Written evidence from Rethink Mental Illness (DEG0037)

1. Introduction

1.1 We welcome the Government's intention to halve the disability employment gap. We know that many people with mental health problems would like to return to work, however employment rates for this group are low. The Mental Health Taskforce, published earlier this year, reported that 43% of all people with mental health problems are in employment, compared to 74% of the general population and 65% of people with other health conditions.[1] For certain diagnoses, this number is even lower – figures suggest that only 8% of people living with schizophrenia are in employment.[2]

1.2 However in order for people to return to work that is appropriate for them, the right support needs to be in place, both in and out of work. We believe that the current proposals do not adequately address the specific needs of people with mental health problems. Our submission makes the following key points:

- There is no evidence that the removal of the Work Related Activity component from Employment and Support Allowance will have a positive impact in terms of supporting people back in to work.
- As people with mental health problems make up the largest cohort of ESA claimants, we are concerned that this group will be disproportionately affected by this change.
- For back-to work support to be truly effective for people with mental health problems, it needs to address the whole range of an individual's barriers to work including health-related, social and other barriers.
- We would like to see any proposals focusing on increasing access to evidence-based models and ensuring people with mental health problems benefit from what we already know works.
- Inappropriate levels of conditionality continue to be used despite negative impacts on people with mental health problems, the support they receive and a lack of evidence to show it has any positive impact on success rates of back-to-work support for this group.
- Any increased investment in Access to Work should be targeted at increasing access for people with mental health problems.
- More work should be done with employers to ensure they are aware of the support they should be offering people with mental health problems, such as reasonable adjustments.

1.3 We also support the submissions made by both the Disability Benefits Consortium (DBC) and the Disability Charities Consortium (DCC) to this select committee inquiry.

[1] Mental Health Taskforce (2016)
[2] The Work Foundation (2013) *Working with Schizophrenia: Pathways to Employment, Recovery & Inclusion*

2. The impact of the removal of the Work Related Activity component from Employment and Support Allowance

2.1 The Welfare Reform and Work Act 2016 removed the Work Related Activity component of Employment and Support Allowance (ESA). People with mental health and behavioural disorders account for 41% of all Work Related Activity components awarded to date and our organisations opposed this removal.[3] We were disappointed that it was introduced with very little evidence of the impact of this reduced income on people claiming ESA.

2.2 The impact assessment for this change argued that reducing the ESA rate payable to people would *'remove the financial incentives that could otherwise discourage claimants from taking steps back to work'*.[4] However a survey run by Rethink Mental Illness indicated that 67% or people currently in the WRAG wanted to return to work or were looking for work. This would suggest that the current level of benefit payments is not a disincentive to people returning to work. The removal of this component as a way of encouraging people back to work therefore indicates a worrying lack of understanding of the barriers people with mental health problems face in returning to work. These include the impact of their mental health problem on their ability to work, social barriers, lack of stable accommodation, employer stigma and low awareness around suitable reasonable adjustments for people with mental health problems.

2.3 This rationale for removing the WRAG component is further challenged by findings from the survey that 69% of people in the WRAG said they would find it harder to stay in/return to work and education if their benefits were reduced.[5] This was also echoed in a review led by Lord Low which was published in December and found no evidence that a reduction in benefits would support more people to return to work.[6]

2.4 The equality impact assessment also failed to explicitly assess the impact of the proposal on disabled people, despite the fact the proposals will necessarily affect this group. We are therefore very concerned that the impact of removing the Work Related Activity component is neither evidenced nor fully understood. What evidence does exist suggests that the impact on people will be negative and will in fact move people further away from work.

3. Back-to-work support for people with mental health problems

3.1 We await the imminent publication of the White Paper on Health and Work, which we hope will address some of our main concerns with the current provision of back-to-work support for people with mental health problems. We also acknowledge the recent increased focus on the importance of specialist employment support for people with mental health problems.

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[3] Department of Work and Pensions (2016) *ESA: outcomes of Work Capability Assessments: claims made to Jun 2015 and appeals to Dec 2015*

[4] Department of Work and Pensions (2015) *Welfare Reform and Work Bill: Impact Assessment to remove the ESA Work-Related Activity Component and the UC Limited Capability for Work Element for new claims*

[5] Rethink Mental Illness welfare survey, June 2015 (

[6] Halving the Gap?

3.2 Funding has been committed to improving specialist employment support. The March 2016 Budget gave more detail on the £330 million announced for disabled claimants in the 2015 Summer Budget. This includes bespoke employment support directed at key priority groups, such as those with mental health problems. The Department of Work and Pensions is also currently running a series of pilots on mental health and employment schemes, which have not yet reported results.

3.3 We welcome this recognition of the importance of specialist support as we know generic programmes are failing people living with mental illness. Of over 150,000 people with mental health problems on ESA who have been placed on the Work Programme, only 8% have been helped into work.[7] A survey carried out by Mind also shows the detrimental impact these schemes can have on people's mental health – 83% of 400 people being supported by the Work Programme or Jobcentre Plus said it had made their mental health worse.[8] 76% of people reported feeling like they were less able to work.[9]

3.4 For back-to work support to be truly effective, it needs to address the whole range of an individual's barriers to work. Too often, studies suggest, this personalised approach is not evident in more generic back-to-work support offers.[10]

3.5 We know that there are evidence-based models of employment support for people with mental health problems. For those living with severe mental illness, for example, there is a model called Individual Placement and Support (IPS).[11] In this model, employment specialists are co-located within the clinical team and work jointly with clinicians to support the individuals into sustainable employment. The employment specialists work quickly with clients to get them into work rather than focusing on volunteering and training activities before job searching. Research suggests that people supported by IPS were twice as likely to gain employment than those in other employment support services and worked for significantly longer.[12]

