Working for the Better Good Presentation for Base September 2012

Simon Francis

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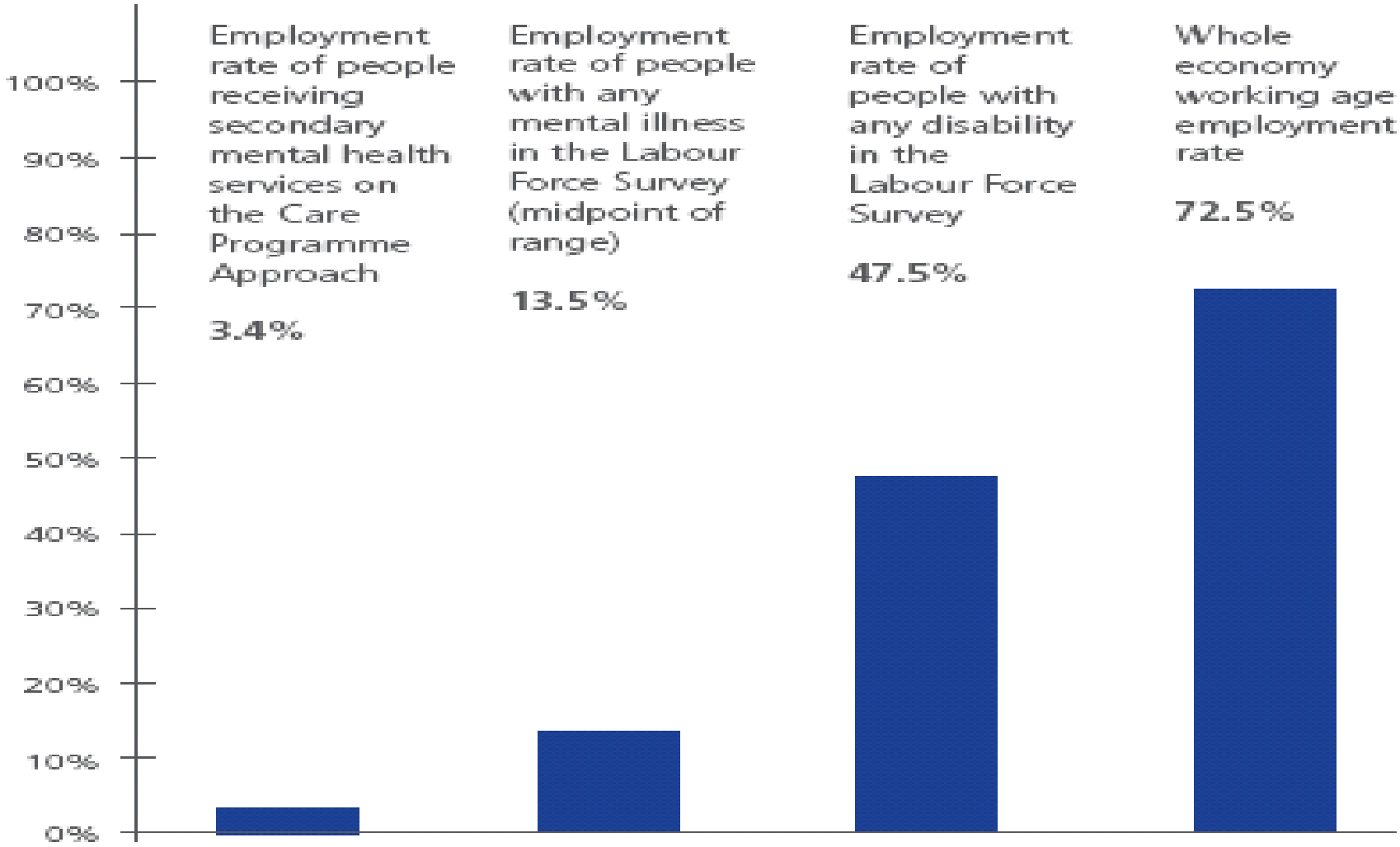
Background

- Monies distributed from DH throughout regions with expected employment outcomes
- PSA 16 the main driver, A home and a job for disadvantaged adults, including adults with SMI
- North West invest heavily in IPS, Yorkshire and the Humber slightly different approach, although IPS projects funded
- Need to understand return on investment, especially for health.
- Need to make convincing arguments for sustainable investment.

Issue

- Significant impact of stigma and discrimination
- Poor labour market position of people with mental ill health, especially those with severe mental illness.
- Mismatch between individual expectations and outcomes
- Cost, economic, social and human estimated to be £105bn
- Strong association between psychosis and poverty
- Low expectations of staff
- Often work within a deficit model of mental health
- Work is integral to recovery, unemployment breeds poor MH.

