work partly come from service users' own low expectations, as well as service providers' low expectations. But with support you can climb mountains."

1.3 Context of the review

The review has been conducted in the context of a number of mental health and employment initiatives being undertaken across Government.

These include:

- national mental health and employment strategy, *Working our way to better mental health: a framework for action*, across Great Britain;[23]
- the Government's response to Dame Carol Black's review of the health of Britain's working-age population – *Improving health and work: changing lives. The Government response to the Black Review;*[24]
- *New Horizons consultation*[25] led by Department of Health and the Strategy for socially excluded adults (PSA 16)[26] in England;
- *Towards a mentally flourishing Scotland*, led by the Scottish Government Health Department;[27]
- *Raising the standard*, led by the Welsh Assembly Government;[28]
- existing equalities legislation and the new Equality Bill;[29] and
- existing welfare legislation and the Welfare Reform Bill.[30]

This review supports and extends these initiatives by focusing on those people with a mental health condition who are out of work. It considers both those people who experience what have been described as 'common' or 'mild to moderate' mental health conditions (like depression and anxiety) and those with what have been described as 'severe' mental health conditions (like schizophrenia and bipolar disorder), whether they are being treated in primary or secondary care and regardless of what out-of-work welfare benefits they are receiving. The extent to which a person's mental health condition impacts upon their work performance is not related to diagnosis or severity of problems[31] and, even with the best available treatment, any mental health condition may fluctuate and present ongoing challenges for the individual who experiences it.

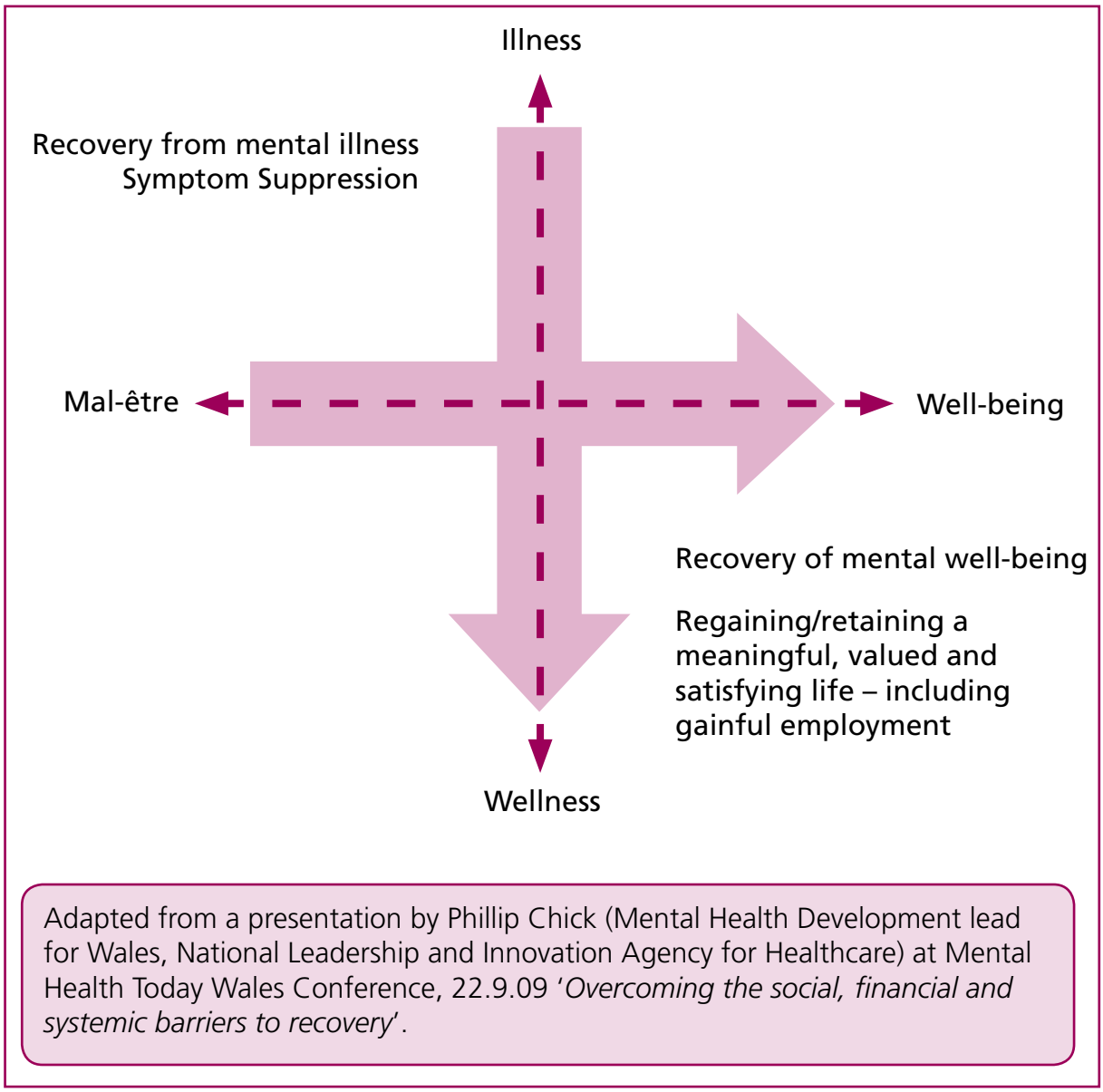
It has also been conducted at a time when health, social services and welfare systems are undergoing a period of change.

Across mental health services in England, Scotland and Wales, the limitations of an approach to mental health that focuses purely on the treatment of illness have been highlighted. While the treatment of distressing and disabling symptoms remains important, mental health services are now required to encompass a broader remit. This is reflected in moves towards recovery-focused practice which promotes well-being and the recovery of meaningful, satisfying and contributing lives.

Well-being and wellness are separate dimensions and must be pursued in parallel: it is possible for a person to rebuild their life in the presence of ongoing symptoms, and the alleviation of symptoms does not guarantee return to a satisfying and valued life (see Figure 2). For those of working age this will normally include a return to gainful employment given the important relationship between health, well-being and work (see Box 1).

Within social services, the focus is on providing the support required for independent living – which includes enabling people to contribute their talents via paid employment. There is increased emphasis on personalising services around the individual, the 'right to control' – enabling people to determine what sort of support they would like and from whom – and moves towards integrating the support that people need across different life domains (social, employment, health etc.).

Figure 2: The Dual Health Continua



Adapted from a presentation by Phillip Chick (Mental Health Development lead for Wales, National Leadership and Innovation Agency for Healthcare) at Mental Health Today Wales Conference, 22.9.09 '*Overcoming the social, financial and systemic barriers to recovery*'.

Recent years have seen attempts to simplify what has become a very complex system of welfare benefits. This process has been guided by three principles: facilitating transitions into work, more personalised employment programmes and conditionality in the form of rights and responsibilities. This report recommends support for individuals irrespective of their status within the welfare benefit system.

Assisting people with a mental health condition who are out of work to regain and sustain gainful employment requires the collaborative efforts of health and social services and employment support at a national and local level. While the Department of Work and Pensions spans England, Scotland and Wales, health and social services are the responsibility of devolved administrations. While goals and principles may be similar, the way in which such integration might be effected in practice will differ across the three countries. This may present practical challenges in how best to deliver some of the recommendations of this review, but the intention is that they are applicable across Great Britain.

Box 1: Employment: A key goal of health and social services

"Recovery and the principles which underpin it have become increasingly important to the way we support mental health in Scotland."

"We know that employment can be key to recovery for many people suffering from mental illness and programmes to maintain employment or to facilitate re-entry into the labour market can be very effective in supporting social inclusion."[32]

The Scottish Executive (2009) *Towards a mentally flourishing Scotland*

"Services need to ensure timely delivery of evidence-based interventions that focus on outcomes and service user recovery."

"Employment…has been shown to be of significant benefit to the mental health of everyone. For service users in employment…support is to be made available to help them maintain their employment. For users seeking new opportunities, a range of training, advice and support is to be available."[33]

The Welsh Assembly Government (2005) *Raising the standard*

"Recovery is being able to live a meaningful and satisfying life…in the presence or absence of symptoms in a high-quality service, the principles of recovery and the concepts of hope, self-determination and opportunity that come under its umbrella underpin the practice of all those offering care and treatment."

"Mental health services aim to improve not only a person's clinical condition but their quality of life as well – better opportunities for employment and training, satisfactory housing and improved relationships."[34]

Department of Health (2009) *New Horizons consultation*

Box 2: Methodology adopted in performing this review

The methodology adopted was to review the available research literature and tap the expertise of:

- people with mental health conditions seeking employment;
- employers and employer representatives;
- those working on related initiatives, especially the National mental health and employment strategy, the PSA 16 group charged with developing the 'Work, Recovery and Inclusion' strategy, the employment component of the 'Increasing Access to Psychological Therapies' (IAPT) initiative and Health Work and Well-being initiatives;
- devolved administrations;
- those working in relevant government departments;
- service providers in mental health, primary care, welfare to work and specialist disability services in the statutory, voluntary and private sectors; and
- academics and researchers.

1.4 Principles of a new approach

In developing a model to better help individuals with a mental health condition get into or go back to work and to keep work, the review has adopted a series of broad evidence-based principles.

Appropriate work is good for you: it improves your mental health and protects against relapse

The evidence is clear that appropriate work is good for people, providing them with a meaning, a purpose and a sense of general well-being. For people with a mental health condition, appropriate work has been shown to improve health outcomes and decrease the chances of relapse.[35]

An employment first approach should be adopted

If a person wants to work, the initial focus should be on real work; helping them to gain and sustain open competitive employment.[36] If this is not possible, alternatives such as sheltered settings, training or volunteering may be appropriate. Where alternatives are pursued, the focus should continue to be on helping the individual move towards open employment as their skills and confidence develop.

No one is intrinsically unemployable

Everyone could work at least some of the time if they were in the right job and if required, had the right support.[37] However, some people may require a very high level of support (for example someone helping them all the time at work) or only be able to work intermittently. Therefore, we recognise that it will not be practicable to give everyone the support and adjustments they might require to get back into employment.

The Government must ensure the provision of integrated, personalised and flexible support to help people with a mental health condition to gain and sustain work

This requires employment systems and health and social services to work together, sharing common goals to enable more people with a mental health condition to access employment and sharing expertise to ensure coordinated and flexible support is tailored to the individual.[38,39]

Employment involves a relationship between employee and employer in which both have responsibilities and both are entitled to support in discharging these

It is in the business interests of employers to create a workplace that enables all employees to perform and develop to their potential (see Appendix 4).[40] Employees with a mental health condition have a responsibility to manage their mental health condition within the workplace to the best of their ability. Both partners should be entitled to the support they need to exercise these responsibilities.[41]

In the first instance, the additional support required to help people with a mental health condition gain and sustain work should and can be made available within existing budgets

In the current and foreseeable economic climate, public sector funding is likely to be scarce. So judgements must be made as to how best to use limited resources to the maximum effect. The review believes this can be done by reviewing existing priorities, rebalancing expenditure and reinvesting savings. Such an approach would ensure the right level of resources is focused on this group.

The responsibility for releasing resources should be shared between DWP and Departments responsible for health and social services across Great Britain

Health and social care departments are responsible for ensuring that health and social services address the employment needs of people with a mental health condition as part of their treatment. They should also resource the additional evidence-based support, over and above that provided by existing welfare to work programmes, that some people with a mental health condition require to gain employment.

DWP is responsible for maximising the extent to which welfare to work services are able to accommodate the needs of people with a mental health condition. They should also resource the additional ongoing support that people with a mental health condition need to retain employment and make a success of their careers.

Chapter 2

Challenges and support needed

> "I'd always wanted to work in a hairdressers but by the time I left school college was not an option – I had enough trouble just getting through the day. I thought I was depressed but when I got a diagnosis of schizophrenia, well, I was shocked. They say that once you put a name on a problem, it becomes easier. Not when the name's schizophrenia and they're scared of people who have it. I was scared too."[42]

2.1 The challenges

When we think about the adjustments needed to enable disabled people to access employment, we tend to think about adaptations to the physical environment, extra support to learn the job or language assistance.

A person with a mental health condition may require these, but more often the obstacles are different and less tangible.

Box 3: What makes mental health conditions different from other impairments?

- They typically fluctuate and it can be difficult to predict when these fluctuations will occur.
- They affect a person's ability to negotiate the social, rather than the physical world of work.
- They are not immediately obvious, can emerge at any time in a person's life and attract fear because of myths of incompetence or danger that surround them.
- Appropriate employment actively improves mental health and protects against relapse.

Accommodating fluctuating levels of impairment.

A key feature of many mental health conditions is that they fluctuate. There may be long periods when a person needs little or no additional support, interspersed with periods when relatively intensive adjustments are required. The challenge is how to enable rapid access to assistance or adjustments at those times when they are needed. Both employees and employers need to know who to call upon and that the response will be immediate – delays in the provision of support may prove terminal to the employment relationship.

> "I had a couple of months when I didn't need him [an Employment Specialist] at all, then a couple of weeks ago everything seemed to go wrong and I needed him lots."

> "It's having someone there when you need them – that's what enables me to keep going."

Even if external support is not required, the fluctuating nature of conditions may necessitate flexible rather than fixed adjustments. At times they may, for example, require a temporary scaling down of demands, additional supervision, or reduced hours to enable them to continue in work through difficult periods and obviate the need for absence from work. Episodic exacerbation of conditions may also necessitate periods of absence from work after which a graded return may be necessary.

Negotiating the social world of work

Ongoing or recurrent mental health conditions tend to be associated with impairments that impact upon a person's ability to negotiate the social, rather than the physical, environment and demands of the workplace. The adjustments required tend therefore to centre on workplace social interactions and relationships with support required potentially not only by the individual but also their managers/employers and colleagues.

> "I get slightly paranoid at times – think everyone is talking about me. That's when I need to call him [an Employment Specialist]. He agreed with my manager I could use the phone in the office if I needed."

> "I became incredibly socially isolated, forgetful, pre-occupied with my thoughts…and unable to comprehend and absorb conversation or even express a point of view or an opinion on any subject."

Hidden impairments that engender fear

Mental health conditions are not generally obvious impairments, you cannot see them. They are acquired impairments that can appear at any time of a person's life. A lack of understanding of the nature of a person's difficulties, combined with the myths and stereotypes that surround them, too often engender fear. Popular misconceptions, that people with a mental health condition are incapable of work, are widespread among employers, services, wider society and among the individuals themselves.[43]

People with a mental health condition are among the most excluded in our society.[44] Ninety-two per cent of the British public believe admitting to having a mental illness would damage someone's career.[45] This marginalisation is perpetuated and extended by exclusion from the labour market. People whose mental health condition developed early in life may never have worked, others may not have worked since their condition developed. People with a mental health condition are twice as likely to lose their jobs as those who develop other health conditions.[46]

> "For some of us, an episode of mental distress will disrupt our lives so that we are pushed out of the society in which we were fully participating. For others, the early onset of distress will mean social exclusion throughout our adult lives, with no prospect of training for a job or hope of a future in meaningful employment. Loneliness and loss of self-worth lead us to believe we are useless, and so we live with this sense of hopelessness, or far too often choose to end our lives. Repeatedly when we become ill we lose our homes, we lose our jobs and we lose our sense of identity."[47]

Appropriate employment actively improves mental health and protects against relapse

Evidence shows that being unemployed is bad for health and well-being. Appropriate work is generally good for people, however, and as well as having a positive influence on health and well-being, has also been shown to reduce the likelihood of a mental health condition recurring.[48]

> "My first job, a few months after leaving the psychiatric hospital, was as a customer services assistant in [a major bookshop/stationers]. Previous to this I had no experience in the retail industry so the prospect of both interviewing and serving customers, during probably the busiest time of the year, was incredibly daunting. But what became apparent was that, whilst working in a busy store and having so many customers to serve I wasn't reflecting on my thoughts or becoming paranoid about my problems. Remaining focused upon the jobs required, coping with having lots of people around, made it much easier. Since then I have had numerous jobs, all requiring working around people, and having persevered I am now a lot calmer and confident with people."

Barriers to employment for people with a mental health condition[49]	
The impact of mental health conditions on the individual	Leading to loss of motivation and confidence and the side effects of some medication.
Fear that work will lead to worsening mental health	Even though unemployment is actually more likely to be detrimental to mental health.
Employer attitudes	Many employers are reluctant to employ people with mental health conditions and occupational health departments also raise concerns that people with such conditions would be unable to cope or take a lot of time off sick.
Low expectations of healthcare professionals	Leads to a culture of low expectations where it is assumed that some people with mental health conditions will never be able to work.
Low expectations of self	Prejudice and discrimination mean that many people with a mental health condition will have had bad experiences at work or will have heard of the experiences of others. This, when combined with low expectations of healthcare professionals and employer attitudes, leads people to cease to believe themselves capable of working.

Lack of appropriate support and lack of awareness of existing support	Health and social services often fail to provide the support that people need to access employment and there is a low usage of Jobcentre Plus services by people with mental health conditions. These services do not always cater well to the specific needs of people with a mental health condition.
Fears that getting a job and moving off benefits will threaten financial security	Fears about 'the benefits trap' remain widespread and understanding of the complexities of welfare benefits and in-work benefits remains limited among people with mental health conditions and health professionals.

2.2 The support needed to get a job

Some people with a mental health condition are able to get jobs and pursue successful careers unaided. For many others employment would be a realistic option if they were provided with right levels of support and received consistent, encouraging messages around the positive effects of appropriate work.

This section outlines three broad groups and the differing levels of support required to better assist them into work.

i) No additional support

Focusing on the journey to work, some people can and do use welfare to work services successfully. This group require no extra support than is currently offered and are therefore not a direct focus for the review.

