Employment and mental health

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Background

In 2002 the Royal College of Psychiatrists published its first report on work and mental health, *Employment Opportunities and Psychiatric Disability*. It highlighted high rates of unemployment among people with long-term mental health problems. It also emphasised the health and social benefits of employment and how worklessness and the stigma and prejudice faced in the workplace can exacerbate poor health and social exclusion. Supported employment, in particular individual placement and support (IPS), was emerging as an evidence-based intervention for improving the employment prospects of people with severe and enduring mental health conditions.

The College has continued to emphasise the importance of work and employment opportunities for people with mental health problems. Since 2002 it has widened its scope to include broader aspects of social inclusion, job retention and the mental health of the workforce. The College now has a lead for social inclusion and has taken a greater interest in occupational psychiatry.

Since 1997, UK national policy has paid increasing attention to health, mental health and employment. Responding to a growing number of national policies and initiatives, the College has enhanced its coverage of relevant concerns of social psychiatry, mental health and employment (www.rcpsych.ac.uk/policyandparliamentary/employment.aspx). This report outlines the main priorities and activities of the College in the area of mental health and employment.

Work, employment and mental health

The Royal College of Psychiatrists views work and employment as key areas that need to be understood and given priority by mental health services. As well as offering a number of social, health and economic benefits, strong moral and human rights arguments can be put forward for improving the access of people with mental health conditions to the labour market. The central arguments linking work and employment to people's mental health are:

1 **The social and health benefits**   In general, work is considered beneficial to health and well-being. It can be an important part of a person's recovery journey. Employment provides a monetary reward, but also non-financial gains, such as identity and status, social contacts and support, a means of structuring and occupying time, activity and involvement, and a sense of personal achievement. On the other hand, unemployment is considered

detrimental to both health and well-being and has a negative impact on the other areas of life listed above.

2 **Role of health professionals**   Mental health professionals may not see helping people into, or helping them stay in, employment as a priority in their work and often hold pessimistic views about it. They may not value what they can do to keep people in work and help them with accessing appropriate social security benefits. However, professionals may also be part of the solution. They should be aware that a focus on employment has clinical and social benefits.

3 **The economic argument**   The costs of mental illness in England are in excess of £105 billion a year, of which more than £30 billion are a result of loss of output owing to loss of work (Centre for Mental Health, 2010). Untreated mental health problems at work are bad for business. The prevalence of mental distress and ill health in the workplace is higher than most people imagine – about one in six workers in the UK will be experiencing depression, anxiety or problems relating to stress. Their costs to the employer are high, nearly £26 billion each year, or £1035 for every employee in the UK workforce (Sainsbury Centre for Mental Health, 2007).

4 **Moral and human rights arguments**   Despite social barriers restricting their access to work, people with mental health problems want to work and fill their time with valued activity (Secker *et al*, 2001; Drake *et al*, 2012). The right to work is enshrined in Article 23 of the United Nations Universal Declaration of Human Rights, which states that 'everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment'. It points to the responsibility of governments to respond to demands for parity of treatment.

Responding to policy initiatives

Providing opportunities for people with mental health problems to partake in employment has been a key part of mental health policy in recent decades. It is important for the College and other mental health organisations to continue to work with policy makers to influence these trends and to secure greater opportunities and parity for people with mental health conditions.

Employment roundtable

In June 2013, we held a roundtable discussion on mental health and employment for key stakeholders to examine and identify current priorities. Two broad themes were examined:

1 Getting people with mental health problems into work and helping with job retention.

2   The health of mental health workers and the development of a healthy workplace.

Several key themes emerged from the roundtable discussion (presented in detail on pp. 19–22):

- evidence for benefits of employment
- evidence for vocational rehabilitation schemes
- commissioning
- training of psychiatrists
- stigma and public health
- developing a clearer view of occupational psychiatry
- general practitioners (GPs), mental health and employment
- creating better working environments
- using the lived experience of people in the workforce.

College priorities

Five priority areas were identified from the themes that emerged from the roundtable discussion:

1   **Public health and employment**

The College aims to see employment integrated into public mental health provisions within a wider public health strategy.

2   **Curriculum and training**

A scoping group has been set up to examine the curriculum and training requirements for a broader social and patient-centred practice. The group includes clinicians, patients and managers and will look at the elements of patient-centred practice, the co-design, co-production and co-delivery of training materials and the curriculum, and training and assessment of skills.