FIGURE 2: RELATIVE EMPLOYMENT RATES FOR PEOPLE WITH MENTAL HEALTH CONDITIONS, THOSE WITH ANY DISABILITY AND THE GENERAL POPULATION



Methodology

- Multidisciplinary Team, economist, psychologist, policy maker research assistant.
- Literature review (100 documents)
- Data trawl and initial economic analysis, specifically linked to 4 areas.
- 4 Site visits to understand dynamics of decision making, and add qualitative perspective.
- Assumptions discussed and checked with international experts
- Write up including brief commissioners guide

Limitations

- Hardly any geographically focussed research in the UK, especially on economics.
- Capturing meaningful and comparative data was difficult.
- Evaluation design after programme start
- Different approaches and different funding streams and priorities.
- Insufficient time for ongoing tracking of outcomes and progress. Longitudinal studies would yield better information, but funding doesn't lend itself to that.
- Becomes a circular issue

Key questions

- Something about clarity on what the MH system is there for. Suggest at its most basic, it is twofold; firstly to help people recover, and also to prevent people becoming ill.
- Understand further current evidence base
- What is the likely economic impact of local investment in mental health and employment?
- What factors drive local decision making?
- Insight into how funding works

Findings: Literature Review

- 10 Year US study 2 groups 500 hours and 5800 hours MH Spending $166K more for the 500 hours group. Bush, Drake et al 2009
- Savings over a 10 year period likely to exceed $150K per client. Bond et al 2008
- Cost of poor MH in Yorkshire and Humber 9.3 billion a year, around 9%GDP Francis, Lindsay, 2008
- Kirklees estimate the immediate savings of getting people with SMI into work at £35K per person over 2 years.

Findings: Stigma

- 40% of employers view workers with a MH condition as a significant risk
- 45% of peak time programmes portrayed people with a MH condition as being a threat to others. Making a drama out of a crisis research.
- Most people want to work, but a Healthcare Commission study stated that only half of the service users in the MH system received any help with employment.
- DWP survey 2007 found that 64% of 1,500 GPs were unaware of the therapeutic benefits of work.

Findings: Health

- Strongest evidence base for what works is IPS
- Strong evidence on the positive association between health and work NICE.
- Included as a recommendation in Strategy Unit report on Life Chances, SEU report on MH end Exclusion
- Multi site research showed that only 20% of IPS clients hospitalised during course of research compared to 31% in traditional services. IPS clients stay half as long. Burns Catty 2007
- Supported employment is of greater therapeutic value than either psychological therapy or medication.
- No evidence in over 120 papers for negative effects of IPS.
- Some evidence for cost effectiveness of in work interventions

