

Employment for people with serious mental health problems:

The need for collaboration and the role for mental health professionals



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Developing IPS evidence based supported employment programmes in the UK

- IPS first implemented in the UK in South West London in 1999
- Now 17 'Centres of Excellence' in the Centre for Mental Health Programme ... and many other services developing (often on quite a small scale)



BUT

- A great deal of money **is still invested in non-evidence based vocational services**: sheltered work, pre-vocational training
- **most people with serious mental health problems using mental health services do not have access to IPS** (or indeed any other sort of employment support) ...

English national community mental health survey of people using mental health services (2016) - Of those who said they needed support to find or keep employment:

- 28% said they had definitely received help
- 29% said they had received help 'to some extent'
- **43% said they would have liked help but did not get it**

A national strategy ...

- For over a decade, the development of IPS evidence based supported employment has been recommended in policy documents
- Now we have a **national strategy** that requires a *“doubling in access to individual placement and support (IPS), enabling people with severe mental illness to find and retain employment.”*

But if this is to be achieved:

- Mental health professionals will have a key role to play
- Collaborative working at all levels will be collaboration at all levels will be critical

A key role for mental health professionals



It often remains the case in the UK that

- Although employment is a health issue, **health services do not tend to prioritise work: focus on clinical treatment and therapy.** Not part of our 'core business'
- **Efforts to reduce welfare benefits bill** and introduction of 'conditionality' for some welfare benefits (if you don't look for work your benefits are suspended for a period) have had a **paradoxical effect: mental health workers and service users focus on the right to benefits rather than the right to work**
- **Many mental health workers are ignorant of or disbelieve the evidence –**
 - many people believe that work is bad for you because it is stressful ... what about the stress of unemployment?
 - many people believe that it is not possible for many people with mental health conditions to work ('yes, people with mental health problems can work, BUT my patients have particularly complex problems')

We need to start by recognising that work is a health issue

Appropriate work is **good for our health** – both physical and mental

- Unemployment, and the social isolation and exclusion it brings with it
 - **increases** the risk of many **physical and mental health problems** and **premature death**
 - **increases** the risk of **suicide**
- Appropriate employment
 - **reduces** the risk of developing **mental health problems**
 - in those who have mental health problems, it **reduces symptoms** (both positive and negative), **decreases the likelihood of relapse** and **decreases use of mental health services**

(see, for example, Royal College of Psychiatrists, 2002; Waddell and Burton, 2006; Perkins, Farmer and Litchfield, 2009; Holt-Lunstad et al 2010; Marmot, 2015)

If people with serious mental health problems are to gain employment then it must be part of the 'core business' of mental health services

- Employment specialists/advisors working within mental health clinical teams
- Clinicians attending to employment issues as a routine part of their work with individuals

The role of Employment Specialists

Work with individuals

- to **keep jobs** they already have
- to **decide what they want to do and apply** for the work they want
- to **access mainstream employment agencies**
- in the **transition to work**
- **ongoing support** in employment (in conjunction with other team members)

Work with employers and employment agencies

- **pro-active job finding** – know local employers and local labour market
- **link with employment agencies**, job centres and welfare to work programmes
- **support employers and advise them on adjustments** the person may need- employment involves a relationship so need to support both parties

Work with the clinical teams

- ensure that **vocational issues are addressed at initial assessment**
- ensure that **mental health professionals attend to work related issues** in care plans
- understand the **challenges the person faces** and how these might be accommodated at work
- **advise and assist other workers in providing ongoing support**: other clinicians, social workers and support staff can provide some ongoing support

Health professionals also have a major role to play

People believe the experts!

For example:

- **Talking about employment** from the start
- **Allaying fears**
- **Dispelling myths** ('work is bad for your mental health', 'you have to be fully better before you can go back to work', 'taking time off sick is always the answer' ...)
- **Raising expectations**
- **Offering examples of people who have worked successfully with mental health conditions** – from your own experience or more generally ... Winston Churchill, Ted Turner (who established CNN), Kjell Magne Bondevik:

“Life has expanded because of those weeks. Life is richer because of those weeks. Through that period I have become stronger. I have learned more about myself, appreciate more ... I became a better leader.”

- **Helping people to gain peer support:** seeing what others have achieved can offer images of possibility, raise expectations, increase self-confidence, offer hints and tips that might be useful
- **Help people to think about what to say about their mental health problems at work:** to manager, to colleagues - whether, what, when, how?
- **Helping people to think about what support and adjustments they may need to get back to work or when they are having difficulties at work** and maybe help to negotiate these with their employer? (a letter from a doctor can go a long way!)

