Finding and Keeping work:
Specifying the issues, activities, roles and supports needed for those with mental health needs

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The authors would like to make it clear they are writing in a personal capacity. The views expressed are their own and should not be taken to reflect official Government policy.

Foreword

For any unemployed person the task of successfully finding and keeping work is complex and this can be even more so for individuals with a mental health condition. They experience amongst the lowest employment outcomes of any working age group and it is recognised more needs to be done to increase the numbers achieving their work aspirations and enjoying the personal, social and financial benefits this brings.

The aim of this paper is to identify and explore the most effective way of delivering work related support for people who may be trying to manage a mental health condition whilst seeking employment, or trying to maintain an existing job. It is not meant to be a comprehensive overview of different types of employment programmes. Instead it attempts to outline the fundamental principles for any effective employment strategy and sets out the different aspects and interactions that need to be considered for the development of a holistic approach. It then uses this analysis to develop a model for delivering an effective work related service and identifies some products that will help deliver tailored interventions capable of meeting the specific work related requirements of each individual seeking vocational support.

Section 1 – Welfare reform and mental heath

Introduction

In order to identify which interventions are most relevant for overcoming work related barriers for people with mental health problems any examination of vocational services needs to set out the key areas for increasing the capacity of individuals and how to successfully support them back into sustained employment. It also needs to be framed within the context of the broad set of external realities that need to be taken account of when developing any support system.

To achieve this objective we have split the paper into a number of sections. This section starts by exploring the rationale behind the need for an employment strategy; sections 2 to 4 examine the main issues and develops a model; section 5 uses the preceding analysis to focus on key concepts for delivering efficient and effective support; section 6 highlights a range of products for delivering vocational services and sections 7 and 8 suggest proposals for future policy development and taking the work forward.

Mental health and the labour market

Research and statistics continue to highlight the poor labour market position of people with mental health needs; the mental health group constitute the highest proportion of people on disability benefits; they have amongst the lowest employment rates; and have difficulty in retaining jobs when mental health problems occur. In an economic downturn they have a lower re-entry rate into the labour market. The scale of the issues surrounding mental health and employment were outlined in the Social Exclusion Unit report *Mental Health and Social Exclusion* [1a] and subsequently confirmed in the 2004 Labour Force Survey [1b]. Their poor labour market outcomes have been a rising trend, especially for those classed as experiencing 'common' mental health problems. The average employment rate for the UK working age population is 74%, which compares to 47% for all people with a disability, but only 21% of people with long-term mental illness in work and as low as 12% for people with severe mental health problems (2006 figures).

The recognition that their labour market position needs to be improved is growing across Government and society [2a] and in November 2007, alongside a range of measures, it was announced that DH and DWP would work together to develop a national strategy for mental health and work [2b]. The rationale for doing more to increase employment outcomes includes a positive influence on an individual's health and well being and the harmful impact prolonged worklessness has on creating, or worsening, poor mental health. Extended periods of unemployment create significant implications for society in terms of economic cost to the country and the negative effects on families, friends and the individual concerned. These are important considerations given the scale of mental health problems. Nationally few people have not been touched in some way by the impact of poor mental health, not surprising given that 1 in 4 people experience a mental health problem at some time in their life.

Government policy

Government policy is geared towards achieving the aspiration of an 80% employment rate and is looking at how employment programmes can provide more efficient and effective interventions for moving people towards and into work, in particular to activate those groups that currently have little, or no, participation in the labour market. In addition Government policy is looking to provide more help to reduce the number of people becoming workless in the first place.

The Government believes there are sound moral, social and economic reasons why everyone of working age should have equal access to employment opportunities and the overarching goal of employment strategy is embodied in the often used phrase 'Work for those who can, security for those who cannot'. This expresses the underpinning objective of policy to develop a set of rights and responsibilities for promoting better employment outcomes. Welfare reform strategy is based on introducing an obligation, wherever employment is a realistic possibility, for benefit recipients to consider their work options and take steps for achieving work goals. In return they will be helped to access the support they need to realise their employment aspirations.

The New PSA Delivery Agreement (PSA) 8 outlines the commitment to maximise employment opportunities for all and increasing employment rates for people with mental health conditions are also covered by PSA targets looking at improving outcomes for specific groups. These includes PSA 15, which looks at reducing disadvantage and discrimination encountered by certain sections of society, and PSA 16, which looks at increased participation for 4 specific groups at risk of long term social exclusion. This includes people with more severe mental health conditions, defined as being in contact with secondary mental health services.

The overall aim of welfare reform strategy is to develop a robust evidence base that shows where resources and effort might be best targeted to improve employment rates for working age people. As the largest group of welfare recipients, people on incapacity benefits (IB) have a key role for achieving an 80% employment rate. Increasing employment outcomes for the mental health group is important for as they are the largest group of IB claimants and have amongst the lowest employment rates for any working age group. This was recognised in November 2007 when the Secretaries of State for Health and Work and Pensions announced the intention to develop a national strategy for mental health and work, led by Dame Carol Black, the National Director for Health and Work. In her report on the health of the working population: Working for a healthier tomorrow (2008) Dame Carol also highlighted the importance of addressing mental health issues.

Modernisation of the welfare state includes increased conditionality for IB customers and receiving the work related component of the Employment and Support Allowance (ESA), introduced in October 2008, will be dependant on undertaking some work related activity. All customers will be able to access a range of help aimed at those with more mild to moderate conditions via the national roll out of Pathways to Work and those with the most severe conditions will receive the support component of ESA without having to undertake any mandatory activity.

Employment as an issue for better health

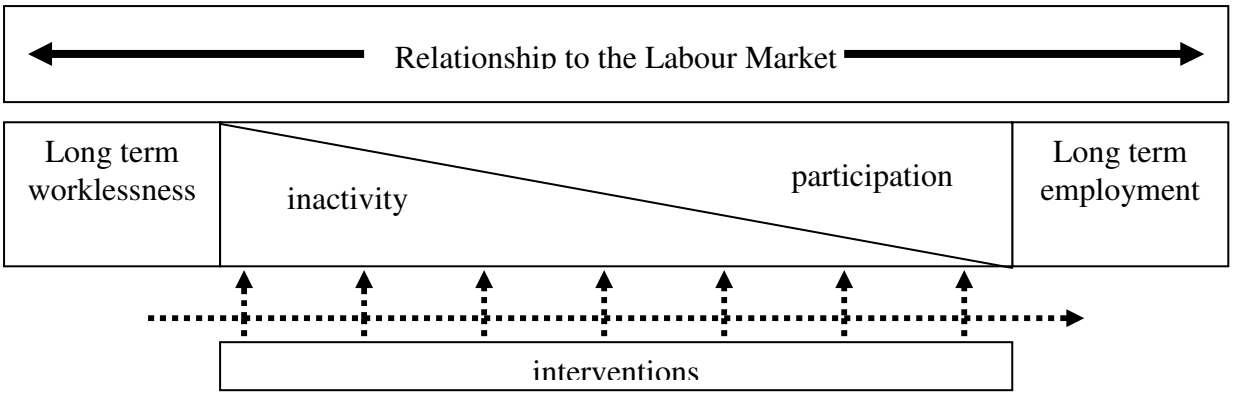
Recent research suggests that there is a strong positive relationship between health and work [3] and an evidence review commissioned by DWP [4] suggests that:

- Being in the right type of work is good for your health. It improves self-esteem, quality of life and well-being.
- Being out of work is bad for both mind and body. Unemployment progressively damages health and results in more sickness, disability, mental illness, obesity, use of medication and medical services and decreased life expectancy.
- When people return to work from unemployment their health improves. Returning to work from unemployment improves health by as much as unemployment damages it.
- If you have a health condition, being in work can help your recovery.
- Remaining in or returning quickly to work is beneficial for people with both physical and mental health problems.
- The positive effects of work do not just benefit the individual. Work also reduces poverty and health inequalities for the family and the community.
- Although aspects of work can pose a risk to health, far more people gain health benefits from work than are negatively affected by it. The benefits of work are also greater than the harmful effects of prolonged sickness absence.
- The positive effects apply to all age groups.

The Employment Continuum

An employment continuum allows us to show a person's relationship to the labour market and we can describe a person's position on the continuum in a variety of ways. A common method of measuring the relationship is by job status and tenure, with the extreme categories being long term worklessness and long term secure in full time employment. In between are all other groups, such as those on short term contracts and current job seekers, many of who frequently move between employment and benefit status. Another way of looking at it is within the context of the benefit system, either by type of benefit e.g. incapacity benefits, Jobseekers Allowance, Lone Parent benefits or duration of benefit recipiency e.g. long term, short term or not receiving state benefits at all. The aim of Government policy is to provide a range of interventions to assist people move towards and into sustained employment and Figure 1 is a stylised representation of the employment continuum

Figure 1. The Employment continuum



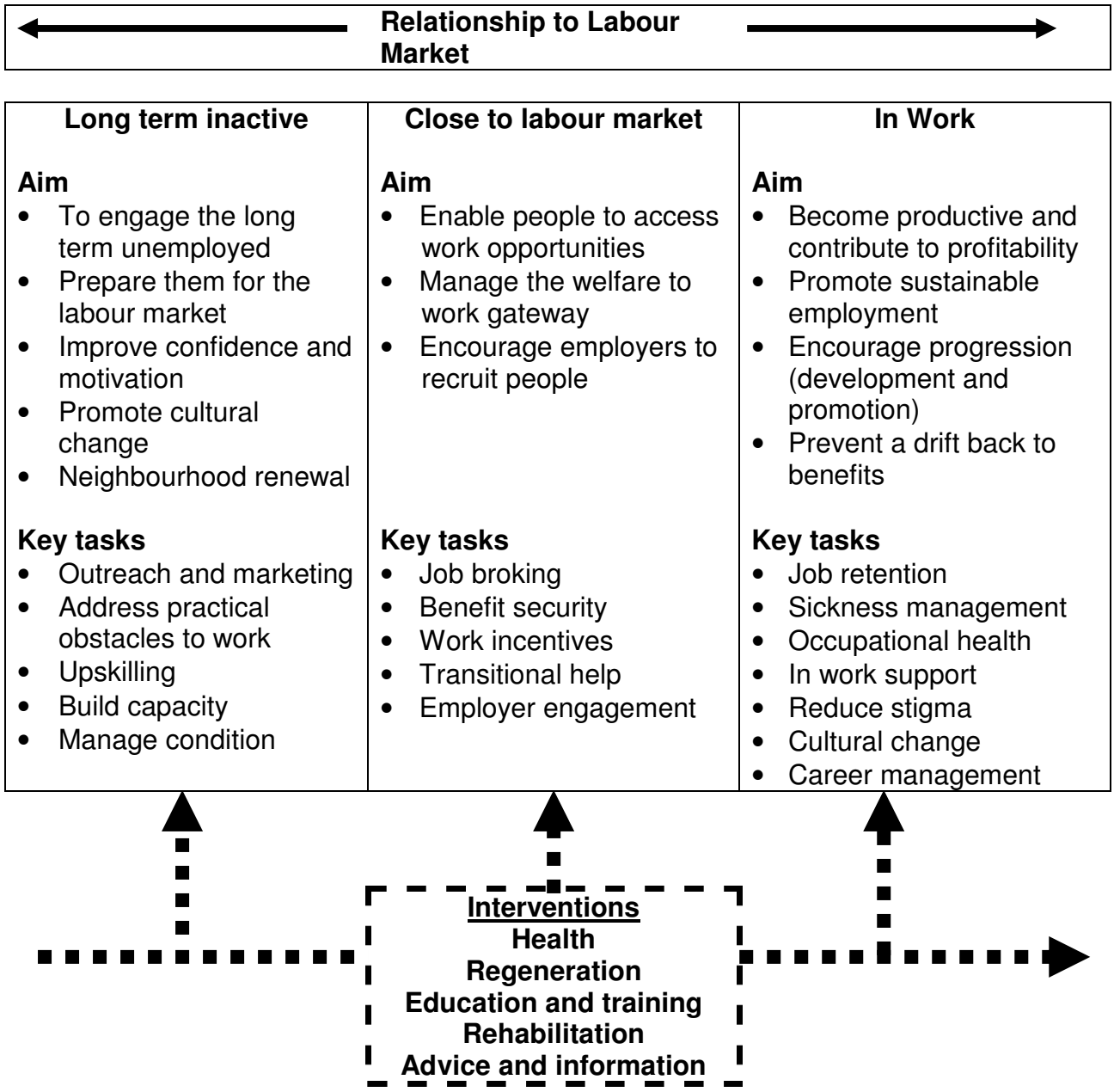
The Employment continuum and a mental health perspective

If we consider the health and disability dimension of employment we might similarly describe the employment continuum in relation to mental health and health systems where position and movement along the continuum is often related to severity of condition ranging from severe and enduring mental health problems, such as psychosis to more common and manageable conditions, such as anxiety and depression through to those people who have always experienced good mental health. An additional element to be considered is that many people have fluctuating mental health problems, and may receive occasional rather than ongoing treatment. This is one reason why it is important to note that there is no exact correlation between mental health status and employment position, for instance many people with severe and enduring mental health problems can sustain work and some have successfully undertaken very demanding and stressful jobs.