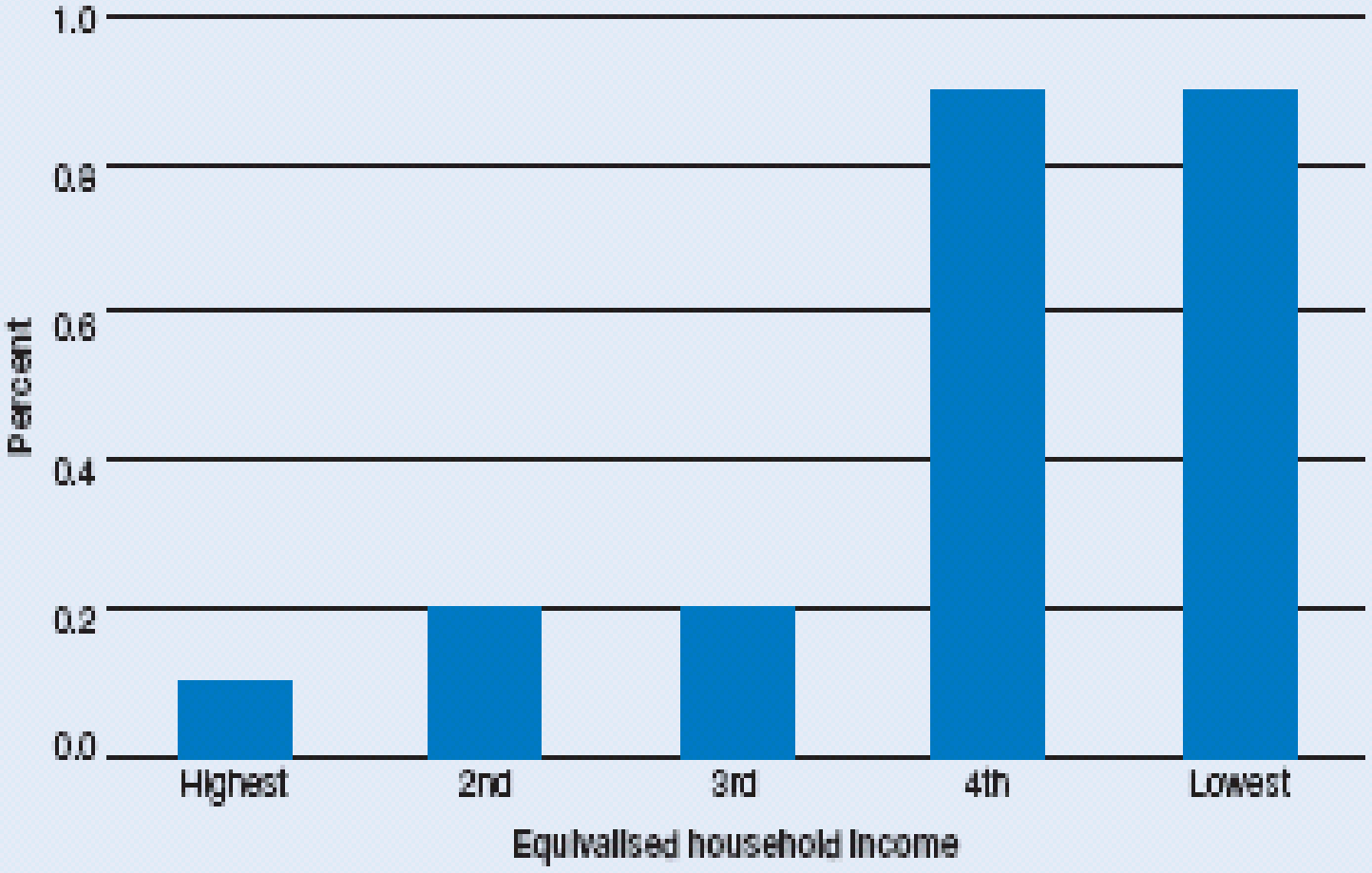
Findings: Overall

- Strong association between unemployment, poor MH and suicide among young men.
- Strong comparative evidence for what works, IPS.
- Inequalities in health associated with broader inequalities, and social determinants. Life chances and expectancy significantly affected.
- Intergenerational effects and impacts, between a third and two thirds of children whose parents have MH conditions will experience difficulties themselves.
- Unemployment is a cause of poor mental health.

Figure 5C

Prevalence of psychotic disorder in the past year (age-standardised), by equivalised household income

Base: all adults



Research Findings: Economic

- Primary concern was the added value or additionality
- Around 25% reduction in service use for those with severe MI, around 50% for those with less severe conditions.
- Modelling based on data and models from previous research. Savings to primary provision was around £1,350 for each individual placed in at least one hour of employment
- Total net fiscal savings of c. £3,030 pa per additional job
- Average initial spend to save ratio of but varied across sites was £1.04 to the exchequer for every £1 spent.
- Stacks up well against other provision, especially per job outcome (including AtW and work Choice) IPS unit cost around 1.7K
- Benefits likely to be sustainable and increase over time.