No 'rules' or 'formula' - individually tailored, practical, creative problem-solving is the key

Some examples

- reduced hours at work
- reduced out of work activities/extra support at home so you can manage the demands of work
- changed duties at work/relief from some aspects of the job
- extra support or supervision at work

- help to prioritise work
- a list of things that need to be done to aid memory and concentration
- someone to talk to if you are having difficulties
- regular holidays, space throughout the year ...

See, for example

[http://www.nhshealthatwork.co.uk/images/library/files/Government%20policy/Mental Health Adjustments Guidance May 2012.pdf](http://www.nhshealthatwork.co.uk/images/library/files/Government%20policy/Mental%20Health%20Adjustments%20Guidance%20May%202012.pdf)

- **Helping people to think about how to manage their mental health problems at work: a 'work health and well-being plan'**

- Keeping on an even keel at work
- A mental health 'first aid kit': things the person can do when they feel upset, angry, disheartened ...
- Managing specific things that you find difficult at work/things that get to you at work
- Managing ups and downs and specific symptoms/problems at work
- What to do if things get really bad at work: if a crisis is looming

- Can be drawn up with the manager - thus increasing confidence of employer and employee

- Offer a way of managing a fluctuating condition at work and **planning fluctuating adjustments and supports**

*'Surviving and Thriving at Work'
'A Work Health and Well-being Toolkit' and 'Going Back to Work After a Period of Absence'*

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- **Work closely with employment specialists/services** – IPS requires an integration of clinical treatment and employment support (and any other support the person requires)
- **Provide some ongoing support as part of routine work** with support from the Employment Specialist as necessary
- **If the person has to take some time off work, help with planning a return to work as soon as possible** (it can be very difficult going back to work after having mental health problems)
 - **Keep in touch while you are off** (a card, telephone call, email – if the person is not feeling up to it maybe a relative/friend could help?)
 - **Making plans for returning:**
 - A meeting before you go back (with manager, with colleagues).
 - Particular things the person is worried about and how to address these.
 - A return to work plan... including what you will do in the first week.
 - What to say to colleagues.
 - Maybe a graded return...

Not everyone will need a graded return ... and there are lots of ways of doing a graded return

For example:

- Starting back part time and building up hours
- Working from home
- Specific time to catch up on what you have missed before launching into new tasks and projects
- Starting back with more limited duties/responsibilities for a while and gradually increasing them
- A period of different duties/responsibilities
- Having extra support to do parts of the job you find particularly challenging
- More frequent supervision and support for a while
- Working particular shifts to start off with
- Working alongside someone (a buddy/mentor) to start off with
- Not working additional hours

The 4 'R's for Primary Care and Mental Health Professionals

(See Perkins, Farmer and Litchfield, 2009)

- **Raise** the issue of employment with people who have a mental health condition and convey a positive view about the person's skills and ability to work.
- **Respond** positively to people's questions about work.
- **Recommend** that the right sort of work is good for mental health, point out the deleterious consequences of unemployment and encourage the person to think through what they may be able to do.
- **Refer** The person to people/agencies who may be able to help them in their journey to employment.

Adapted from the '3 R's' developed by the Bridge Building Services that form part of Glasgow Employability Partnership.

Collaborative working at all levels



The need for 'joined up' working

People with serious mental health problems typically have multiple needs - if they are to access and prosper in employment **all these needs must be addressed** (health, social employment, housing ...)

Joined up working is essential across:

- mental health (primary care, secondary mental health services, specialist)
- social care and housing services
- generic employment support programmes: apprenticeship and internship programmes and initiatives for young people
- specialist employment programmes
- employers and economic development agencies
- welfare benefits systems

Too often in the UK

- Confused and contradictory policies/ approaches that are wasteful of resources
- Confused clients who receive contradictory messages: one plan for employment, one for health and social care

At a national level

Central government links between health, social care and employment via a **Joint Unit of Department of Health and Department of Work and Pensions**

Forthcoming initiative to set up an **infrastructure to promote the development of IPS for people with serious mental health problems** (training of employment specialists, commissioning guidance etc.)

But it is collaborative working at a local level that is critical and often difficult to achieve

Collaborative working at a local level

There are 8 principles of IPS and the higher the fidelity the better the outcomes

Many existing UK services say 'we are already doing ***MOST*** of those things'

but you've got to do them all!