> "It's good [Pathways to Work] because I know what the next stage is and when it will be reviewed...so I know exactly what's expected of me and what will happen and there's no uncertainty there."[50]

> "Because he sort of treated us like an individual...I wasn't just like a number and he didn't say 'Well we've got that and that, there you go', he actually took time and tried to help as best he could."[51]

ii) Improvements to current services and dispelling myths

Most individuals could be served within existing structures and services if these had a greater understanding of, and were more responsive to, the employment needs of people with a mental health condition.

> "I told him about my condition and he says, 'Well there's a lot more people out there that are a lot worse off', and I thought, 'Yeah, but I've got my own problems too mate, you haven't seen me at my worst'."[52]

> "I have had two medical assessments – one lasted 2 minutes the other lasted 5 minutes. [Each time] the doctor opened my file, saw I was on lithium [medication], closed the file and ended the assessment. He assumed I couldn't work because I am bipolar."

iii) Provision of more support

Even if the capacity and knowledge of current services is improved, there will continue to be a small group of people who will require additional, more intensive, hands-on support and guidance that cannot currently be provided within existing structures (see Appendix 3).

> "I had my first manic episode after taking an anti-malarial drug when I was on my medical elective in Ghana – part of my medical school training. It took me an extra year to finish my training but I had another manic episode followed by severe depression when I was under a lot of stress working as a junior doctor. I was so unwell that I was not allowed to start my next job and decided to leave the medical profession. I was unemployed on and off for 8 years usually only being able to hold down jobs for between 2 weeks and 2 months."

2.3 The support needed to sustain that job

Getting a job is only the beginning, the next challenge is retaining, and flourishing in, employment. This section outlines three broad groups and the differing levels of support required to sustain work.

i) No additional support

Many people with a mental health condition require no extra support or adjustments once they have got a job.

ii) Reasonable employer adjustments

Some people require support and adjustments that can reasonably be provided by their employer. However, there is often a lack of understanding of the mainly simple and low or no cost adaptations that can safeguard sustained employment.

iii) Provision of more support

Other people require support over and above reasonable adjustments provided by an employer. While most of this group are likely to need no more support than that to settle in, some people will need additional longer term flexible support and adjustments that are currently not available (see Appendix 3).

It cannot be assumed that those who need no additional support to get a job will also require little additional support to keep it. Equally, those who need a high level of support initially will not automatically require a high level of ongoing support.

Frank's story

"I had a pretty normal childhood and worked consistently from the age of 16. My symptoms started in 1997. I had to be admitted to psychiatric hospital. I could see snakes and spiders and thought my family were trying to kill me. I was discharged after 8 weeks, I remained stable but I was not doing anything.

Two years later I was advised that Employment Specialists were joining the Community Mental Health Team…He helped to build up my self-esteem as it was pretty low and we explored what I would like to do and we worked hard at looking for paid work. He helped me visit industrial estates with my CV as I wanted warehouse work, buy a mobile 'phone so employers could contact me quickly, open a hotmail account so I could be more competitive and arranged a mock interview for me as I felt my interview skills were lacking. We applied for a number of jobs and I was beginning to get positive feedback from employers. Eventually my Employment Specialist advised me that [a local supermarket] were looking for part-time Christmas Warehouse staff. It was an on-line application and he helped me with it. I was worried that I wouldn't get past the interview stage because of the disclosure of my diagnosis – paranoid schizophrenia, but on the day I was the only one who was successful in my batch."

Chapter 3

The vision for the future

There are three core themes to the recommendations of the review.

Increasing capacity and dispelling myths: changing the way in which existing structures work so that they are better able to meet the employment needs of people with a mental health condition (see Chapter 4)

1. Building effective links between mental health and welfare to work services: better joined up working between frontline staff.
2. Increasing the extent to which welfare to work services can accommodate the needs of people with a mental health condition.
3. Increasing the extent to which health and social services address the employment needs of people with a mental health condition.
4. Better support and advice to people with a mental health condition and their employers.
5. Other key issues: peer support, occupational health, pre-employment health checks and disclosure.

The 'model of more support': implementing Individual Placement and Support in a GB context (see Chapter 5)

1. Understanding the evidence base.
2. More support to get a job: embedding Employment Specialists in all mental health and social services teams.
3. More support to stay in a job: reforming Access to Work.
4. Funding the 'model of more support' by reviewing priorities and rebalancing resources.
5. Enhancing the 'model of more support' to allay fear and increase confidence: time-limited internships, gradual build up of hours and equitable access to career development opportunities.

Establishing effective systems for monitoring outcomes and driving change (see Chapter 6)

1. Ensuring the routine monitoring of employment and mental health condition across DWP services and health and social services, using agreed definitions of 'employment' and 'mental health condition'.
2. Adopting appropriate performance indicators and inspection criteria to drive change: requiring a year on year decrease in the gap between the general employment rate and that of people with a mental health condition.

Paul's story – Part 2 (continued from page 15)

When I said I wanted to work I was told this was an unrealistic goal, that I was too sick and the stress would be too much. I was introduced to a man who offered me a job in a sheltered work project putting plastic goods in boxes for no pay – for someone who used to earn up to £1000 a week in the construction industry this was not an attractive offer. I rejected it and gave up the idea of work.

Eventually the frustration of having no sense of purpose in life became overwhelming and, by chance someone gave me a card about a drugs counselling agency. I asked them for counselling, but as by then I was not using drugs he said I was ineligible…but how did I feel about training with the agency? I was shocked that someone believed in me even though they knew of my mental health problem. I was so excited. I had a reason to get up in the morning, I was able to tell people I met 'I am a drugs worker'!

Unfortunately the Community Mental Health Team were unsupportive of my goals, but it meant so much to me to make a new life for myself I disengaged from mental health services and gave up psychiatric medications and treatments. For the next 8 years I worked my way up through the drugs agency and eventually became the Outreach Manager responsible for a team of 8 staff. Unfortunately, I became sick again. I was sectioned in hospital and it took over 5 months to bring me down again and I hit the ground with a bang. My boss had seen how sick I was in hospital and didn't know how to handle the situation. By the time I left hospital I had lost my job, my home and any vestige of the life I had built.

During the following 3 years I suffered from deep depression and I felt my life was over until a friend from the day centre I attended told me about the User Employment Programme at the psychiatric hospital. The first time I walked in I was taken seriously, my previous experience as a counsellor and drugs worker was valued, within 10 weeks I had prepared a new CV and done a work experience placement as an Occupational therapy assistant. I used this as a reference to apply for a job as an Occupational Therapy technician and a month later I started full time work. Over the next 6 months I met the Employment Specialist regularly, off-loading stress, learning new coping strategies in relation to work, and began to regain my confidence and self-esteem."

Continued on page 56

Chapter 4

Increasing capacity and dispelling myths

In Chapter 2 we described how some people with a mental health condition can use existing welfare to work services successfully. There are others whose mental health condition undoubtedly means that they require more specialist assistance to get work than can be offered by these programmes. A model for providing the additional support that these people need is outlined in Chapter 5.

However, between these two extremes, there are a large group of people whose needs could be met within existing structures if their capacity to accommodate people with a mental health condition were increased.

In the course of this review we visited and spoke with numerous people working in or with DWP services, health and social services, employers and people with a mental health condition seeking work. In doing this we encountered many examples of good practice – often developed on the initiative of individuals or groups of people at a local level – and received many suggestions about ways in which existing services could be improved.

The purpose of this chapter is to outline a number of simple, low cost ways in which existing structures could be adapted and better work together to increase their capacity to accommodate the employment needs of people with a mental health condition.

4.1 Building effective links between mental health and welfare to work services

There is a great deal of expertise present in both health and welfare to work services. One of the problems is that, too often, this expertise is not shared at the front line: individual workers in employment and health and social services have no contact with one another and so do not benefit from each other's knowledge and experience.

In some areas, effective links have been made (see Box 4). Where front line workers were able to call and/or meet each other for advice and help and work together to support individuals, it was evident that the capacity of the local system to assist people with a mental health condition to gain employment was increased. Welfare to work staff were better able to understand and meet the needs of people with a mental health condition. Health and social services staff were better able to address the employment needs of those whom they served.

Such effective local networks had typically been developed and maintained by the initiative of one or two key individuals at a local level and were therefore not generalised across the countries and vulnerable to collapse if key individuals left. The challenge is how to ensure the generalisation and stability of such local networks.

Welfare to work advisors should not be expected to be mental health specialists. Equally health and social services professionals should not be expected to become experts in welfare benefits and employment. By creating these local linkages, both will be able to access readily available expertise in their locality to better coordinate the assistance provided to individuals and better help people with a mental health condition more generally.

> "I know the people in the Community Mental Health Team – I can call them and they can call me for advice."
>
> **A Disability Employment Advisor at Jobcentre Plus**

> "In [one borough] I have really close contacts with the Employment Specialists in the Community Mental Health Teams and that is really helpful. In the other boroughs I don't have contact with [the Mental Health Trust] the mental health services – I don't know who to contact."
>
> **Mental Health Condition Management Specialist in a Pathways to Work provider**

DWP have recently appointed Mental Health Coordinators within each Jobcentre Plus District who are charged with building local links and increasing the extent to which services meet the needs of customers with a mental health condition. They, together with Disability Employment Advisors could have a key role in building local networks.

The review recommends that Government charges the new Mental Health Coordinators with responsibility for establishing and maintaining local networks between employment and health and social services workers. This should include Jobcentre Plus and provider-led services, workers leading on employment from primary care, secondary mental health and social services as well as local voluntary sector providers.

The review recommends that Disability Employment Advisors support Mental Health Coordinators in building local networks.

Box 4: Bringing together front line welfare to work and health workers: Examples of things that have helped

- Meetings of identified 'link workers' in each agency (e.g. Disability Employment Advisors or other suitable nominee in Jobcentre Plus and Employment Specialists in health and social services).
- Seminars bringing together mental health and welfare to work workers and explaining the work of each other and encouraging ongoing contact.
- Facilitating regular updates of changes in either system.
- Reciprocal training.
- Exchange placements.

While it should be the responsibility of DWP Mental Health Coordinators to set up and maintain these local networks, it is crucial that provider-led services, health and social services, as well as voluntary sector providers, buy-in and contribute to them. If they are to be effective, such local networks must drive a deeper understanding of the needs of individual customers and encourage open sharing of information, advice and guidance both through regular meetings and more informal contact as necessary.

There are two areas in which information sharing and collaboration may be particularly important: welfare benefits and in-work benefits advice and coordination of support plans.

One of the major concerns of people with a mental health condition revolves around how seeking and finding work would affect their benefits. Health and social services workers often lack information about welfare benefits and in-work benefits, and the many improvements that have been made over recent years to ease the transition into work. They are therefore ill-placed to dispel myths and fears around work and benefits. Local networks will be pivotal in ensuring that health workers can access expert benefits advice as required.

We welcome the addition of better off in-work calculations to www.direct.gov.uk[53], enabling individuals to gain information about their individual benefits situation. However, the availability of this service is not widely known.

The review recommends that Government advertises the availability, and provides advice on the use, of better off in-work calculations to health and social services and voluntary sector organisations serving people with a mental health condition.

Table 1: Illustrative examples of gains to work calculations: Return to work at 16 hours per week on the National Minimum Wage*

	Out of Work Income			In-work Income			Personal contribution to housing when entering work (assuming out-of-work HB/CTB of £90/£15)	Gain to work	
	Income Support/ JSA	Tax credits and Child Benefit	Total	Earnings at 16 hours National Minimum Wage	Tax credits and Child Benefit	Total		Excluding housing costs	Including housing costs
Single person	£64.30	0	£64.30	£92.80	0	£92.80	£20.00	£28.50	£8.50
Single person with 1 child	£64.30	£73.30	£137.60		£145.20	£238.00	£32.70	£100.40	£67.70
Single disabled person**	£91.80	0	£91.80		£84.80	£177.60	£41.60	£85.80	£44.20
Single severely disabled person***	£158.10	0	£158.10		£105.40	£198.20	£2.80	£40.10	£37.30

*2009/10 Benefit Rates and October 2009 National Minimum Wage Rate: £5.80 per hour.

** Receiving the Disability Premium in IS and qualifying for the Disabled Worker Element of Working Tax Credit.

*** With maximum disability-related premiums for Income Support and maximum disability-related help in Working Tax Credits. Disability Living Allowance is not included in either in or out of work income as this benefit can be received in or out of work.

Note: This table is illustrative, individuals should seek advice from a Jobcentre Plus adviser on the financial implications of their return to work. Gains will often be better than this, but there are also questions around in-work costs and additional transitional support. An alternative source of advice is the Benefits Adviser Service on Directgov.

Everyone who is engaged in Pathways to Work or New Deal programmes has an action plan detailing how they will move towards gaining employment. At the same time people using mental health and social services have care plans. It is common for these plans to bear little relationship to one another and offer inconsistent messages and sometimes contradictory advice to the individual.

The review recommends that Government investigates ways of ensuring the compatibility of welfare to work action plans and health and social services plans to contain consistent messages and complement each other. Where the individual wishes, the sharing of plans should also be encouraged. It is not recommended that adherence to treatment be a condition of benefits for people with a mental health condition.

4.2 Increasing the extent to which DWP services accommodate the needs of people with a mental health condition

The actions of the advisor and the relationship they build with their client are key to helping any individual back to work. It is crucial that they are able to quickly identify the challenges someone may be facing and help or direct them to the right support.

> "...he didn't seem to have any understanding of what he was doing to me, which is turning the screws on. And it wouldn't feel like the screws to him, but to somebody who is just not quite right..."[54]

The review welcomes the work of DWP Psychologists in developing training for advisors to better equip them to work with people with mental health conditions. We welcome the move away from the traditional 'mental health awareness' training focusing on the signs, symptoms and diagnostic differences of mental conditions towards a more skills-based approach. Advisors cannot be expected to become mental health experts, but can and should endeavour to understand the situation from the customer's perspective and develop more generic skills in helping people identify their own goals/aspirations, recognise and utilise their own resources to meet these goals, and develop their self-belief and self-confidence.

The review recommends that Government ensures that, in addition to dispelling the myths surrounding mental health conditions, all advisors in Jobcentre Plus and other welfare to work providers receive skills-based training in areas such as solution focused approaches, motivational interviewing, coaching and related techniques.

People are often wary of mainstream welfare to work services and the building of trust is a critical component in their success. People using such programmes find it difficult to develop a trusting relationship when they do not see the same advisor at subsequent appointments. For people with a mental health condition, the negative consequences of lack of continuity are magnified. If services are to help people with such conditions gain confidence in making the transition into work, and work out solutions to their challenges they face, then continuity of advisor is important.

> "I have seen the same advisor for the last six months – he understands my problems. I told him [the advisor] that on some days my problems were worse and I just couldn't go out and he said 'If you can't come in just call me and we'll make another time to suit you. I have a relationship with him as much as with my mental health care team."

The review recommends that Government ensures, wherever possible, continuity of advisor for customers with a mental health condition in Jobcentre Plus and other welfare to work provider areas.

If services are to effectively meet the needs of people with a mental health condition, it is critical that support is tailored to their individual needs and challenges as much as possible. This is especially important where a person's condition fluctuates.

> "He says, 'Look, there's no timetable here, it's in your own time, you don't have to do this by tomorrow or next week', he understood totally, he said 'In your own time, as you can cope with it'."[55]

The review recommends that Government takes steps to ensure that advisors in Jobcentre Plus or other welfare to work providers make maximal use of the flexibilities open to them to tailor the support they offer to individual needs and circumstances. In doing this, advisors should be encouraged to make full use of the skills of Disability Employment Advisors and Work Psychologists.

A major complaint from Pathways to Work customers with a mental health condition is lack of privacy in an open-plan office environment[56], a finding reinforced by research concerning New Deal providers more generally.[57] Because of the stigma that surrounds mental health conditions, many people find it uncomfortable and anxiety provoking to discuss details of their condition and its implications in open-plan settings where others can hear.

> "...because I just felt certain things we were talking about, I had to lower my voice, and I remember keep looking around because there's a lot of people."[58]

The review recommends that Government ensures Jobcentre Plus and providers offer greater privacy for those who feel uncomfortable discussing personal issues in an open-plan environment.

Some people have reported that they were scared of attending their first interview and they did not know what to expect.[59] The anxiety generated by this process is likely to have a particularly negative impact on people with a mental health condition.

> "...at the time I was very anxious about attending it. I had built it up in my mind, because everything had gone so bad in sort of life events at that time – I built it up into a massive thing in my head where I'm going to be cross-examined."[60]

The review recommends that Government ensures that individuals are provided with clear information before the interview about what to expect, the sorts of questions asked and things they would be expected to do by Jobcentre Plus or providers.

4.3 Increasing the extent to which health and social services address employment needs

Health professionals have a particularly powerful and important role in facilitating, or impeding, a person's journey back to work. If the experts who are helping you treat and manage your condition indicate that it is likely to prevent you from working you may well permanently dismiss employment as an option.

Primary care and mental health professionals should not be expected to become welfare benefits and employment specialists. It is important that they: actively promote the benefits of employment; disavow people of commonly held – but inaccurate – assumptions (such as 'employment is bad for your health' or 'you have to be fully well before you can go back to work'); assist people to work out ways of managing their condition in a work context; and refer them to other workers or agencies who can provide more specialist support as necessary.

Box 5: 4 R's for Primary Care and Mental Health Professionals

Raise	The issue of employment with people who have a mental health condition and convey a positive view about the person's skills and ability to work.
Respond	Positively to people's questions about work.
Recommend	That the right sort of work is good for mental health, point out the deleterious consequences of unemployment and encourage the person to think through what they may be able to do.
Refer	The person to people/agencies who may be able to help them in their journey to employment.