Findings Site Discussions

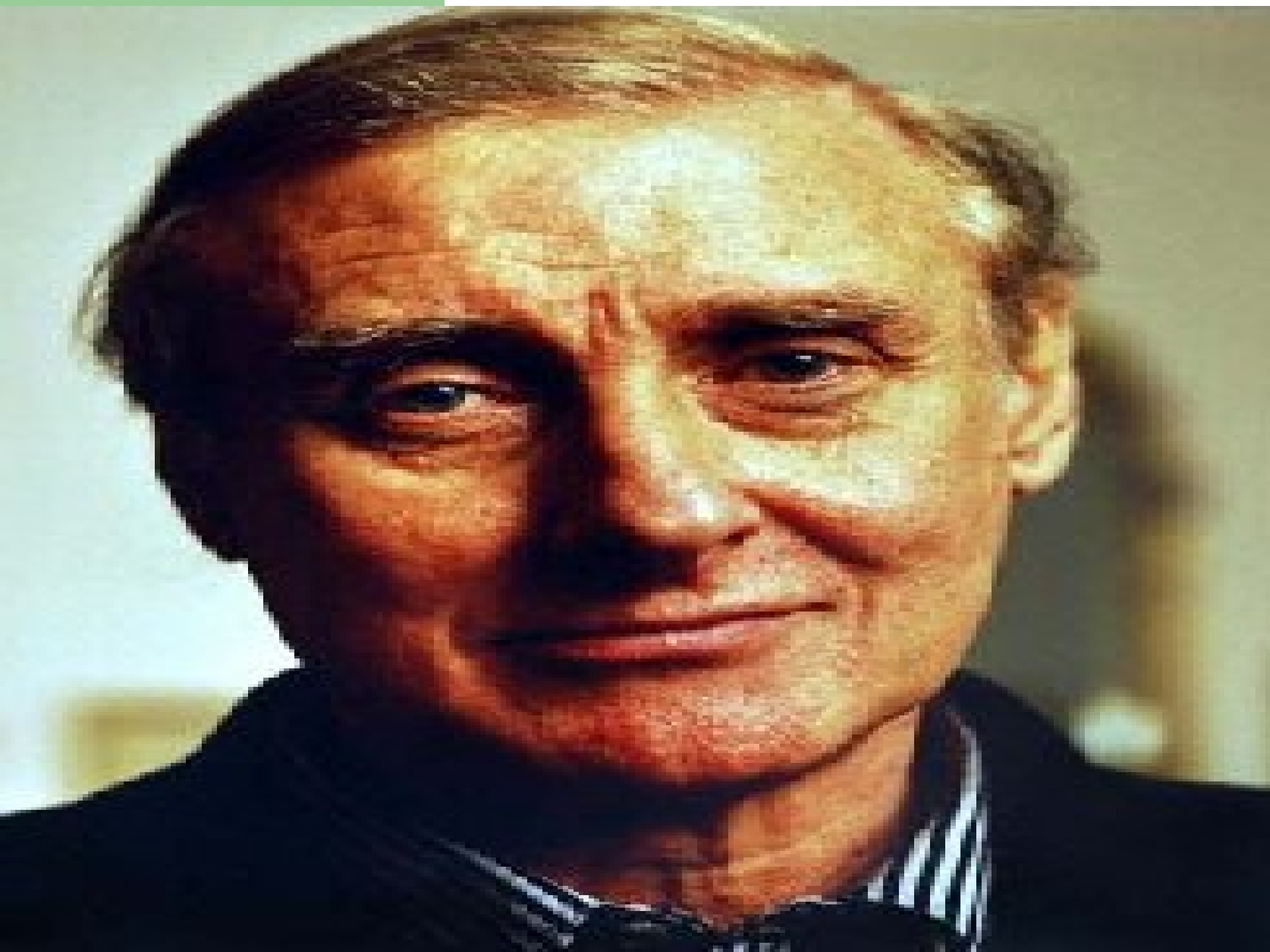
- Broad basis for decision making around mental health and employment.
- Factors include, local leadership, priorities, shared commitment and passion, understanding of the issues. Economic analysis not significant locally. Primary motivation around social inclusion.
- Concentration on hardest to help.
- Investment required is a drop in the ocean compared to the overall budget for mental health
- PSA 16 was significant in all areas.

Findings: Site Discussions (2)

- Suggestion is that outcomes for people with MH conditions from mainstream programmes is far less than other disadvantaged groups.
- Whole system approach is important.
- Statutory commissioned funding more sustainable and outcomes better than one off “pilots”.
- Integration of mental health and employment services critical to success across all four areas.
- Ring fenced Public Health budget will help.

Conclusions

- Given nature of funding streams very difficult to research, leads to a circular issue around difficulties in proving added value.
- Investment in mental health and employment likely to be cost effective.
- We know what works
- Therapeutic and recovery focussed outcomes likely.
- Significant mismatch between what people want and the services that they receive (not universal)
- Outcomes likely to benefit economy society and the individual.



Questions ??????

- What about the interaction with current social justice policy?
- Why has the IPS model struggled to get a foothold everywhere?
- Why is there not increased investment in mental health and employment given the significant benefits?
- What more can be done?

Social Justice Strategy

“Social justice is about giving individuals and families facing multiple disadvantages the support and tools they need to turn their lives around”

1. A focus on **prevention and early intervention**

- 2. Where problems do arise, a focus on **recovery** as the primary aim
- 3. Promoting **work** as the most sustainable route out of poverty
- 4. Encouraging **innovation** in the commissioning, funding and delivery of services
- 5. Recognising the role of local Government, the **voluntary and community sector and grassroots delivery** in offering the most targeted support
- 6. **Empowering** people and communities to take a greater responsibility for the services they use
- 7. Ensuring that interventions provide a **fair deal for the taxpayer**

We will deliver this through

- A Committed focus from the centre
- Empowering entrepreneurial, local leadership
- Enabling an active voluntary and community sector
- Engaging and working in partnership with our stakeholders
- Understanding and leveraging what already works
- Promoting great ideas and innovation - for example in data sharing, in social investment and in contracting


Simon. Francis@dwp.gsi.gov.uk