Often the biggest challenge is integrating employment support with health care, social support and any other support the person is receiving



Real integration/collaborative working requires

That the Employment Specialist is an **equal member of the clinical team** not an 'outsider' to whom client's are referred

- The Employment Specialist is **co-located** - sits in the same offices - as the clinical team (informal contact with team members is critical)
- Employment Specialist's documentation/records are **integrated with the person's mental health record**
- The Employment Specialist **helps the team to think about employment for all clients** (not just those for whom they are providing support)
- The Employment Specialist **attends clinical review meetings** and meetings where new referrals are discussed
- The Employment Specialist **actively participates in clinical team meetings and in shared decision making** in relation to individuals

Without full integration:

- **Employment not seen as a routine part of treatment/support**
- **Clinicians and social workers fail to see that they have a role in supporting employment** (employment specialists cannot and should not be the only ones thinking about employment)
- **Employment specialists do not understand the person's mental health challenges**
- **'Selection' in who is referred to employment support service** - those other clients deem 'suitable' (often excludes those with more serious mental health challenges)
- **Failure to join up** treatment, social support and employment support

The biggest challenge: winning hearts and minds

- **‘Seeing is believing’**: demonstrating to clinicians, service users, employment support providers and employers that work is a realistic possibility for people with mental health problems - **local examples of success are important**



- **‘If you don’t count it you don’t do it’**: employment outcomes for people with mental health challenges a ‘key performance indicator’ required of health, social services and employment support agencies

- **Increasing consumer demand:** letting people know what support they are entitled to so they ask for it



- **Increasing supply - knowing and supporting employers:** not just the big ones but the small ones and the local managers

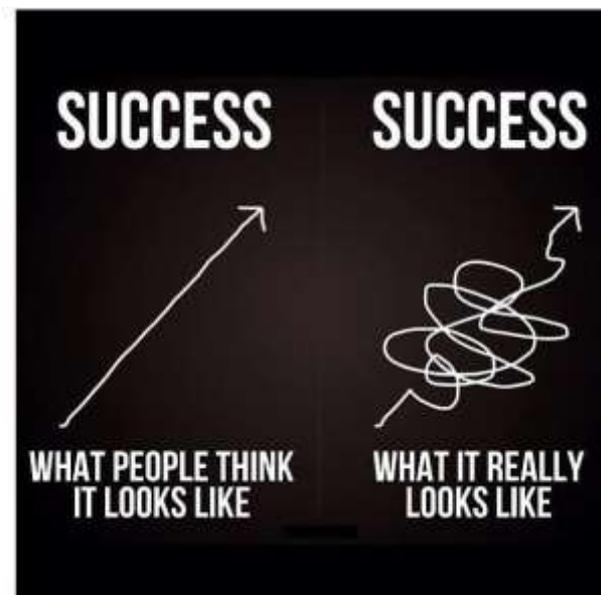
- **Not just ‘them out there’:** mental health and employment support agencies leading by example and employing people with mental health conditions within services (demonstrates possibility, provides employment, provides peer support)

Central and North West London 
NHS Foundation Trust

CNWL User Employment Programme:

- Encourages service users to apply for existing posts in CNWL.
- Supported employment model.
- Offers time limited work experience placements in the Trust for up to 4 months (with active job search).
- Offers post placement support.
- Between Mar 2004 and Sept 2004 197 people accessed the programme, 172 people accessed placements, 81 paid outcomes, and 35 education, 17 volunteering outcomes.

**Enabling more people with serious
mental health challenges to gain
and prosper in employment is not
going to be easy ...**



It will require us

- **Think about our priorities:** really start seeing employment as a priority for people with mental health conditions and a priority for our society - stop wasting skills and talents!
- **Provide the support that we know works** and stop doing things that are not effective ... this can be hard!
- **Be creative** in thinking about what work a person can do and how we can support them
- **Share skills across networks:** health professionals can't become employment experts – employment advisors can't become mental health experts ... but we can work together and use each other's expertise
- **Achieve better joined up working around individuals:** ensure that health treatment/social care plans and employment action plans offer consistent messages and complement each other

But most of all we must raise our expectations

Despite the evidence, many people – mental health workers, employment workers - simply do not consider employment a realistic goal for people with serious mental health conditions

“When I said I wanted to work I was told this was an unrealistic goal, that I was too sick and the stress would be too much.”

Low expectations erode hope and limit possibilities ...

“The greater danger for most of us lies not in setting our aim too high and falling short, but in setting our aim too low and achieving our mark.”

“... grant that I may always desire more than I can accomplish.”

Michelangelo (1475-1564)



It may not be easy, but it's worth it!

The cost of unemployment is immense - both for individuals and communities - and the benefits of employment are equally large ...

"I have re-entered full-time employment. Over a year later I am still working. I now focus more on opportunities in life and less on my condition. I regularly socialise with my colleagues after work and actually feel content to be a taxpayer again ... The support has been immeasurably important ... [it] has enabled me to make the journey towards recovery and realise my aim of contributing to society again through fulfilling employment."

"Now I'm a contributing member of society because of my employment. Its worth is altering the life of someone with a mental illness ... helping me to change direction from hopelessness to being worthwhile."

"My passion for my career is immense. A job defines you, provides money, personal fulfilment and a sense of achievement. This is what I am, this is what I do, I am no longer a mental health condition."