Although severity of mental health condition is not a precise indication of work capacity, functionality or employability we find that many health and employment systems (and organisations) still use diagnosis and perceived severity of condition in precisely this way when deciding if, and how, to provide work related support. Another important consideration is that the life chances of people with mental health problems are generally reduced and the degree of disadvantage and social exclusion becomes proportionately greater as they move along the employment continuum towards long-term benefit receipt. For a more detailed examination of these issues see *Improving the life chances of disabled people* [5]

Because the ability to work is not governed solely by the type and severity of mental health condition and for many people severity fluctuates over time, periods of sustained employment interspaced with spells of worklessness is a typical pattern. For some, progression between these two states will be relatively easy, whilst for others the ability to move toward work would seem to be inversely proportionate to the distance from employment. So although they are work ready many find a mental health label means the final step of obtaining a job proves elusive, or inordinately time consuming. Because, as a group, they tend to have a wider variety, and greater intensity, of employment related issues the employment continuum for the mental health group is likely to appear as in Figure 2.

Figure 2 – An employment continuum for the mental health group.



The Employment continuum and the Welfare to Work agenda

We know that the chances of returning to work reduce the longer the individual is out of work with only 22% those who have been on incapacity benefit for 12 months leaving in the next year [6]. This confirms the evidence to date that early intervention is critical for helping those moving onto benefits from work. However, because many individuals need to overcome more intensive barriers for work, there is often a greater need to build work capacity before people with mental health conditions are in a position to compete for work. In addition achieving effective engagement is often a harder task.

As stated earlier the policy intent of the Government's welfare reform and health, work and well being agendas is to provide flexible interventions that are efficient and effective at moving more people along the continuum toward employment and once in work ensure they are able to remain employed and, wherever possible, progress i.e. in number of hours worked or to move into more rewarding jobs. The strategy to achieve greater sustained employment outcomes recognises the importance of:

- *partnership working* between providers to deliver *integrated packages* delivering health, social care and vocational interventions.
- better *engagement* between the individual, employers and intermediaries and to *encourage* people to prepare for and access job opportunities.
- job readiness as a major issue with the need to *build capacity* in many individuals and systems to enable people to become better candidates, able to compete for available job opportunities.
- some individuals needing *specialised help* for improving motivation and capacity, to find the right job and help to smooth the transition between benefits and work.
- *continuity of advice and help,* to ensure an individual maintains progress towards sustainable employment
- *appropriate support systems* need to be in place to ensure that the individual and employer are fully supported to enable the individual to sustain and thrive at work.
- the *workplace being a healthy place*, able to support good mental health and increase retention.
- work to *overcome individual and systemic barriers* currently hampering efforts to improve the low employment rates for people with a mental health condition

Ensuring policies are able to promote improvements in all these areas will need to underpin efforts to achieve the welfare to work agenda.

This may require a slightly different view of the work-first approach, shown to be effective with most working age groups. We must recognise that some people with mental health conditions are amongst the most socially excluded and less equipped to make, in one go, the big leap that is required before work becomes a realistic option and need to build personal capacity first. The greater distance many need to travel is partly caused by the cumulative impact of the larger number of potential obstacles people with mental health problems face.

Health professionals and the health and work agenda

The first point of contact for advice and support is likely to be between the individual and health systems and, given the strong association between worklessness and poor mental health, it is important that health professionals in both the primary and secondary health sectors are fully engaged and committed in promoting the health and work agenda. There is often a low expectation amongst staff about the possibility of successful employment outcomes and a need for all health professionals to recognise the importance of considering an individual's working life and employment prognosis when discussing treatment or support needs and how a return to work can be an important part of the recovery process. This could include,

for example, staff working on acute wards asking about employment status on admission and GPs considering their approach to certification practice and fitness for work advice.

Better health and employment outcomes can be achieved if treatment provided for a condition is responsive to an individual's employment related needs, but improved consideration by health professionals of the employment aspects of their patient's condition is likely to be dependent on an active demonstration that helping a person move back toward work will achieve:

- health, personal, social and economic gains for the individual
- range of wider social inclusion gains
- potential savings for health organisations

Mental health and the Workplace

Similarly, value-added benefits will be achieved by employing preventive measures for keeping people in work, such as job retention and sickness absence management. For mental health there is the added consideration of continued stigma and discrimination in the workplace with increased employment rates to some extent dependent on achieving cultural change [7]. The communications strategy outlined in *Action on Stigma* [8] and *Employ Ability* pilots [9] will be critical to success in tackling this issue.

Delivery of support services

Current coverage of vocational and rehabilitation provision is often sporadic and ad hoc, with the type and scale of intervention dependant on any limitations providers work under and on resources available. Commissioners of services are numerous and often have differing objectives so that service providers in the same area may be working toward different outcomes, as stipulated by the precise rules and funding arrangements they work under. These are not necessarily fully compatible and can hamper the ability to meet a broad range of needs. This can also be exacerbated by employment interventions being delivered by a number of organisations, including private businesses, social services, DWP, insurance companies, charities or voluntary organisations that again may have different aims and objectives.

It is the individual who may feel the impact of a diverse range of drivers most keenly; if help is limited by the need to comply with a range of policy, resource and funding conditions, it may not be flexible enough to deliver tailored support, for example being unable to offer continued in work support for helping an individual sustain work. Commissioners, and providers, need to ensure that evidence based processes are in place if services are to be successful at obtaining improved health and work outcomes within the current resource constraints.

Specific over arching local strategies, to enhance the implementation of national policies and ambitions to increase disability employment, would seem to be all too rare and it is hoped that initiatives such as the city strategies will help bring greater coherence at the local level. The argument here is not for centrally prescribed

programmes and nationally managed vocational rehabilitation services, rather a recognition that vocational rehabilitation and other employment services could reach many more people, and offer better value for money with better local planning, co-ordination and implementation, although some national guidance on best practice and effective interventions may be necessary to ensure a more even spread of good quality provision.

We currently have a 'postcode lottery' where some areas, for example in Sheffield (which has good occupational health services) have access to proven services whilst other Local Authority areas may have little or nothing available to help people manage a condition and maintain a job. In many instances provision looks to have been bolted on to existing services, arguably suffering from variable priorities or strategic leadership at the local level.

Added to this are relatively weak levels of close engagement between health and employment providers at the local and regional level, and too few services that are based on evidence-based interventions using proven concepts for health and employment recovery such as the Individual Placement and Support model. Clearly messages around the therapeutic value of promoting a return to work could be strengthened.

Capacity of stakeholders to support mental health clients

Vocational rehabilitation
The capacity issue for vocational rehabilitation services able to deal with mental health issues is slightly different. Lord Layard suggests that a significant increase in Cognitive Behaviour Therapy (CBT) and other psychological therapy specialists is needed to make a difference to people's quality of life [10a] [10b], and following two pathfinders areas moves are underway to test the validity of this service in 20 pilots, prior to national rollout. However, there is an alternative view that suggests we may already have sufficient resources, and it may simply be a case of using what we have more efficiently [11]

Awareness and Advocacy training
Many Jobcentre Plus districts have embarked on mental health awareness training for their staff and having advisors, believe they can deliver effective jobsearch support to people with mental health issues would increase their commitment and ability to engage and encourage people to consider their employment options. Adviser training therefore needs to focus on behavioural and cultural change so that employment is seen as a realistic and achievable aim for most people with mental health issues. This might include using the principles of CBT to show advisers how they can empower customers and will benefit from the work that NSIP is developing, in conjunction with DWP psychologists, to better equip intermediaries to work with mental health customers and employers.

Providing employment support
It is clear that a range of interventions need to be available to ensure that individuals are enabled to recognise and fulfil their work potential, whatever capabilities they might have. Whilst it is doubtless important to attempt to change the individual's

beliefs about work, many of the barriers are systemic and many of the individual's current behaviours can be viewed as a rationally based reaction to their perceptions about current chances of being helped to gain employment.

Mental health services
As part of the objective of shifting perceptions in the health sphere about the positive role of work in aiding recovery, the Day Services modernisation agenda is important. This should see a shift of resources toward more inclusive practices, not least of which will be better employment related services being seen (and delivered) as an integral part of care provision provided for people with mental health needs. This, as with all of the help needed to move people along the employment continuum, is dependent on better and more strategic commissioning and resourcing at the Local Authority level, and a desire to ensure that the various resources all contribute toward joint objectives. The Guidance for Commissioners on Vocational Services for People with Severe Mental Health Problems published by NSIP [12] is key to reducing duplication and, to go a long way to addressing the issues mentioned above.

Client centred care and vocational services need to be linked in order to meet the range and severity of needs an individual has. This means the services available for an individual should not be based on diagnosis or limited solely to the health sector a person is being treated in. This means overarching local strategies need developing to target provision more effectively, for example the development of case-management standards, to enable better health and employment outcomes to be achieved from existing resources.

There may be a need for additional resources to support key life transitions, such as from childhood to adulthood, and we also might need to consider the potential benefits of some pump priming to help affect organisational and cultural change as well as ensure refocused services are in place. It would seem that the long-term benefits of putting sufficiently employment focused and equipped services in place would almost certainly far outweigh the initial outlay.

Skills and Training
In order that services are able to provide the sort of dynamic, flexible assistance required, it is likely that there will need to be, at least, an audit of adviser skills. This should be aimed at discovering the gap, if any, between current adviser skills and those skills we know will be required if this vision of service developments for people with mental health issues is to be sustainable.

However skilled the current adviser group is, there are likely to be gaps and we will need to devise plans for possibly large-scale adviser-skills acquisition programmes. These should be firmly based on developing the adviser behaviours that we know work in assisting people to gain and sustain suitable employment. In addition, though, given our call for tighter local planning and resource sharing there are likely to be enhancements required to core adviser training modules to include things like advocacy, local service-system mapping, working across boundaries, stakeholder analysis, and so on. But again, the modules must be based on a sound skills-acquisition model that gives advisers appropriate real skills that are reinforced

through solid in-work supported learning packages probably including coaching and assessed consolidation activities.

Section 2 – The process of finding and keeping a job

Ways to analyse the employment process

There are many ways of examining how to achieve success in finding and keeping a job. We can look at the process from the point of view of employers, employees, job seekers, representative organisations, service providers or the Government and consider the differing objectives, needs and expectations of each actor. In addition we can look at employers' recruitment processes, the provision of support services, policy objectives, employment programmes and other work related initiatives. The objective of any analysis is to identify, and concentrate on, those aspects that are most important for increasing the recruitment and retention of people with mental health problems.

The purpose of this section is to look across the employment spectrum (from being in a position of not knowing if work is an option to having a job and seeking to sustain employment) to identify the key activities a person needs to undertake, and the support services an individual may wish to access. In particular we wish to examine the perspective of an individual with mental health needs and who may be experiencing difficulty managing that condition. The aim is to draw out the implications for helping individuals, intermediaries and employers fulfil their aims and objectives.

Identifying an effective support framework

We propose to illustrate a support framework that research evidence accepts as the best way to provide a holistic service. This analysis outlines the range of actions the individual must consider or undertake if they are to maximise success in finding and keeping a job, and which helps them progress in their career.

Why base the analysis, and build a model, around job seeking activity? Firstly, because actions can be assessed and measured (e.g. Are the required activities taking place? How often? How effectively?), and secondly, because any change in beliefs and consequently behaviour, such as starting to do work related activities ought to be observed as outcomes of interventions. This means we can evaluate the impact, and effectiveness of elements of the model on an individual's beliefs, behaviours and progress made towards sustained work.

An analysis of effective work related support

We propose using a three-stage analysis:

1. **Supporting the individual to prepare for jobsearch**

   There is a lot of research on health and employment and the impact disability or health condition has on disrupting employment or leading to work no longer being seen as a realistic option. The overall conclusion is that for a person to begin the process of finding or keeping a job they have to be empowered to think positively

about their work capabilities and ability to sustain work. They then need to be able to access support that will bring them to the stage where they are job ready and able to compete for jobs. If we map the key factors in preparing for successful jobsearch we can identify necessary support requirements, and help identify gaps where extra provision may be required.

2. Supporting effective jobsearch activity

It is not enough simply to want work – the individual has to successfully navigate through the process of:

- finding appropriate jobs for their capabilities
- negotiating the application and interview (or assessment) process well
- gauging job offers for suitability and any support needs.

There is a wide range of necessary skills and knowledge required to navigate this maze successfully, whilst being able to cope with inevitable setbacks and disappointments without it affecting the willingness to continue jobsearch.

3. Supporting job retention and career progression

Individuals with difficult personal circumstances or certain health conditions may find it hard to meet all the job requirements or the demands and pressures work can create. Some are not able to sustain a job without continued support and this has increased implications for the employer (such as meeting legal requirements or willingness to consider future job applicants with a health condition), as well as the individuals concerned.

There is a wide research base to support this analysis and identify the main factors influencing successful outcomes at all three stages. This is particularly important for people with mental health problems as they often face more intensive barriers including confidence and motivation about achieving a successful work outcomes being hampered by limited social or family networks; less peer support and fewer suitable role models to help develop the self belief that work is an achievable goal.

Stage 1 – Supporting the individual to prepare for jobsearch

a) View of labour market prospects

Many people who lose their jobs, or who have stopped looking for work due to ill health have difficulty beginning to reconsider work as a future option or undertake active jobsearch. As a result they become ‘disengaged’ or ‘detached’ from the labour market.

It is true that whilst the circumstances that led to unemployment, or which are exacerbated by it (such as social isolation, resigned adaptation to a worklessness status, or depression – all of which tend to develop or worsen with long term unemployment) may always be present, the crucial point for employment prospects is that if they are not being overcome, or at least managed, they tend to dominate. When a person becomes disabled and where the condition dominates their life it is

unlikely the individual will see any value in considering a return to work or view it as being a realistic option.