3   **Developing fair, integrated and well-evidenced support for work opportunities**

The College believes that good-quality employment support should be available for those people with mental health problems who need help in gaining open employment, returning to work after a period of ill health and support to remain in work. We will continue to engage with government departments, independent sector organisations, commissioners and providers of mental health services to ensure that people with mental health problems can have the opportunity to access fair and well-evidenced support for work and other valued activities.

4   **Links between psychiatry, occupational health and general practice**

Many employees with mental health conditions do not have ready access to occupational health services. GPs have an important

role at the interface between work and mental health. Historically, the role of psychiatrists in the area of occupational health has been less well defined. In light of this, we need to examine the links between occupational health, primary care and mental health services to consider what might help define a good occupational psychiatry service.

5 **Working environment for NHS staff/healthy working environments**

Maintaining National Health Service (NHS) staff health and morale is essential in its own right, but it also benefits patients. Using the lived experience of mental illness in the workforce could be an important and effective component of mainstream healthcare. There is a need to improve staff support and engagement and to develop an enabling environment for staff to manage their own well-being and to contribute to the quality of the service they are delivering.

Looking to the future

The Royal College of Psychiatrists remains committed to improving the social inclusion of people with mental health problems. Closing the disability gap through the improvement of employment opportunities, job retention and working environments for people with mental health conditions will remain our priority.

Presently, we wish to highlight:

1 the importance of work and employment for personal recovery
2 the value of approaching treatment and employment support in parallel
3 the importance of a clear social perspective on health and social interventions in medical training and in the training of psychiatrists
4 the need for an integrated approach to employment support
5 the implementation of evidence-based approaches to supported employment
6 the clarification of the role of mental health in occupational health services
7 the importance of primary care services
8 the importance of valuing people's lived experience of mental health problems
9 the development of a clear perspective on public mental health and employment
10 the need to define the role of commissioning in improving employment opportunities for people with mental health problems.

Each area is discussed in detail in chapter 5, 'Looking to the future', pp. 26–27.

Introduction

The Royal College of Psychiatrists has for many years highlighted the importance of mental health and employment. Its first report on mental health and employment, *Employment Opportunities and Psychiatric Disability*, published in 2002, was led by the Rehabilitation and Social Section of the College (now the Faculty of Rehabilitation and Social Psychiatry), a leadership role that highlighted the historical importance of work and activity as a means of rehabilitation for people with long-term psychiatric conditions. The report noted the low levels of employment in people with long-term mental health problems and the stigma and prejudice that constituted the main barriers to obtaining employment. It emphasised the health and social benefits of employment and the central role of work in people's lives and in their social inclusion. These factors have been central to the College's continuing work on employment.

At the time of writing *Employment Opportunities and Psychiatric Disability* there was an emerging body of evidence that supported employment schemes, particularly IPS, and showed that these approaches could significantly increase open employment rates of people with psychosis. The same could not be said for schemes to assist people with common mental health problems to stay in work or to get back to work after a period of illness. At that time there was little in the way of evidence-based approaches for this group of patients and national policy initiatives were in their infancy. Nevertheless, mental health problems had a high cost to the economy owing to sickness absence and unemployment. The College's report emphasised the importance of primary care and occupational health services as key resources for this large group of individuals.

The 2002 report was never revised, but it was incorporated into a broader College initiative on social inclusion. In 2008, the College set up a Social Inclusion Scoping Group to examine the nature of social exclusion and how it affected people with mental health problems and intellectual disability. The provision of employment opportunities and an enabling social security system were seen as important mechanisms in reducing social exclusion. The findings of the group were published as a position statement and as a book examining social inclusion and mental health (Royal College of Psychiatrists, 2009; Boardman *et al*, 2010). Following this, the College introduced a Lead for Social Inclusion.

A related stream of work was established on personal recovery, and in 2007 a joint position paper, *A Common Purpose: Recovery in Future Mental Health Services*, was published by the Royal College of Psychiatrists, the Care Services Improvement Partnership and the Social Care Institute for Excellence (CSIP *et al*, 2007). This paper supported the idea of 'recovery' as a guiding principle for mental health services. In 2006, RCPsych Publications produced their first textbook on rehabilitation, *Enabling Recovery – The Principles and Practice of Rehabilitation Psychiatry*, which incorporated the principles of recovery and the importance of vocational rehabilitation (Roberts *et al*, 2006). A second, revised edition was published in 2015 (Holloway *et al*, 2015).