Adapted from the '3 R's' developed by the Bridge Building Services that form part of Glasgow Employability Partnership.

Mental health and employment are intimately inter-related. Appropriate employment actively improves mental health and protects against relapse, yet a mental health condition often results in a person losing their employment, and the longer a person is out of work the more difficult it is for them to return. Therefore, vocational support and clinical treatment need to go hand in hand and need to be offered in parallel with each other. This may involve direct assistance to move towards employment or referral to someone else who can provide this assistance.

The review recommends that for people of working age, Government ensures that vocational issues should form part of initial health and social assessments and of treatment and support plans.

The review recommends that Government ensures that the importance of employment in promoting and maintaining health (physical and mental) and well-being and the deleterious impact of unemployment form part of the pre-qualification training of all health professionals, be included in post qualification training and be addressed in guidelines issued by professional bodies.

GPs have a particularly important role to play as they are often the first point of contact with health and social services for someone with a mental health condition. The review welcomes the National Education Programme for GPs, which will improve their knowledge, skills and confidence when dealing with health and work issues. This training will support the introduction of the statement of fitness to work or 'fit note'.

The review recommends that Government ensures that guidance supporting the 'fit note' emphasises the more personalised nature of the process and that a person does not have to be 'fully recovered' to return to some work. It should signal a move away from an assessment of whether a person can or cannot work to what they can do to speed their recovery through, where necessary, a gradual return to work.

4.4 Better support and advice to people with a mental health condition and their employers

Surveys repeatedly show that most people with a mental health condition would like to be gainfully employed.[61] Many already work successfully and many more could do so if provided with the help, support and adjustments they need to make a reality of their ambitions. Similarly, given the prevalence of mental health conditions, most employers do employ people with a mental health condition (often without realising it) and could employ more people with such conditions if the challenges to doing so were removed[62] (see Appendix 4).

Some people with a mental health condition and their potential employers will require more support than can be offered within existing structures to make a success of their employment. Chapter 5 of this review contains evidence based recommendations for how this additional support might best be provided. However, many people with a mental health condition will be able to make a success of their employment with advice and support that could be provided at low cost within existing structures.

Employers have businesses to run and at the bottom line do not want to take on employees who they perceive as a 'potential problem'. The major challenges to employing people with a mental health condition are fear and uncertainty.

- Fear may result from a lack of understanding of mental health conditions and the popular myths that surround them.
- Uncertainty can result from the 'hidden' nature of mental health conditions, the fluctuating nature of some people's mental health condition and the impact that this may have on their performance and the performance of those around them.

Similarly, fear and uncertainty often mean that people with a mental health condition are reluctant to take what they perceive as the risky step from welfare benefits to work.

- Fear may result from: lack of familiarity with a work environment; concern about potential prejudice and discrimination; and a belief that moving into employment might worsen their mental health condition, leave them worse off and threaten their financial security.
- Uncertainty can result from the fluctuating nature of a person's mental health condition – whether they can manage this in a work setting and sustain their employment should a crisis occur, whether they will have access to the support they need should their condition worsen and whether, should they be unable to sustain their employment, their former out of work benefits will be rapidly reinstated at their former level.

Uncertainty involves risk and both employees and employers need to manage risk by minimising uncertainty.

One of the best ways of reducing fear is experience: an employee's experience of working successfully and an employer's experience of successfully employing a person with a mental health condition.[63] However, for both employers and employees, support is critical in enabling them to take the risk of entering an employment relationship that will provide this positive experience for both parties.

Providing better advice and information

Ready access to information, advice and best practice about mental health and employment are critical for both employee and employer, whether this be about the adjustments an individual needs, the things they need to remain on an even keel at work or help drawing up plans for what both employer and employee can do should difficulties arise (see Appendix 5).

Trades Unions can play an important role in assisting employees and employers in the resolution of common difficulties that arise in relation to, for example recruitment and the negotiation of workplace adjustments.[64]

Many good resources for both managers and employees already exist, but there is as yet no coherent initiative that brings these together and provides employers with easy access to information and advice as and when they need it.

The review recommends that Government ensures the provision of a single hub for advice on good practice that is easily accessible and widely disseminated nationally and locally. This should also include information about other sources of support that are available, and rights and responsibilities under equalities legislation.

The review recommends that Government provides support to national anti-stigma campaigns (e.g. Time to Change and See Me)[65] to assist them in addressing the concerns of employers and employees/potential employees with a mental health condition.

The review recommends that Government ensures Jobcentre Plus Disability Employment Advisors, supported by Work Psychologists, as well as provider-led Pathways to Work advisors and other relevant Jobcentre personnel focus increased attention to the needs and concerns of employers, especially to understand how they might facilitate an individual's (re)entry into employment (see Box 6).

> "...it felt good that somebody was there but also she explained to the employers that I was willing to work and I'd been off work for a while through illness. They didn't pity me but there was a little bit of leeway, where maybe if I just went by myself there wouldn't have been."[66]

In Scotland and Wales and, to a lesser extent, in England, employers have valued being offered 'mental health first aid' or related training to increase their understanding of how to support employees who become mentally distressed in the workplace. This is of particular importance for small employers who do not have access to in-house expertise. Voluntary sector providers have often had a major role to play in delivering such training and the involvement of people with experience of a mental health condition has proved valuable.

The review recommends that Government encourages the commissioning of mental health first aid or related training for employers, following the examples of Scotland and Wales.

Box 6: Some examples of 'reasonable adjustments' that have enabled people with a mental health condition to prosper at work

Everyone's skills and challenges are different, so any adjustments must be tailored around the individual and most people with a mental health condition will need no special adjustments at all.

- Allowing a person who found that the stress of a formal interview exacerbated his mental health condition to, instead, work (unpaid) to assess his suitability for the job.
- Allowing a person who had difficulty travelling in crowded trains to start early and finish early to avoid the rush hour.
- Relieving an administrator of the expectation that he relieve the receptionist during her lunch break because he found this contact with the public aggravated his mental health condition.
- Changing usual shift patterns to allow a longer period of night shifts (rather than the usual one week) because changing the schedule of his medication in the transfer from day to night shifts was problematic.
- Arranging for someone who became very drowsy after her monthly medication to take a day off and make up the hours elsewhere.
- Appointing a 'buddy' or 'mentor' – someone on a similar grade and outside the usual management structure – to show the new employee the ropes and help them settle in to the workplace.
- Enabling a person to arrange their hours to permit them to attend a weekly therapy session.
- Permitting someone to take ten minutes out of the office when he became particularly anxious.
- Ensuring that a manager who found the pressure of large meetings very difficult, arranged her diary so that she had at least 15 minutes between meetings.
- Providing written instructions for someone who was very anxious about forgetting to do things that were expected of him.
- Gradual return to work after periods of sickness absence.
- The possibility of working from home, reduction in hours or relief from some responsibilities to prevent the person having to take time off sick during fluctuations in their condition.
- Allowing someone who became particularly paranoid at times to call a friend/support worker for support and reassurance.
- Arranging someone who found the distractions of an open-plan office detracted from her work performance to have her desk in a quieter area.
- Enabling a person to arrange their annual leave to allow regularly spaced breaks throughout the year.
- Creating the possibility of part-time working and job-share arrangements for someone who was unable to work full time.

Managing a mental health condition in a work context

While treatment is important in enabling people to gain control over distressing and disabling mental health conditions, many people experience some ongoing or recurring challenges. There is now a wealth of evidence showing that people can become experts in their own self-care (see Box 7). However, it remains the case that many people do not have access to the information and support they need to do this.

A variety of self-management, condition management and expert patient initiatives might be useful in this context, but, in particular, some people have found it helpful to develop their own Wellness Recovery Action Plans (WRAP)[67] in relation to work.

A WRAP for work might include plans for keeping well, dealing with difficulties that arise, managing ups and downs and returning to work after a crisis. These might usefully include self-management strategies – things that the person can do for themselves – and ways in which their manager/employer can support this. If the person chooses to disclose their mental health condition to their employer/colleagues then the plan may also contain ways in which they might help and guidance about what they can do if problems arise (see Appendix 6).

> "WRAP [a Wellness Recovery Action Plan] is good for employee and employer – your own plan about how to cope and how you define your needs."

> "Planning ahead helps everyone to think about what would happen if someone became unwell at work before it happens. It stops people from worrying ... and means colleagues and managers know what to do."[68]

The review recommends that Government ensures that health and social services make support available to assist people to manage any ongoing or recurring symptoms of their mental health condition in a work context and encourages the use of WRAP or related tools in relation to work.

The review recommends that Government ensures that, based on the individual's WRAP in relation to work, health and social services and advisors in welfare to work services help people who require it to negotiate, and draw up an agreement, about ways in which their employing manager (and/or colleagues) can assist them to remain on an even keel at work, help them to deal with difficulties that arise and assist them in the event of a crisis, and return to work after a crisis.

Box 7: How I cope at work: Esso Leete, an example

Esso Leete has outlined an array of strategies she has developed for managing her mental health condition at work.[69] These include:

- she copes with her chaotic inner existence by adopting a highly structured daily schedule;
- she copes with difficulties in filtering and screening irrelevant information by reducing distractions to a minimum;
- she finds a peer run support group a useful way of accepting and dealing with her mental health condition;
- she copes with difficulty in making eye contact by looking up intermittently in conversations, but looking just past the other person rather than meeting their eyes;
- she anticipates paranoid feelings and takes preventive action. For example, she sometimes believes that the police are after her so instead of worrying about them surprising her she sits with her back to the wall at work;
- she tests out reality with someone she trusts. If their perceptions differ from hers she may want to change her response and go along with their way of thinking;
- she copes with concentration difficulties by making lists;
- she breaks down tasks into small steps and takes them one at a time;
- she finds ambiguity and vagueness difficult so asks others to communicate in a clear a specific way;
- in conversations she gives herself time to think before answering; and
- she is aware that her behaviour is sometimes seen as bizarre so takes steps to 'fit in', like not talking to her voices in the presence of others.

4.5 Other key issues: peer support, occupational health, pre-employment health checks and disclosure

Peer support

Increasingly, people with a mental health condition are reporting that the support, encouragement and advice they have obtained from peers – people who have faced similar challenges – has been particularly important in their recovery.[70,71] People with a mental health condition who have returned to work can be an enormous source of hope and inspiration to others who are embarking on a similar journey.

> "People who have been where I have been and made it – they are my source of inspiration."

> "Helps you to realise you are not the only one who's been through it. It generates positives. People I can relate to…I found that so useful."

Such peer support may be achieved by, for example:

- encouraging applications for employment posts in health and social services, Jobcentre Plus and employment providers from people who have themselves experienced a mental health condition and returned to work;
- organising informal 'buddying'/'mentoring' systems where someone who is looking for work can meet someone who has already gained employment;
- 'job clubs' where job seekers with a mental health condition can share their experience, encourage each other and maybe hear from others who have already gained employment;
- collect and share stories from people who have gained work; and
- recommend e-groups where people can share their experience of working/seeking work.

The review recommends that Government promotes the use of peer support in supporting people with a mental health condition to gain and sustain employment.

In a similar vein, many employers have developed excellent practice enabling people with a mental health condition to prosper in the workplace. If this information and expertise can be shared with their peers then the capacity of other employers to accommodate people with a mental health condition in their workforce can be increased.

> "It helped me to feel more hopeful and believe I could still do things because I could see they had."

The review recommends that Government facilitates the sharing of good employment practice in relation to mental health among employers. This might involve including information about good practice on the central information hub and/or the production of local newsletters, articles in local papers etc.

Occupational Health

Unlike most other elements of health care, occupational health is not part of universal NHS provision. The workforce in the UK has the lowest level of access to services in Europe at just 34 per cent[72] (mainly in the public sector and large private companies), and people who are workless have no access. The exposure of workless people with mental health conditions to occupational health staff is almost entirely confined to pre-employment health checks and experience is mixed. Some report a positive experience in which occupational health staff work with them to define adjustments, oversee their implementation and offer ongoing support to those people who need it. Others describe a threatening set of procedures and documentation which seem designed to exclude people with mental health conditions from employment – paradoxically the worst examples of this latter approach are quoted by those who have sought employment in the NHS.

The review recommends that Government ensures the principles and examples of good occupational health practice in recruiting and retaining people with mental health conditions are widely promulgated so that recruiting managers without access to occupational health staff can use it as a self-help resource.

The review recommends that Government requires public sector employers to review their occupational health arrangements in relation to the recruitment of people with mental health conditions to eradicate unjustified discrimination and encourages private sector employers to do the same.

Pre-employment health checks and disclosure of a mental health condition at work

An area of particular concern to many people with a mental health condition relates to disclosure: whether or not to be open about their condition at work, and if so, what should they say, to whom and when.

In theory, it may be desirable for people to be open about their mental health condition at work, but in the face of the prejudice and discrimination that abound, to do so may decrease the person's chances of gaining employment, retaining it and progressing in their career. One survey showed that, if they faced labour shortages, only 37 per cent of employers would even consider employing someone with a mental health condition.[73]

> "[The Pathways to Work provider] told me not to disclose my mental health condition or I wouldn't get the job."

> "My parents told me not to say anything about it."

While many people have received advice about disclosure from a variety of sources, it is up to each individual to decide whether they wish to do so. Employment advisors and mental health and social services workers should not tell people what they should do, but should help the person to think through the pros and cons of disclosure (see Appendix 7).

The review recommends that Government ensures that people with a mental health condition are provided with assistance to help them understand the pros and cons of disclosure (who to tell, when, how and what they might say), but leave the person to make up their own mind. Support to gain or sustain work should not be contingent on the person disclosing their condition to their employer.

On the side of the employer, if a person does not feel they can be open about their mental health condition then it is not possible to ensure that the person receives the appropriate reasonable adjustments and is able to access any support they need (e.g. mental health appointments) to maximise their productivity. In this context, Pre-employment Health Checks are of particular concern: many people feel that if they reveal a mental health condition they will automatically be excluded from employment.

The primary purpose of a health assessment should be to provide information about the adjustments a person might need to enable them to work productively. This approach is beneficial to both employee and employer:

- it increases people's confidence about being open about their mental health condition; and
- it enables employers to judge people on their skills (without these being overshadowed by their mental health condition) and draw up plans for how to minimise the impact of their mental health condition on their work performance.

The review recommends that Government outlaws the inappropriate use of Pre-employment Health Checks. These should only be conducted:

- after, and independently of, an evaluation of the person's capability to perform the job;
- to ascertain any adjustments that the person might require; and
- to check that the person meets any essential health requirements of the job.

Chapter 5

The ‘model of more support’: implementing Individual Placement and Support in a GB context

Paul's story – Part 3 (continued from page 35)

Within a year I was applying to become an Employment Specialist myself. I have been an Employment Specialist for 6 years. I will always have a severe and enduring mental health problem, but this is no longer my life. I am a mental health professional. Two years ago I got sick again, for the first time retained insight and knowledge about my problem, and was admitted to hospital as a voluntary patient knowing that my job would be waiting for me. Whereas before when I got sick my whole life fell apart, this time my life was waiting for me. Knowing I had to get back to work helped motivate me towards recovery and I was back at work within 3 months. With the support of Occupational Health and my manager I gradually increased my workload from 3 days to 5 days.

Over the last 6 years, working with my colleagues in the Community Mental Health Team, I have helped other people with severe and enduring mental health problems to become carpenters, cleaners, professional photographers, professors, actors, interior designers, restaurateurs and many other jobs and careers – sometimes I have helped them to hold on to jobs they already have, sometimes I have helped them to start from scratch.

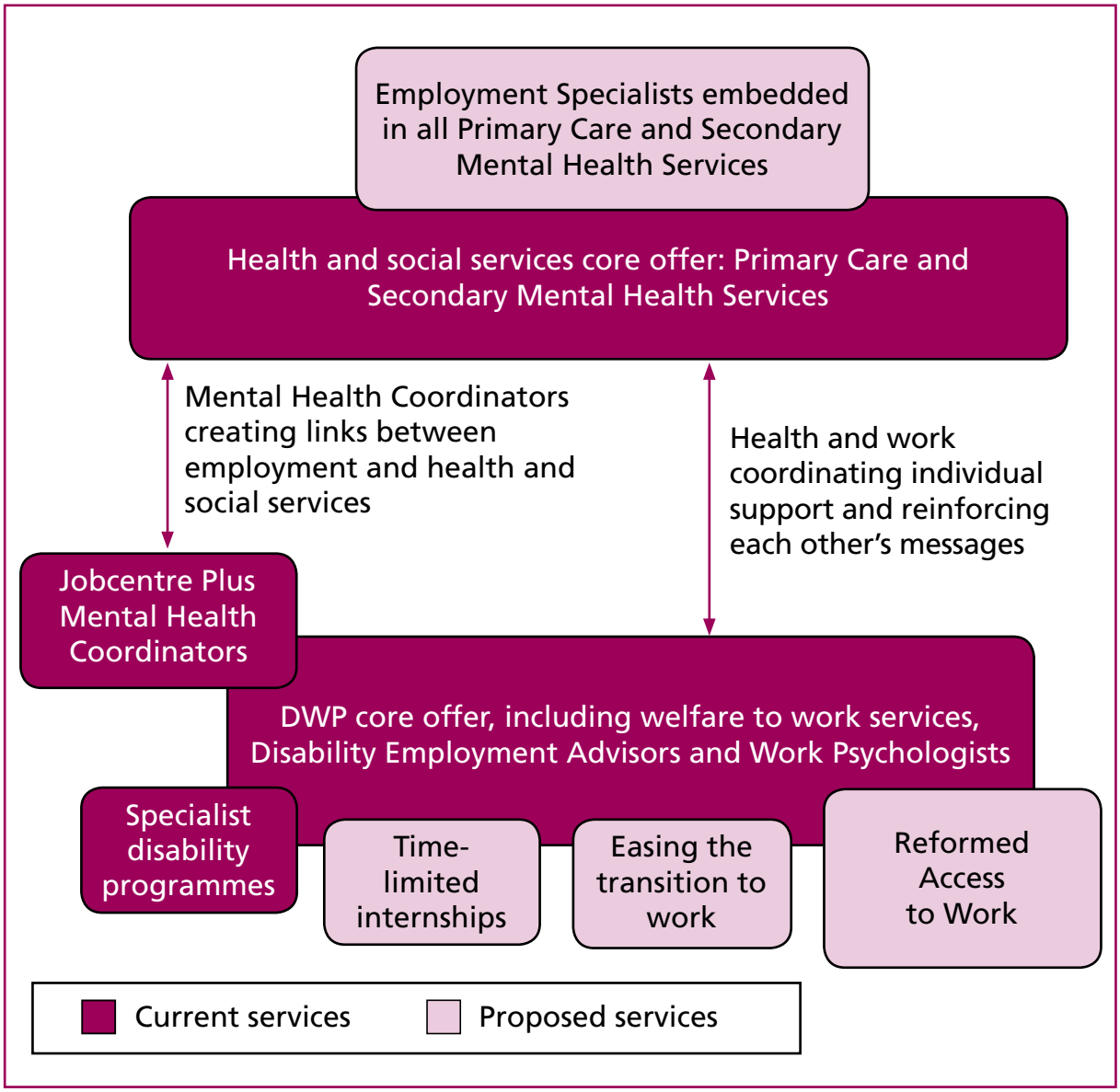
The passion I have for my career is immense. A job defines you, provides money, social networks, relationships, confidence, satisfaction, personal fulfilment and a sense of achievement. This is what I am, and this is what I do, I am no longer a mental health condition. Never lose sight of the light at the end of the tunnel, if it's not there, look for it because it may not find you."