When the starting position also includes social exclusion, is dominated by a chaotic lifestyle with an unmanaged health condition or personal circumstances, the first aim is to ensure an individual is offered the opportunity to re-balance things. This step creates the opportunity and space for them to begin to consider employment options and for stakeholders to promote the benefits that having a job can bring.

b) The importance of self-efficacy

Managing one's life circumstances, though, is not enough to maximise the chance of achieving a return to work. Research shows that the belief the individual has that they are able to work is a major factor. If a person does not perceive him or herself as capable of obtaining or holding down a job, they do not tend to seek work. This is partly influenced by the ability to manage lifestyle and health but is also based on perceptions of their health condition, the local labour market, employers' attitudes, lifestyle issues etc

This belief is called '*Self-Efficacy'* and there is a major body of literature underpinning its role in human behaviour generally. Positive Self-efficacy is developed by changing beliefs, by reviewing 'evidence', and by re-interpreting personal experience. For some this can be achieved by as simple a vehicle as a conversation, for others it requires a mentoring approach, and for some a more intensive, carefully managed coaching approach, however, in all circumstances access to skilled support is essential to promote its development in individuals. This approach is especially important for the mental health group who are more prone to be affected by negative, self-defeating thought processes that can come to dominate their lives.

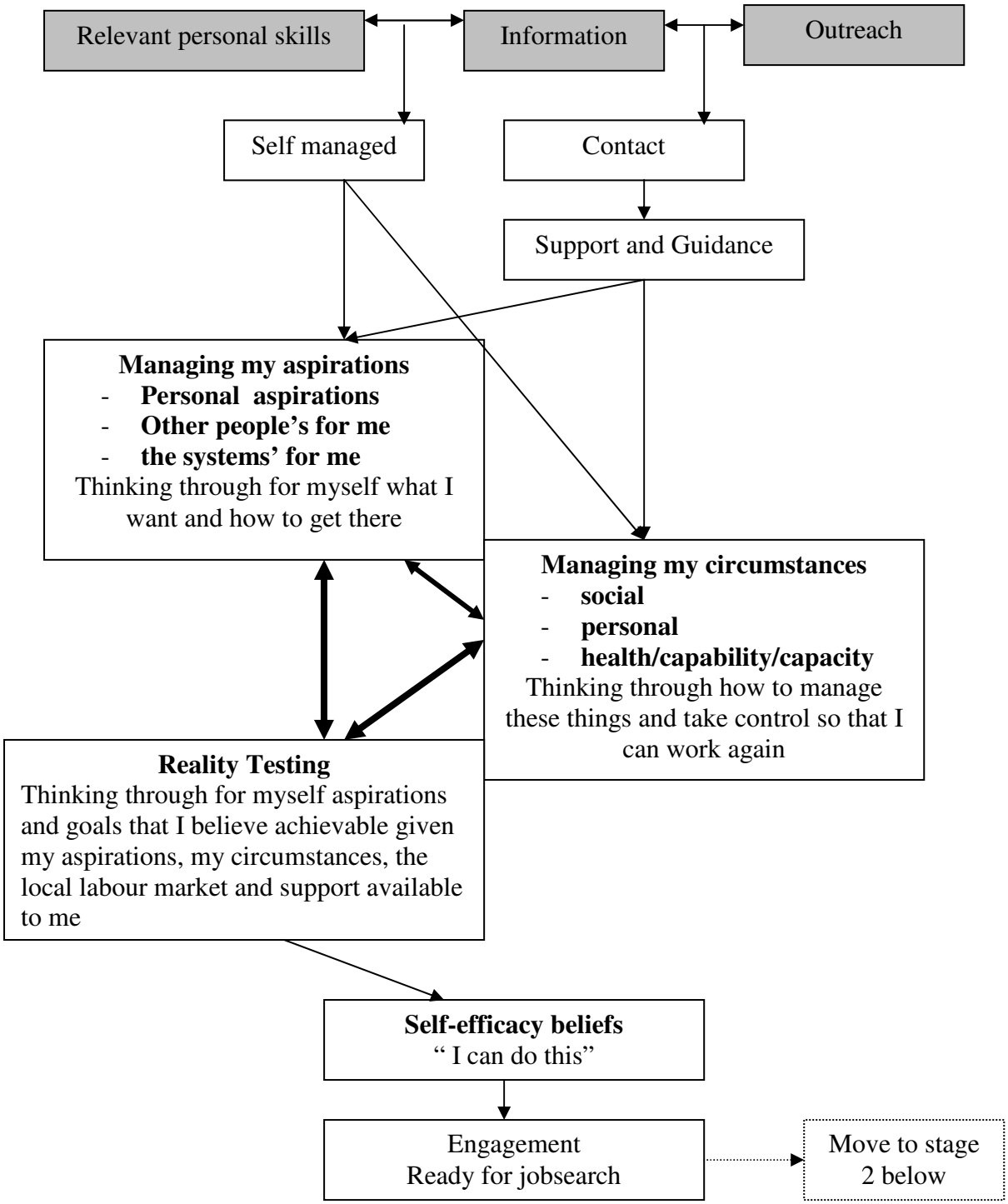
c) Conditions for preparing for jobsearch

To help an individual believe they are capable of work and preparing for jobsearch two conditions must be fulfilled. As and where required they must be supported to:

- manage their personal circumstances
- be confident in their ability to perform a specific job or range of jobs.

Evidence has shown that when these two conditions are in place people become active in jobsearch – they are 'engaged'. Diagram 1.summarises the process for achieving this state.

Diagram 1. Supporting the individual to prepare for jobsearch – key factors



Stage 2 – Supporting effective jobsearch activity

a) Major factors

Substantial research also shows that it is not enough just to *want* to work to produce successful jobsearch outcomes. A person must also have adequate skills to perform effective jobsearch. Annex A summarises the process of successful jobsearch – based on an extensive literature review performed in the 1990s, and which has shown to be effective - most recently in the evaluation of the *Pathways to Work* service.

In addition to the skills required to identify appropriate jobs and present oneself persuasively to potential employers at each stage of jobsearch process – finding appropriate types of jobs, assessing suitable employers, applying for the job, etc – there are a range of ancillary skills required to aid successful outcomes. An important attribute is the ability to cope with setbacks – not every job applied for will result in a job offer. Indeed, many applications may not even be acknowledged. The cumulative effect of this can lead to damaged self-efficacy unless the individual has suitable coping skills and support mechanisms in place to handle perceived failure.

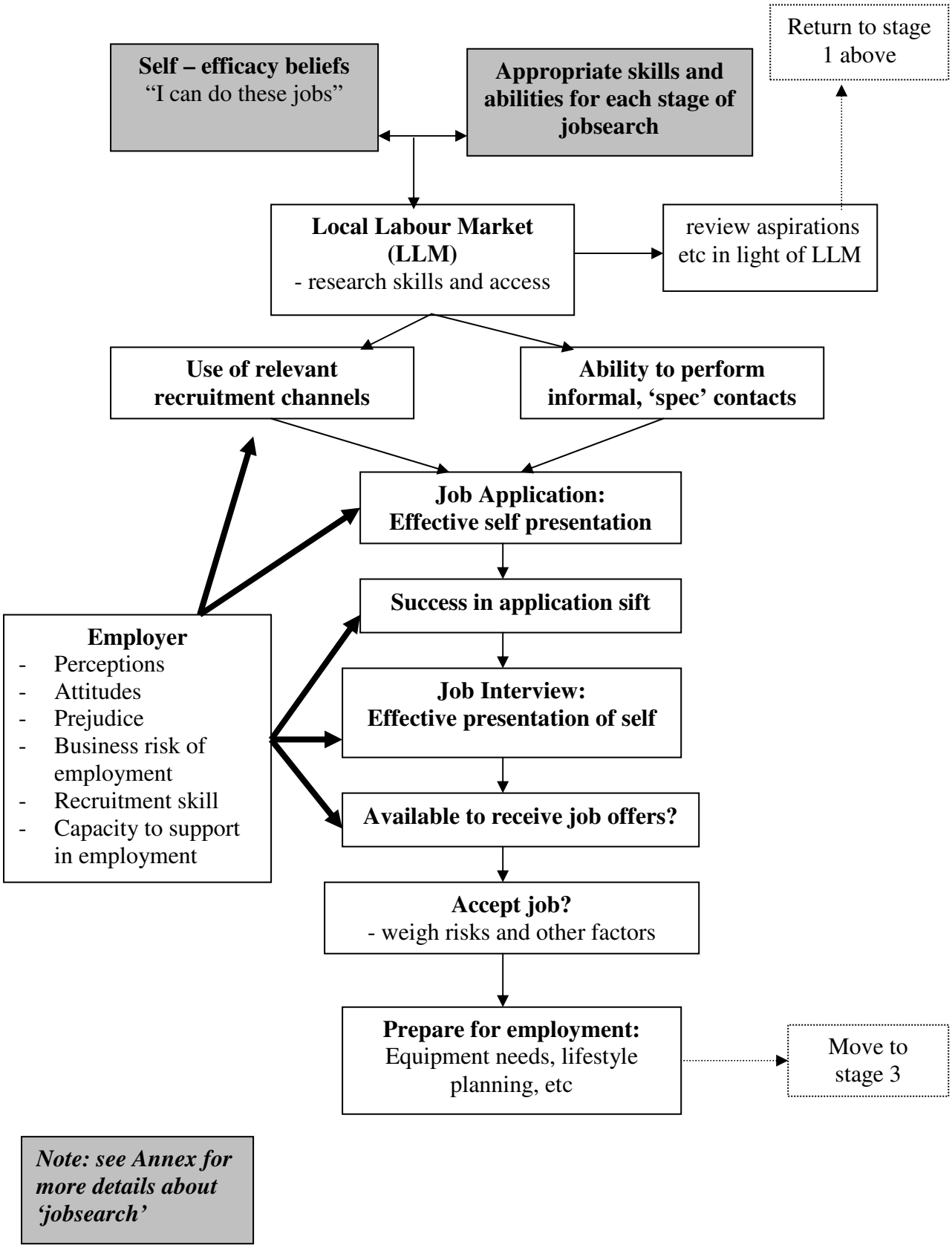
b) Other influences

In addition to these skills and aptitudes, individuals with health conditions or disability may find they have a greater reason to consider other factors such as travel or workplace conditions as part of the decision to consider a work opportunity or accept a job offer. For many people who have been long term unemployed personal finances may be fragile and accepting a job can pose a significant financial threat e.g. loss of benefit security. This is especially important for people with fluctuating mental health conditions, who may not be confident about their ability to sustain work.

These factors show the decision to accept the job can be a significant and skilled activity and the right decision is dependant on the right information being available (and considered) so that the potential short and long-term consequences having been thought through.

Diagram 2 summarises the key factors and processes for effective jobsearch.

Diagram 2. Supporting effective jobsearch activity – key factors



Note: see Annex for more details about 'jobsearch'

Stage 3 – Supporting successful job retention and career progression

a) Employer attitudes

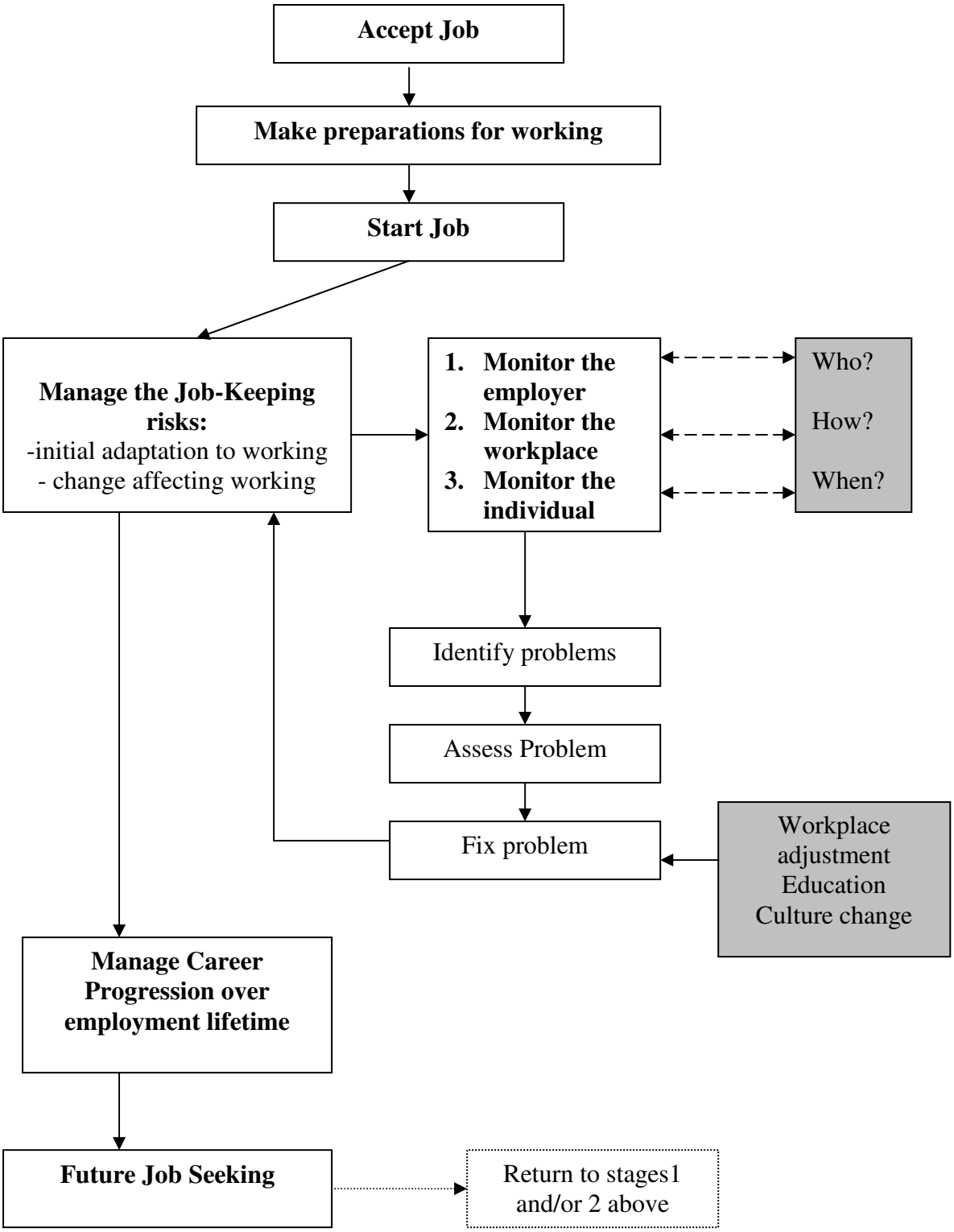
The perception of many employers is that disabled people are not as productive as other members of staff. It is well known that some employers expect long term unemployed people to have lost their working skills, but research evidence is equally clear that this is seldom the case [13]. Skills may become out of date but the biggest problem is often a loss of motivation or confidence in being able to find or do a job. Equally, some employers expect people with a disability to struggle to undertake job tasks or keep up with the demands of the workplace, and without suitable support this can sometimes be the case. The key is to ensure integrated health and vocational support and advice is available, to provide reassurance and information, monitor the situation and, working with the employer and the individual, make suitable accommodation or adjustments that are required in the workplace and for meeting responsibilities under the Disability Discrimination Act.

