



Helping people with mental health problems gain and retain employment – what works?

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Presentation will cover



- Some facts about mental ill health in the workplace
- Costs of mental ill health to employers
- Helping people to remain in work
- Employment for people who have lost touch with work

Mental ill health is normal



- Common mental health problems – anxiety, depression - are common in the general population and in the workforce.
- Nearly 1 in 6 of the workforce is affected by depression, anxiety or other mental health condition at any one time (over 1 in 5 if alcohol and drug dependence are also included)
- Employers tend to underestimate the incidence and prevalence of mental illness in their own workforce
- Less than one fifth of mental ill health in the workplace is caused by the work situation itself

Financial implications

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- Sickness absence
- Reduced productivity at work ("presenteeism")
- Staff turnover

Total cost per average employee

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Total Cost - £1,035

- sickness absence
- reduced productivity at work
- staff turnover

Key assumptions

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- For most people work is good for mental health and well being
- Most people recover or are successfully treated without specific employment intervention. Focus on those who are not recovering as expected
- You do not need to be completely symptom free to return to work
- The breakdown of workplace relationships is probably more significant as a barrier to recovery than the illness itself

Barriers to recovery

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Where people do not recover and return as expected the barriers cited include:

- Stigma and fear of discrimination
- Leaving it too long to ask for help
- Pressures or lack of support outside work
- Poor advice or lack of advice from GP or mental health worker
- Loss of confidence
- Loss of the work habit
- Returning to the same pressures that triggered the episode

Thomas, T., Secker, J. & Grove, B "Getting Back For Christmas"
(2002) IAHSF London

What works? Preventing job loss

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- Early identification requiring information, training, advice and support for employers – especially line managers (eg. *beyondblue*) - and GPs
- Early intervention - time is critical for those not recovering as expected
- Co-ordination of clinical management and return to work planning - Case Management, disclosure planning
- Rebuilding confidence, developing coping strategies - CBT, solution-focussed approaches*
- Workplace adjustments and in-work support

* Seymour, L. & Grove, B. (2005) *Workplace Interventions for People with Common Mental Health Problems* British Occupational Health Research Foundation. www.bohrf.org.uk

What works? Predicting who will be able to return to work

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- Diagnosis, severity of illness, social skills when out of work are poor predictors of work outcomes
- ...there is some recent evidence to suggest that "self-efficacy" - work adjustment, attitudes, motivation, self belief - is the most significant predictor of work outcomes
- Self efficacy improves with being in work

What works?

for people with mental health problems who are long term unemployed

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- Agency approach plays a significant part in work outcomes
- Strong evidence in favour of forms of supported employment - especially Individual Placement and Support (IPS)

What works?

Programme features that achieve success

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- Goal of competitive employment in integrated settings
- Client control of timing and pace
- Rapid job search and minimal prevocational training
- Integration of clinical treatment & vocational rehabilitation – team approach
- Job matching based on user preferences
- Initial assessment/adjustment – time unlimited support
- Individual benefits advice

Becker IPS Fidelity scale 2008

Conclusions

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- Early identification and non-stigmatizing response but not early medicalization
- Keep relationships intact while graded/stepped intervention for those not recovering as expected
- Case management and team work (linking healthcare and work support) where there is complexity
- Evidence based supported employment for people disabled by mental ill health and/or long term unemployment

Further reading

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- "Vocational services for people with severe mental health problems: Commissioning guidance" CSIP 2006
- "Workplace Interventions for People with Common Mental Health Problems" Seymour, L. & Grove, B. (2005) British Occupational Health Research Foundation. www.bohrf.org.uk
- Sainsbury Centre Papers:
"Mental Health at Work: Developing the business case"
"Doing what works". "Measuring what matters".
"Commissioning what works" www.scmh.org.uk
- "Vocational Rehabilitation – what works for whom and when?" (2008) Waddell et al

Thank you

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