Chapter 4 outlined practical steps that might be taken quickly to provide more appropriate support to employees and employers to enable people with a mental health condition to access employment.

However, even with such changes there remains a small group of people whose support needs are much greater than can be accommodated in current welfare to work structures, even if the capacity building described in Chapter 4 is implemented. This chapter addresses the needs of this group, providing a vision for a **'model of more support'** (see Figure 3 overleaf).

In line with the evidence base, **the review recommends** the principles of an Individual Placement and Support approach be adopted as the cornerstone of the 'model of more support'.

Figure 3: The 'model of more support': implementing Individual Placement and Support in a GB context



5.1 Understanding the evidence base

Traditionally, vocational rehabilitation for people with a mental health condition has adopted a sequential approach. It has been assumed that, first, it is necessary to treat and control a person's symptoms and once this has been achieved, rehabilitation should be offered in a stepwise 'train-place' fashion: starting the journey back to work with training and/or work experience in a safe, sheltered setting to develop skills and confidence before moving on to open employment.

Individual Placement and Support adopts quite a different approach. Employment Specialists are embedded in clinical treatment teams so that clinical treatment and employment support are integrated and occur in parallel. The focus is on helping a person to get open, competitive employment commensurate with their interests and preferences as quickly as possible and then providing all the support, as long as necessary, that both the individual and their employer need to make a success of the employment.

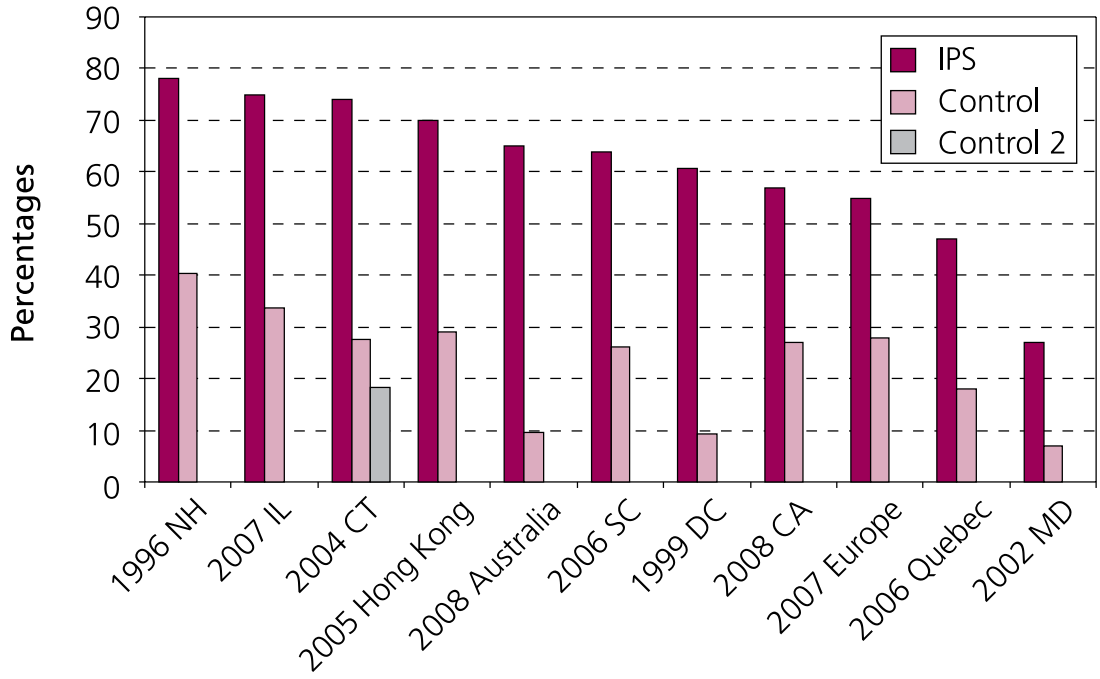
i) Individual Placement and Support is more effective than traditional approaches to vocational rehabilitation for people with a mental health condition.

Sixteen randomised controlled trials[74] have now demonstrated that Individual Placement and Support achieves far superior outcomes[75] across varying social, political, economic and welfare contexts.[76] These show that an average of 61 per cent of people with serious mental health[77] conditions can successfully gain open competitive employment using Individual Placement and Support as compared with 23 per cent for vocational rehabilitation[78] (see Figure 4).

While most research into Individual Placement and Support has been conducted in the USA, its transferability to other contexts has been demonstrated by trials in Australia and Europe. European trials (carried out across six countries including the UK) showed that Individual Placement and Support participants were twice as likely to gain employment compared to those receiving traditional vocational services.[79] In addition, there is evidence this approach can be effectively implemented in regular practice in UK services.[80,81] In comparison with traditional vocational rehabilitation, drop-out rates were far lower, people sustained their jobs for longer, worked more hours and earned more.

Evidence from the UK, Europe and the USA shows that, among those who gain employment, mental health service usage and costs decrease significantly.[82] Although there is no strong evidence of non-vocational benefits, some studies have showed those in competitive employment to be less lonely, more self-confident and to have greater satisfaction with finance and leisure activities.[83]

Figure 4: Competitive employment rates in 11 randomised controlled trials of high fidelity Individual Placement and Support



ii) The effectiveness of Individual Placement and Support is closely linked to fidelity to all seven principles of the approach.

Research evidence outlines seven principles of Individual Placement and Support, which contribute to its success.[84] Adherence to all seven principles is critical: employment outcomes are closely related to fidelity to the approach as a whole.[85] (See *Principles of Individual Placement and Support approach* on page 61).

iii) The availability of ongoing support in employment is a critical element of the Individual Placement and Support approach, but the number of people requiring support decreases over time.

A survey was conducted as part of the present review of 487 Employment Workers[86] engaged in supporting people with a mental health condition to get and keep work. This survey indicated that while the majority (78 per cent) required support during the first six months of their employment, the proportion still requiring support after 12 months dropped to 35 per cent with only 18 per cent requiring support after 24 months. The amount of ongoing support required was not great: an average of six hours per month during the first six months but an average of only around three hours per month thereafter.

iv) A key principle of Individual Placement and Support is that everyone who wants to work is provided with support, however the availability of support increases the number of people who consider themselves able to work.

The 2008 National Service User Survey of people using secondary community mental health services in England showed that some 50 per cent considered themselves unable to work because of their mental health condition. However, where Individual Placement and Support was provided in these services in South West London expectations were raised: only 33 per cent said that they were unable to work because of their mental health condition and, where Individual Placement and Support was implemented in an Early Intervention Service for young people in their first episode of a serious mental health condition (psychosis), this figure was reduced to 13 per cent.[87]

v) For some people with mental health conditions, it may be necessary to start work on a part-time basis.

Some people with a mental health condition value the possibility of starting work on a limited hours and building up gradually as their confidence and stamina increase. A recent review of Individual Placement and Support indicated that, while two-thirds of those obtaining employment worked at least 20 hours per week, few commenced work on a full-time basis.[88] The European randomised controlled trial of Individual Placement and Support showed considerable variation in initial hours of work: from eight hours to full time, with a mean of 28 hours.[89] Therefore, the possibility of starting work on limited hours – below that which would allow the person to leave welfare benefits – and gradually, where possible, building these up may be important. Research shows that, where this is made possible via 'permitted work' (in the absence of Individual Placement and Support), around 25 per cent move off benefits and into work.[90]

> "Permitted work was really helpful, gave me a graduated way to get into work."

vi) The availability of time-limited work experience in the form of time-limited 'internships' may be a useful adjunct to Individual Placement and Support in parallel with job search.

Many people with a mental health condition have gaps in their work history: people who develop a mental health condition are twice as likely to lose their job compared with those who develop other health conditions[91] and others have never worked. This can lead to:

- lack of confidence and fear of entering/re-entering the labour market; and
- lack of people on whom they can call for references.

There may, therefore, be a need to help people to reacquaint themselves with the world of work. Some people report voluntary work to be helpful in this regard. However, there is a risk that they remain stuck in unpaid roles without active support to move on. There is evidence that time-limited internships in parallel with job search might be more useful. One study found that 55 per cent of those surveyed thought this could be helpful.[92]

> "Having a chance to try out working, and a reference, before applying for a job is so invaluable."

Within an Individual Placement and Support framework, such opportunities may be provided by offering time-limited internships in parallel with job search. Data from a specialist work preparation programme specifically tailored to the needs of people with a more serious mental health condition may be useful. This offered 10 weeks work experience combined with supported job search. Of the 142 people who started the course 65 per cent had a diagnosis of psychosis – 46 per cent schizophrenia. Of the 115 who completed the programme 49 per cent gained competitive employment within 6 months.[93]

Principles of an Individual Placement and Support approach

1. Competitive employment is the primary goal: The fundamental assumption should be that paid employment (part-time or full-time) is a realistic goal for everyone who wants a job. Placement in education and training may provide a 'stepping stone' for younger people and other forms of training might help some people, but the central goal of the service must always be paid employment.

2. Everyone is eligible: There are no 'eligibility criteria' for entry into Individual Placement and Support programmes beyond an expressed motivation to 'give it a try'. This should be irrespective of issues such as job readiness, employability, welfare benefit status, symptoms, substance use, social skills or a history of violent behaviour.

3. Job search is consistent with individual preferences: Working closely with someone's personal interests and experience significantly increases the chances of them enjoying and retaining a job. 'Do you want to work?' and 'What do you want to do?' are therefore the key – and indeed often the only – important assessment questions.

4. Job search is rapid: The job search should be started early (normally within one month). A positive, 'can-do' attitude should be cultivated in both staff and service users. Clear targets with dates for action need to be set and adhered to. Preparation should be concurrent with job search.

5. Employment Specialists and clinical teams should be integrated and co-located: One of the most crucial aspects of the Individual Placement and Support approach is the quality of joint working between Employment Specialists and mental health teams. Clinical treatment and employment support occur in parallel and Employment Specialists should:

- be integrated and co-located with clinical teams, irrespective of who employs them;
- be central and equal members of the team not peripheral 'add-ons'; and
- actively take part in assessment meetings, influence referrals and share in the decision-making process.

In this way, the whole caseload of the clinical team is automatically the caseload of the Employment Specialist.

6. Support is time-unlimited and individualised to both the employer and employee: The Individual Placement and Support approach makes getting a job the start of the process rather than the end point (it is 'place-then-train', rather than 'train-then-place'). Thus, support must bridge this crucial transition and carry on for as long as is necessary. This means that individuals receive support that is based on their individual needs in relation to their job, skills and preferences. Support is provided by a variety of people including Employment Specialists and clinicians (e.g. to help people to manage their mental health in the workplace). Family members and close friends can be included in the team to support people in their work lives, if they wish. Employment Specialists may also provide support to the employer in line with the individual's wishes.

7. Welfare benefits counselling supports the person through the transition from benefits to work: It is essential that Employment Specialists or clinicians offer assistance in obtaining individualised benefits counselling to understand the financial implications of starting work. This should include the process of managing the transition from welfare benefits to work and advice on in-work benefits such as Tax Credits. It is essential to have good relationships with specialist experts in Jobcentre Plus and other welfare benefit agencies, such as Citizen's Advice Bureaux and TaxAid.

Peter's story

"I have struggled with my mood since my teenage years. Despite this I did reasonably well at school but at university my mental health deteriorated. After three overdoses I left university without completing my degree and got through the next decade working more or less successfully. In my mid-thirties I suffered my first manic episode and was sectioned [compulsorily detained in a psychiatric hospital under the Mental Health Act] with a diagnosis of rapid-cycling bi-polar disorder. I was out of work for over a year.

I expressed at the earliest stage that my aim was to return to work and I was referred to the Employment Specialist in the CMHT [Community Mental Health Team]. In our initial meetings he helped me to identify the type of work I wanted to return to. As part of this process I began to make a list of my skills and attributes and this enabled me to focus on applying for jobs in administration. As I began to identify job vacancies he helped me to work on my CV and think about what an employer might be looking for. My sessions with him also led me to fundamentally change my approach to application forms and focus on conveying how I met the person specification for the post and give specific examples.

I began to apply for administrative jobs in both the public and private sectors and within 2 months I was invited for an interview. My Employment Specialist helped me to prepare for the interview and practice interviews by holding 'dummy interviews'. He taught me techniques such as how to maintain eye contact and pause momentarily before answering, as well as how to answer commonly asked questions. This preparation certainly came in useful in the interview and I was able to confidently refer to examples of how I met the person specification throughout the interview. A week later I found out I had got the job (and at the same time I was invited to another interview that I didn't pursue). As my job search had come to an end I counted up all my applications: in two months I had applied for 6 jobs and received 2 invitations to interviews.

The support I received from the Employment Specialist did not cease when I started work. I continued to meet him about every 3 weeks but it was important that I knew I could phone him any time between appointments if I had concerns that could not wait to our next meeting. He came to meet me in a cafe close to my place of employment so I could talk through issues and concerns about my work. He helped me with assertiveness and how to cope with the appraisal process and saw my employer twice.

The support has been immeasurably important. Through his encouragement I have re-entered full-time employment. Over a year later I am still working successfully. I now focus more on opportunities in life and less on my condition. I regularly socialise with my colleagues after work and actually feel content to be a tax-payer again. My Employment Specialist has delivered both for me and the net benefits of society as a whole. He has enabled me to make the journey towards recovery and realise my aim of contributing to society again through fulfilling employment."

Implementing Individual Placement and Support in a UK context

> "The commissioning objectives are to implement evidence-based practice within vocational services, in particular the IPS [Individual Placement and Support] approach."[94]
>
> **DH and DWP *Commissioning guidance* (2006)**

> "Mental health services are able to improve service users' chances of finding (or keeping) employment by…introducing dedicated employment support within care teams for those with severe and enduring mental health problems – research evidence supports the Individual Placement and Support (IPS) model."[95]
>
> ***New Horizons consultation* (2009)**

Integration of health treatment and employment support are critical to the success of Individual Placement and Support. Research into Individual Placement and Support has assumed that people will continue to receive support from the same clinical team, and Employment Specialist, on an ongoing basis spanning job search, the transition into work and ongoing support and development in employment. Such assumptions cannot be made in the UK where divisions continue to exist within and between employment and health and social services. If Individual Placement and Support is really to be implemented in a UK context it will be necessary to develop effective delivery systems across traditional divides:

- across employment and health and social services systems;
- across primary and secondary health care; and
- across people receiving different types of welfare benefits.

Given this situation, if an integrated Individual Placement and Support approach is to be made available to all who need it to increase their chances of getting and keeping work, then it is necessary for:

- the additional support that some people with a mental health condition require to access employment be made available within primary care as well as secondary mental health teams;
- the resources for providing individualised ongoing support in employment need to be 'portable' with the person as they move around the health system;

- personalised in-work support to be available to all those who require it irrespective of the type of benefits they were receiving when they were workless (as is currently the case with DWP Specialist Disability Programmes); and
- there to be effective working relationships between local providers of employment support and Jobcentre Plus to coordinate the support provided to individuals.

Box 8: Individual Placement and Support: Sainsbury Centre for Mental Health – centres of excellence programme

Sainsbury Centre for Mental Health has established an initiative to develop 'centres of excellence' in the provision of Individual Placement and Support. This programme comprises mental health services which – in conjunction with their local commissioners, welfare to work service providers, service users and carers – are developing Individual Placement and Support within their services. This programme provides useful models from which services in other areas can learn. The five full partners in this Network are:

- Central and North West London;
- Essex;
- Shropshire;
- Somerset; and
- South West London.

In addition, there are four 'emerging partners' who are committed to developing Individual Placement and Support but are in an earlier stage of development: Sussex, Devon, Leeds and Nottingham and, in Wales, Cardiff and the Vale, are keen to become part of the programme.