b) Increasing employability

Longer term, career planning to enhance productivity and employability are areas to be developed and nurtured. For many people this is easy to accomplish, but for those with a long and limited experience with one employer, or who have successful workplace adjustments in their present job, the thought of future jobsearch may be judged as too difficult – in essence the individual returns to diagram 1.

Diagram 3 summarises the key factors and processes for sustaining work.

Diagram 3: Supporting successful job retention and career progression – key factors



Section 3 – Relationships between individuals, intermediaries and employers

Having summarised the activities and major factors underlying a person's ability to successfully find and keep a job it is useful to next briefly review the aims and roles of the key players involved. We will then begin considering the support or provision required for each of the key players along the length of the employment routeway outlined in section 2.

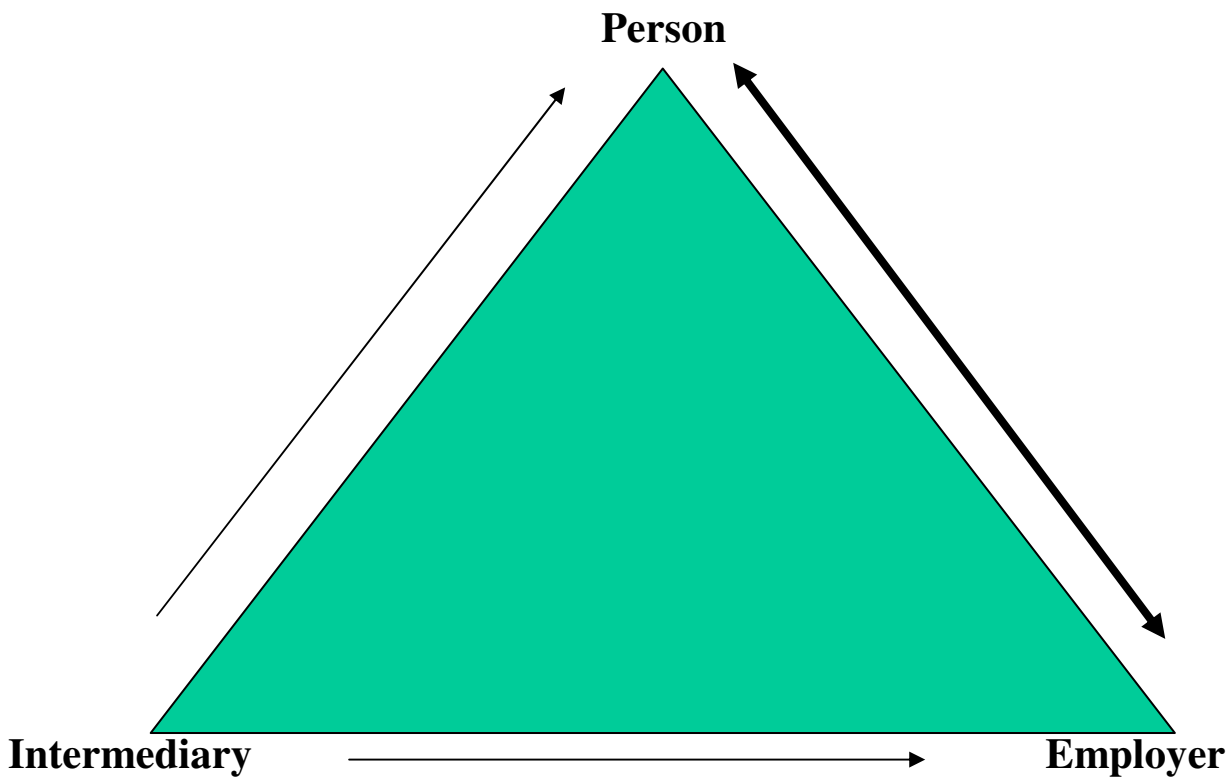
Overview of the key relationships

The key relationships for helping a person gain and keep employment, particularly when an individual requires additional assistance are between the *person* looking to obtain or retain work, the *employer* providing the employment opportunity and the *intermediary* providing support and advice. Although the capacities and needs of each of the three parties are different, and may change over time, the key elements common to all of them are:

1. They all have specific *needs* at various times and in different situations
2. They have individual *resources* at various times and in different situations
3. They have *interfaces with the other two actors*, which have very different characteristics that also change over time and situations.

This paper aims to explore this three cornered 'universe' and make recommendations for the development of resources to improve the way it functions. To do this we examine each of the actors in turn, their situation in relation to the employment continuum and relationships with each other, as illustrated by Figure 3.

Figure 3: The key relationships



The Individual

a) A diversity of needs

The work related needs of an unemployed individual with a mental illness are not easy to categorise. They will be at different positions in the return-to-work cycle and two people with the same diagnosis and similar work histories could be at very different places in the mental health employment continuum with some simply requiring reassurance that they can get a job just using their own efforts, right through to someone who is so far from considering work that they barely believe that it will ever be a realistic possibility again. As requirements vary according to personal circumstances a one-size-fits-all approach will not be able to properly satisfy the full range of needs.

b) Types of support

Most individuals, however, recognise that they would benefit from some assistance to help them explore their work options or secure employment and would look to an intermediary to provide appropriate advice, information or support to help them move forward. They will come into contact with an intermediary via mandatory referral or voluntary contact such as a GP referral to a supported employment provider or making an appointment to see to a job-broker.

An important skill for intermediaries to have is the ability to act as an advocate for the person seeking work. In this respect an individual's expectations may not be fully met as there is a range of intermediaries working with people with mental health problems and their expertise differs even when they are offering the same type of service. An example is the New Deal for Disabled People (NDDP) programme where some providers offer general and others specialised services. An intermediary specifically set up to assist with employment needs will also be very different to one providing support for meeting a range of social or life-goals, of which employment may be just one. The individual looking for vocational support may not be aware or able to differentiate between different types of expertise or services offered but approach any intermediary with the expectation that they can help them get back to work.

c) Need for on-going support

Once an individual obtains work the need for support does not end, but all too often the relationship with the intermediary does. If sustained employment outcomes are to be maximised on-going support should be available and one of the weakest links in the employment continuum is the amount of in-work support available for individuals, and employers, to access. Research from NDDP (and other provision) show in-work support is often least catered for in providers' menu of services. The fact that mental ill health can be cyclical, varying over time and with situation is one of the factors why for some people with mental health problems keeping a job can be just as difficult as negotiating the recruitment process and are therefore more likely, as a group, to need help to sustain work [14]. Clearly there is help available but does it meet potential ongoing demand from the mental health group?

If more people with mental health problems are being helped into employment, but not supported to sustain work, inadequate on-going support could also create a situation that makes access to future opportunities more difficult. If employment is not sustained an employer may think their belief that taking someone on who has mental health issues would raise insurmountable problems was right and be reluctant to try recruiting a similar employee again in the future. The individual themselves may feel more discouraged at getting so far but finding there was insufficient support to meet in-work demands and be more wary of trying employment again.

By ignoring or under-resourcing this element of the continuum it could lead, over time, to greater stigmatisation with more difficulty in placing into work those people facing greater obstacles with increased confidence and motivational issues for those individuals who could not sustain a job.

The Intermediary

a) Differences between organisations

As indicated, intermediaries vary between general and specialist service providers and can be a public, private or voluntary and charity sector organisation, which can have a different span of objectives in mind when working with someone with a mental illness. Even if they are in the same sector and delivering the same national programme they may have a different set of skills and resources to call on.

b) Ability to screen customers

Intermediaries should be equipped to deal with anyone seeking to access their services, but this can prove difficult as they are often set up to serve specific groups or deliver a specialised role. They must be able to identify those people seeking help who meet their specific service criteria and be knowledgeable and skilled enough to sensitively guide individuals to suitable alternative services if necessary.

c) Meeting mental health needs

Dealing with people who have a mental health problem means having a potentially broad customer base, especially from a distance-from-work point of view, and intermediaries need a comprehensive set of skills and knowledge if they are to be able to deliver a flexible, tailored service that meets the widest range of needs. These skills levels will need to be advanced when it comes to engaging and involving individuals with greater needs, particularly those who have become socially disenfranchised. They not only need to provide excellent adviser skills but have broad local labour market and support service knowledge, which would be enhanced by having advanced community outreach skills, e.g. advocacy or comprehensive service mapping skills. Good relationships/arrangements with key partners are also essential here.

Just as the ability to help an individual increase their capacity and take a positive view on their employment options is a vital skill for the intermediary, so is assisting the employer to meet their recruitment needs through the employment of their customers. Simply brokering a job opportunity will not suffice to meet the complete package of employment and recruitment requirements of the individual and employer. The intermediary needs to be able to provide as near a match as possible between the capabilities of the individual, and the needs of the employer for a suitable and productive worker. This often entails more than a simple matching activity, but recognition and complex management of factors that impact on a specific individual's ability to do a specific job for a specific employer.

d) Meeting on-going need

The intermediary is aware of the need to achieve targets and even when sustained employment outcomes are part of the mix, the goal they are set is usually around 3 or 6 months continuous tenure. This is sometimes not appropriate for people who have more complex needs, such as a fluctuating mental health condition, who may not require help for a long time but then call on intensive support for short periods. If little assistance is available when a new episode occurs the individual, who could be desperate to continue working, may find it difficult to cope in the work place.

Employers want to minimise recruitment risk and if access to in-work support is withdrawn after a specified period may be discouraged from offering opportunities to disabled people who could require specialised help several times over the course of their period of employment. The lack of open access to in-work support on a continuous basis is one of the weakest part of the employment continuum process because research and experience have shown that work-first with job-support models are the most successful interventions, especially for people with mental health problems.

The Employer

a) Differences between employers

Employers, like the other two actors, are not a homogenous group. Their specific needs will also change over time be dependant on location, labour market fluidity, industrial sector and other environmental factors. These factors may to some degree influence the employer's attitude towards employing someone with a health condition or disability. The construction industry, for example, has issues around physical capacity, health and safety and other legal requirements. The hospitality industry main issues include maintaining high-level personal customer service and 'brand' image.

b) Recognising employers' needs and perceptions

All employers face challenges in running their business and sometimes articulate a tension between maintaining profitability and fulfilling legal employment duties. Some attitudes and perceptions can result in fears of greatly increased risks and additional practical and legislative burdens if they employ an individual with a disability, especially if it is a mental health problem.

Because all employers want productive workers the job of the individual (and intermediary) is to demonstrate that any risk to business efficiency and reputation from taking on a particular person is low and where workplace issues need to be addressed skilled, knowledgeable help is available to assist a person become an productive and valued member of staff.

Although the intermediary can help create a successful recruitment opportunity it is the employer and the individual who ultimately have to resolve any issues and in this respect both parties can encounter difficulties that require specialist help such as mentoring, job coaching and occupational health assessment. The prime role of the intermediary, for promoting sustained employment outcomes, will be to help recognise and broker solutions to potential problems that may affect ability to undertake work tasks and become a productive member of staff.

Balancing worries about the efficiency and costs of employing a disabled person is a desire of many employers to enjoy the benefits of an enhanced reputation by showing their company is socially aware, a good place to work and a responsible member of the local community. Being seen as a 'good employer' is important not just because of improved image, but because it increases their potential pool of suitable applicants. The current economic conditions with skills shortages and fewer young people joining the labour market means that employers have to widen their pool of applicants in new ways and, if helped to become suitable candidates, people with a disability will benefit from a tightening of the job market.

