

Supporting people with mental health problems into sustainable employment

In March and April 2016 Mind hosted two roundtables on how best to support people with mental health problems into employment, focussing on:

- 1) What is personalised and tailored support and how do we deliver it?
- 2) How can we make the most of devolution and integration?

These were attended by key stakeholders from the back-to-work space, including civil servants, third sector providers, leading researchers and people with lived experience of mental health problems.

We hope our findings will help policymakers to answer the question of how we can support more people with mental health problems into work, and support the Government's aspiration of halving the disability employment gap.

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Background

There are currently 1.1 million people either applying for or receiving Employment and Support Allowance, primarily because of their mental health problem. Ensuring this cohort is better supported to find and sustain appropriate employment is crucial to halving the disability employment gap.

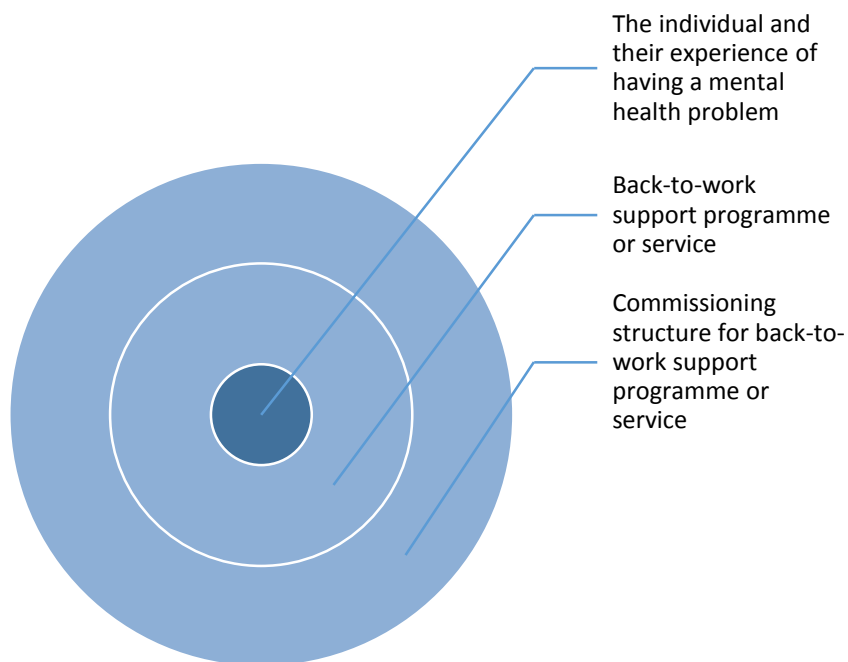
The Government has recognised this and in recent months we have seen the introduction of a new health and work unit, increasing numbers of pilots on how to support people with mental health problems, and an announcement of a new Health and Work programme to replace the Work Programme and Work Choice. With a White Paper expected proposing further reforms this year there is reason to be optimistic.

More and more the consensus is that personalised and tailored support is the key. It is the vital part of successful models of support such as the Individual Placement and Support model and much of the services delivered by local Minds and other successful providers.

But what is personalised and tailored support and how do we ensure it can be commissioned among current structures? Can it be delivered through national programmes and can it be delivered under the policy of conditionality?

A Focus on the individual

In policy discussions regarding employment support we often start by focusing on wider structures around commissioning, statistics, or payment models. However, for the purpose of the roundtables we wanted to start the discussion with the individual and their experience of having a mental health problem. We then widened discussions to back-to-work support and then finally to the structures under which support is commissioned and delivered. Delivering personalised and tailored support starts from the individual and this needs to be reflected in all of its components.



What are mental health problems and what barriers to work can they cause?

Mental health problems are complex. One person's experience of a mental health problem such as depression can be hugely different to someone else's. Severity, longevity and impact can all vary. Therefore, rather than focusing simply on diagnosis, it can be more useful to consider symptoms and reflect upon their impact to best understand mental health problems.

Symptoms of mental health problems

- Difficulty concentrating
- Loss of interest in day-to-day activities
- Loss of appetite
- Irritation and agitation
- Self-doubt
- Feelings of worthlessness and hopelessness
- Compulsive activities and behaviour
- Intrusive or repetitive thoughts
- Delusions
- Lack of energy
- Low motivation
- Insomnia
- Difficulties with social interaction
- Fear or panic
- Disturbed or illogical thought patterns
- Paranoia
- Suicidal thoughts or thoughts of self-harm
- Hallucinations

Although medication can help relieve some of these symptoms, it can also have side effects, such as drowsiness, poor concentration, slowed thinking, sleep disturbance, nausea and shaking

More information on mental health problems, symptoms, causes, treatments and support can be found in our extensive information range at www.mind.org.uk.