Training of Employment Specialists is key to the successful implementation of Individual Placement and Support. At present London Metropolitan University offers a five-day short course in Individual Placement and Support evidence-based supported employment*. As part of the work of the centres of excellence programme it is hoped to identify a network of further trainers and formal accreditation for Individual Placement and Support training will be sought.

* See www.londonmet.ac.uk/depts/dass/courses/shortcourses This course can be taken as a stand alone professional development programme, without completing the assessments, (as an 'Associate Student') or attendees can take the assessments or attendees can and add two other modules toward a PG Cert Mental Health Practice or as part of the MA Mental Health and Wellbeing.

5.2 More support to get a job

A cornerstone of Individual Placement and Support is the inclusion of Employment Specialists across all primary care and secondary mental health teams serving adults of working age (see Boxes 9 and 10).

This Employment Specialists provide direct support to people served by the health team (and their prospective employers) in seeking, securing and sustaining employment, they also have a role in ensuring that the whole health and social services team has an employment focus: ensuring that vocational issues are addressed as part of assessment and treatment/support planning and providing advice and support to other team members on employment related issues.

Box 9: Implementing Individual Placement and Support: Ensuring high fidelity

Employment Specialists may either be employed directly by health or social services or commissioned from an external, usually voluntary sector, provider, but must be seen as central and equal members of the clinical teams with whose clients they work. In all cases they should:

- be integrated into, and physically colocated with, primary care or secondary mental health teams: attending referral meetings; sharing in the decision making/ care planning process and contributing to the same clinical records;
- receive training in an Individual Placement and Support approach (including engaging with and supporting employers); welfare benefits in relation to employment and have opportunities for ongoing specialist supervision;
- have a clear understanding of employment issues and of the challenges facing people with a mental health condition in a work context;
- develop an understanding of local labour markets and good working relationships with local welfare to work services and local employers;
- offer employment support in parallel with clinical treatment;
- provide continuity of support through the job search process, the transition into work and ensure ongoing support is available to help the person sustain their employment and progress in their career; and
- have employment support which should include support with self-employment where appropriate. This may involve supporting people to access agencies specialising in self-employment (see Box 11).

The review recommends that Government ensures the provision of at least one Employment Specialist within every secondary mental health team serving working age adults (including generic Community Mental Health Teams, Early Intervention, Assertive Outreach and more specialist teams).

This recommendation is in line with the DWP/DH guidance on commissioning vocational services for people with a mental health condition.[96] It would significantly contribute to the delivery of the strategy for socially excluded adults (PSA 16) in England[97], *Towards a Mentally Flourishing Scotland*[98] and *Raising the standard* in Wales[99] as well as the promotion of recovery-focused practice across Great Britain.

In primary care the way in which mental health services are provided varies between England, Scotland and Wales.

To calculate the number of Employment Specialists that each Primary Care Trust (PCT) or Health Board should employ, the review has taken the methodology used in DWP's Increasing Access to Psychological Therapies (IAPT) Employment Advisors retention pilots in England. In these the recommended ratio of Employment Advisors to therapists was 1:8, giving a ratio of Employment Advisors to population of 1:50,000. The average size of a PCT or Health Board is 250,000-330,000.

The review recommends that Government ensures each PCT in England and Health Board in Scotland and Wales employs an average of five to six Employment Specialists (1:50,000 population) in primary care.

As in secondary mental health services, Employment Specialists in primary care should be integrated into primary care teams and psychological therapy services where these exist. However, there are some people who may require employment support but who do not require, or do not want, psychological therapies. It is important that employment support should be accessible to individuals who do not require psychological therapies.

The Employment Specialist assisting someone who is workless to attain employment might usefully be integrated with primary care services to enable people to retain employment.

Box 10: Employment Specialists as part of clinical teams: the benefits of co-location and integration

- Better communication.
- Improved coordination and coherence in the person's journey through the 'system'.
- The process of seeking employment is sensitive to a person's clinical needs.
- Concerns of clinicians can be addressed directly.
- Vocational issues form part of initial assessments.
- Vocational information and goals are included in care plans.
- First hand observation is one of the best ways of convincing clinicians of the efficacy of focusing on employment – seeing is believing!
- More effective engagement and retention.
- Better outcomes for the individual.

Box 11: Self-employment

Although setting up a business is challenging, self-employment (often on a sole-trader basis) can be an attractive option for some people with a mental health condition. It can enable people to pursue their interests and use their skills and can provide the flexibility necessary to accommodate fluctuations in their condition. It also enables people to avoid some of the prejudice and discrimination they may have encountered in other work settings.

Andy's story – Setting up in business

"After several years out of work because of my mental health problems, assisted by the Employment Specialist I initially started as tentative steps towards the world of part-time employment has become something entirely different.

I had planned to edge my way back into work as a part-time teaching assistant with people with learning disabilities but while exploring this opportunity I came across a design charity that designs disability aids for people with physical/learning disabilities. This changed my goals. I am a qualified designer but have not worked in the design industry for many years. I thought this would be a great opportunity to use my skills and began to hope that this could be an achievable aspiration in the here and now.

While starting my own business, my Employment Specialist has at all times been there to support me. We meet to discuss various aspects from time management and work-life balance to coping strategies in relation to work. My experience of working with him has been entirely positive and I thoroughly recommend this course of action to anyone who has suffered mental health problems and needs help getting their lives back on track. It has certainly worked for me in ways I didn't even envisage when I embarked on the process.

I am now in the process of setting up my own business with the assistance of a charitable organisation called the Fredericks Foundation* who my Employment Specialist put me in touch with. Things are progressing well. I have since exhibited new design products and have access to a design studio so I can commission and build new pieces. At the same time I have done a Web Design course and plan to start a Computer Aided Design course in September (paid for by Direct Payments) to help me bring my design company into the current competitive market."

*The Fredericks Foundation helps people with mental health conditions to move into self-employment. They work on a one-to-one basis and tailor meetings around the individuals needs. In the event that self-employment is not the correct avenue for the client then support is provided to enable clients to move into competitive employment, mainstream education or voluntary work. They work closely with Employment Specialists in Mental Health Trusts, Jobcentre Plus and Pathways to Work providers. Evaluation shows that 27 per cent of participants started their own businesses and a further 24 per cent moved into competitive employment, mainstream education or voluntary work.

5.3 More support to stay in a job

> "There will often be a lack of support when things start to go wrong, often no help to retain jobs or adapt jobs to avoid stressors."[100]

Once in work, some people will require flexible, personalised in-work support to stay in a job (see Appendix 3).

DWP already provides support to help disabled people settle into and sustain a job through Access to Work. This programme has tended to focus on people with a stable physical disability, providing adaptations, support workers or equipment. Consequently, very few people helped by Access to Work have a mental health condition (of the 31,920 helped in 2008/09, only 210 had a mental health condition).[101]

There are additional limitations to this programme:

- Lack of knowledge about adjustments and support that may be needed by a person with a mental health condition in order to work effectively.
- The service is not well known.
- Support can only be agreed once a firm job offer has been made, leaving job seekers to apply without knowing whether support will be forthcoming, and employers to recruit without knowing whether the person will receive support to do the job.
- There is little or no room to make the amount of support flexible to accommodate fluctuations in a person's conditions.

> "The Access to Work Scheme has been described by the British Chamber of Commerce as 'one of the best kept secrets in government'."[102]

For those people with a mental health condition who require support to stay in and sustain work, it is vital this is flexible and tailored to their needs. To achieve this, **the review recommends** that the Government reforms the Access to Work programme to enable it to better accommodate people with a mental health condition, in line with the findings of a recent Mind pilot (see Box 12).

The review recommends that this reform of Access to Work incorporates the following principles:

- An indicative decision about eligibility for Access to Work is made prior to job application.
- Complete flexibility of support so it can be tailored around the person's needs, particularly around fluctuations in a condition.

- Employee and/or employer can call on immediate support from a known local provider when it is necessary.
- Jobcentre Plus should be responsible for determining eligibility for support with a role for Disability Employment Advisors in giving advice on approving and reviewing support plans in conjunction with the individual and others providing support.
- Individuals should be able to apply for support if needs emerge once in employment.
- The possibility of a person being unwilling to disclose their mental health condition to an employer must be accommodated.

It should be possible for support to be commissioned from any local agency with the necessary expertise in evidence-based supported employment for people with a mental health condition. Often this may involve voluntary sector providers, but health and social services and the private sector may in some instances be appropriate.

Box 12: Piloting flexible in-work support using Access to Work

Hammersmith and Fulham Mind are currently running a pilot programme to increase access to support via Access to Work.

The service is targeted directly at those that need it, reaching individuals at work and on sick leave. It uses google ad-words and a modern website to reach people directly. Referrals are also received from GPs, companies and community mental health teams.

The service is able to intervene early enough to prevent people from falling out of employment and into social exclusion and chronic mental health conditions.

By marketing directly to the client it also accesses people that are at home on sick leave.

Although it is early days for such a service, the results are overwhelmingly positive, with around 90 per cent of people receiving the service able to continue or return to work with appropriate support.

> "Most of the time I don't need her [an Employment Specialist], but I still have my ups and downs and on bad days I feel as if I can't cope. That's when I need to call her. She helps me get things into perspective."

> "He came and spoke to my manager – helped to sort things out."

The review recommends that Government investigates the possibility of further modifications to Access to Work to consider three further proposals.

i) A six month initial offer

Data collected for the purposes of this review suggests that more than twice as many people require support in their first six months of work than require it thereafter.[103] It can also be difficult to determine a person's support needs prior to commencement of employment.

The review recommends that the initial offer of support should be reviewed at the six month point in light of the person's experience at work to determine whether ongoing support is required.

ii) Funding for cover for sickness absence

Most people with a mental health condition do not require more sick leave than other employees[104], but for a small minority the nature of the condition may mean episodic longer absences. Accommodating such absences is more problematical for smaller employers and the fear of this consequence may constitute a major barrier to expanding the number of people with mental health conditions in employment. Mitigating the risk of this low likelihood, but high impact, possibility for a small business could have benefits disproportionate to the investment required.

The review recommends that Government investigates the use of Access to Work to fund temporary cover for an employee of a small business who is off sick for a longer period of time. Such funding should only be available for condition related absences that are likely to be prolonged and to smaller employers.

iii) A maximum budget payable

A key principle adopted in the review is that everyone with a mental health condition could work if they were given enough support. But it is also recognised that costs and benefits must be weighed so that the maximum number of people can benefit from an intervention.

The review recommends that Government investigates the setting of a maximum budget for Access to Work awards.

These proposals are in line with the personalisation, self directed support and Right to Control agendas allowing people to exercise choice and control over the health and social support they receive. Ultimately this support could be integrated with other budgets under the right to control umbrella to provide for a single support plan spanning the full range of a person's needs.

5.4 Funding the 'model of more support'

The 'model of more support' provides a compelling case for change. It is supported by a strong evidence base that has proven superior employment outcomes for people with mental health conditions. As the most effective means of support, health and social services and welfare to work services have a duty to implement this model.

Significant progress can be made by implementing this model within existing resources. It is not designed to be additional to current services, instead it should replace those traditional services that do not work or have poor employment outcomes.

The review recommends that Government ensures providers and commissioners review priorities in the light of this new approach and assess how resources can best be rebalanced to implement the 'model of more support' for people with a mental health condition.

The benefits of this approach are clear. For individuals, this approach increases the chances of gaining employment with the improvement in mental health and well-being that this brings. For the Government there are significant cost savings, including reductions in benefit spend, increased tax revenues, reduced hospital attendance and wider health and social benefits.

A better use of resources

A cost benefit analysis shows that for every pound invested in the 'model of more support' there is an expected saving of £1.51. The cost benefit analysis was based on conservative assumptions relating to the number of people who could be served and anticipated employment outcomes.

This model does not include wider savings to health and social services, including improved physical health and continued decrease in use of mental health services over longer periods of time.[105]

Appendix 8 provides details on the assumptions underlying the Cost Benefit Analysis, and gives more details on fiscal benefits for the range of additionality estimates which have been explored.

The review recommends that Government reinvests in health and social services and welfare to work services a proportion of any savings made.

Realising change

In health, some services have already redirected funding for the recruitment of Employment Specialists but sadly this remains the exception rather than the rule. In DWP services, the Access to Work Mind pilots have shown the potential success that reforming this programme could have in better helping people with a mental health condition to stay in work (see Box 12).

The resources necessary to implement the 'model of more support' might be sought by considering using existing resources in a variety of new/innovative ways (see Appendix 9).

The employment outcomes of Individual Placement and Support are directly related to the fidelity of its implementation, so it is important that services commissioned are of high fidelity if the benefits to individuals and the Exchequer are to be realised.

The review recommends that Government ensures that commissioners require that the fidelity of the services they commission is regularly evaluated using the Individual Placement and Support fidelity scale.[106]

Box 13: Implementing Individual Placement and Support: Ensuring high fidelity

To ensure the high fidelity to the Individual Placement and Support that is required to maximise employment outcomes services, perform regular audits using the Individual Placement and Support Fidelity Scale. Commissioners should require such fidelity assessments as part of annual performance reviews. See:

- Shepherd G. *et al.* (2009) *Measuring what matters. Key indicators for the development of evidence-based employment services*, Sainsbury Centre for Mental Health (www.scmh.org.uk);
- Bond G.R. *et al*. (1997) A fidelity scale for the Individual Placement and Support model of supported employment. *Psychiatric Rehabilitation Journal*, 31, 280-289.

5.5 Enhancing the 'model of more support' to allay fear and increase confidence

Time-limited internships

Many people on benefits with a mental health condition have gaps in their work history, others have not worked since the onset of their condition and some may have never worked. This can breed low confidence and negative attitudes towards work that prevent people from getting back into a job.

Time-limited internships would be a helpful tool to give people:

- experience of a work setting;
- experience of managing their condition in a work setting;
- proof they are capable of work;
- an employment reference; and
- confidence to take the step into work.

> "It's given me my confidence back – now I know I can get a job. It's so good. My husband and daughter go out at 8.30am and I was the one left behind. Now we all go out together."
>
> **The intern**

"It's not slave labour, we've organised a good quality placement. It's been good for the mental health of the whole team – really raised morale. Every team should aspire to this – it's an asset to the team."

The manager of the service

Box 14: Key principles of a successful internship

- Time-limited so that they are a step towards work, not an end in themselves. In discussion with users and looking at the available evidence, these should be limited to a maximum of three months.
- In parallel with job search to help people back to work as quickly as possible.
- Real work to help people towards open rather than segregated employment.
- Include a contract between intern and employer to ensure clear expectations on roles of the intern and the employer. This will ensure advisors can offer internships that fit the needs of job seekers.
- Flexible enough to enable part-time work or the building up of hours.
- Unpaid, but individuals continue to receive welfare benefits.
- Additional to existing employee numbers, not replacing paid workers or as a source of cheap labour.

Internships will be a tool for advisors to use, not a mandatory step. Where they are used it will be important to ensure that the individual is matched appropriately to the proposed internship and that there is continuity of support during and beyond the internship. The Employment Specialist or advisor supporting the individual should provide support for individuals and their managers to make a success of the internship.

Finally, the terminology is important. Internship, as opposed to work experience, was the preferred term from our user consultation with people with a mental health condition seeking work. It is also a mark of aspiration, can cover a variety of roles and levels and signifies a real stepping stone into appropriate work.

The review recommends that Government provides time-limited internships for people with a mental health condition who are workless and investigates their wider applicability to other workless disadvantaged groups.

The review recommends that Government should require the public sector (including local and national government) to offer the internships for free as part of its duty to promote the opportunities of disabled people. Other employers may be encouraged to offer internships to increase the pool of those available.

The review further recommends that Government ensures that Jobcentre Plus coordinate the provision and monitors the quality of the internships.

Easing the transition from benefits to work

The aim of welfare to work services should be to help people to become self sufficient off out of work benefits. DWP has already done a lot to help smooth the transition to work, removing inconsistencies and disincentives. These changes are to be welcomed and mean that the vast majority will be better off in work.

Box 15: In and Out of Work project

Overview

The In and Out of Work Project is part of the Government's wider modernisation and transformation agenda. Focused on improving customer service, it aims to help Jobseeker's Allowance (JSA) and Income Support (IS) (lone parents) customers with an immediate work focused interview access their benefits and credits more easily as they move into and out of work.

The new processes were originally tested and developed in six pilot sites. Customers, who have to deal with the Department for Work and Pensions (DWP) for out of work benefits, Her Majesty's Revenue and Customs (HMRC) for Tax Credits and Local Authorities for Housing Benefit and Council Tax Benefit, were given a single point of contact. This was provided through DWP by Jobcentre Plus, where customer information was collected and shared for all three benefits.

Evaluation of the pilots confirmed improvements to the customer experience with speedier resolution of their entitlements (on average 15 per cent quicker end to end) and a reduction in contact with Government. In addition, turning benefits 'on' and 'off' quickly and more effectively has increased the confidence in customers to take up work in the future, particularly short term.

Key to this success was that the new processes have improved the experience of customers by helping them to:

- move back into employment;
- claim in-work benefits as soon as they have found a job; and
- have a higher level of confidence to take up short-term work given that benefits can be turned 'on' and 'off' more quickly.

Given the success of the pilots, the processes are now being implemented nationally. Rollout will be phased across England, Scotland and Wales, and is planned to be completed by early 2010.

But often, such changes are not well understood by individuals or services. Concern about 'the benefits trap' remains widespread and makes people reluctant to take the positive step of getting into work with the financial and health benefits which this offers.

> "Maybe when you're there you may be alright one day, but you don't know if you can handle it, then you're afraid of chopping and changing your circumstances with your money and it's just a big step after a long time."[107]

> "I know people in my situation who have come off the sick, and have gone back into work and they have struggled because they've had their like full rent to pay, their full council tax to pay."[108]

This section addresses four specific areas of the benefits system where small changes could have an impact on helping people with a mental health condition and other disadvantaged groups make the step off benefits and into self sufficient work.

i) Allowing people to build up their hours gradually

The research literature[109] suggests that some people with a mental health condition need to start off working limited hours and build up their hours gradually: prolonged periods of worklessness tend to erode confidence and stamina.