Section 4 – How to deliver successful work related services to people with mental health problems

An effective Model

Having looked at the employment process and key relationships we now look at how to deliver effective support. The ideal paradigm would be for a proven, *holistic* model for building capacity and delivering support, which includes all the essential elements for delivering a comprehensive range of help, such as:

- advice and information
- motivation and confidence building
- basic and employment skills
- job broking and advocacy support
- in work provision
- occupational health services.

A complete range of services to address needs should be available in every Local Authority area and available via a common gateway process that is used by all providers.

In addition all organisations involved providing services for the client group, in a particular area, should agree:

a) an overall strategic framework to guide joint working between partners
b) a mechanism for providing a single entry point for appropriate provision
c) methods for deciding who would best placed to act as case manager and co-ordinate activity between organisations delivering services to an individual
d) specific role(s) for each organisation to ensure sufficient interventions are available across the whole of the employment continuum
e) funding flexibility to ensure resources can be directed to meet individual need
f) local skills audit to identify if any provider needs to increase their skills base in order to deliver efficient and effective evidence based services

Currently different elements of this model are provided in most areas, but only in a few services (for example brain injury rehabilitation and Richmond Fellowship QEST, mental health) is the range of interventions combined into a holistic health and employment service. The Commonwealth Rehabilitation Service in Australia is one example of a national approach to bringing services together to provide holistic provision.

A useful starting point for delivering a holistic service is to compile a comprehensive map of appropriate services available in each vicinity with a view to identifying where there is duplication, overlap, sufficient provision or gaps, and to gauge their current suitability and effectiveness. To begin strategic planning it is important to know if the range of services currently available is appropriate. Are they fit for purpose and together do they meet the widest possible range of needs?

In terms of the settings in which interventions should take place, they should ideally be anywhere that is convenient and acceptable to the client and the potential of increasing the role of health service settings should be strongly considered, as they

are often the first point of contact for those requiring work related health support. This is an important aspect as the initial advice they receive is often pivotal in determining the extent to which individuals are inclined move forward towards a return to employment or likely to have a prolonged period of inactivity, at risk of becoming a long-term benefit recipient.

For those in work, the model would not wish to deter employers from spending on reasonable adjustments, and other support, that increase the productivity of staff, but we might need to consider the resource difficulties faced by small and medium sized enterprises (SMEs).

Achieving the paradigm – dependencies

The primary dependency for national policy to make a real difference on the ground is the extent it is able to promote better partnership working. For any improvement in employment outcomes to be achieved there needs to be effective translation of policy intent into delivery action in the regions, with sufficient operational capacity and willingness to deliver appropriate local services. Hence the need to ensure coherent regional strategies as outlined in *Reaching Out* [15] and City Strategies [16]. Creating a strong values base that seeks to improve social inclusion and enable individuals to be the best they can in all areas of their life, including employment, would enhance this work.

Achieving the vision – assembling a jigsaw

Given that there are multiple factors impacting on an individual's ability to negotiate the labour market any employment strategy will need to be able to offer tailored solutions, using a mixture of services to overcome specific obstacles that individual's face. If we seek to tackle each area in isolation putting together a holistic service will be a protracted task and our ability to maximise positive employment and social inclusion outcomes will be reduced unless the boundaries between services are ignored.

We might therefore liken developing a paradigm model to a jigsaw, with a need to assemble a number of different pieces to form a coherent whole. As with a jigsaw you need to begin with a clear picture to indicate where all the pieces need to go, this is the strategy element. We therefore need to identify from service users what pieces are still needed to complete the jigsaw for providing a comprehensive set of vocational services for people with mental health problems. The paradigm argument is for a holistic approach that recognises the various interlocking connections for enabling people to build capacity, access job opportunities and sustain work.

Key areas for an employment strategy

a) Belief and Aspiration

The success for any employment policy is ultimately dependent on the extent it influences an individual's beliefs and leads them to undertake positive actions. This is arguably the most important factor in determining the extent to which policy intent can be turned into concrete customer positive outcomes. Clearly it is important that people perceive themselves to be better off in work than on benefits, in financial, social and therapeutic terms. If people with fluctuating conditions, for instance, knew they could return to the same level of benefit should work prove not to be sustainable (under the Linking Rules) it would lead to more trying work whilst, conversely, the issue of Housing and Council Tax benefit tapers acts as a stumbling block for some considering trying work under the Permitted Work rules.

Much discussion has centred on the definition of meaningful occupation, and whilst it is not realistic for everyone to work fulltime, or undertake very strenuous jobs, there is clearly something about encouraging work progression, whenever possible, as an achievable aim. There is also an issue that messages about encouraging life long learning as ongoing development may not be viewed as a realistic ambition for certain groups of people with mental health problems. There may be room for some innovation in this area in order to build aspiration and promote activity to maximise capacity. Perhaps one avenue to explore might be an in-work individual development programme.

b) Effecting cultural change

This issue is linked to the way that society views groups of people. As with individual belief, constructive cultural outlook in key institutions that affect employment outcomes is critical. Principle actors such as Jobcentre Plus, employers, and health professionals will all need to address issues of cultural change, accepting and endorsing the message that appropriate work is health enhancing for most people and employment should be viewed as a potential choice for everyone. This is critical for maximising outcomes as if staff are not convinced that meaningful work is a feasible outcome for most people with mental health problems they will be less willing, or persuasive, in encouraging more people who are capable of (and would benefit from) a return to work, to consider their employment options.

We should look to counter negative perceptions that hinder activity for increasing employment outcomes. Communications and marketing to stakeholders should contain messages that:

- prolonged inactivity is likely to worsen health and social inclusion consequences
- work helps aid recovery
- movement from inactivity to work can be facilitated by taking a series of steps such as volunteering or permitted work**.**

Culture can be changed by education and training and, as in all areas, it is important to highlight evidence and promote the positive health and employment messages to all. Arguably intermediaries should ensure their staff undertake comprehensive,

accredited training that ensures they can meet the needs of the client and other customers, particularly employers.

This must include active engagement with all partners, especially those not fully in tune with the rationale underpinning the policy ambition. This will reduce the effect of potentially negative publicity or criticism in this sensitive area and show how a commitment to the employment strategy will help all stakeholders achieve their own objectives. Highlighting new provision and how the welfare system can act as an enabler might be one way to send out a key message that the Government's aims is to support anyone who wants to move into work.

c) Environmental factors

It has been suggested that environmental factors have a significant impact on the employment prospects of people with mental health problems. We know that there are clear links between housing, health, educational attainment and employability for this group and we should look at how to influence stakeholders in all these areas on the importance of adopting a holistic approach to tackle each of these influential areas, as highlighted below.

Unintentional consequences
A major aspect of the environment is that it is often associated with unintentional consequences. For example there can often be perverse consequence of upskilling individuals – it can have a negative effect on the rest of the community they come from. People acquire skills, find work prospects elsewhere and as a consequence often move away from the locality. This might result in employers being reluctant to locate to an area due to a low skills base being available, which can perpetuate the cycle of deprivation. Neighbourhood regeneration strategies, including housing renewal can lead to perverse incentives that run counter to employment aspirations. The issue being that new housing often results in less affordable rents or mortgages. This is also true of supported housing. Policies need to look to minimise (or counter) negative secondary effects elsewhere, and take account of a range of external drivers associated with housing.

Meeting basic needs
An understanding of the concept of a hierarchy of need [17], where higher requirements for achieving self realisation only come into focus when a person's lower needs are being met, and its impact on this group is useful for offering support that encourages people to consider moving forward. The guarantee of secure housing and income is a critical consideration and risk adverse individuals will be better disposed to consider work if they are reassured they can maintain a stable environment with their immediate needs continuing to be met.

Transport and mobility
Access to transport has been identified as a major issue in several studies and is especially important in rural areas, although not just for people with mental health problems. In many respects transport is a "Catch 22" situation. Private companies will be reluctant to provide transport if it is not profitable but inadequate transport links can hamper jobsearch by limiting access to available job opportunities.

If there are few suitable jobs available within the travel to work area, and people are geographically immobile, they may be less able to move into employment. Knowledge about the number and type of jobs available locally will also be a factor on the ability to activate people, although the work first argument is that any job is better than no job, and leads to better long term outcomes, what constitutes 'good work' will vary from individual to individual.

We need to explore the extent to which all these factors impact on people with mental health conditions and potential solutions might be to encourage more people to set up their own business, to encourage the growth of social enterprise and social firms or facilitate communities to respond to the challenge of, for instance, mobility issues and a more poorly developed rural support infrastructure.

d) Building Capacity for work

We need build a clear picture of the personal factors that mean people with mental health problems are, on average, more likely to fare worse than the rest of the population in both employment outcomes and life chances that impact on work prospects.

Education and skills
The skill level is generally lower in this group in which case there is a significant amount of work to be done to improve attainment rates and ensure provision is available to meet a range of needs and learning styles, including offering suitable support requirements. Some young people who start with a mental health problem drop out of the education system, including many university students, meaning that as a group they are less able to compete for those jobs where qualifications are used as a recruitment screen.

Low educational attainment rates play an important part in competing for work in the modern labour market and in part this issue is about those working in the education and labour market systems not fully comprehending an individual's true capacity for work. Also as a consequence of lack of training or work experience an individual with mental health problems may not be aware of their true aptitudes or have an underdeveloped skills set. Two things would seem to be important in this respect. Firstly that the education system has the capacity to fully support people to stay in the system, and achieve their full potential, and secondly that any assessment of capacity is based on measuring an individual's general ability and not on their condition.

Confidence and motivation
If the perception is they cannot work, have poor overall prospects or are excluded from better quality jobs i.e. a belief they will only considered for low skilled, low paid often temporary work that has no job security it might impact on motivation and willingness to consider work related activity as a worthwhile option.

Multiple disadvantages
A person with mental health problems can experience multiple disadvantages e.g. the health condition is combined with one, or more, of being a lone parent, an older worker, a member of a black-minority-ethic group, living in a deprived area,

homelessness, criminal record, substance misuse, English as a second language or having poor employment related skills This increases the possibility of having deeply entrenched issues to surmount e.g. a poor work history, weak transferable skills, greater stigma and discrimination. This emphasises the importance of partnership working between providers in order to offer a flexible, tailored approach that provides a range of services capable of assisting with this complex picture.

e) Employers

The role of employers has a crucial impact; to the extent they are probably key to the success of activity in all the other areas that seek to push people towards the labour market. Employers often choose not to recruit people with mental health needs, research showed less than 40% would do so [18] and they may not retain staff when mental health problems arise. We recognise that employers have important drivers when considering recruitment and retention decisions, which for most businesses centres on the core need to make a profit to stay in business. The case for employing someone with a disability, certainly for recruitment, are hard to prove but we can do several things to change the perceived costs and benefits of employing a person with mental health issues and help develop and promote a business case.

Challenge perceptions
A priority is to change employers' perceptions and belief systems about mental health and tackle ignorance and prejudice about the capacity of people with mental health conditions. This needs to be led by a positive awareness raising campaign, hence *Action on Stigma and Discrimination*, and activity should ensure employers have a better understanding of their responsibilities, and how to comply with the requirements of relevant legislation, such as the Disability Discrimination Act.

Support and Advice
Their attitudes will also be affected by the provision of appropriate training and a prime example would be material on legal requirements, and methods, for making reasonable adjustments. This could help show employers that providing staff with appropriate support or adjustments can be relatively easy and inexpensive. Another way to support employers (and employees) is to offer advice and guidance on sickness absence management and the promotion of good mental health in the workplace. Willingness to employ people with health conditions would also be enhanced if they knew full support services were available should any difficulties arise.

Small and Medium sized Enterprises
We might consider the development of targeted support service primarily aimed at small and medium sized enterprises, which usually have fewer in-house resources. This could include, for instance, looking to strengthen and refocus the Workplace Health Connect service and another type of support could be the development a virtual "reasonable adjustment suite" used to inform employers about support available to assist them in recruiting and retaining people with health conditions.

Role of Peers
Employers are more willing to listen to their colleagues and we could also explore the concept of Champion Employers to promote the benefits of better recruitment and retention practices with their peers. Public organisations can help by becoming exemplar employers and providing examples of best practice and cost effective methods for improving productivity and sustained employment outcomes.

Section 5 – Key concepts for delivering effective advice and support

Core Design Concepts

In previous sections we have described issues for helping more of the mental health group find and keep work and, using a simple model, outlined the roles (and key issues) of the main players involved. We now look at how they can be translated into methods for developing resources that are effective at meeting the employment requirements of people with mental health problems and their employers.

From research on job retention and recruitment approaches a number of core concepts underlie successful employment interventions and their importance needs to be recognised. Once adopted they will assist the delivery of support services to be more effective and efficient in the way they move more people with mental health problems towards, and into, sustained work.

Core concept 1: Self Efficacy

Many programmes implicitly assume that the individual seeking to retain a job or gain employment requires comprehensive advice and direction from an adviser or 'expert' other. This is often translated into practice such that the adviser 'tells' the individual what to do. There is abundant evidence that this directed approach is ineffective.

In contrast, there is plentiful evidence that individuals who believe they are capable of managing their own jobsearch or who believe they have the ability to manage their own health condition are successful at achieving these results. This 'Self Efficacy' belief is essential to success. The implication of this for an adviser is profound – the style of advice to develop self-efficacy is organised around exploratory discussions where the adviser acts as expert helper empowering the individual to take control of their own back to work process and to think through issues for themselves. Whereas the 'telling' role is a relatively low skill activity for the adviser, developing a person's self efficacy is a high level skilled activity requiring high facilitative ability as well excellent conceptual awareness. Nevertheless, this approach pays dividends in terms of success rates achieved.