Mental health problems as barriers to work

The barriers to work that mental health problems cause are specific to the individual, just like their condition. Support therefore needs to understand these barriers that the individual is experiencing. As well as dealing specifically with the symptoms of a mental health problem and trouble in accessing treatment, barriers may also include dealing with employer stigma, dealing with financial difficulties and housing issues.

Barriers to work experienced by service users at Solihull Mind

- Fear that a job will cause a relapse
- Gaps in a CV and explaining this to potential employers
- Lack of recent references
- Low self-esteem and consequential low aspirations
- External difficulties, e.g. housing issues, debts, relationships issues
- Impact of mental health symptoms – low mood, low motivation, anxieties

To highlight the barriers to work someone may face, the below table explores the impacts of some of the symptoms of mental health problems on specific work and life situations.

Work and life situations	Impact of mental health problems
Social interaction	Self-doubt, intrusive thoughts, paranoia and low mood can make it difficult to be involved in social situations, whether it be meeting with customers or presenting to colleagues
Concentration and attention	Difficulty with concentration is a common symptoms of mental health problems. Having to finish that report on time, or focus throughout important meetings may become difficult or distressing
Physical exertion	Trouble sleeping or loss of appetite could leave you with no energy to complete tasks at work. You could also be distracted or confused, leaving yourself at risk of injury.
Dealing with pressure	Anxiety and low mood may affect your ability to deal with pressure at work, leading to further distress, particularly when coupled with factors like difficulty in concentrating
Ability to communicate	Mental health problems and anxiety around social interaction can make it difficult to organise your thoughts and lead to problems communicating

What support can address barriers to work caused by mental health problems?

We have been calling for personalised and tailored support for several years, and while we know the principles of this, we asked local Minds and attendees to give examples of what this means in practice. Below we detail the key points of these successful services as well as other important aspects of personalised and tailored support.

City and Hackney Mind

City and Hackney's Employment Service supports people with mental health problems to find work and training opportunities. They provide individually tailored and innovated services that support people to identify and achieve their goals, including one-to-one appointments, skills assessments, advice on mental health disclosure and employment and personal development workshops.

What works well at the service?

- A focus on addressing the barriers to employment using a holistic approach
- Access to multiple services under one roof
- Being flexible and tailoring each session to the individual's needs, understanding problems they may be having e.g. offering telephone support if they are unable to attend in person
- Job Clubs, Employment Workshops and Mock Interview practice which helps to build confidence and grow a peer network
- Empowering clients with knowledge on job retention

What doesn't work?

- Clients facing multiple issues, some of which need immediate resolution (e.g. housing)
- Lack of support from employers
- Pressure to find work straight away without flexibility to allow for training or voluntary work
- Generic employment provision without reasonable adjustments
- A focus on younger people, leaving others without the same opportunities

Solihull Mind

Solihull Mind offers both out-of-work and job retention support. The job retention service provides advice and guidance to help clients choose their objectives and routes forward and supports and advocates for these clients. The out-of-work service provides advice and guidance, support to increase social confidence and reduce loneliness, practical help with job searching and interviews, and support to access and retain appropriate benefits. Both support programmes work in partnership with a wide range of organisations and services such as the local Jobcentre Plus, Community Mental Health Teams and local GPs.

Principles of support:

- Every individual is unique
- Trust needs to be built over time
- Confidentiality is important
- Everyone is at a different stage in their journey and work needs to be at the individual's pace
- Build up a weekly routine and focus on developing resilience

- Quality of advice is crucial – knowledge of mental health, the local labour market, employer culture, HR practises, and employment law is essential.

What works well at the service?

- Staff with lived experience
- Support focused on the individual, not external targets
- Recognising that clients want to accomplish targets on their own merit

What doesn't work?

- Encouraging people to continue in an unsuitable job
- Employers who only pay lip service to disability equality policies
- A plan that isn't in the client's best interest

Feedback shows that service users benefit from the trust they have in their local Mind and the fact that they have control over the support they receive.

Solent Mind: an example of IPS support

Solent Mind employment service covers support for people using Primary Care services, Independent Placement Support, and job retention. Their employment team work alongside health workers in hospitals and with people in primary and secondary care. They are able to offer personalised and tailored support, participation is voluntary, and clients are given ownership and choice to work towards their own goals. Job retention specialists offer practical support people in the workplace. There is a very good success rate for people in both groups: 58% of the most recent cohort gained or retained paid employment, approximately 15% more than the national average for employment schemes. Clients and health professionals are encouraged to view employment as an important part of recovery, and many staff have lived experience which helps to cement trust.