This can be achieved by using the 'permitted work' rules which allow people to work limited hours while continuing to receive their benefits for a limited period. Evidence shows that about a quarter of those who had done some work while on benefit subsequently moved off benefit and into work. People with mental health conditions were more likely to make this move than people with other conditions.[110]

There are two levels of permitted work: a lower limit allowing a person to earn up to £20 a week; and a higher level allowing a person to earn up to £93 a week for up to a year without their benefits being affected. The review welcomes recent changes that ensure the higher level of permitted work will be available to everyone on Employment Support Allowance (ESA) and Incapacity Benefit.

Box 16: Principles of permitted work

- A tool for individuals in conjunction with their advisors to build confidence and get back to work.
- A time-limited transitional arrangement not a replacement for moving off welfare benefits and into employment.
- It should be available to those entering self-employment to enable them to build up their business.
- Continuity of employment support should be provided throughout the use of permitted work.

The higher limit of permitted work is not available on Income Support (IS) or Jobseeker's Allowance (JSA). Those on Income Support by virtue of a disability are more likely to be a younger group of people who have never worked and face multiple, complex challenges. They may therefore particularly benefit from a graded entry to employment. Similarly there could be some people with a mental health condition receiving Jobseeker's Allowance who have difficulty gaining employment and may need a graded return to work.

The review recommends that Government considers an extension of the higher level permitted work rules to all those who may benefit from it, particularly longer term claimants, irrespective of the welfare to work benefits they are receiving.

Building up hours through 'supported permitted work'

"At the time of my breakdown in 2007 I was a teacher of foreign languages. There was no way I could see myself standing in front of a class again. All I could remember was the terrible feeling of falling apart in public, the sense of humiliation and complete destruction of my confidence. For almost a year I didn't work, but in the summer of 2008, a good friend of mine informed me that a physically disabled women she knew was about to start a degree and was looking for an academic support worker.

It was a couple of months before I made contact with her. We agreed that I would start by helping with some tutoring once a week at home. I then progressed to attending university with her. I was enjoying the intellectual challenge very much and offered to act as her support worker/note taker at the university twice a week.

At the beginning I felt very anxious, not knowing whether I could cope with long days (11am – 5pm) but I soon settled in the routine. It felt good getting up in the morning and having somewhere to go. However it was not all plain sailing. I continued to experience high levels of anxiety and struggled with some aspects of the work, but the Employment Specialist was on hand to provide advice and guidance at critical moments.

I am now coming to the end of the academic year and considering my employment options for next year: staying on as an academic support worker and combining it with a part-time post as a Disability Officer in a university. The supported permitted work experience has allowed me to take small steps towards reintegration in the employment market. I am particularly grateful for the great job done by my Employment Specialist in supporting and enabling me to take this challenge on."

ii) Disability Living Allowance reviews

Disability Living Allowance provides support for those who require additional help because of their disability. Unlike most other benefits, it is available regardless of whether a person is in employment or not. A relevant change in an individual's circumstance can trigger a review of entitlement to Disability Living Allowance. Although entering employment is not supposed to be such a trigger, it can be an inadvertent consequence.

Many people with a mental health condition fear losing their Disability Living Allowance if they start work and anecdotal stories abound of where this has occurred.

The review recommends that Government ensures claimants are fully aware of their entitlements and that entering employment does not trigger a review of Disability Living Allowance.

iii) Free prescriptions

Individuals who are out of work and on benefits are entitled to free prescriptions for medication. Unlike the situation in Wales and (from 2011) in Scotland, in England, once they enter employment and come off welfare benefits they must pay for their medication.

This can be particularly expensive for people with a mental health condition as many may be taking a number of medications.

The review recommends that England follows the examples of Wales and Scotland and ensures all prescriptions are provided free for everyone with a with a longer term (more than six months) mental health condition.

iv) Self-employment

The fluctuating nature of some mental health conditions may mean that those who are self-employed experience periods of time when they are unable to work. At these times it is important to ensure continuity of income so that longer periods of time off sick do not lead an individual into a difficult financial situation.

This could possibly be achieved by adjustments to the linking rules to allow people to claim welfare benefits quickly and simply if they are unable to work for a prolonged period.

The review recommends that Government examines ways of ensuring continuity of income for people who are self-employed when the fluctuating nature of their mental health means they are unable to work for a prolonged period.

Training and career development

While research evidence shows that train-place approaches are relatively ineffective in assisting people with a mental health condition to gain employment:[111]

- Individual Placement and Support may involve minimal pre-vocational training as part of, and in parallel with, job search (for example, brushing up on computer skills while applying for jobs).

- Ongoing, in-work, training and development are critical to enable people to develop their skills and progress in their careers.

For those whose mental health condition developed in their teenage years and disrupted their education this is particularly important. It is therefore critical that people with a mental health condition are encouraged and supported to engage in continuing training and career development opportunities.

The review recommends that all Government training and continuing professional development initiatives (including apprenticeships, learning provision made through Train to Gain, internship programmes and the future jobs fund for younger people):

- Offer the support and adjustments that some people with a mental health condition may need to engage in these opportunities (e.g. the possibilities of: reduced hours; additional time for assignments; breaks if their mental health condition fluctuates; a 'buddy' on the programme; and access to additional learning support funds).

- Monitor the uptake and outcomes of all learning opportunities undertaken by people with a mental health condition to ensure equality.

People with a mental health condition who have been out of work for some time or have never worked may need to be offered training at the start of their employment to assist them in meeting the demands of the job. This would provide reassurance to, and increase the confidence of, both the employee and the employer.

Shan's story

"I was born in Malaysia but brought up in Sri Lanka before coming to the UK at the age of 20. I am married and have a grown up daughter. I was first admitted to psychiatric hospital in 1968 and have had 12 admissions since then – but none since 2000. I have worked in the cleaning and food industries off and on and since being stable for the last 6 or 7 years I was discharged from the Community Mental Health Team. This made me feel lonely and vulnerable and shortly after I was made redundant due to cost-cutting measures. When I am not working I get depressed and angry. At a local community centre that supports people from ethnic minorities I heard that there was an Employment Specialist at my GP so I went to see him.

The Employment Specialist has helped me to amend my CV, helped me with searching for a job and helped me practice interviews. I have also been busy with my own job searching by attending the Jobcentre and looking for vacancies. My Employment Specialist has kept my spirits up when I have become down and disillusioned at not finding a job and this has become more prevalent in the current recession when competition has been fiercer.

I always feel better when I am working and this persistence and support has paid off recently when I was invited for an interview and gained employment as a cleaner for an organisation helping people with learning difficulties. I started working in June and although this is part time work it has provided me with more confidence but I still need the reassurance of someone with a listening ear from time to time. In the coming months I want to look for additional hours, but at the moment I am happy to be back."

Chapter 6

Establishing effective systems for monitoring outcomes and driving change

Good monitoring is essential to evaluate the employment outcomes of different initiatives, improve their effectiveness and provide feedback to commissioners and practitioners that is necessary to drive change.

6.1 Ensuring the routine monitoring of employment and mental health condition

It would be helpful for health and social services to be aware of a person's benefit and employment status and for DWP services to be able to easily identify people with a mental health condition. This would enable health and social services to ensure people are claiming all the benefits to which they are entitled and help them to retain employment. It would enable DWP services to better tailor their support and judge the effectiveness of their programmes for this group. It would also reduce the overall monitoring demands on both services.

The review recommends that Government explores the sharing of limited information among health, welfare to work and benefit services about employment status, benefits and mental health condition.

While issues around confidentiality and data sharing make this a longer term goal, there are a number of interim measures that can be taken to move towards this vision.

DWP services collect fine-grained data about work and benefits, but not about health status. Health and social services collect detailed information about heath status, but not about work and benefits.

To evaluate the effectiveness of services, it is vital that both are routinely monitored across services. In health and social services, the inclusion of employment in the Mental Health Minimum Data Set in England is to be welcomed as a positive step forward. Similarly, employment outcomes are now included in the data set for IAPT services in primary care. However, the collection of these data sets needs to be improved.

The review recommends that Government ensures the routine collection of a basic set of data on service usage and outcomes:

- DWP services should collect data on mental health conditions as part of their equal opportunities monitoring; and
- health and social services should collect data on employment as part of their key performance indicators.

To do this, shared definitions of employment and mental health condition are required.

The terms 'work' and 'employment' have been used to cover a range of different types of productive labour. Historically the term employment has been used to refer to work in both open competitive settings and sheltered settings. People with a mental health condition should enjoy the same opportunities as any citizen, so that the goal must be open employment in mainstream settings with support as necessary to enable the person to make a success.

Box 17: Definitions of Employment	
Open employment	Work in an open, competitive setting where both disabled and non-disabled people are employed on the same terms and conditions.
Supported employment	As for open employment, but where the disabled person receives support and/or adjustments to do the job over and above that which non-disabled colleagues receive.
Sheltered employment	Work in a segregated setting designed for disabled people where the person is paid at least the national minimum wage. This might include a range of sheltered workshops and social firms.
Sheltered work	As for sheltered employment, but where people are paid less than the minimum wage (therapeutic earnings). This might include a range of sheltered and training workshops, social enterprises, emerging social firms etc.
Internships: time-limited	A time-limited (maximum three months) period of work in an open, competitive setting where both disabled and non-disabled people are employed but where the person does not receive payment other than out of pocket expenses. These should be distinguished from work trials or working interviews which form part of the job selection process.
Voluntary work	Work in a setting where both disabled and non-disabled people may work without pay that is not time-limited (or lasts longer than three months) and where the person does not receive payment other than out of pocket expenses.

The review recommends that the term 'employment' be restricted to competitive employment in a setting where disabled and non-disabled people are being employed on the same terms and conditions and where the person no longer receives out of work benefits. This would include:

- those working in competitive settings but receiving additional support or adjustments to sustain their employment;
- those working fewer than 16 hours whose earnings are sufficient to enable them to leave out of work benefits; and
- those who are self-employed and no longer receive out of work benefits.

The review recommends that Government ensures that commissioners of secondary mental health services and psychological services in primary care are required to include the monitoring of employment in their key performance indicators.

In primary care, consideration of employment outcomes might usefully form part of the introduction of the new statement of fitness to work 'fit note'.

The review recommends that Government ensures primary care services encourage practices to perform internal audits of their use of the 'fit note' and outcomes of the recommendations made within these.

Collection of information on mental health conditions is fraught with difficulty because of the different language and terminology used. For example:

- monitoring of mental health conditions is often embedded in more general enquiries about disability (i.e. a person is first asked whether they consider themselves disabled and then what sort of impairment they have). This invariably underestimates the occurrence of mental health conditions because many people with a mental health condition do not consider themselves disabled; and

- as mental health conditions fluctuate, people often answer questions about whether or not they have such conditions in terms of their current state. Again this serves to underestimate the occurrence of mental health conditions.

The term mental health condition has traditionally been used in DWP services to cover a broad range of 'mental and behavioural problems'. However, the needs and challenges faced by people with different conditions vary.

The review recommends that the term mental health condition excludes such conditions as learning disabilities, autistic spectrum disorders, primary addiction problems and dementia.

Employment workers should not be expected to make diagnoses so individuals might simply be asked whether they have or have had problems with anxiety, depression or other mental health conditions.

In DWP services, **the review recommends** that Jobcentre Plus and providers collect data from all customers on whether they consider themselves to have:

- a current mental condition (anxiety, depression or other mental health issues); and

- had such a condition in the last five years.

6.2 Adopting appropriate performance indicators and inspection criteria to drive change

It is important that drivers for change are explored at both national and local level to promote efforts to enable people with a mental health condition to gain employment.

The aim should be to achieve a year on year decrease in the gap between the general employment rate and the employment rate for people with a mental health condition.

The review recommends that Government review commissioning, monitoring and outcome frameworks to ensure that appropriate drivers are in place to reduce the numbers of people with a mental health condition on welfare benefits.

Examples of drivers for change that could be put in place

Across health and social services in the UK:

- Use of the principles of World Class Commissioning and of Practice Based Commissioning to ensure that services procured are evidence-based.
- Reward and recognition for exemplar service provision – leading by example to bring about positive change.
- Reducing stigma and discrimination – busting myths among healthcare professionals that people with a mental health condition are unable to work and should be 'protected' from doing so.

In health and social services in England:

- The principles of QuIPP are central to the review and should rightly be considered in any commissioning decisions:
  - **Quality** services need to be procured, ensuring that they match the fidelity of the approach;
  - **Innovation** is needed in both use of funding and the consideration of funding options;
  - **Productivity** will increase by implementing the model outlined in this review: both of health and social services and the individuals who are using them; and
  - **Prevention** of relapse of condition is increased if people with mental health conditions enter into employment.

- Objectives and target setting in health and social services.
- National Institute for Health and Clinical Excellent (NICE) guidance on mental health and employment.

In health and social services in Scotland:

- Scottish Intercollegiate Guidelines Network (SIGN) guidance on mental health and employment.
- Community Planning Partnerships.

In health and social services in Wales:

- National Institute for Health and Clinical Excellence (NICE) guidance on mental health and employment.
- Annual operating framework targets for health, shared between Health Boards and local authorities.

In DWP services across the UK:

- Objectives and target setting – reducing the gap between the employment rate of people with a mental health condition compared to both other disabilities and the working age population as a whole.
- Reducing stigma and discrimination – busting myths among advisors and employers that people with a mental health condition are unable to work and should be 'protected' from doing so.

At a local level:

- Using the new Jobcentre Plus Mental Health Coordinators to link up activity between DWP services, health and social services, local authorities and other key delivery partners.
- Capitalising on the important strategic role of local authorities joining up local service provision.

Conclusion

In this review we have presented ways in which DWP, health and social services can better work together to make it possible for many more people with mental health conditions to realise their employment aspirations. These include ways in which existing structures can better help people with a mental health condition to access employment and evidence-based ways in which resources might be rebalanced to provide the additional support some people require to contribute their talents in the workplace.

While the focus of the review is on the support provided by DWP, health and social services, the role of these services, and indeed the whole of the Government and the public sector, as a major employer cannot be overlooked. In many ways, the Government and the public sector have lagged behind sections of the private sector in increasing access to employment for people with a mental health condition. This must change. It is vital that the Government and the public sector 'put its own house in order' and take the lead in employing people with a mental health condition at all levels.[112]

We are confident that the changes we have proposed can be enacted within the resource constraints that exist, but we know that this will not be easy. There are shining examples across England, Scotland and Wales where considerable strides have already been made, but this good practice remains the exception rather than the rule.

In order to build on these initiatives – equitable access to support to gain and prosper in employment – difficult decisions between competing priorities will have to be made. The difficult economic times that we face pose particular challenges. But it is precisely in such times that we must make sure that every penny spent is used to maximum effect. The proposals made here offer evidence-based, innovative and cost effective ways to better help people with mental health conditions into employment.

We must act now to stem the rising tide of unemployment that denies employers access to the skills and talents of people with a mental health condition, and denies people with such conditions and their families the personal, social and economic opportunities that appropriate employment brings.

Appendices

Appendix 1: Terms of reference

The Government believes that, with the right help and support, many more people with a health condition or disability can achieve independent and fulfilling lives, including through employment.

We are especially concerned by the large and growing numbers of people with mental health conditions who are dependent on out-of-work benefits, and who, too often, fail to receive the rapid, integrated employment support that can help them get and keep stable and sustainable jobs.

In recent years, innovative approaches such as the Individual Placement and Support model have confirmed that it is possible for people with more severe mental health conditions to succeed in the workplace and that a 'work first' approach is likely to produce the best results. And we have growing evidence that work is beneficial for health, including for people with a mental health condition.

The review will therefore consider:

- how people with mild and moderate mental health needs within the benefit and welfare to work system should be supported, to ensure the speediest and most effective work-focused support;
- how we can provide additional employment and health support to enable those with more complex needs – particularly those with severe mental health conditions – to realise their aspiration to work, including through self-employment. This should consider how wider access can be provided to progressive, tailored employment support appropriate to the individual;
- in particular, how innovative models (including an Individual Placement and Support model) could be used alongside and/or in strengthening our existing suite of employment programmes and employment support services across Government; and
- how the right balance of support can be achieved, using existing resources in the most effective way.

Although the review is focused primarily on improving services and outcomes for people with a mental health condition, we would welcome the views of the review on whether there are wider lessons that can be drawn about how we design and deliver employment support services to the most disabled people.

Appendix 2: Summary of recommendations

Increasing capacity and dispelling myths

1 The review recommends that Government charges the new Mental Health Coordinators with responsibility for establishing and maintaining local networks between employment and health and social services workers. This should include Jobcentre Plus and provider-led services, workers leading on employment from health and social services as well as local voluntary sector providers.

2 The review recommends that Disability Employment Advisors support Mental Health Coordinators in building local networks.

3 The review recommends that Government advertises the availability, and provides advice on the use, of better off in-work calculations to health and social services and voluntary sector organisations serving people with a mental health condition.

4 The review recommends that Government investigates ways of ensuring the compatibility of welfare to work action plans (drawn up as part of Pathways to Work or Flexible New Deal process) and health and social services plans to contain consistent messages and complement each other. Where the individual wishes, the sharing of plans should also be encouraged. It is not recommended that adherence to treatment be a condition of benefits for people with a mental health condition.

5 The review recommends that Government ensures that, in addition to dispelling the myths surrounding mental health conditions, all advisors in Jobcentre Plus and other welfare to work providers receive skills-based training in areas such as solution focused approaches, motivational interviewing, coaching and related techniques.