Core concept 2: Medical model versus Resources model

Linked to the 'adviser tell' model of support is another common, but ineffective, implicit model used for advising individuals. The 'medical' model of employment support is so named as there is an assumption that specific deficits exist in the individual that, should they be 'mended', will produce an individual able to find or keep work successfully. Such deficits are often cited as the main barriers to employment and the assumption is that if we can only dismantle the 'barrier' all will be well.

The situation is more complex than this. What constitutes a barrier for an individual in one work context may not be a barrier in a different work situation. Barriers are often treated as if they are global and absolute states, whilst in reality are always

conditional and relative. Although convenient as a way to think about work related issues, seeing barriers as fixed entities is not a good basis for designing effective support.

In contrast to the 'medical' model is the 'resources' model. This assumes that each individual has a specific range of abilities, capabilities, interests and ambitions – and they themselves are often the best placed to say what these are. By encouraging the individual to review and explore their own resources the adviser not only assists the individual to identify realistic job goals and development needs it helps to develop self-efficacy. The key here is to match personal resources to key job tasks and activities. By helping the individual to perform this matching process the adviser also, in effect, trains the individual to use this technique in future jobsearch activity and helps them to be more effective at identifying and presenting evidence of relevant resources to potential employers.

Core concept 3: Managing the health condition

As Waddell and Burton have confirmed there are benefits for a person with a health condition in returning to work but many people are not aware this is usually the case. They are more ready to believe it is unlikely that many people with certain health conditions will be able to work again and can include the individual themselves as well as advisers, family members, GPs and employers. The reality is that many people with a health condition can work perfectly well and it has no bearing on their ability to hold down a job. However, it is important to understand the misunderstandings and prejudices people have and how these perceptions can stop an individual from believing they can maintain regular employment again. Although a person may have a health condition, the way the adviser helps them to think about its impact on work related capacity is important in determining whether they believe they are capable of working. In the resources model, the role of aspiration-job-capability discussions like this is essential for success.

This is only a part of the task as prejudice, ignorance, and stereotyping can all play a part in forming some employers' points of view – critical given it is the employer who offers employment opportunities not the job-broker, and if an employer does not believe the individual is capable of performing effectively they won't take them on. So evidence of personal-resource is important for changing employer, as well as individual, attitudes as it provides evidence of lower risk in offering them job opportunities.

One key aspect of the impact of the health condition on capacity to work is whether it is being managed. Individuals with severe health conditions or disability are capable of effective functioning in an employment environment, provided they are managing their condition. Those who believe they cannot manage their condition – where in effect it dominates their life and outlook are unable to consider work options, undertake jobsearch or maintain employment. Similarly, an employer unaware that certain conditions can be managed successfully may believe that an individual with the condition is incapable of performing vital job requirements.

Health and disability are areas where global and absolute judgements are most commonly accepted, for instance the belief that individuals with more severe mental

illness are incapable of any productive work. As a general guideline, if the individual does not consider their condition is relevant to their ability to perform specific job tasks or other work activities then it is less likely to interfere with job seeking. However, the employer also has to share that perception or they may not offer the post, feel it realistic to keep an existing employee in post if they develop a mental health condition or severe episodes occur. Changing beliefs is significant for improving employment outcomes and for both employer and employee, the personal-resource-evidence chain can be crucial in overturning perceptions of poor capacity or the ability to manage a health condition in the workplace.

Core concept 4: Managing the jobsearch process

Assuming that the health condition or disability is managed (or that the job-resources matching process indicates it is not relevant for a particular job) then an unemployed individual has to be capable of managing the jobsearch process (see Annex A).

Jobsearch is a process in which a number of hurdles have to be successfully negotiated before employment opportunities will be offered. To successfully overcome jobsearch hazards the individual jobseeker has to know all relevant information and apply a number of skills successfully (for example, writing applications, telephone skills, interview techniques, etc) to help them show evidence that they possess the skills and aptitudes required to undertake the job tasks.

The implication of providing effective support is that the jobsearch process has to be explored and the individual's needs identified, ideally by the person themselves. This will act as an aid to developing a job-resource match, to produce suitable evidence for applications, and as an aid to developing the self-efficacy beliefs that drive sustained jobsearch activity.

While jobsearch activity levels and work focus have been shown to be predictive of likely success in finding work, and should, therefore receive significant attention, there are a number of other stages that the individual, with the intermediary's help, must also negotiate successfully for effective decision making and job seeking:

- *Self knowledge* – The individual needs to identify and evaluate their health limitations, work capacity, relevant interests and career ambitions.

- *Labour market knowledge* – In order to make an accurate assessment of their chances for gaining employment and to avoid stereotyped or idealised views of certain jobs, individuals must understand the requirements of, and their suitability for, the occupations they wish to pursue.

- *Decision making* – People need to be able to convert their self-appraisal and job knowledge into realistic decisions about their future prospects and, for example, be able to choose rational courses of action when considering competing ambitions or work options.

- *Making the transition* – Once the work decision has been made, the individual needs to convert this into a series of effective goal-directed activities and to manage their transition from benefit into sustained employment.

The individual needs to successfully pass through all these stages in order to make correctly informed decisions about their future employment prospects and work options and turn these decisions into effective job seeking activities. The intermediary will need to support the individual through this process and therefore it is important they understand the stages and what techniques to use in order to help someone develop self-efficacy beliefs and the skills necessary to move successfully between them.

Core concept 5: Job keeping skills

Over and above effective jobsearch skills, and related activities for obtaining a job, the individual has to have the right skills, aptitudes, and self-efficacy beliefs necessary to sustain employment once they have been successful in obtaining a job. This may well involve negotiating with the employer about job adjustments, mentoring, occupational health advice or other support. The intermediary can be an important resource to help the individual and the employer establish a good relationship, decide if assistance is required, to put the correct support structure in place and provide help for the individual to become an effective member of staff.

Core concept 6: Managing retention

In order to retain employment when they develops a health problem some individuals will require support to help manage their own health condition and personal circumstances. Whether that support comes from the employer, external agency or both should, and will, vary according to specific circumstance. Rather than adopting a traditional model where job-entry is followed by the withdrawal of intermediary support it may be more appropriate for the intermediary to provide variable levels of support, on an 'as and when required' basis over the lifetime of the individual's career.

Core concept 7: Meeting Individual needs

Although the process for obtaining and keeping a job can be described fairly easily (see Annex A) the factors involved, and variations between individuals, employers, and jobs means in practice there will be great variations in needs and 'one size fit all' approach will rarely be sufficient to satisfy all a person's requirements. A tailored approach is essential although the extent of being able to meet all individual needs may be constrained by resource availability.

Core concept 8: Meeting Employer needs

As with individual jobseekers, employers vary in their needs for recruiting suitable candidates and to retain existing staff. For example, the needs of large employers may be very different to those of small employers and a large employer may have greater resources for supporting an employee experiencing temporary difficulty with health or personal circumstances. Support may be absent from a small employer and appropriate assistance sourced from external providers. How resource is provided and the extent to which it is used may be influenced by an employer's beliefs and prejudices.

Core concept 9: Intermediary requirements

Intermediaries will need a variety of skills and knowledge in order to be able to help an individual uncover their job-resources capabilities and make a correct match to an employer's recruitment opportunity. They will have to be able to demonstrate advanced skills in advocacy and negotiation and offer practical support for both employer and individual, including providing in-work support from making workplace adaptation through to job coaching and mediation.

Section 6 – Support products and appropriate skill sets

If we want to activate more people with a mental health condition into considering work options we also need to maximise their chances of successfully finding and keeping a job. This section outlines some potential products, activities and solutions for facilitating a smoother progress (for all actors) through the recruitment and retention process.

Issues to consider

Before we examine individual ideas in detail, highlight the key areas to concentrate on and recommend which approaches should be adopted as best practice it is worth outlining that each type of product carries its own cost, impact and a penetration, i.e. they vary in terms of expense, the number of people they will reach and how effective they will be at changing behaviour.

The simplest form of support is the provision of information although even here the medium used for delivery will have an impact on effectiveness and information alone will only be of value to those people able and willing to access and utilise it. Some forms of media such as leaflets may be easy to provide but likely to produce weak behavioural change in those people able to access the information whilst the use of websites and open learning will increase the likelihood of behaviour change – but fewer people may able to access these forms of information. The following table illustrates the point:

Table 1 - Effectiveness of different forms of media

Size of behaviour change / **Number of people able to access the product**	***Low***	***Medium***	***High***
Few able to access medium	Face to Face information giving	Mentoring/ Advising	Skills Training/ on-the-job-Coaching
	Informational websites	Supported Open Learning/ Effective E-learning	Group skills training
Many able to access medium	Leaflets/ TV adverts/ Junk Mail	Workbooks for self use	Well-designed blended approaches

Potentially effective products

The following list of potential products is an illustration of the types of support that are necessary if we are to be effective in establishing the processes outlined in previous sections and help people with mental health needs obtain and sustain work.

The products are arrange in categories covering i) Learning, ii) Information and iii) Support needs for each of the three key stakeholders and the emphasis is on promoting active learning and support rather than providing passive information-based services.

a) The individual

<u>i) Learning</u>

- Open learning/e-learning, Face-to-face sessions (individual or workshop style)
- Personal coaching and mentoring
- Checklists and work books

<u>ii) Information</u>

- Websites and leaflets

<u>iii) Support</u>

- Sessions on and support for self-advocacy
- Development of a service-user (or other) advocacy service
- Call centres
- Email or web site links

b) The intermediary

<u>i) Learning</u>

- Blended learning approach (face-to-face, e-learning, open learning, work-books, DVDs etc.) covering:
  - Advocacy
  - Facilitative interviewing
  - Community working
  - Working with employers
  - Relationship and service mapping
  - Stakeholder analysis
  - Case management
  - Benefits and financial issues
  - Developing local industry knowledge
  - Job analysis (job study, task analysis, job-capability matching)
  - Developing work solutions

- Retention strategies
- Employer on the job coaching and support activity
- Effective evaluation

ii) Information

- Web sites
- Written materials and information leaflets (e.g. best practice, guides, toolkits and fact sheets)

iii) Support

- Development of intermediary support groups and professional interest groups
- Web sites
- Virtual/Remote expert advice service via call centre/email

c) *The employer*

i) Learning

- Blended learning approach (face-to-face, e-learning, open learning, work-books, DVDs etc.) covering:
  - In-work support strategies
  - Accessing assistance for retaining staff members
  - Various aspects of disability awareness

ii) Information

- Websites
- Written materials and information leaflets (e.g. best practice, guides, toolkits and fact sheets)
- Information leaflets

iii) Support

- Call centres/advice line
- Website links
- Email
- Employers forum
- Professional bodies and Specialist services

Section 7 – The importance of a holistic approach

In the preceding sections we have outline a range of issues that affect the ability to promote higher labour market participation by people with mental health conditions and identified how vocational services can be organised to deliver effective support for maximising sustained employment outcomes.

This holistic, tailored approach is already influencing the development of services to meet the needs of the mental health group and has already shown that, if they are given access to the right range of support services, even people with severe mental health problems can be supported into open employment.

The Individual Placement and Support model

The Cochrane review on vocational rehabilitation for people with severe mental illness [19] identified that the *Individual Placement and Support* (IPS) approach (also known as evidence-based supported employment), was more effective than other approaches in helping them gain and retain employment. This approach has been most extensively implemented in the USA, where an increasing number of randomised control trials have demonstrated its effectiveness over other approaches to vocational rehabilitation. There is also good evidence emerging from a randomised control trial conducted across 6 countries in Europe [20]

IPS is a specified variant of supported employment and has the overriding philosophy that a person is capable of working competitively in the community if the right kind of job and work environment can be found and with the right kind of support provided. Therefore, the primary goal is not to change the individual, but to find a natural match between the individual's strengths and experiences and a job in the community. A review of this evidence base practice identifies seven principles that are important in determining success in helping people to gain and retain employment:

There is strong evidence that:
1. Services should be focussed on competitive employment with a primary goal of competitive employment in integrated settings.
2. Eligibility should be based on the individual's preferences.
3. Programmes should involve rapid job search and minimal pre-vocational training.

There is moderately strong evidence that:
4. Vocational programmes should be integrated into the work of the clinical team.
5. Attention to client preferences is important.
6. There should be the availability of time unlimited support and this should be tailored to the person's individual needs.

There is weak evidence that:
7. Benefits counselling should be provided to help people maximise their welfare benefits.

One of the principles of the IPS approach is that an Employment Specialist (ES) is integrated into the Community Mental Health Team (CMHT). In practice, this means that the client has access to psychiatrists, psychologists, nurses, social workers,

occupational therapists and other care providers as well as an ES. Therefore all staff within the clinical team collaborate together to provide optimal support to address the client's health and social care needs including retaining or gaining employment and other vocational needs.

The ES is integrated into the CMHT and they work directly with clients as part of care planning process addressing their vocational needs and ensure vocational goals are given a high priority. A key function for the ES is to co-ordinate all vocational plans with the relevant staff within the CMHT. The ES works with up to 25 clients at any one time and engages them on vocational issues, assesses their vocational needs, proactively helps them to gain and retain work / education courses, provides welfare benefits advice, and addresses support needs including adjustments to enable clients to retain work/education. The ES spends 70% of more of their time based in natural community settings carrying out the vocational engagement and assessment, job finding and ongoing support to enable the client to sustain employment. An ES does not care co-ordinate clients or carry out care co-ordination tasks; they only hold vocational responsibilities but are fully integrated as an equal member of the clinical team. Sufficient training and ongoing supervision are critical to give ES' the skills to implement this evidence-based practice.