3.6 The Work Choice programme has also demonstrated much greater levels of success in getting people with mental health problems back into work than the Work Programme. It was created for people seen as having complex employment support needs related to their health or disability. Work Choice has supported 47% of people with mild to moderate mental health problems into work (6,680 of 14,030 caseload) and 42% of people with severe mental illness into work (330 of 780 caseload).[13] Although the Work Choice cohort is much smaller than the Work Programme, it clearly outperforms more generic forms of

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[7] DWP (2015) *DWP Tabulation Tool*: 162130 people with mental health problems have been attached to the Work Programme. Of this number, only 13380 (or 8 per cent) have gained employment
[8] Mind (2014) *We've still got work to do*
[9] Mind (2014) *We've still got work to do*
[10] For more information see: Catherine Hale (2014) *Fulfilling Potential? ESA and the fate of the Work-Related Activity Group*, DWP (2012) *Work Programme Evaluation: Findings from the first place of a qualitative research on*, Mind (2014) *We've got work to do* and Work and Pensions Committee (2013) *Can the Work Programme work for all user groups*
[11] For more information see: http://www.centreformentalhealth.org.uk/individual-placement-and-support
[12] Burns, T., White, S., Catty, J. (2008) Individual Placement and Support in Europe: the EQOLISE trial. *International Review of Psychiatry, 20 (6), 498-502.*
[13] DWP (2016) *Work Choice: Official Statistics – February 2016*

support. As Work Choice is set to be replaced by proposals in the White Paper, we recommend the DWP assess the programme to identify the elements that made it successful for the mental health cohort and embed this learning in future programmes.

3.7 We would therefore like to see a greater emphasis on increasing people's access to what we know already works, as well as learning from the pilots currently in progress.

3.8 Initial conversations with the DWP around the new Work & Health Programme have been encouraging, with a focus on specialist, localised and, critically, largely voluntary support for ill and disabled people. However, the DWP has indicated that only around 40,000 people a year will have access to the scheme (compared to around 500,000 people a year at the height of the Work Programme, including 125,000 people on ESA), with a focus on the most 'work ready'. As such, while there appears to be some recognition of the need for a different approach for ill and disabled people, the vast majority of this group (including those with more significant barriers) will instead be directed to non-specialist, generic support from Jobcentre Plus, which is likely to include a much heavier focus on conditionality and sanctions.

4. Sanctions and conditionality

4.1 We also have concerns about the role sanctions and conditionality might play in any proposals to halve the disability gap. Again, we believe the evidence base for their effectiveness in changing behaviour for people with mental health problems is not well-established. Putting people with mental health problems under pressure to engage with support or employment that they find unhelpful or inappropriate for them will be detrimental. It also once again indicates a lack of understanding about the barriers people with mental health problems face in returning to work.

4.2 Research suggests that the use of sanctions is also disproportionate for people with mental health problems. From Jan 2014 – Dec 2014 58% of sanctions for people in the ESA WRAG were received by people with mental health problems, despite this group making up only 50% of WRAG claimants.[14] Since 2011, only 29% of sanction referrals for people with mental health problems have actually resulted in a sanction.[15] This suggests that people with mental health problems are being inappropriately threatened with sanctions.

4.3 We are also concerned that with the move to Universal Credit, people applying for 'limited capability for work' or 'limited capability for work related activity' components (the equivalent of the WRAG and Support Group under ESA) will be subject to conditionality before they have been assessed. Although this can be tailored by the Work Coach, we have concerns about the expertise and understanding around mental health

[14] Figure calculated using Freedom of Information Request 2015-1994
[15] Figure calculated using Freedom of Information Request 2015-1994

5. Support for people in work

5.1 A comprehensive health and work programme should also include support for people once they return to work. We welcome the proposed increase in investment in Access to Work, however people with mental health problems are currently under-represented in new starts on the programme. Statistics show that only 7.7% of new starts in 2015-16 (data currently only available for quarters 1,2 and 3) were people with mental health problems.[16] The take-up by people with mental health problems since the programme started is only 3.2%.[17] We would therefore recommend that any further investment is targeted at people with mental health problems.

5.2 The 2010 Equality Act requires employers to make reasonable adjustments for people with disabilities. We have heard anecdotally from our members that some employers are unclear around what reasonable adjustments look like for people with mental health problems. A recent survey from Time to Change also found that 48% respondents would feel uncomfortable discussing mental health problems with their employer.[18] More work needs to be done so that employers are clear on the support they should be offering and are creating workplaces that are open and supportive for people with mental health problems.

About us

Mind is the leading mental health charity in England and Wales. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding. Ensuring the benefits system is both fair and supportive for people with mental health problems is a key part our work due to the high numbers of people with mental health problems who receive this support.

Rethink Mental Illness is a charity that believes a better life is possible for people affected by mental illness. Since 1972 we have brought people together to support each other. We run services and support groups that change people's lives and challenge attitudes about mental illness. We support almost 60,000 people every year across England to get through crises, live independently and realise they are not alone. We give information and advice to 500,000 more and change policy for millions.

The Royal College of Psychiatrists aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

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[16] DWP (2016) *Access to Work: individuals helped to end of December 2015*
[17] DWP (2016) *Access to Work: individuals helped to end of December 2015*
[18] Time to Change (2015) *National Attitudes to Mental Illness survey*