6 The review recommends that Government ensures, wherever possible, continuity of advisor for customers in Jobcentre Plus and other welfare to work provider areas with a mental health condition.

7 The review recommends that Government takes steps to ensure that advisors in Jobcentre Plus or other welfare to work providers make maximal use of the flexibilities open to them to tailor the support they offer to individual needs and circumstances. In doing this, advisors should be encouraged to make full use of the skills of Disability Employment Advisors and Work Psychologists.

8 The review recommends that Jobcentre Plus and providers offer greater privacy for those who feel uncomfortable discussing personal issues in an open plan environment.

9 The review recommends that Government ensures that individuals are provided with clear information before the interview about what to expect, the sorts of questions asked and things they would be expected to do by Jobcentre plus or providers.

10 The review recommends that for people of working age, Government ensures that vocational issues should form part of initial assessments and of treatment and support plans.

11 The review recommends that Government ensures that the importance of employment in promoting and maintaining health (physical and mental) and well-being and the deleterious impact of unemployment for part of the pre-qualification training of all health professionals, be included in post qualification training and be addressed in guidelines issued by professional bodies.

12 The review recommends that Government ensures that guidance supporting the 'fit note' emphasises the more personalised nature of the process and that a person does not have to be 'fully recovered' to return to some work. It should signal a move away from an assessment of whether a person can or cannot work to what they can do to speed their recovery through, where necessary, a gradual return to work.

13 The review recommends that Government ensures the provision of a single hub for support and advice on good practice that is easily accessible and widely disseminated nationally and locally. This should also include information about other sources of support that are available, and rights and responsibilities under equalities legislation.

14 The review recommends that Government provides support to national anti-stigma campaigns (e.g. Time to Change and See Me) to assist them in addressing the concerns of employers and employees/potential employees with a mental health condition.

15 The review recommends that Government ensures Jobcentre Plus Disability Employment Advisors, supported by Work Psychologists, as well as provider-led Pathways to Work advisors and other relevant Jobcentre personnel focus increased attention to the needs and concerns of employers, especially to understand how they might facilitate an individual's (re)entry into employment.

16 The review recommends that Government encourages the commissioning of mental health first aid or related training for employers, following the examples of Scotland and Wales.

18 The review recommends that Government ensures that health and social services make support available to assist people to manage any ongoing or recurring symptoms of their mental health condition in a work context and encourages the use of WRAP or related tools in relation to work.

19 The review recommends that Government ensures that, based on the individual's WRAP in relation to work, health and social services and advisors in welfare to work services help people who require it to negotiate, and draw up an agreement, about ways in which their employing manager (and/or colleagues) can assist them to remain on an even keel at work, help them to deal with difficulties that arise and assist them in the event of a crisis, and return to work after a crisis.

20 The review recommends that Government promotes the use of peer support in supporting people with a mental health condition to gain and sustain employment.

21 The review recommends that Government facilitates the sharing of good employment practice in relation to mental health among employers. This might involve including information about good practice on the central information hub and/or the production of local newsletters, articles in local papers etc.

22 The review recommends that Government ensures the principles and examples of good occupational health practice in recruiting and retaining people with mental health conditions are widely promulgated so that recruiting managers without access to occupational health staff can use it as a self-help resource.

23 The review recommends that Government requires public sector employers to review their occupational health arrangements in relation to the recruitment of people with mental health conditions to eradicate unjustified discrimination and encourages private sector employers to do the same.

24 The review recommends that Government ensures that people with a mental health condition are provided with assistance to help them understand the pros and cons of disclosure (who to tell, when, how and what they might say), but leave the person to make up their own mind. Support to gain or sustain work should not be contingent on the person disclosing their condition to their employer.

25 The review recommends that Government outlaws the inappropriate use of Pre-employment Health Checks. These should only be conducted:

- after, and independently of, an evaluation of the person's capability to perform the job;
- to ascertain any adjustments that the person might require; and
- to check that the person meets any essential health requirements of the job.

The 'model of more support': implementing Individual Placement and Support in a GB context

26 The review recommends the principles of an Individual Placement and Support approach be adopted as the cornerstone of the 'model of more support'.

27 The review recommends that Government ensures the provision of at least one Employment Specialist within every secondary mental health team serving adults (including generic Community Mental Health Teams, Early Intervention, Assertive Outreach and more specialist teams).

28 The review recommends that Government ensures each PCT in England and Health Board in Scotland and Wales employs an average of five to six Employment Specialists (1:50,000 population) in primary care.

29 The review recommends that Government reforms the Access to Work programme to enable it to better accommodate people with a mental health condition, in line with the findings of a recent Mind pilot (see Box 12).

30 The review recommends that this reform of Access to Work incorporates the following principles:

- An indicative decision about eligibility for Access to Work is made prior to job application.
- Complete flexibility of support so it can be tailored around the person's needs, particularly around fluctuations in a condition.
- Employee and/or employer can call on immediate support from a known local provider when it is necessary.
- Jobcentre Plus should be responsible for determining eligibility for support with a role for Disability Employment Advisors in giving advice on approving and reviewing support plans in conjunction with the individual and others providing support.
- Individuals should be able to apply for support if needs emerge once in employment.
- The possibility of a person being unwilling to disclose their mental health condition to an employer must be accommodated.

31 The review recommends that Government investigates the possibility of further modifications to Access to Work to consider three further proposals:

- The review recommends that the initial offer of support should be reviewed at the six month point in light of the person's experience at work to determine whether ongoing support is required.
- The review recommends that Government investigates the use of Access to Work to fund temporary cover for an employee of a small business who is off sick for a longer period of time. Such funding should only be available for condition-related absences that are likely to be prolonged and to smaller employers.
- The review recommends that Government investigates the setting of a maximum budget for Access to Work awards.

32 The review recommends that Government ensures providers and commissioners review priorities in light of this new approach and assess how resources can best be rebalanced to implement the 'model of more support' for people with a mental health condition.

33 The review recommends that Government reinvests in health and social services and employment services a proportion of any savings made.

34 The review recommends that Government ensures that commissioners require that the fidelity of the services they commission is regularly evaluated using the Individual Placement and Support fidelity scale.

35 The review recommends that Government provides time-limited internships for people with a mental health condition who are workless and investigates their wider applicability to other workless disadvantaged groups.

36 The review recommends that Government should require the public sector (including local and national government) to offer the internships for free as part of its duty to promote the opportunities of disabled people. Other employers may be encouraged to offer internships to increase the pool of those available.

37 The review further recommends that Government ensures that Jobcentre Plus coordinate the provision and monitor the quality of the internships.

38 The review recommends that Government considers an extension of the higher level permitted work rules to all those who may benefit from it, irrespective of the welfare to work benefits they are receiving.

39 The review recommends that Government ensures claimants are fully aware of their entitlements and that entering employment does not trigger a review of Disability Living Allowance.

40 The review recommends that England follows the examples of Wales and Scotland and ensures all prescriptions are provided free for everyone with a longer term (more than six months) mental health condition.

41 The review recommends that Government examines ways of ensuring continuity of income for people who are self-employed when the fluctuating nature of their mental health means they are unable to work for a prolonged period.

42 The review recommends that all Government training and continuing professional development initiatives (including apprenticeships, learning provision made through Train to Gain, internship programmes and the future jobs fund for younger people):

- Offer the support and adjustments that some people with a mental health condition may need to engage in these opportunities (e.g. the possibilities of: reduced hours; additional time for assignments; breaks if their mental health condition fluctuates; a 'buddy' on the programme; and access to additional learning support funds).
- Monitor the uptake and outcomes of all learning opportunities undertaken by people with a mental health condition to ensure equality.

Establishing effective systems for monitoring outcomes and driving change

43 The review recommends that Government should explore the sharing of limited information among health and work services about employment status, welfare benefits and mental health condition.

44 The review recommends that Government ensures the routine collection of a basic set of data on service usage and outcomes:

- DWP services should collect data on mental health conditions as part of their equal opportunities monitoring; and
- health and social services should collect data on employment as part of their key performance indicators.

45 The review recommends that the term 'employment' be restricted to competitive employment in a setting where disabled and non-disabled people are being employed on the same terms and conditions and where the person no longer receives out-of-work benefits. This would include:

- those working in competitive settings but receiving additional support or adjustments to sustain their employment;
- those working fewer than 16 hours whose earnings are sufficient to enable them to leave out-of-work benefits; and
- those who are self-employed and no longer receive out-of-work benefits.

46 The review recommends that Government ensures that commissioners of secondary mental health services and psychological services in primary care are required to include the monitoring of employment in their key performance indicators.

47 The review recommends that Government ensures primary care services require practices to perform internal audits of their use of the 'fit note' and outcomes of the recommendations made within these.

49 The review recommends that the term mental health condition exclude such conditions as learning disabilities, autistic spectrum disorders, primary addiction problems and dementia.

50 The review recommends that Government ensures that Jobcentre Plus and employment service providers collect data from all customers on whether they consider themselves to have:

- a current mental condition (anxiety, depression or other mental health issues); and
- whether they have had such a condition in the last five years.

51 The review recommends that Government reviews commissioning, monitoring and outcome frameworks to ensure that appropriate drivers are in place to reduce the number of people with a mental health condition on welfare benefits.

Appendix 3: Examples of the additional support that people with mental health conditions might need

Job Search

- Liaison with Jobcentre Plus and Pathways/New Deal providers.
- Assistance to attend Work Focused Interviews that from part of the requirements of the person's benefits.
- Development and implementation of an action plan (in conjunction with Pathways/ New Deal provider as appropriate).
- Identification of skills, preferences, challenges.
- Matching of jobs and individual employment assets based on client preferences.
- Information on job availability.
- Approaching employers as necessary.
- Analysis of challenges a person faces and how these might be overcome.
- Identification of preparation needs and how these will be met.
- Assistance to obtain time-limited work experience/internship if necessary.
- Identification of likely initial support needs/adjustments that the person may need to work successfully and how these might be provided.
- Assistance with application, preparation for interview including practice interviews.
- Help to negotiate with employer where alternatives/additions to traditional selection procedures may be required (e.g. work trials).
- Welfare benefits advice (including supported permitted work to enable the person to build up their hours gradually.
- Assistance with understanding the pros and cons of disclosure.
- General support and encouragement when doubts/challenges arise.

Assistance in transition to work

- Help to think about re-organisation of life around work.
- Welfare benefits/tax credits advice and application.
- Help to draw up self-management plan.
- Help to develop a plan for keeping on an even keel at work and managing ups and downs at work (identifying triggers and early warning signs and how the person and their employing manager might address these).
- Draw up a plan for what the person/their employing manager might do to assist the person/support them if a crisis occurs.

  (see WRAP for work – Appendix 6)
- Help person and employer to decide what the person will need to work successfully (including 'reasonable adjustments') and additional support they may be required by employee or employer.

- Agree initial support plan to settle into work with the person and their employer as appropriate.
- Agree an initial Employment Support Plan to help the person and their employer during the initial stages of employment and how this support will be provided.
- General support and encouragement when doubts/challenges arise.

Supporting in initial stages of work

- Ensuring implementation of the initial Employment Support Plan.
- Helping the person to refine their plan for managing their mental health condition at work.
- Problem-solving help with difficulties that arise that may jeopardise work:
  - Problems at work.
  - Problems outside work that may negatively impact on work performance.
  - Managing mental health symptoms.
- Support to managers/employer as necessary.
- Support to build up hours if the person started on limited hours using the permitted work rules.
- Review of ongoing support needs in light of work experience.
- Development of ongoing Employment Support Plan (if necessary) and determining how this will be provided.
- Setting in place ongoing support plan.
- General support and encouragement when doubts/challenges arise.

Ongoing support in work

- Regular contact to find solutions to challenges that might jeopardise work performance.
- Additional support to employee during fluctuations of mental health difficulties.
- Additional advice and support to employer during fluctuations.
- Practical help to get to work/in work during fluctuations in mental health condition.
- Help to negotiate changes in duties/hours/working from home during fluctuations in mental health difficulties.
- Help to access health/social support during fluctuations in mental health condition.
- Help to plan and execute graded return to work.
- Temporary replacement cover during longer periods of mental health related sickness absence.
- Support to access further training and development and progress in career.
- Help to change jobs as necessary.
- General support and encouragement when doubts/challenges arise.

Appendix 4: Employment and people with a mental health condition: the business case

See Employers Forum on Disability (undated) EFD Briefing: A practical guide to employment for people with mental health problems, www.efd.org.uk/publications

Effective management of mental health in the workplace is good for business

- Up to 30 per cent of your workforce will experience a mental health condition in the course of a year.
- Mental health problems account for loss of over 91 million working days per year costing British business some £4 billion.
- Failure to manage mental health problems effectively can have high costs in terms of productivity, team morale, interpersonal relationships, staff turnover and individual performance.

People with mental health problems represent an undervalued and untapped pool of talent

Most people with mental health problems want to work and with reasonable support and adjustments can lead stable and productive lives and make a valuable contribution to the workplace.

- Many people with mental health problems are reliable and conscientious workers who are fully capable of performing well in pressurised and responsible positions.
- For some people, mental health problems will have no effect on job performance, for others their mental health may affect their work only temporarily.

Providing a supportive work environment will benefit both employers and employees alike

Protecting the mental health of your workforce and supporting and retaining employees with mental health problems contribute to:

- more effective recruitment drawing from a wider pool of talent;
- increased loyalty and better retention;
- reduced sickness absences and associated savings;
- more effective rehabilitation and reduction in early ill-health retirement;
- better working conditions and interpersonal relationships which contribute to higher levels of motivation and productivity;
- more responsive and flexible management;
- enhanced reputation as an employer; and
- reduced risk of litigation under disability discrimination legislation and personal injury claims.

Appendix 5: An example of good employment practice: The British Telecom (BT) approach

BT has a long history of engaging with the community in a socially responsible way. As one of the largest private sector employers in the UK, the company seeks to recruit and promote people in a way that reflects the communities it serves. Diversity in all its aspects is respected and promoted with mental health being recognised as an important, but often neglected, issue.

BT therefore has a mental health framework that helps to underpin one of the five key themes of the company's People Strategy – *to create a healthy and diverse environment where excellence prospers*. The framework is supported by a range of employment policies and practical tools to help BT people (managers, peers and individuals) understand and manage effectively mental health conditions. It is recognised that the employment relationship must be based on mutual trust, respect and support which starts from the first engagement of a prospective employee with the company.

- BT seeks to promote itself as a diverse employer open to people from all backgrounds and with a broad range of capabilities (*one in four of BT's customers will have or have had a mental health condition – why wouldn't the company be 'friendly' to such people?*).
- Recruiting managers are encouraged to be open minded and not to focus unduly on issues such as gaps in CVs (*there are lots of reasons for gaps in CVs so why make a big deal of it?*).
- Assessment of suitability for a position should be flexible, taking account of the applicant's needs and facilitating their opportunity to demonstrate their talents to best advantage (*traditional Civil Service style interviews may get the best out of some people, but maybe the company doesn't just want Civil Service style people!*).
- Pre-employment health questionnaires were abolished some years ago (*they achieved virtually nothing good, cost hundreds of thousands of pounds to administer and put off some great people from applying or, as bad, started off the employment relationship on the basis of deceit*).
- After an offer of employment has been made, job applicants are asked if they want any support to help overcome obstacles related to a health condition or disability and, if so, specialist services are engaged (*get the right person and then look at what, if any, adjustments you need to make – why put the cart before the horse and start with the negatives?*).
- Flexible working and adjustments are a normal part of the company culture, so applying them to someone who has a mental health condition is 'business as usual' (*we're all different so why does 'one size fits all' make sense and why wouldn't we promote our own products and services for use by our own people?*).

- People who find it useful can complete a 'Wellbeing Passport' to document the adjustments they might need and contact points for support, especially with fluctuating conditions. Specialist services are available to advise if required and arrangements are 'signed off' by the line manager (*'Passports' help to reduce uncertainty on both sides and help build trust – no surprises!*).

- There is a wide range of materials and services available to employees to help them manage their own mental health conditions in work and to understand issues their colleagues might be experiencing (*taking personal responsibility and providing colleagues with support are key aspects of the company's values*).

- Specific guidance, training and support is made available to line managers to help them deal with mental health issues (*mental health is the single most common condition present in the working population – not to prepare managers would be negligent*).

- If people become ill and have to take time away from work, their managers are encouraged to keep in regular contact and to plan a phased return to work when appropriate (*social withdrawal and isolation are particular issues with many mental health conditions, just as rebuilding confidence and self-esteem are key requirements of a cogent reintegration into the workplace*).

- Several streams of anonymised data are used to create 'mental health dashboards' that allow senior management to gauge the temperature of the organisation and to pick out pressure 'hotspots' (*work pressures can contribute to impaired mental health and must be managed – without the relevant information that's hard to do*).

- Sometimes it doesn't work out and people have to move on from the company (*the same is true of any relationship – the aim in such circumstances is to part without acrimony and maintaining dignity*).

Appendix 6: Suggestions for what a WRAP for work might contain

A daily maintenance plan (my plan for keeping on an even keel at work)

- **How I am/what I am like when I am on an even keel – a typical 'good day'**. (e.g. enthusiastic, sociable, quiet, good time keeper).
- **What I can do to keep myself on an even keel at work**. (e.g. go to bed before 11pm on week-nights, go out for a lunch break, keep a list of things that people ask me to do in a note-book so I don't forget, and so I can see what I have done).
- **What my manager (and/or colleagues) can do to help – 'reasonable adjustments' – to keep me on an even keel.** (e.g. provide weekly feedback/ supervision so I know how I am doing, give me clear instructions about what I am supposed to do, let me tell them if I feel I have too much to do and help me to prioritise things).

