



Work, Recovery and Inclusion:

Employment support for people in contact with
secondary mental health services

Briefing 3

Work, Recovery and Inclusion is the cross-government plan that sets out how people in contact with secondary mental health services can be better supported into work

It incorporates the delivery plan for the Socially Excluded Adults PSA 16 mental health client group in England and a key part of the cross-Government response to the review undertaken by Rachel Perkins.

KEY MESSAGES

Work is good for mental health and well-being and aids recovery, even for people with the most severe mental health conditions.

Health and employment services must work together to enable people to achieve stable employment.

Support services should be tailored individually to meet the needs of the person with a mental health condition.

Employers should feel confident and supported to recruit and maintain people with mental health conditions in their employment.

THE CHALLENGE

Nearly 1.2 million people in England are in contact with secondary mental health services.

Only 10%–16% of people with a mental health condition are in paid employment of more than 16 hours a week, and just 3.4% of people with more serious mental conditions.

By comparison, 47.5% of people with any disability are in paid employment. The employment rate in the general population of working age is 72.5%.

Between 86%–90% of people with mental health problems who are not in employment say they would like to work.

THE BARRIERS

The barriers that prevent people with mental health conditions from finding and keeping paid work include:

- People's own lack of confidence that they can cope with work.
- Not knowing there are laws to protect their rights in work, such as the Disability Discrimination Act.
- Overprotective professionals, families and carers who may not encourage or expect them to work.

- Stigma and discrimination from employers and (if in work) workplace colleagues, because of their mental health condition.
- Low expectations of people's own ability to cope with work, reflecting low expectations in society in general of the abilities of people with mental health conditions (self-stigmatisation).

THE CASE FOR CHANGE

Work is:

- Better for the individual – work in good conditions is good for mental health and well-being and aids recovery from mental ill health.
- Better for the economy – specialist employment support more than pays for itself by reducing the numbers of people claiming long-term disability and unemployment benefits.

WHAT WORKS

People with serious mental health conditions need a combination of:

- Vocational support provided within mental health services.
- Employment support from Jobcentre Plus (JCP).

Individual Placement and Support (IPS) is the most effective way to support people with mental health conditions into work.

THE GOVERNMENT WILL

- Support NHS commissioners and trusts to expand the provision of evidence based vocational support in secondary mental health services.
- Explore how JCP employment advisers and others delivering services are supported to better help people in contact with secondary mental health services.

Case Study: Coventry & Warwickshire Jobcentre Plus

Coventry & Warwickshire Jobcentre Plus operate an outreach service at the local hospital to provide benefits advice and employment support to people with mental health conditions. A JCP adviser attends the hospital and patients receive a face to face holistic service, providing help and support covering a wide range of enquiries regarding various welfare benefits and employment advice. The adviser supports people to complete applications for benefits, makes links with Jobcentre Plus Work Psychologists and Disability Employment Advisers for ongoing specialist advice as needed.

Work, recovery and inclusion in secondary mental health services

Work is an important element of the recovery model. Employment should be considered a key outcome at every level of the mental health system and included in people's care plans as they move along the pathway to recovery.

This requires a cultural shift in the way services are delivered. Mental health trusts need to ensure:

- Leadership at board level.
- A recovery-focus across all their services, with a clear emphasis on supporting people into work.
- Good links with partner organisations and agencies concerned with mental health and employment, education and training.
- Staff training in the benefits of employment and the barriers people face.

Trusts should model good practice by employing people with mental health conditions and supporting staff with mental health conditions within their own organisation.

Health professionals have a key role in encouraging the ambitions and expectations of employment of people in their care.

- Employment should be seen as a clinical outcome of treatment.
- Treatments and interventions, including medication, should be adjusted to support people, wherever possible, to stay in or return to work.

THE GOVERNMENT WILL

- Encourage mental health services to incorporate a focus on employment in the services that they provide, including use of personal budgets and care planning.
- Improve the way that it collects data on the employment of people in contact with secondary mental health services.

Case Study: Work, Recovery and Social Inclusion in Nottingham

Nottinghamshire Healthcare Trust is approaching work, recovery and inclusion through several connected strategies, all reflecting the goals of the trust "...to help people lead the lives they want to live". Key to the implementation of a Recovery approach is access to meaningful occupation and this has an emphasis in all Recovery training with the primary goal being retention of valued roles, relationships and activities.

The Trust has a Recovery Strategy which was developed in partnership with people who use services and a range of Trust employees. Already 500 staff have received training in Recovery and all teams have an identified Recovery lead who has intensive training in Recovery principles and approaches.

- *The Social Inclusion Partnership Board works with local organisations to consider ways of increasing opportunities for people with mental health conditions, including a service wide IPS service to increase employment.*
- *The Trust is developing ways of supporting existing staff with mental health conditions.*
- *All acute services offer a weekly Recovery group for people who use services to plan ways forward and the Trust has invested in personal Recovery packs for all people who use services.*
- *'It's OK to talk about it' is an anti-stigma strategy to raise awareness of mental health. This is done through partnership events with other stakeholders and the production of films, a music CD, a book of stories, live performances and arts exhibitions.*

Success is measured through a repeated survey of patients' experiences of discrimination, annual benchmarking of Recovery focused practice for every team and evaluation of the IPS service.