What works well at the service?

- An employment service that is commissioned and delivered in partnership with health services
- Support that gets people ready to work, and continues while they are in work
- Clients choose if they would like to volunteer, find employment or take part in training
- Providing support in a trusting environment where the customer knows their interests are at the core of the service
- A culture where people are encouraged to look for work as part of their recovery
- Outcomes are defined by the client: this could be finding a job, or leaving one
- An attitude that you can always try again

What doesn't work?

- A lack of understanding of the client's needs
- A set interventions timeframe
- Support that only helps people on certain benefits
- Low expectations of clients: a 'make do and mend' attitude versus 'how can we facilitate your ambitions?'
- Not involving local businesses

Other important aspects of personalised and tailored support

A trusting relationship between advisor and service user

Trust is crucial in supporting people with mental health problems. Many people with mental health problems may have experienced being let down by people they should have been able to trust. This could have been through childhood abuse, domestic violence, abandonment or neglect. As such, it is important that any service supporting someone sees re-building trust as a core aspect of their work. To do this, at an organisational and individual level, the service has to be reputable and be shown to have the best interests of the individual at its heart. Placing power in the hands of service users ensures that they can be confident the service is there for them and they won't be forced to do anything that will be inappropriate for the sake of external goals. Treating the service user like a customer, offering them the ability to comment on support, keeping information confidential and ensuring there is no "us and them" relationship can help to do this. On the other hand, sanctions and threats lead to a breakdown in trust between the client and the coach.

A focus on health and employment outcomes

Employment schemes that focus on both job and health outcomes help to form a trusting relationship between clients and their coach and can help people to become ready for work. The other side of this is creating a culture where health professionals value meaningful employment as an important part of recovery. GPs already spend a fifth of their time helping patients with their social issues, such as being unemployed, yet this work is currently not recognised. Health services that include employment outcomes, acknowledge this support that is already being carried out.

NICE Guidelines for supporting people with mental health problems

Whilst back-to-work support differs from health treatment in its aims, it supports people who are there primarily because of their mental health problem. The NICE Guidelines state:

- ✓ 'Treatment and care should take into account people's needs and preferences. [The patient should have the] opportunity to make informed decisions about their care and treatment.'
- ✓ 'Recovery is about building a meaningful and satisfying life, as defined by the person themselves.'
- ✓ 'Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives.'
- ✓ 'That shared decision making should be a key part of any service.'

Work coaches need to be appropriately skilled

Skills and knowledge needed include:

- An understanding of mental health problems, and the barriers these present
- Motivation to co-produce a plan with clients
- Expertise in building key skills for employment
- An ability to motivate and encourage

- Knowledge of the local labour market and the ability to provide a brokerage service between clients and employers
- An ability to evaluate and share best practice
- Sufficient time and resources to provide the above support.

Commissioning personalised and tailored support

The roundtables highlighted various issues about current commissioning structures. Policymakers should look to address these before going forwards with designing new structures to deliver support.

Is the new Work and Health programme big enough?

There is optimism about the approach the DWP are taking with the new Work and Health programme. The DWP have acknowledged many of the issues disabled people and those with health conditions face with current programmes, and are looking to address these. However, the budget for the Work and Health programme is considered fairly low considering the size of the problem. Should the programme be bigger, and if not, how will support be delivered to those not referred to it?

Do current plans match ambition?

Away from the new Health and Work Programme, it is likely support for the ESA WRAG cohort will be delivered by Jobcentre Plus. However, it is unclear what this will mean for those with more severe conditions. Whilst there are pilots focusing on the mental health cohort, they appear to be focusing on those closest to employment, leaving those with more severe conditions (e.g. the ESA WRAG cohort) without evidenced support. Halving the disability employment gap will be a challenge if we cannot support this group.

Do Jobcentre Work Coaches have the time or skillset to offer personalised support?

Jobcentre Plus Work Coaches will soon be expected to deliver large amounts of support in a small amount of time and to a diverse range of clients with limited resource. If the Work and Health programme supports fewer people with health conditions than previous programmes, how will the Work Coaches be able to cope with an increasing and more diverse range of clients?

Is Individual Placement and Support the answer?

The Individual Placement and Support model is arguably the most successful back-to-work support model for people with more severe mental health problems. However, will it work for those with more moderate diagnoses and will it provide value for money?

Can successful support be delivered through conditionality?

Placing people with mental health problems under threat of sanction strains the trust between claimant and advisor and can have a negative impact on the mental health of the claimant and their movement closer to work. Many organisations also refuse to deliver support if conditionality is associated with it because of the impact it has on other services they may also be delivering.