Triggers – things that happen which knock me off balance (things that make me feel anxious, miserable, discouraged etc.)

- **What are the things that upset me – either things at work or things at home that may get in the way of my work?** (e.g. people criticising me, having too many things to do, arguments at home).
- **What I can do to keep on an even keel; when 'triggers' occur.** (e.g. tell myself that no-one gets it right all the time and remind myself of the things I have done well, prioritise – decide which things are most urgent and do these first or ask my manager/a colleague what I should prioritise, talk to my friend about problems at home so I don't bottle them up).
- **What my manager (and/or colleagues) can do to help me stay on an even keel when 'triggers' occur.** (e.g. if you are not happy with something I have done please take me aside and tell me quietly and remind me of things that I have done well so I don't feel too discouraged, ask what I have got on already before giving me new things to do).

Early warning signs (subtle changes in my thoughts, feelings or behaviour that tell me things are not quite right)

- **What are my early warning signs that all is not well?**
  - What do I notice? (e.g. feeling irritable or oversensitive, feeling I am failing at everything, having difficulties getting to sleep, eating too much).
  - What might my colleagues notice? (e.g. not being as sociable as I usually am, asking for reassurance that what I am doing is right).
- **What I can do when I notice my early warning signs.** (e.g. make sure I go home on time and have a quiet evening – watch one of my favourite films, talk to my partner about what is on my mind, go to the gym after work).

- **What my manager (and/or colleagues) can do to help me if they notice my early warning signs.** (e.g. don't make a fuss or jump to conclusions – everyone has their ups and downs, don't keep asking me if I am alright, don't feel offended if I am not as chatty as I usually am, make a point of thanking me for things I have done/ pointing out the things I have done well).

Signs that a crisis is looming (changes in my thoughts, feelings or behaviour that tell me things are breaking down)

- **What are my signs that a crisis is looming?**
  - **What do I notice?** (e.g. racing thoughts, believing that everyone is against me, feeling unable to get out of bed and face the day, drinking too much, over-reacting to ordinary everyday things).
  - **What might my manager (and/or colleagues) notice?** (e.g. bursting into tears, getting snappy and irritable, being late to work in the morning, having difficulty doing things I normally take in my stride).
- **What I can do when I notice my signs that a crisis is looming** (e.g. talk to my partner, go and see my doctor, go somewhere quiet for half an hour, ask my manager to relieve me of some of my responsibilities, if I can work from home some days, reduce my hours, say I need a few days off, tell my colleagues I am not feeling so good).
- **What my manager (and/or colleagues) can do to help me if they notice my signs that a crisis is looming.** (e.g. ask me if things are OK – say they are worried about me, suggest I cut down my workload/work from home/take a few days off, suggest I go to my doctor, offer to call my partner, reassure me that even if I do need to take a bit of time out they still want me to work there).

Plan for getting back on track after a crisis

- **If possible, have a plan agreed with my manager about how I will go back to work if I have been off sick/how I will gradually build up my duties again** (e.g. I go into work for a visit, take some work home to catch up on what I have missed, start on limited hours, gradually build them up, relief from some responsibilities that I find hard – like going to meetings – and gradually take them on again).
- **What I can do?** (e.g. ask my partner to tell my manager that I will not be in, keep in touch with him/her to let them know how I am doing – ask my partner to do this if I can't, remind myself that I will get through it, contact my manager and enact agreed plan/make plans for gradually getting back to work).
- **What my manager (and/or colleagues) can do?** (e.g. keep in touch while I am off – like send a card or call to see how I am), remind me that they want me back, enact agreed plan/make a plan, for gradually getting back to work, don't avoid talking about what has happened when I come back – embarrassed silences are really difficult, don't keep asking me how I am – don't treat me like an invalid).

Appendix 7: Disclosure at work – some pros and cons

Disadvantages of disclosure

- You may be less likely to get the job.
- If you have already got a job, you may fail to get promotion or you may be sacked if you say you've got a mental health condition.
- Your employer may not trust you with responsible jobs.
- If you ask for help with something at work they may think that you are not able to do the work because of your mental health difficulties.
- You may have to be twice as good as anyone else to prove that you can do the job.
- Every time you have a bad day, or get cross, or upset, they may think that this is because of your mental health and conclude that you are not up to the job (even if the problems you are experiencing are perfectly ordinary difficulties that might affect the work of anyone).
- Your colleagues may treat you differently if they know you have a mental health condition – they may be awkward with you, gossip about you behind your back, not want to be friends with you, not trust you.

> "They all picked on me – a lot of back-stabbing and nasty remarks – so after that I hid the fact I had schizophrenia. I never told anyone at work. If I felt ill or had bad symptoms I just went to the loo or got away somehow."

Advantages of disclosure

- If you don't tell your employer you have a mental health condition and they find out later they may sack you for lying.
- Disability discrimination legislation requires that employers make 'reasonable adjustments' that a person who is disabled by a mental health condition may need to do the job (e.g. adjustments in hours or parts of the job or working conditions). Employers are only required to make these if they are aware of your condition.
- You may not have to hide any difficulties you have – and may be able to ask for help, time off or a reduced work load at times when you are having difficulties.
- You can ask the employer for time off to go to things like doctor's appointments.
- You can be honest with your colleagues – it can be very difficult hiding a 'big secret' all of the time.

> "I was so worried they would find out – the stress of keeping my problems a secret caused a breakdown."

- If you don't tell your colleagues and they find out they may gossip behind your back.
- If you tell people about your condition then you will be helping other people with similar difficulties. If your employer can see you are able to do the job the job they may be more likely to employ someone else with a mental health condition. You can help break down some of the prejudiced attitudes of your colleagues and enable others who have similar difficulties to talk about them.

Appendix 8: The cost-benefit analysis

i) The key costs and benefits

The cost-benefit analysis (CBA) has been based on the recommendations of the review in implementing the Individual Placement and Support through the 'model of more support'. All the costs and benefits assume that the Individual Placement and Support model will be implemented as recommended in a high fidelity manner.

Conservative estimates have been used to produce cautious net fiscal benefits; however, these are dependent on the assumptions holding. These assumptions and associated caveats are explored in section two. The CBA has focused on the fiscal costs and benefits to the Government and has not included the wider social and economic effects or the fiscal benefits to the Department of Health and devolved administrations.

The costs are based on a caseload of 135,000 new participants each year; half of these are assumed to enter employment. Of those entering employment all are assumed to receive in-work support for the first six months, with 35 per cent expected to continue this support for a full year, and 25 per cent for two years.[113] The costs are based on new referrals to the programme, and continued in-work support for people who entered the programme in previous years, and therefore this CBA is not calculated for the year of implementation.[114] The total cost is estimated at £180 million per year.

The fiscal benefits have been explored based on three additionality estimates:[115]

- cost-neutral, break even additionality – 33 per cent;
- randomised controlled trials comparing Individal Placement and Support with traditional services – 49 per cent; and
- comparing Individal Placement and Support with no intervention – 56 per cent.

Table A: Additionality estimates: resulting costs and benefits[116, 117]

Additionality	Additional jobs	Total fiscal benefit	Net fiscal benefit	Cost per additional job	Save to spend ratio
Breakeven: 33%	27,000	£180m	£0m	£6,600	£1.00
49%	41,000	£275m	£90m	£4,400	£1.51
56%	47,000	£313m	£130m	£3,800	£1.72

The fiscal benefits above do not include fiscal savings to health. Evidence from some Individal Placement and Support trials has indicated there is the potential for a reduction in hospitalisation rates. Based on the European randomised controlled trial of Individal Placement and Support[118], Sainsbury Centre for Mental Health calculated the saving for inpatient costs, over an 18 month period, at around £6,000 per person.[119] There is further evidence in Bush *et al.* (2009) to suggest long-term savings could be accrued.[120]

ii) Assumptions and caveats of the cost-benefit analysis

Caseload and Employment Specialists

It is expected that each Employment Specialist can support 25 people on their caseload at any one time.[121] As most people who are going to get a job get one within six months, the caseload over the year is assumed to be 50. Anecdotal evidence suggests that Employment Specialists will be able to support more people over the year; applying a more cautious approach, 50 per year has been used.

The Review recommends that one Employment Specialist should be embedded per secondary mental health team and an average of five to six in each Primary Care Trust (Health Board in Scotland and Wales). The figures for England totalled 2,340. Using working-age population figures for Scotland and Wales, the number of Employment Specialists in the devolved administrations is estimated at 364. This gives the total number of job-search Employment Specialists for GB as: 2,704.

Since each Employment Specialist can see 50 people per year, just over 135,000 people are expected to be given support to find employment. Those who find employment will then be provided with in-work support to help them sustain that job. The job entry rate is assumed at 50 per cent and so nearly 68,000 people are then estimated to require in-work support for six months;[122] 35 per cent of job entries (nearly 24,000) are assumed to continue support for a further six months, and 25 per cent of job entries (nearly 17,000) are assumed to have in-work support for two years.

The cost of an Employment Specialist is expected to be £47,000 per year.[123] This figure has been applied to the number of Employment Specialists providing job search support. Providing in-work support is expected to require less adviser time and so the cost per person of providing this support has been revised down.

The total cost is expected to be £180 million, with around two-thirds of the cost apportioned to providing job search support, and around a third for in-work support. As recommended in Chapter 4 of the review, this model is to be funded by rebalancing and reprioritising current expenditure and so no new money is required.

Job entries

Previous research into Individual Placement and Support suggests a range of employment outcomes, from 40 to 60 per cent. There is more evidence, including that from a European trial[124], that the employment outcomes are in the 50 to 60 per cent range. A mid-point of 50 per cent was therefore assumed.

There are a number of important caveats and assumptions around the job entry rate and demand for labour:

- When programmes are undertaken on a smaller scale there is often a 'pilot effect'. This implies that a programme will perform better when it is being run on a smaller scale or as part of a pilot, i.e. before national roll-out. The randomised controlled trials did not tend to have large numbers of participants. In this way, the trials are similar to pilots, and there may possibly be more of a focus on Individual Placement and Support when it is being done on a smaller scale than when it is rolled-out. This may result in reduced job entries following national roll-out.

- The effect of an economic recession on job outcomes has not been taken into account here; due to fewer vacancies it is harder for anyone to find employment. Some evidence does indicate that people with disabilities are not disproportionately affected in a downturn and their labour market disadvantage is consistent over the business cycle.[125] It is, however, plausible that the job entry rate will be lower in the current economic climate than when the Individual Placement and Support studies were originally done. Nevertheless, Individual Placement and Support still reports better job outcomes in a recession than traditional services.[126]

- On the demand side, it has also been assumed that a sufficient number of employers will hire someone with a mental health condition.

Despite these caveats, Individual Placement and Support has consistently shown to have far superior employment outcomes for people with severe mental health problems than traditional train-place support.

Additionality

For additionality, two comparator groups, and hence two estimates, have been examined. The first uses evidence from the European randomised controlled trial[127], which compares Individual Placement and Support with vocational services. This gave an additionality estimate of 49 per cent. The second additionality estimate was comparing the mid-range job entry rate (50 per cent) with no intervention. This additionality estimate was 56 per cent. For comparison purposes these additionality estimates were contrasted with that which was needed for a cost neutral programme: 33 per cent.

Some important caveats should be noted for the additionality:

- The same additionality has been applied to those who are given support into work and those who have in-work support. Providing people with in-work support may have a different additionality estimate, but evidence is lacking on what the additionality for in-work support should be.

- There may be substitution effects of Individual Placement and Support participants entering employment. The effect of this is difficult to quantify. In a recession, as fewer jobs are available, it is likely that some programme participants may take jobs at the expense of other non-programme participants. This implies that some of our additionality assumptions may be overstated. Due to the lack of quantitative data around this issue and the fact that substitution effects should diminish over time as the economy grows, the additionality assumptions are left at 49 and 56 per cent.

Employment assumptions

A number of assumptions have been made:

- Annual income has been taken to be £11,132. This was taken from the DWPs evidence on wages for Incapacity Benefit (IB) leavers.[128]
- Each participant who gets a job is assumed to keep that job for a year, except where we have information on the number of people requiring support for more than a year; the costs and benefits of them being on the programme have been included. If the job lasts for longer than a year, then the benefits will be even greater.
- When people move into a job, it is assumed that they will move off benefits.

Benefit amount and general CBA information

February 2009 data was used to obtain the average benefit amount which people with severe mental health issues on IB were receiving. This was then uprated by the ROSSI index for 2009/10 rates. This resulted in an average benefit payment of £102.54 per week.

Not all non-employed Individual Placement and Support participants will be in receipt of benefits. From the evidence of other disability programmes, it was assumed that a third of participants were not in receipt of benefits. If more participants were in receipt of benefits then the net fiscal benefit of getting these people into employment would be even greater.

Wider social and economic costs and benefits

The CBA has not taken into account the wider social and economic costs and benefits. It is likely that if these were taken into account then the benefits of Individual Placement and Support would be even greater.

The wider benefits which have not been taken into account include, among others: additional output, improvements in health and well-being and a reduction in crime.

Appendix 9: Examples of ways of rebalancing resources

Moving health and social services resources as part of the modernisation of day services

In line with service developments to promote social inclusion[129] many services are in the process of modernising day services for people with a mental health condition. Such modernisations offer the possibility of transferring some of the resources currently invested to fund Employment Specialists in health and social services teams. Sainsbury Centre for Mental Health have demonstrated that one-third of the health and social services budget in England (£67 million) currently invested in day and non-Individual Placement and Support vocational services would fund an Employment Specialist in every secondary mental health community team serving adults.[130]

Changing skill mix in services

Because appropriate employment actively improves mental health and protects against relapse there is a case for looking at the skill mix of health and social services teams: decreasing slightly the proportion of therapeutic and support staff to fund Employment Specialist positions. This might mean reviewing, for example:

- the balance of non-professionally qualified staff, for example, reducing the number of STaR workers or support workers in order to release funding for Employment Specialists; and

- the balance between professionally qualified staff and trained Employment Specialists in both health and social services. For example, within 'Increasing Access to Psychological Therapy' (IAPT services in England this might involve decreasing the ratio of high intensity workers to Psychological Wellbeing Practitioners (currently 60:40) in order to resource Employment Specialist positions. (In this context it should be noted that, the two pilot IAPT programmes included a different balance of 'high' and 'low' intensity therapists (Psychological Wellbeing Practitioners (PWPs), but there was no difference in their clinical outcomes and in the service with a higher proportion of PWPs a larger number of clients received a service).[131]

In England such rebalancing might form part of the changes being made within 'New Ways of Working' initiatives.

In Jobcentre Plus this might mean diverting a small proportion of the resources currently invested in other areas to make the Mental Health Coordinator roles permanent, full-time positions.

Disinvesting in relatively ineffective programmes to release resources to implement evidence-based practice

In both health and social services and DWP specialist disability programmes this may mean disinvesting some of the resources currently invested in train-place programmes and sheltered work and reinvesting these in providing Individual Placement and Support evidence-based supported employment:

- In health and social services this could make resources available to fund Employment Specialists in primary care and secondary mental health teams.
- In DWP specialist disability employment programmes, this could make resources available to augment the Access to Work budget to fund the modified access to work arrangements for people with a mental health condition.

Reviewing the balance of spending between different customer/client groups

In DWP specialist disability services, the proportion of specialist disability programme resources used in helping people with a mental health condition to access employment is disproportionately low when compared with the numbers in receipt of incapacity benefits (see Chapter 1). There may, therefore, be a case for progressively rebalancing spend between different customer groups to redress this inequity.

In the commissioning of health and social services, it could be argued that the spend on mental, as opposed to physical health conditions (and indeed the spend on long-term, conditions vis a vis acute care) is disproportionately low. The case for investing additional resources in evidence-based programmes to enable people with a mental health condition to access employment is strengthened by the fact that this would reduce the costs of physical health care for these groups. There is a disproportionately high level of physical ill-health and premature death among people with a mental health condition[132] and employment has a positive impact on physical health.[133]

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112 In this context we welcome the work of the NHS Confederation, NHS Employers, Department of Health and National Mental Health Development Unit in developing the 'Open Your Mind' initiative to be launched in November 2009. This initiative is designed to influence and support NHS organisations to create a more productive work environment for existing staff who have a mental health condition and promote and share good practice across the NHS.

[113] This unpublished survey was conducted by Rachel Perkins and Miles Rinaldi for the sole purpose of this review and involved employment workers across private, public and voluntary sectors. Two-thirds of the sample only worked with people with mental health conditions.

[114] Costs and benefits have been calculated in 2009/10 prices (for ease of comparison with current expenditure).

[115] Additionality: To calculate whether IPS is at least cost-neutral, it is necessary to know how many additional jobs are created by the programme. The total benefit from the additional jobs are then calculated; if they are greater than the total cost of implementing the programme then there is a fiscal benefit from implementation. The save to spend ratio captures this, as it illustrates how much money the government saves for every £1 it spends. When the save to spend ratio is greater than or equal to £1 then the programme is at least cost neutral.

[116] As noted above, the fiscal benefits are calculated as accruing only from additional jobs.

[117] Due to rounding, figures may not always sum.

[118] Burns, T. and Catty, J. (2008). IPS in Europe: the EQOLISE trial. *Psychiatric Rehabilitation Journal*, 31, 313 – 317.

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[122] Not all people who enter employment will require in-work support. In the interest of erring on the side of caution with the costs, it is assumed that everyone entering employment will require six months of support. Furthermore, some people may require in-work support but not job search support. This figure is unknown and so has not been costed.

[123] Sainsbury Centre for Mental Health. (2009) *Briefing 41: Commissioning what works: the economic and financial case for supported employment*. London: Sainsbury Centre for Mental Health. This figure includes wages and overhead costs.

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