Job Retention Case Management in Mental Health

Welcome!
Learning objectives for the Day

• To understand the principles & practice of the case management approach.
• To learn how a healthy work environment is essential for successful job retention.
• To become familiar with a practical set of tools which you can apply in your service.
The why, what when & how of job retention

• WHY?
  • Looking at the evidence:
    • The economic costs.
    • The human cost.
  • WHAT?
    • Linking prevention with prevention & vocational rehab.
  • The case management approach.
    • Holistic Care
    • Multi-disciplinary Approach
  • WHEN?
    • Early Intervention
    • Working with the G.P.
The economic argument

• Mental health disorders account for 41% for those on incapacity benefit (2006)
• Mental health & stress related problems are the leading cause of absence from work
• Employers costs: sick leave, lost production, recruitment & training, litigation/insurance etc
U.K. playing catch up!

• Scandinavia – 50% return to work after major injury.
• U.S.A. – One in Three
• U.K. – One in Six!
• As many as 4 people in 10 return to benefits after 6 months back at work – low paid jobs; unsuitable employment; lack of support & lack of external agency support once back at work.
• Australia: for every dollar spent on rehabilitation, 33 dollars are saved.
The Human Cost

• The breakdown of marriages.
• Falling into debt.
• Loss of friends
• Social isolation – economic exclusion.
• Dependency on professional services (chronicity)
Singing from the same hymn sheet

• Many Agencies involved: Human Resources, Occupational Health, Line Manager, work colleagues, G.P./clinical support, trade union reps. etc.
• Different players – different agendas.
• Who stands alongside the client in their vulnerability?
• Case Managers provides: advocacy, coordination, support, negotiates & provides information.
Why early intervention?

• 6 months off work? - only 50% chance of returning to work; 1 year – 25%; 2 years – nil!
• Presenteeism? – people get depressed before they go sick.
• Grievances, disciplinary issues work place conflict are the result
• So early involvement avoids interventions which are often damage limitation.
The G.P. Picture

The Facts

• 35% of consultations involve a mental health problem.
• 90% of mental health care provided by primary care.
• Unemployment increases workload of G.P. – strong links between unemployment & health problems

Background

• Signing off - a protective strategy often at the expense of the patients health.
• They do not have the time and often the skill or knowledge to deal effectively work absence issues.
• Access to talking therapies has been patchy
And most important: the HOW

- A service based on individual need – not service led.
- Solutions Focussed.
- Transparent Process
- Recovery based practice
- Facilitating Healthy Relationships – bridge building.
- Holistic Assessment
Recovery based practice

• Based on individual need not service led
• Diagnosis not a good indicator of workability.
• Gestating hope
• A time to get well - not a time to be sick!
• Support is better than care.
• Health professionals no substitute for friends.
• Supporting the naturally occurring support.
• Recovery is a process not an event
The Employer needs your services too!

• Workplace assessment linked to client assessment will identify where the employer needs to ‘get well’ too.

• Employers’ need help and advice on mental health issues. “We knew she had a nurse but they never included us……The job retention worker made some useful suggestions and the support they gave her made all the difference. We'd have had to let her go – things couldn’t have carried on the way things were” (Avon Pilot)
I belong, therefore I am

• People living alone has doubled in Europe since 1947
• Loneliness as bad for you as smoking 15 a day
• Review of studies shows people had 50% better survival rate if they belonged to a wider social group (Holt-Lundstad)
• 1 in 10 adults often felt lonely - 1 in 3 would like to move closer to their family – Mental Health Foundation – May 2010
Summing up the ‘how’ of job retention

• Mental Health? It’s all about relationships
• If I don’t know what’s happening to me, how can I tell my wife?
• Saving the job – saving the marriage
• Shaman
• Canaries
• The Core Economy
• It’s bridge building, detective work, problem solving, resolving conflict and diplomacy.
“Working for a healthier tomorrow”
Dame Carol Black – March 2008

• “N.H.S. professionals and their organisations – along with their regulators – should recognise retention in or return to work as a key indicator of their successful treatment of working age people and appropriate data should be collected to monitor it.”
Fit Note v Sick Note

• “Employers tell us that managing sickness absence can be challenging. This is compounded by the sick note system that makes sickness a black and white issue, either your fit for work or you’re not. We recognise how important it is to get people back to work quickly – the new fit note will do just that”

• Lord McKenzie, Work & Pension Minister
Action on the Fitness Note

- Launched in April 2010
- National training programme for G.P. Practice
- The job case manager will provide the assessment information to advise both G.P. and Occupational Health.
- South Staffs Fit for Work pilot has produced a referral ‘stamp’ for GPs so that employers can seek help from FfW case managers
Challenges for I.A.P.T. Employment Advisers

• To work in an integrated fashion with therapists.
• Immediate referral to address workplace issues.
• To ensure there is sufficient time for complex cases – particularly regarding advocacy with the employer prior to return to work.
• Be creative with the monitoring – which currently is biased towards the individual getting well with less regard to environmental change.
• Don’t let the paper work interfere with your client relationship
80 ‘experts’ throughout the U.K. consulted to establish the priority skills & knowledge set for the delivery of job retention services

Acknowledged that the specialist skills and knowledge required, cross traditional professional boundaries.

Skills such as negotiation, advocacy & conflict resolution.

Knowledge & understanding Employment Law; D.D.A.; Health & Safety legislation
Job Retention Team (the trainers!) 

Activity

• Establishment of regional networks for peer support; training & development – in London & South East; East of England; Yorkshire; Lancashire; Cheshire & West Midlands

• Training events: Mediation Skills (London, Wales &Yorkshire).

• Principles & Practice paper & The What ifs of Job Retention followed by Best Practice Handbook endorsed by Dame Carol Black available from May 2011
Useful Links & References

- Work & Wellbeing – Briefing Paper 34/Sainsbury Centre – also ‘Delivering Job Retention Services’ - www.scmh.org.uk
- You can also sign up for the monthly Centre for Mental Health email bulletin
- ‘Working our Way to Better Mental Health’ – 1st nationwide strategy for mental health & employment
- ‘New Horizons’ – improving quality of life/wellbeing & accessibility of services for people with poor mental health
Life after Pilots?

- Cuts, redundancies, folding services
- Consortia for survival
- Will employers pay for services?
- Creating whole packages for employers
- Cashing in our track record
- Competing with the private sector