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Employment Advisers in IAPT – providing Integrated IAPT and Employment Support

New Savoy Partnership Conference

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Employment Gap

Disability employment gap:

- 80% of non disabled people work
- 48% of disabled people work
- Gap 32%

Mental Health employment gap:

- 32% of people with mental illness work
- Gap 48%
- 2.5 times less likely to work than non disabled people and significantly less likely to work as people with physical health conditions



Mental Health Employment Gap

The main working-age health conditions in the UK are musculoskeletal and mental health



2.6m disabled people are recorded as having mental health condition in the UK, 0.9m of whom are in employment



This means the employment rate for disabled people with mental health conditions is 32%

Musculoskeletal conditions also affect many working age people



3.7m disabled people have musculoskeletal conditions, 1.7m of whom are in employment



This means the employment rate for disabled people with musculoskeletal conditions is 46%

The prevalence of mental health conditions varies with employment status, for example in England:



1 in 5 of all working age people have a common mental health condition



1 in 7 working age people in full time work have a common mental health condition



1 in 2 out of work benefit claimants have a common mental health condition

There are 12m people with a long term health condition in the UK

12m people with a long term health condition



7.1m of whom are disabled and 4.8m of whom are non-disabled.

9 in 10 workless disabled people are economically inactive and are not actively looking for work



Most ESA claimants are in the Support Group

Support group	WRAG	Pre-WCA
67%	20%	14%

2.4m people are on ESA, over 60% of whom are in the Support Group.



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Costs of Mental Illness

The estimated annual costs to UK employers of mental ill health:

- **Sickness Absence - £8.4billion**
- **Presenteeism - £15.1billion**

Source: (Sainsbury Centre for Mental Health, 2007).

The impact of mental ill health:

- **Over half of all sickness absence results from stress, depression or anxiety**
- **48% of people claiming Employment Support Allowance due to mental ill health**



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Rand Report

- Mental health problem often started at work or else related to unemployment, healthcare and employment dimensions of the problem should be addressed simultaneously.
- Poor integration between IAPT and Job Centre Plus and Work Programme Providers
- More training for GPs in recognition of common mental health problems
- More training and support for Work Coaches to give them the confidence to use tools like the Mental Health Toolkit
- Employers generally ill prepared to support people with mental ill health to stay in work.
- Early intervention – many people complained that help arrived too late, either for those trying to remain in work, after they were dismissed or for those looking to get back into work, a long time after they became unemployed



Government Vision

Our Vision

A society where everyone is ambitious for disabled people and people with long-term health conditions, and where people understand and act positively upon the important relationship between health, work and disability...

So that...



Opportunities to secure a good job and progress

Inclusive employers and job creation will provide

Jobs that actively support and nurture health and well-being

Early action as needed to stay in or return to work

Healthcare professionals who support people in their employment aspirations, and health services that provide help at the right time and co-ordinate effectively with employment support

Access to rapid financial support when needed

A more effective employment support system will provide

The right employment support to secure work or get closer to the labour market

A more effective health service will provide



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History of Employment Advice in IAPT

- The provision of one employment adviser for every eight therapists set out in DH IAPT Implementation Guidance 2008
- No initial ring fenced funding
- Funding from 2010 to 2015 in baseline
- Provision patchy, little investment.
- 2015 IAPT Workforce Census shows 65% of IAPT Services provide employment support with 127 WTE Employment Advisers against therapist workforce of nearly 7,000, ratio 1:50
- PWPs undertaking employment advice in some services.
- Some success, well over 100,000 people supported to move off sick pay and benefits. Currently, around 25,000 people per year.



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Employment Advisers in IAPT

- £47.7million investment to more than double the number of employment advisers working in IAPT. Currently planning to recruit 275 EAs and 75 SEAs
- Investment available until March 2020, further investment possible dependent on early evaluation findings.
- Establishing the 1:8 employment adviser to therapist ratio
- Investment in over 40% of CCGs
- Embedded Employment Advisers
- Senior Employment Advisers
- National training initiative
- Collection of new data items and detailed evaluation
- Follow up clients one year after psychological treatment is completed



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Employment Advisers in IAPT

Training

- Procurement of first national training programme for IAPT Employment Advisers, to be available to new and existing EAs
- 3 specific areas of training
- Impact of mental health and treatment on peoples ability to retain and gain work
- Evidence based interventions to support people to remain in, get back and find work
- Co-ordination both externally with employers, trade unions, JCP, debt counselling and internally ensuring that treatment and support are integrated.
- Module for Senior EAs in supervision and leadership.



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Employment Advisors in IAPT

The evaluation aims are:

- To assess the impact of additional employment advisers in IAPT on health and work outcomes by testing the original 1:8 EA to therapist ratio for those in work, off sick and looking for work
- To assess the cost-effectiveness of extra employment advisers, for those in work, off sick and looking for work, to potentially support a future bid for additional investment at a future fiscal event
- To understand how the policy was implemented by gathering feedback on client and staff experience in order to provide lessons learnt from service delivery to inform the roll-out of wave 2 and design of any national roll-out
- To assess the 1:8 EA to therapist ratio to consider whether it is the most effective ratio, and to suggest improvements to the provision.
- To improve the type and amount of employment data collected by IAPT services and reported, differentiating between those supported to retain a job from those who are being supported to gain work.



Employment Advisors in IAPT

It will evaluate the impact on individuals of the provision of integrated psychological treatment and employment advice on:

- Their mental health (measured by patient reported outcome measures);
- Their productivity at work;
- Their ability to remain in work;
- Their ability to return to, or find work.

In addition the evaluation team will be looking to identify:

- Usage of NHS services, providing information of potential savings to the NHS resulting from integrating therapy and employment support;
- Savings to employers, DWP and Treasury from improved productivity and attendance in work;
- The effectiveness of the training received by EAs and SEAs
- Whether employment support influences clients' intermediate work outcomes and proximity to the labour market
- What elements of employment support are considered to be more/less effective
- The reasons clients give for not taking up employment support



Employment Advisors in IAPT

Changes to clinical practice for IAPT therapists:

- At assessment, to identify whether employment support is required
- If employment support is required, link up with EA
- During therapy keep informed of the progress of employment support and in collaboration with the client take the necessary action to ensure that employment support is successful by focussing on psychological blocks, for example, fear or anxiety around interviews.
- Work in conjunction with the client and EA to produce a package of care to address the psychological blocks to achieving employment goals.
- Agree with the client and EA shared goals identifying psychological work that could contribute to achieving employment goals.
- Routinely review during therapeutic contact the clients need for employment support. This can be done at routine reviews of treatment plans or at each session if routine reviews are not in place.



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Employment Advisors in IAPT

- In process of converting expressions of interest in agreements to deliver.
- MOUs have been issued to IAPT Providers and CCGs for agreement and sign off.
- Currently dealing with queries on content and funding
- New employment advisors to be in post in wave 1 sites by June 2017
- Data collection to start in June 2017 in all sites
- Training courses for EAs and Senior EAs to start in September 2017
- Wave 2 sites recruitment of EAs starting in June 2018

Questions?