

Measuring the employment benefits of talking therapies for benefit claimants

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Department
for Work &
Pensions

DWP helps people lift themselves out of poverty and stay out of poverty

Every year we:

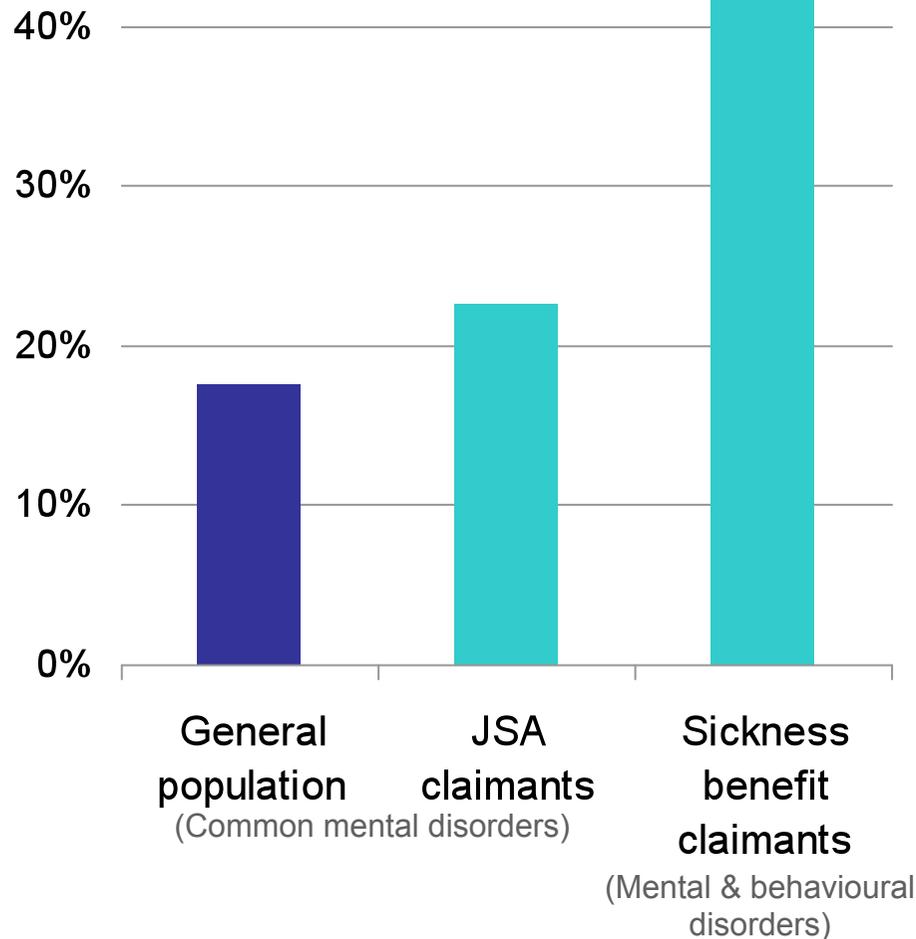
- Place around **3m** people in work
- Process **5m** claims for benefit
- Pay over **20m** claimants and customers **£130bn** in benefits and pensions
- Carry out over **20m** advisor interviews



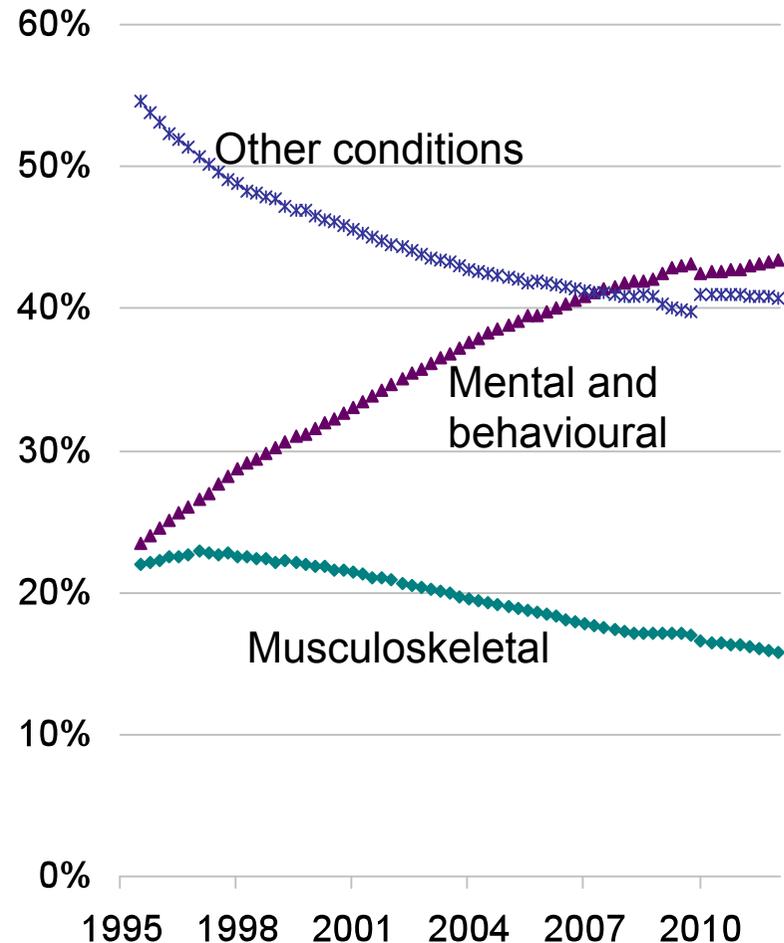
Department
for Work &
Pensions

Mental health affects much of the Department's work

Proportions with mental health conditions



Distribution of sickness benefit claimants by main health condition



The DWP offer for claimants with health conditions is tailored to their circumstances (I)

- Early support for claimants on out-of-work benefits is generally provided by **Jobcentre Plus**
- Many of the claimant group will be referred to, or may have access to the **Work Programme, Work Choice, Access to Work, Disability Employment Advisers and Work Psychologists**



The DWP offer for claimants with health conditions is tailored to their circumstances (II)

Work Programme Tailored support for claimants who need more help with jobseeking. Providers from the public, private and third sectors. Payment by results.