Keeping a job

Just over three quarters (78%) of people with a mental health condition require some support during the first six months in work. This falls to 35% after 12 months and 18% after 24 months. Some people will require time unlimited support to sustain work.

Employers need to be confident that there will be timely and appropriate support available to them if they employ people with a mental health condition.

People with mental health conditions need to be confident that their employer will make any changes required by law so that they are not at a substantial disadvantage to colleagues without a disability.

Managers need to be aware of mental health conditions and of health and well-being issues in the workplace. They need to be able to resolve problems as they arise, using the range of tools, guidance and expert advice available.

THE GOVERNMENT WILL

- Adapt Access to Work to ensure that it is better targeted at those most disadvantaged in the labour market, including people with mental health conditions, and that its resources are used in the most cost effective way.
- Seek to outlaw the inappropriate use of pre-employment health checks through an amendment to the Equalities Bill
- Provide advice and guidance to employers and employees on working with a severe mental health condition.

Case Study: Sheila's journey

Sheila had been admitted to hospital for treatment for her mental health condition. Previously she had worked 30 hours a week. She contacted her local JCP as she was coming up to discharge and, following discussion with the adviser, her nurse and occupational health worker, agreed that she could return to work with some ongoing support.

The JCP work psychologist was able to advise Sheila on her options and, with Sheila's consent, the adviser contacted her employer to discuss her return to work. They discussed the possibility of a work trial/ phased return and the help and support that might be needed. The employer and Sheila agreed that she should have a 'buddy' to accompany her during her phased return; they also arranged that she could gradually increase her hours, taking into account her need to attend medical appointments.

Skills for work

People with a mental health condition have the same potential as everyone else. Learners with mental health conditions need to be able to get the best out of their experience and gain the necessary skills for work.

THE GOVERNMENT WILL ENSURE

- A more integrated approach to employment, learning and skills, especially for people with barriers to participation.

The public sector leading by example

The public sector is a major employer. It employs about one in five of the national work force. It needs to be seen to be leading by example.

THE GOVERNMENT WILL

- Work with government departments, the NHS, local authorities and other public sector organisations to examine ways of ensuring that more people in contact with secondary mental health services are employed by these organisations.

Case Study: Stephen's journey

Stephen started suffering from depression and extreme anxiety after a colleague at work was violent towards him and ended up leaving his next job because he was finding it difficult to manage his mental health at work and was at times feeling suicidal. His GP prescribed antidepressant medication and CBT (Cognitive Behavioural Therapy) counselling and he was also referred to the Richmond Fellowship.

Stephen talked with his adviser and decided to change his career path. His adviser encouraged him to enrol at a local College to do an intensive Business Administration course and he attended a job preparation course where he got help with drafting his CV, and learned about confidentiality and disclosure of mental health problems. He also did a work placement arranged by Richmond Fellowship as a Receptionist at the local Mental Health Trust, after which he was offered casual work. Three years later, he successfully applied for a full-time position as Team Secretary. 'It feels better than winning the lottery to get back to full time work and feel like I can cope with my mental health.'

Case Study: Positive Assets

Positive Assets was established in 2001 to encourage and support people with mental health conditions to gain and maintain employment within Humber Mental Health Teaching NHS Trust. Since then, it has expanded to provide the service to Hull City Council and NHS Hull.

Using a recovery approach, the service helps people to identify suitable job opportunities (based on their preference), write application forms, prepare for interview and offer ongoing support. In the year 2008/09 41 people gained employment with the service. Additionally, recent funding has allowed the service to expand to provide support to Hull-based businesses to help them become more aware of workplace mental health issues and to work towards becoming mindful employers.

The welfare state as an enabler to work

The welfare state should support people's employment ambitions, not act as a barrier to them. Some changes have already been made to simplify the benefits system to make it easier for people to work permitted hours.

IN ADDITION THE GOVERNMENT WILL

- Look at ways to make it possible for organisations and agencies outside the JCP to make 'better off in work' calculations for their clients, including the NHS and third sector organisations.

Delivering Work, Recovery and Inclusion

Responsibility for the delivery of employment support is shared between the Department of Health, the Department for Work and Pensions, the Department for Business, Innovation and Skills, and the Cabinet Office.

Essential to its successful delivery are:

- Joined up working between central, regional and local government
- Strong partnerships with the third sector and other key stakeholders.
- The involvement of people who use services in service development and delivery, and monitoring of progress are all essential.

The Department of Health has commissioned the NMH DU to support implementation and delivery of Work, Recovery and Inclusion at regional and local levels.

THE GOVERNMENT WILL ENSURE

- Partnerships are strengthened at a local level, including the employment of new Mental Health Co-ordinators in Jobcentre Plus.
- Coherent and effective arrangements are in place for the ongoing governance of the commitments in this strategy.
- Appropriate agencies are included in planning and delivery at a local and regional level .

Work, Recovery & Inclusion

...to a future where people who are in contact with secondary mental health services are helped to get jobs, where they are equally valued for their contributions to the workplace, and where having a mental health condition is not seen as a barrier to work



National Mental Health
Development Unit

The National Mental Health Development Unit (NMH DU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.

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