

Employment Support for People with  
Mental Health Conditions:  
New times, new challenges ...  
new possibilities?

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# A view from three perspectives

- Developing evidence based programmes to support people with mental health conditions to gain and sustain employment
- Employing people with more serious mental health conditions within mental health services
- Working with a long term mental health condition

Improvements in mental health services over the last decade have been accompanied by decreasing employment rates among people with mental health conditions (even when economic times were good)

## Some of the challenges ...

- The challenges of mental health conditions themselves
  - Often fluctuate and it is difficult to know when fluctuations will occur
  - Can affect a person's ability to negotiate the social (as opposed to the physical) world of work
  - Are not immediately obvious and engender fear because of the myths that surround them
  - Types of adjustment and support people may need less well explored
- Low expectations ... health/social services and employment workers, employers, the individual him/herself
- Fear ... Of unpredictability/disruption/danger, making mental health condition worse, moving off benefits

# Some of the challenges ...

- Failure to provide the appropriate support/adjustments
  - DWP employment programmes not tailored to the needs of people with a mental health condition: either generic Work Programme or specialist disability programmes
  - Health and social services don't consider employment to be part of their business ... or a realistic possibility for most people with a mental health condition
  - Health/social services and employment services operate separately and often give contradictory messages
- Hard economic times: fewer jobs, cuts in public spending
- Changed government policies and priorities and commissioning arrangements
- Movement of people with mental health conditions from ESA /incapacity benefits to JSA

# But maybe some possibilities?

- A greater focus on employment and its benefits for mental health
- Greater focus on outcomes rather than targets – services will be judged by whether what we do works
- Recognition of the importance of helping people to sustain employment
- Increased recognition of the need to stop people falling out of employment in the first place
- A national mental health strategy '*Working our Way to Better Mental Health*'
- Personalisation agenda: greater control for individual
- More flexibilities in relation to Access to Work
- Intention to introduce proper taper from benefits to work – reduce the benefits trap
- Independent review of the Work Capability Assessment: increased recognition that it may not be working as it should
- Increased recognition of multiple disadvantage and its impact on people's lives
- Emphasis on importance of voluntary and charitable sector

# A few suggested principles

- Appropriate employment is good for you
- An 'employment first' approach
- No-one with a mental health condition is intrinsically unemployable
- The state should resource integrated, personalised and flexible support to gain and sustain work: health/social services/voluntary sector providers and employment systems must work together towards common goals
- Employment involves a relationship between employee and employer: both have responsibilities and both are entitled to support in discharging these

# Who are we talking about?

Broadly 3 groups of people:

- Some people with a mental health condition will be able to use new Work Programme unaided
- Some people with a mental health condition could benefit from the Work Programme if it were better tailored to the needs of people with a mental health condition
- Some people will require additional, more specialist support over and above that provided by the Work Programme gain AND sustain employment

# Making existing structures work better

Increasing the extent to which welfare to work services can accommodate the needs of people with mental health conditions

- **Better training:** dispelling myths and skills that facilitate understanding of the situation from the customers point of view (solution focused approaches, coaching etc.)
- **Continuity of advisor**
- **A private space to talk**
- **Tailoring standard programmes** to individual needs and circumstance
- **Telling people what to expect** before they get there to allay fears
- **Offering longer term support** to sustain employment
- **Working with local specialist providers** who can provide support and advice

Increasing the extent to which primary and secondary health/social services address the employment needs of people with a mental health condition

- **4'R's' for health and social services professionals**
  - Raise
  - Respond
  - Recommend
  - Refer
- **Include vocational issues** in consultations, treatment and support plans
- **Routinely commission employment services** as a core part of local mental health provision
- **Use of new 'fit note'**
- **Develop professional training** and guidelines

# Making existing structures work better

- **Sharing expertise in local networks**

Health/social services professionals can't become employment experts, employment advisors can't become mental health experts ... but they can use each other's expertise ... And specialist mental health employment support services have a major role to play

- **Better joined up working around individuals**

Ensuring that health treatment/social care plans and employment action plans offer consistent messages and complement each other

# Making existing structures work better

## Better support for employers and employees: reducing risk by minimising uncertainty

Employers see employing people with a mental health condition as a risky business:

- **Fear** because of lack of understanding of mental health conditions and myths that surround them
- **Uncertainty** because of fluctuating condition and lack of understanding of appropriate adjustments

Employees with a mental health condition see leaving benefits and entering the workforce as a risky business:

- **Fear** because of anticipated prejudice and discrimination, working may make symptoms worse, moving off benefits may threaten financial security
- **Uncertainty** because of fluctuating condition – whether they can manage to work if condition worsens, whether former benefits will be reinstated quickly if it doesn't work out

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# Minimising perceived risk and uncertainty

## Better information and advice

- Easily available general information and advice – local and national
- Anti-discrimination campaigns to address concerns of employers and employees
- Advice and support to employers on adjustments person may need
- Provision of mental health first aid and related training

## Managing mental health conditions in a work context

- Self-management plans for work (WRAP or related approaches)
- Plans for action in the event of crisis and return to work

## Peer support

- Potential employees: e.g. encouraging applications for employment advisor jobs from people with a mental health condition, buddy systems, job clubs where job seekers with mental health conditions can share experience, collecting sharing personal stories, recommend e-groups
- Potential employers: facilitate sharing of information about good practice e.g. Information hub (local and national) local newsletters, articles in local papers etc.

## Occupational health

- Sharing information about good practice, public sector review occupational health practice

## Disclosure of a mental health problems in a work context

- Outlaw inappropriate use of pre-employment health checks – done as part of Equality Act
- Help individual to consider pros and cons of disclosure BUT leave it to the individual to decide whether they do so (and when, how, to whom)

# Providing additional, more specialist support for those who need it

## Supported Employment: the evidence base

- Help open to anyone who wants to work – no selection on the basis of 'work readiness' or 'employability'
- Focus on 'real work' open/competitive employment – a 'can do' attitude: low expectations lead to lowered achievement (but don't forget self-employment!)
- Individual's preferences are honoured - job matching based on client preferences
- Integration of employment support and clinical treatment and social support: employment specialists in clinical teams
- Rapid job search – 'place-train' rather than 'train-place'
- Individualised long-term support to employee and employer
- Personalised benefits counselling

# But within these principles what sort of additional, more specialist support?

- In parallel with job search, for example:
  - Increasing motivation and self-confidence – biggest determinant of successful outcomes is whether a person wants to work and whether they think they can
  - Time-limited work experience
  - Skills development
  - Identification of skills, competencies, preferences
  - Beyond 'signposting': practical assistance in job finding, CV preparation, interview etc.
  - More intensive job-finding - approaching employers
  - Identifying and negotiating adjustments in recruitment process
  - Consideration of issues of disclosure

# But within these principles what sort of additional, more specialist support?

- Ongoing support, for example
  - Identifying and negotiating adjustments with employee and employer... And the need for fluctuating adjustments in line with fluctuating conditions
  - Helping people to develop self-management plans and crisis plans (if possible with employer)
    - Keeping on an even keel at work
    - Managing ups and downs: triggers, early warning signs, signs that a crisis is looming – and what individual and employer will do: shared responsibility
  - Being there when a person and/or their employer needs assistance: problem solving
  - Identifying resources to fund/provide ongoing support
  - Career development

# And who should fund all this?

- A shared responsibility between health/social care and employment services:
  - Health/social services commission additional support to get work
  - DWP commission fund additional support (to both employer and employee) to keep work ... preferably in the form of individual budgets as part of 'personalisation and 'right to control agenda
- In hard economic times hard decisions will be needed: what to STOP doing to fund employment support ... For example:
  - if employment is good for your health and well-being then maybe we need fewer mental health professionals and more employment services?
  - if 43% of people claiming incapacity benefits have a mental health condition shouldn't 43% of specialist disability programme resources go on supporting people with a mental health condition?

# And the importance of drivers for change: a focus on outcomes

- Proper monitoring of employment outcomes across health (primary and secondary services)
  - Incentivising employment outcomes in health
- Proper monitoring of mental health condition across employment services (generic and specialist disability programmes)
  - Incentivising outcomes for people with a mental health condition in employment services
  - Differential funding to incentivise employment outcomes for people with a mental health condition: more money for the hardest to help: acknowledge the impact of multiple disadvantage
- Proper contract management to ensure that prime providers do what they say they will do – including subcontracting to local specialist providers

# But most of all we must raise our expectations

Hard times readily generate hopelessness and despondency:

Among service providers

Among those whom they serve

... and low expectations are probably the biggest barrier

## We should never waste a crisis

- the world is not as we would wish it, services will change and change is scary –
- but crises present opportunities as well as challenges – we can and will find new ways of making systems work for those whom we serve