The ES develops both good working relationships internally within the team but fundamentally externally with local employers, Jobcentre Plus, employment agencies, Connexions, colleges and mainstream training providers, and specialist employment/training services for people with mental health problems run by other agencies to help build their capacity to work with people with severe mental health problems.

Research using typical cross sectional employment rates for people helped to gain and sustain open employment (paying at least the minimum wage) through the IPS approach average 30 - 40% in comparison to 10 - 12% for other approaches (duration of between 4 - 24 months) [21]. Additionally, people supported into open employment through IPS also worked significantly more hours per month, had higher average earnings and had better job tenure

Service delivery – Changing organisational culture and attitudes

However, delivering effective support goes beyond the training of advisers and reviewing methods of working to ensure they are able to respond to the wide range of work related needs of the mental health group. The aspirations of those delivering services used by people with mental health problems are key, especially those working in health services. All staff delivering services need to recognise employment is a legitimate and realisable outcomes for most people, work is meaningful activity that can be an important, integral part of the recovery process, and the importance of recognising the stage individual is currently at so that support is tailored to fit their current needs. This means intermediary organisations need to promote organisational and cultural change to ensure those staff delivering services will see work as a potential outcome for all clients and will actively help individual's identify and address those obstacles preventing them progressing towards work. An example of how this is influencing the development of services is the Integrating

Vocational Rehabilitation into Mental Health Recovery model being developed in Sheffield, and which is outlined in Annex B.

In addition, if they are to be considered suitable candidates for appropriate job opportunities, we need to change the perceptions, prejudices and ignorance of employers around people with mental health problems. They need to become more aware of, and disability confident in, mental heath issues. There is also a need for better awareness of how people can be supported to become (or remain) productive members of the workforce if they are to be more willing to retain and recruit people who have a mental health problem.

Recommendations

If those providers in the health and employment fields delivering vocational services to the mental health group are to replicate the success of the IPS model and ensure employers are more willing to let people with mental health problems access job opportunities, or remain in employment, the following areas are seen as being the most important to consider for designing and delivering effective services:

1. Ensure all obstacles for retention, recruitment and sustaining employment are fully understood by key stakeholders and ensure tools, products and services they design for overcoming them are not based within the confines of a 'medical' or deficit model.

2. Full implementation of Vocational Guidance for Commissioners, including identification of best practice and resources for achieving this in the most effective manner.

3. Guidance for regional stakeholders on developing strategies for achieving coherence between their activities and to ensure a comprehensive range of services are being provided so customers are offered tailored support that meets their specific needs.

4. Provide support systems that enable employers to be disability confident, and therefore more able and willing to successfully recruit and retain people with mental health needs.

5. All information and support materials for managers, supervisors and employees to be available in a variety of formats.

6. Development of programmes specifically designed to promote cultural change in the workplace.

7. Provide tools for equipping intermediaries with skills to engage with mental health customers and to deliver advocacy and other support services

8. Intermediaries to

    - adopt techniques that help customers develop self-efficacy capacity
    - develop and deliver comprehensive mental health recruitment and retention services for employers
    - look at delivering services in venues customers find appropriate and conducive for promoting engagement.

Section 8 - Conclusion

This paper has set out a framework, and some practical ideas, on how we can continue to make a difference to the main actors in this very important agenda for improving social inclusion for people with mental health problems.

Many of the issues outlined are well known and have already generated a policy response from Government. As well as the introduction of the Pathways to Work approach there have been a significant number of changes to the benefit system that enable people to try work, such as to the Linking Rules, Permitted Work and Extended Benefit Payments (Benefit Run Ons). Pathways to Work has already shown it is making a difference to the employment prospects of many people on incapacity benefits and the Action on Stigma and Discrimination campaign will impact on the way key stakeholders, including employers, consider and approach issues around the recruitment and retention of people with mental health problems. Similarly the implementation of the Vocational Guidance for Commissioners should also make a difference to the way mental health services are delivered.

In turn this activity, and the knowledge that employment can play an important part in promoting recovery and improving well being, should help alter the perception and expectations of health professionals and mental health stakeholders. The importance of considering employment when delivering mental health services is being recognised and a more strategic approach is beginning to take shape through regional partnerships, whilst the development of the city strategies concept will help improve a joined up more flexible approach to delivery of services at the local level.

A major aim of this paper has been to highlight the need to deliver a holistic approach and if you consider the raft of Government, and local, initiatives now operating at all points on the employment continuum we believe that most of the pieces needed for delivering a comprehensive suite of work related interventions are already in place, although the extent to which they currently form a comprehensive, coherent whole and are delivering support in line with evidence-based practice, able to meet a full range of need, is open to question.

We believe change will only make the maximum difference to employment rates for people with mental health problems if

- service provider delivery systems are joined up to offer a
  - common gateway to services
  - tailored evidence-based service designed to meet the range of individual need
- the stigma associated with poor mental health is challenged
- those involved in this agenda are committed to ongoing and lasting change.

If we are to make a real difference to the life chances of people with mental health problems the last requirement is probably the most important objective to achieve.

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Annex A

The process of effective jobsearch

In the 1990's, Occupational Psychology Division of what is now DWP conducted a large-scale literature review of the process by which people gain sustained employment and the factors that contribute or hinder successful completion of that process. The diagram overleaf summarises the process and the way in which key factors interact (Diagram 4).

This is the process that must be completed if someone is to obtain sustained employment, and the various factors to successfully complete each stage have to be addressed for each individual. The major factor, "The Employer's Agenda", relates to the labour market and the specific requirements of employers when recruiting. The remaining factors relate to how well the individual addresses the employer's agenda and the way in which failure and expectations are modified with repeated failure to obtain employment:

- **The individual and expectations of obtaining work:**
  The individual's attitude towards employment and their expectations of employment are subject to influence from a range of external factors. These include:

  - **The local culture & family** attitudes toward employment - value accorded to work, importance of being in work, peer pressure and example, etc.

  - **Gender and other personal factors** (age, race, first language, etc.)

  - **Personal** knowledge **and experience of the local employment market**

These factors work to set expectations of whether it is worth seeking employment, and if so, of likely success in jobsearch. In addition to these influences on the individual, there are others that operate to increase or reduce the individual's perceptions of jobsearch success:

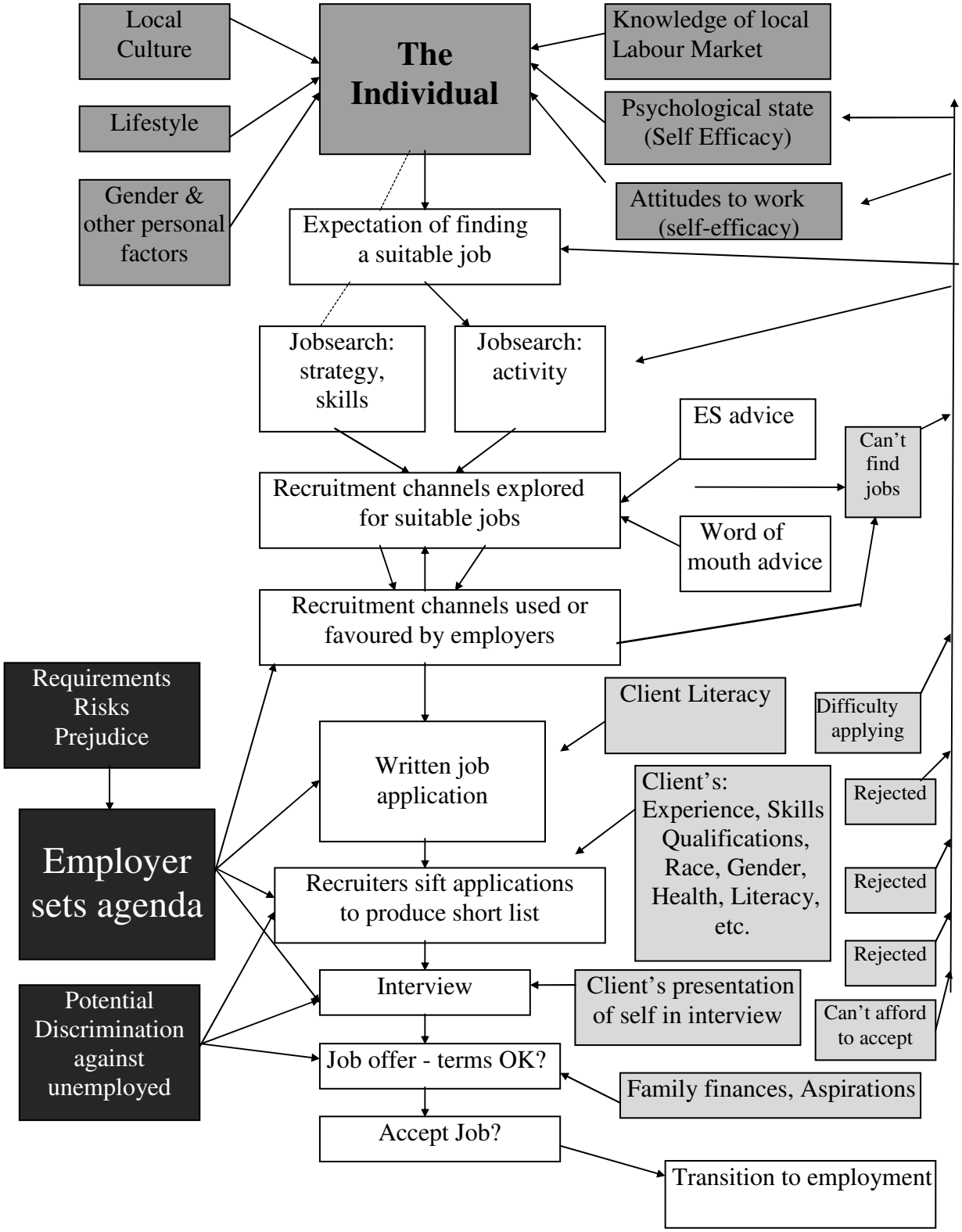
- **Lifestyle**: the individual tends to adapt to unemployment in one of two ways;

  Constructive Adaptation - developing interests and activities outside the labour market, which fulfil an alternative role to that of paid employment. It is associated with raised levels of aspiration, autonomy and sense of competence and better psychological health.

  Resigned Adaptation - reducing commitment to employment and jobsearch. It is associated with reduced levels of aspiration, autonomy, and sense of competence, worse psychological health and is not regarded as a healthy form of adaptation. People who have difficulty assessing their circumstances or who have limited strategies for coping with stress and who are experiencing stress `overload' will all find difficulty adapting and may lapse into `unemployment apathy' or `resigned adaptation'.

Diagram 4: Factors in effective jobsearch

The summary diagram below outlines the main points of the jobsearch process, albeit in a simplified form.



- **The psychological state of the individual**: someone who is experiencing psychological distress in unemployment (and not all do) will find jobsearch more difficult than one who is less distressed. Financial difficulty is strongly associated with distress in unemployment for some.

- **Attitudes** to employers and society.

The latter two factors ('psychological state of the individual' and 'attitudes') tend to be made worse by the experience of repeated failure obtaining work - hence the diagram shows a feedback loop from key points of the recruitment process to these two factors to indicate this.

The influence of all of these factors will operate within an individual to produce an **expectation of obtaining work** - this expectation has been found to influence the level of jobsearch activity that occurs.

Research finds that most unemployed people want to work. Obtaining work can be very difficult even for those who conscientiously undertake jobsearch. The problem for most unemployed people has been found to be not so much that they make few applications for jobs, rather it seems to be that few unemployed people receive interview offers, and even fewer receive job offers. One study found that for every 1000 job applications made, there were 320 interviews offered resulting in 20 job offers. Repeated experience of failure can reduce the level of Jobsearch activity undertaken by an individual as well as producing psychological distress. These factors are represented in the diagram.

Depending on the individual's attitudes and expectations and their psychological state they will conduct more or less jobsearch – however, research has found this to be a skilled process requiring both a certain enthusiasm or motivation as well as specific jobsearch skills and understandings. Hence the presence of these factors in the diagram:

- **Jobsearch - activity, skills, and strategy**

Effective jobsearch requires a level of activity. It also requires that the individual have effective jobsearch skills and strategies. Activity in the absence of skill and effective strategy is probably fairly useless to the individual.

Jobsearch may be expensive. For many unemployed individuals, finances are fragile and even `small' outlays can form a substantial proportion of income. Hence, financial difficulty may hinder effective jobsearch.

- **Recruitment channels**

Employers favour certain recruitment channels to advertise their jobs (newspapers, word-of-mouth, etc.). In addition, they tend to assume that people using particular channels to approach employers (for example, speculative letters or telephone calls, Jobcentres, etc.) have particular characteristics and traits - some channels are seen to carry positive messages about the applicant, others carry negative messages.

If the unemployed person searches inappropriate channels they will not hear about jobs soon enough, if they make approaches to potential employers using particular channels they may be making themselves `undesirable' to the employer. Many unemployed people search recruitment channels that are not used or favoured by employers - this is particularly true for non-managerial occupations. The advice received by unemployed people needs to direct them to recruitment channels that are used or favoured by employers.

Hence, an individual could be actively undertaking Jobsearch, but fail due to the habitual use of inappropriate channels to approach employers or seek work.