Work Choice Specialist programme for disabled people with more intensive support needs. Can include supported employment. Delivered by providers.

Access to Work Additional support for individuals whose health or disability affects the way they do their job e.g., adaptations, transportation, support workers. Includes a specific Mental Health Support Service



The DWP offer for claimants with health conditions is tailored to their circumstances (III)

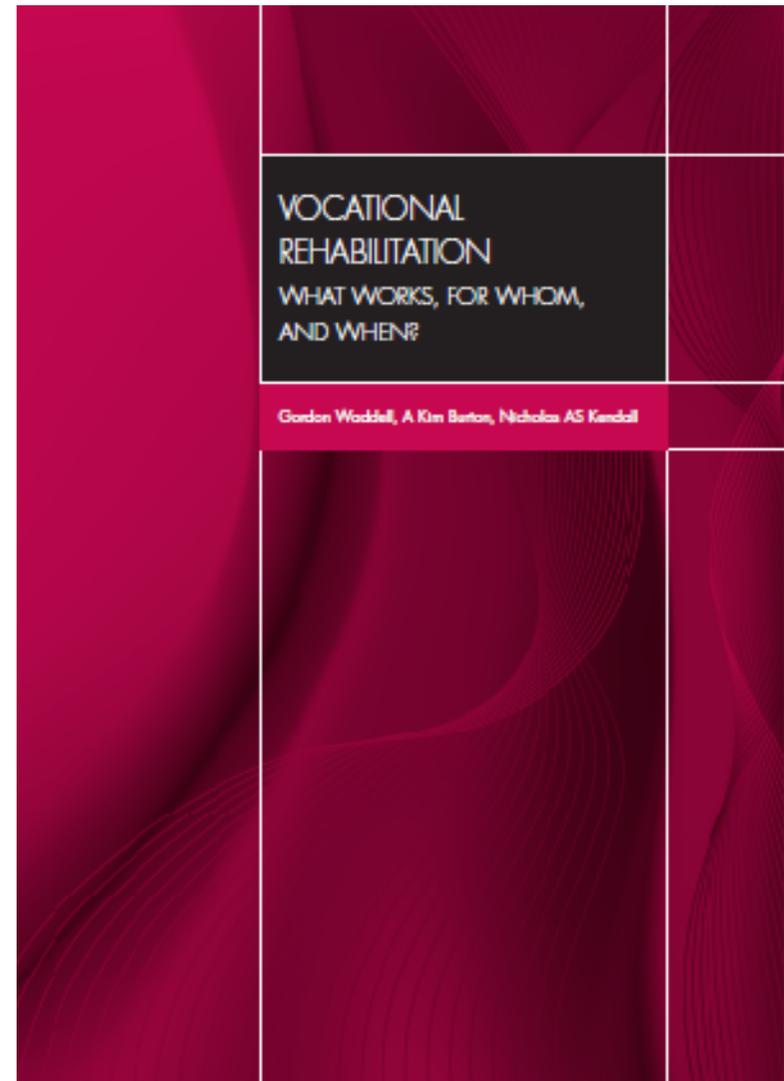
- Other support might include signposting to health related supported; or drug or alcohol services
- Jobcentre Plus interviews have been designed to sit alongside the NHS mental health recovery model



There is some evidence on how to help people with mental health conditions return to work (I)

Recent evidence reviews for Government found:

- Some evidence for psychological and work-based interventions for people with depression
- Studies showing employment effects of psychological or stress management interventions



There is some evidence on how to help people with mental health conditions return to work (II)

Wider evidence (United States, Finland, Ireland, China)

- Work designed to prevent unemployed people from developing mental health conditions (*Price*).
- Positive factors included:
 - Earlier return to work
 - Group work attending to reactions to unemployment, developing self-efficacy and ability to look ahead to potential setback
- This approach also **appears to work for people who already have mental health conditions** (depression)



There is some evidence on how to help people with mental health conditions return to work (III)

Wider evidence (Netherlands)

- Work with self-employed people on sickness absence with psychological distress approaching caseness (*Blonk*)
- Much earlier return to work is possible if attending to job performance issues
- For individuals with mental health conditions self-efficacy is an important mediator of return to work (*Lagerveld*)



Could research in this area could be improved?

- **Better quantification of employment outcomes** of interventions for people with mental health conditions requires:
 - More robust study designs
 - More sophisticated measurement and analysis
- **More effective multi-disciplinary working** to understand both health and employment issues



Our challenge

How can we **measure the employment-related paybacks of specialist support** to address the mental health needs of benefit claimants?

To promote a **thriving market** of Work Programme and specialist providers who provide the **right support for claimants with mental health needs** and achieve **better employment outcomes** for them



Rising to the challenge – where you can help

How can we **measure the employment-related paybacks of specialist support** to address the mental health needs of benefit claimants?

- **To what degree is it possible to respond to this challenge?** What are the measurement challenges?
- **What do we need to know?** About mental health? About employment? About other individual circumstances?
- **What should the key questions be?**
- **How should we research the issue?** What contexts lend themselves to this research?