Will the negative view of the benefits system impact on new employment support programmes?

Claimants are worried about their engagement with the benefits system, from waiting up to nine months for an assessment, to being supported by someone with little knowledge of their condition. Any new form of support will need to counteract this to improve confidence in the system.

Can we really improve outcomes whilst still using the Work Capability Assessment?

The current assessment is a blunt tool for identifying the needs of clients. No information is shared from the assessment with those who are delivering back-to-work support and its failure to properly understand the barriers to work people with mental health problems face has been widely documented, not least in the five independent reviews of the assessment.

What is the role of employers?

Employers have an important role to play to open the door to disabled employees. Employer involvement in the design of back to work schemes can make sure that support is relevant to the job market. Smaller employers in particular may not have specialist knowledge on how to provide the best support for people with mental health problems, but working together with experts to develop HR policies and practice can grow this knowledge.

What payment methods work?

The current payment structures have failed to ensure specialist support can be provided, with those with the skills to deliver such support struggling to cope with the financial risk. Front-loaded payments are needed to provide sufficient cash flow so that providers are able to offer the right support, instead of concentrating resources on those who are easiest to help.

Future challenges of devolution and integration

Whilst devolution brings with it great potential, it also brings challenges. Below are some of the challenges discussed at the roundtables.

Disparity between the approaches of professionals and bodies

Whilst employment advisors push the importance of work in recovery, healthcare professionals are more risk averse in their approach and can be less ready to encourage a return to work. This can be confusing for clients, as their focus is continuously changed: from health, to work.

A lack of joined-up services

People experience many different services which do not work collaboratively; for example, someone could lose their benefits, yet their social housing support might not be informed of this. Better results may be provided by joined-up services, with pooled budgets and jointly agreed outcomes.

The politics of ownership

Due to current payment models, many services want to 'own' a person and the outcome, rather than doing what is best for the person. In addition, it is difficult to attribute success to any one organisation.

A Lack of investment in prevention

How do we convince Departments to invest in preventative measures that may be far removed from their own support?



There is little evidence about what works in terms of an integrated approach

With restricted budgets, how can organisations and local bodies invest when they don't know whether or not their investment will work?

We don't understand the Delivery Ecosystem

Within local areas, there are multiple commissioned services, commissioned by various organisations and bodies so that it is unclear exactly what is being delivered and to who. This can lead to doubling up on support for one cohort, while leading another cohort to go without support. One attendee explained how they mapped employment services in the local areas and soon found that there was lots of inefficiencies and overlapping, as well as a lack of focus on the cohorts who are most in need.

Making devolution and integration work

Below are some possible solutions and ways to address the challenges that devolution and integrated work may bring.

Build relationships within local areas

It is clear that good relationships between a whole range of local commissioners is key to allowing for successful co-commissioning and integrated work. Successful support models discussed at the roundtables often evolved through conversations amongst providers and a variety of commissioners, such as CCGs, local authorities, Mental Health Trusts etc., rather than in an isolated approach. This can also help overcome the challenge brought through the “politics of ownership” as highlighted above.

A focus on joint outcomes and pooling budgets

Joint outcomes encourage multi-agency working and a “wrap-around” approach to supporting the individual. We know suitable work can be good for someone’s mental health, but if delivered incorrectly, employment support can make someone’s mental health problem worse. Similarly, just offering health support may not allow for someone to progress towards work or fulfil their ambitions and they need some form of back-to-work support. Joint outcomes help to align approaches and make them work hand in hand to focus on the individual’s specific needs.

Conceptual mapping of the local Delivery Ecosystem

Local areas should map the services delivered to people. We would suggest this start from the individual, the services they access (and don’t) and the commissioners of the services. This will allow local areas to understand not only the route someone takes to gain and receive support, but where funding and capacity is focused, whether or not there is overlap and whether there are clear gaps in services. It may also allow local areas to understand where services can work more closely and efficiencies can be made.

Understanding the cost of different parts of the local system

Understanding the cost of aspects of back-to-work support, such as a reduction in time spent on receipt of treatment, reduces financial pressure on moving an individual into work as soon as possible. It allows for more personalised support that can focus on the individual’s priority needs before moving them into employment.

Using a key worker in empowering choice

This highlights a role for a key worker that can help clients to navigate from a menu of options to create a personalised package of support from services that are already in existence. This is a step forward from the prescriptive approach that many people feel disengaged from. A multidisciplinary board could ensure that funding is appropriately distributed to the services that contribute to outcomes and embed a shared culture.

True co-design and co-production

It is crucial to involve people with lived experience in the design of back to work support to understand what works best for them. Often co-design and delivery will require flexibility from services to be malleable to individual needs.