Continued difficulty finding jobs may lead to **Attitude** changes for the worse and the individual's psychological **state** may suffer also. These changes could reduce jobsearch activity.

Discrimination in selection of unemployed people

There is clear evidence that some employers are prejudiced against unemployed people. The discrimination operates in two ways: passively, in the way that the formal recruitment procedures operate, and actively, where individuals specifically discriminate against unemployed people they come into contact with.

Discrimination may operate at the application sift stage when those applicants who are unemployed may be sifted out purely because they are unemployed or lack recent work experience. Other personal characteristics (such as age, race, qualifications and literacy) may also act to make an interview offer unlikely.

Discrimination also operates at the interview stage. The evidence suggests that the unemployed person must not only meet the interview requirements expected of all applicants, but must, in addition, somehow show that they are the `innocent' victims of unemployment. It is made more difficult still, as the unemployed applicant must not appear too `desperate' for employment nor too `unenthusiastic' or distressed. Interview applicants must present themselves with a dress standard slightly higher than that expected on-the-job. Those with financial difficulty will find this difficult and this works against them at interview.

The employer prejudice against long-term unemployed, the reduced levels of jobsearch with increasing duration of unemployment and the apparent lack of skill at jobsearch for many unemployed individuals all suggest that interventions to help unemployed people obtain work should begin as early as possible in unemployment - before repeated failure reduces aspirations and levels of jobsearch.

Making Job Application in writings

Employers often require written applications for jobs. Those with literacy difficulty find this very difficult. There is evidence that employers may seek written applications for jobs that do not require literacy. Hence, the candidate with literacy difficulty may be `sifted out' unnecessarily. Similarly, candidates unable to present themselves well in writing may be unnecessarily discriminated against. Continued

rejection at this stage will lead to **Attitude** changes for the worse and the individual's **psychological state** may suffer also. These changes could reduce jobsearch.

Recruiters sift application for short list

Research finds that the application sift by the recruiter usually takes into account the job specific characteristics that are sought - for example, the individuals' experience, qualifications, skills, language, numeracy, etc. are assessed from the information in the application form to help the recruiter decide if the person can do the job. Unemployed people carry with them the stigma of their unemployment. Those with relevant skills and experience are often deemed by the recruiter to have lost them during the period of unemployment. Those who have been made redundant have a real chance of being seen as `deadwood' discarded by their previous employer. Employers tend not to want to train new recruits, so those with less skills or experience tend to be sifted out.

The recruiter seeks to reduce risk. Hence, there is a good chance that unnecessarily demanding requirements are applied at the sift of written applications (for example literacy requirements for jobs that do not need them, etc.) so as to remove individuals with `risky' characteristics or those who may need `excessive' training or re-training before they become productive. Equally, those applicants who present themselves in ways that could be interpreted as indicating they constitute a risk for employment will fail more often.

Interview

Recruiters often use the interview to assess the more intangible personal characteristics of the applicant. In very general terms, they tend to want people who are able to communicate well and who can reassure them that they are a good employment risk. Hence those with language difficulty, depression, those who appear desperate for work or who appear defensive will be at a serious disadvantage at interview.

The evidence suggests that the unemployed person must not only meet the interview requirements expected of all applicants, but must, in addition, somehow show that they are the `innocent' victims of unemployment. Interview applicants must present themselves with a dress standard slightly higher than that expected on-the-job. Those with financial difficulty will find this difficult and this works against them at interview.

Job offer

Job offers are made to unemployed individuals. For many, the offer may pose a serious dilemma - if they accept the job the wages or the cost of working may pose serious threats to fragile and barely stable family finances. The individual may be perceive a threat of being worse off if they accept, or they be may worse off in reality. The ability to reject a job offer puts the jobseeker on an equal footing with the employer. It empowers the jobseeker in negotiating preferable terms - but the unemployed do not have this option. The unemployed individual has to balance:

- **Family finances**
- **Personal aspirations**
- **Future plans**

Prior to deciding if they can accept the job. Those who are unable to accept the job are probably going to experience detrimental changes to their **attitudes** to work and their **psychological state** as a consequence**.**

Transition to employment

Many unemployed people who find work find the transition from unemployment to work to be easy with few problems - although the longer the period of unemployment, the more fragile their finances, and the greater the adaptation to an 'unemployed lifestyle' then the more problems are likely with the transition. There is abundant evidence that work skills that have not been used for some time will return fully when practised in a work environment, and they return quickly.

The people who were most distressed in unemployment are the ones who experience most difficulty on transition to work. For them, unemployment represents stressful circumstances and the transition to work remains stressful.

Some individuals returning to work find that there is a financial cost - for example, buying tools or travel passes, etc. Those who have earned and are earning higher wages find this less of a problem than do the low paid.

These are the factors that have to be successfully addressed by any applicant for a job. Someone with positive attitudes to employment and a 'positive' psychological state, who has jobsearch skills and a knowledge of the local labour market, who is able to make persuasive applications for jobs and demonstrate that they represent a low risk for employment (taking into account skills, experience, honesty, timekeeping and social skills) will be, on the whole, more likely to obtain interviews and receive job offers – taking due account of local labour market job opportunities, of course. People with robust finances, health and other personal considerations will probably be best able to accept job offers and remain in employment.

We might describe such a person as being "close to a labour market". In contrast, someone with problems and difficulties in each of these areas – or in just some of them – may be regarded as being further from that labour market, possibly even "distant from that labour market". We can describe this distance in terms of the time it might take to get the individual to the point where they are likely to successfully negotiate each of these hurdles, or we might describe the distance in terms of the support someone needs if they are to successfully cross each of these hurdles, or we might just describe their distance in terms of the probability of their getting a job and keeping it in the local conditions currently in existence.

Annex B

Integrating Vocational Rehabilitation into Mental Health Recovery

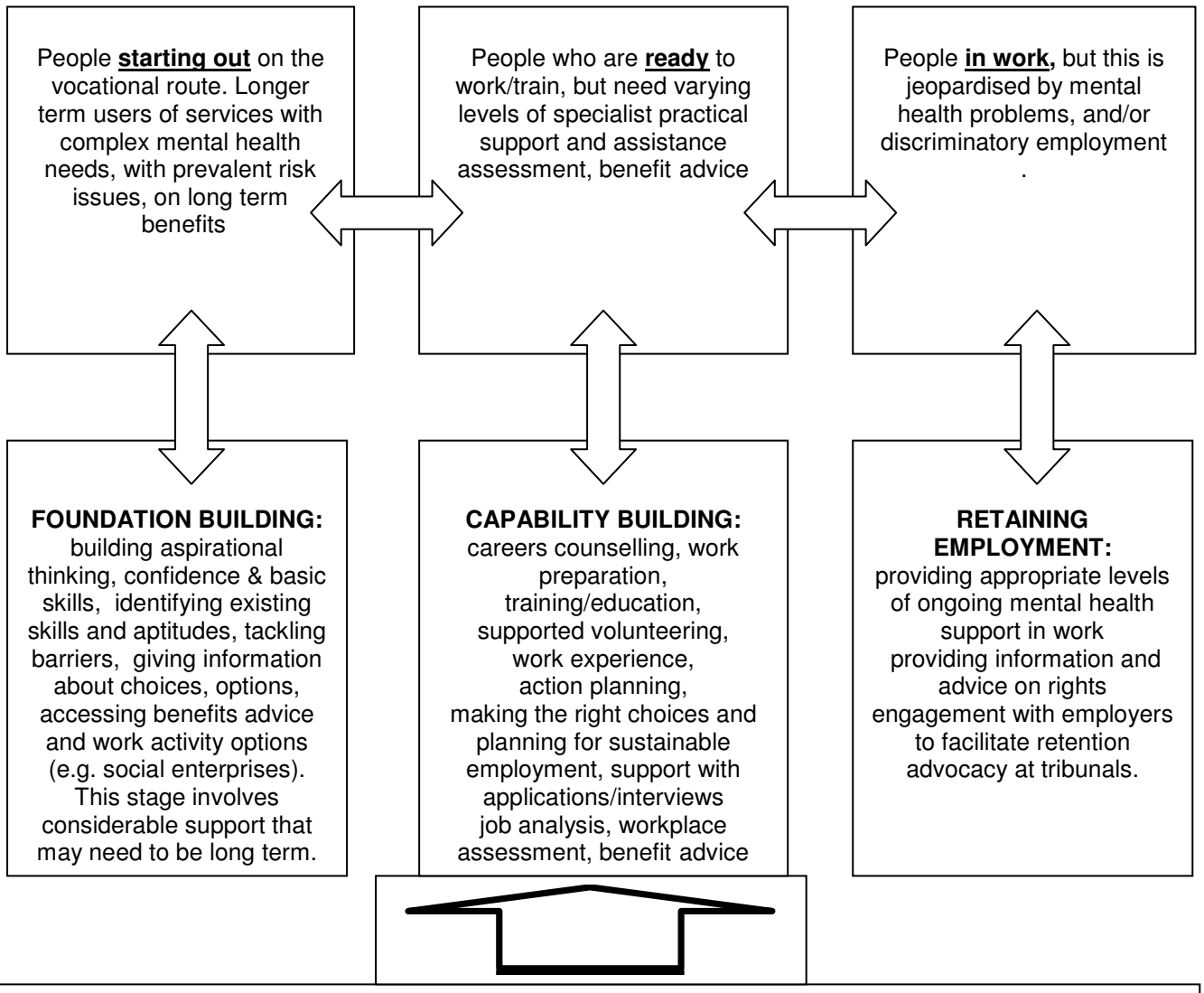
Development work within Sheffield Care Trust (SCT) aims to positively influence practice within mental health services to ensure that there is flexibility to meet the needs of service users whatever their vocational aspirations, and whichever stage they are at, regardless of which service they are engaged with. Although there is already a wealth of positive good practice to build upon a large number of staff working within mental health services remain insufficiently aware of the vocational aspirations of service users, what can be realistic employment aims, how to assess work goals and are unconfident about how to support service users with vocational rehabilitation. Some would not realise the benefit of integrating vocational rehabilitation with recovery or see it as a potential part of their role to support the service user in this area. Others experience difficulty in keeping up to date with the variety of vocational initiatives, services and options available.

As vocational rehabilitation plays a central role for all mental health services the approach adopted by SCT to develop services involves two strands. Firstly, by providing a model of understanding for staff of the stage that the person is at regarding their vocational needs and defining the activities required to support them with that stage. This framework provides understanding that can guide clinicians through their work with service users. The second strand involves using key principles of organisational change that aim to address the challenges to progress and work on developing the culture of services to build on the foundation of improving practice**.**

A Framework for Integrating Vocational Rehabilitation into Recovery

Every individual is different and faces different barriers. Mental health service users generally fall into three main vocational groups and the activities required to meet their needs broadly comprise three strands, reflecting and responding to individuals' starting points. This need to match vocational advice and support to the stage the individual is at is illustrated in Figure 4.

Figure 4 – Matching advice to customer needs



Integration with Mental Health Recovery

- This is a **developmental process** targeted at the person's starting point. Whereby individuals and workers will move between different strands and activities, acknowledging that recovery is not a linear process.
- A **PSI based approach** to assessing, planning and supporting individuals will assist them in building their self awareness, self management and coping strategies (e.g. positively managing residual symptoms of psychosis can be achieved whilst developing work skills during voluntary work)
- A **vocational goal** must be at the heart of engagement with a commitment to establishing a source of ongoing support
- Recovery necessitates a **partnership working** between worker and user, worker and worker and strong multi-agency, cross sector co-operation

Cultural Change in Services

There are a number of challenges to positive change within mental health services including attitudinal barriers in staff, gaps in knowledge and skills, organisational barriers and resource issues. To promote positive change there are development plans in place to address these barriers and build on the progress already made. The important principles guiding the work include:

Leadership

- The work is being led by energetic, highly motivated professionals who are inspired by vocational rehabilitation and are suitably skilled and experienced to carry out the work. This leadership team is made up of professionals from different disciplines offering multiple perspectives and they focus on positive team working.
- The work involves a number of service user experts in leadership positions and other paid roles. Their valuable contribution ensures that professionals reflect, are challenged by and continue to be grounded in the approach to vocational rehabilitation

Ground work

- A comprehensive understanding of the strengths and potential barriers for change has been developed.
- Sufficient organisational support has been given to the work by service directors and senior Trust managers
- Networking across the city of Sheffield is an important factor in laying the foundations for development
- Building positive relationships and working alliances with others is essential.

Values

- The service users' needs and experiences are central to the aims of the work. Service users are involved in the process.
- The plans focus on building on positive practice and achievements whilst supporting the creativity and innovation of staff on the ground to build more successful practice.
- It is important to inspire staff with positive practical experiences and stories from real people.

Methods

- Recognising the importance of a long term view, whilst working in thoughtful steps towards change.
- Focussing on providing organisational interventions that are appropriate for the stage services and individual staff are at. This begins with engagement and building motivation for change, and rolls with resistance.
- Providing information, knowledge and skills training when the motivation of staff has developed and people are ready for change.
- Ensuring that the interventions take a grounded and pragmatic approach that understands what is achievable for staff within the constraints they experience.

- Thinking creatively – for example, within the trust rethinking existing roles for staff groups and developing partnerships outside the NHS that help challenge the traditional ways of doing things and build new avenues for change.
- Tackling change in multiple ways, across a number of levels within the organisation

Evaluation and Reflection

- Ongoing discussion, adaptation and reflection on the process is central to the approach
- A commitment to the evaluation of change