As national initiatives on health and employment began to develop, the College was asked by the Government's Health, Work and Wellbeing initiative to produce a report on mental health and work. The report focused on the high prevalence of mental health problems and their impact and costs. It emphasised the importance of work for recovery and social inclusion, the need for evidence-based approaches and the responsibility of the healthcare system (Royal College of Psychiatrists, 2008).

The Health, Work and Wellbeing initiative supported the College to produce an online resource for clinicians, workers and employers. The website provides information about starting work, staying in work or returning to work after a period of mental illness, as well as linking to relevant guidance and practical tools (www.rcpsych.ac.uk/usefulresources/workandmentalhealth.aspx).

The College, along with national policy and research initiatives on employment and mental health, has come a long way since 2002. The work on social inclusion has focused on welfare reform, employment and recovery. Recently, we have widened our scope to examine the area of mental health and occupational medicine.

In 2013 we wished to review our work in the area of employment and held a roundtable meeting with interested parties to examine current priorities. This paper gives an account of this review and the College's priorities for the future.

1. National initiatives on mental health and employment

Since the College's first report on mental health and employment in 2002, there has been a considerable number of national developments in this field. Many of these initiatives arose out of the increasing realisation of the growing number of people who remained on out-of-work incapacity benefits and the growing costs of sickness absence. People with mental health problems (and those with musculoskeletal disorders) represented an increasingly large number of those receiving incapacity benefits. Since 1997 successive governments have launched a series of welfare reforms and work initiatives to move people off benefits and back into work. These 'welfare to work' programmes have had variable success. Since the 2008 recession attitudes towards people claiming state benefits have hardened and initiatives relating to health and unemployment have weakened. Nevertheless, overall significant progress has been made in increasing the understanding and national profile of mental health and employment.

Of particular importance was Health, Work and Wellbeing, a cross-departmental government initiative launched in October 2005 with the aims of improving the general health and well-being of the working-age population and supporting more people with health conditions[1] to stay in work or enter employment. This initiative has given some priority to mental health problems and has promoted liaison between the Royal College of Psychiatrists and relevant government departments.

We do not intend to provide a comprehensive review of these national initiatives, but have selected a number of key documents that have been influential in our understanding of the key priorities relating to employment and mental health.

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1. We use the term 'health conditions' after Black (2008), where it encompasses both physical and mental health conditions.

Publications

Working for a Healthier Tomorrow (Black, 2008)

This was Dame Carol Black's review of the health of Britain's working-age population, jointly commissioned by the Department for Work and Pensions and the Department of Health. The report 'sought to establish the foundations for a broad consensus around a new vision for health and work in Britain' (p. 9). It aimed to go beyond matters of medical practice, and had three main objectives:

a prevention of illness and promotion of health and well-being

b early intervention for those who develop a health condition

c an improvement in the health of individuals who are out of work, so that everyone with the potential to work has the support they need to do so.

Its recommendations included:

1 moving away from the notion that it is inappropriate to be at work if not 100% fit: the review called for a fundamental shift in the perception of fitness for work

2 more health support for people out of work on incapacity benefits

3 that the government should support high-profile campaigns to tackle workplace stigma about illness and disability, particularly mental illness, and encourage employers to consider employing people with health conditions.

The report suggested that the NHS appeared disconnected from the occupational health system. It called for more cross-professional collaboration in order to tackle common health problems, and for occupational health services to not only help people stay in work, but also help those who have not yet found work and those wanting to return to work.

The Government's response was published as *Improving Health and Work: Changing Lives* (Department for Work and Pensions & Department of Health, 2008).

NHS Health and Wellbeing (Boorman, 2009)

Commissioned by the Department of Health and led by Dr Steve Boorman, this was an independent review of the health and well-being of NHS staff. The review set out the business case for change, linking it to productivity, efficiency and patient experience. It concluded that the NHS must improve its investment in the health and well-being of its workforce if they are to deliver sustainable, high-quality services. A key recommendation was to improve occupational health services

to a nationally specified standard and ensure that they are focused on prevention and tackling the underlying causes of ill health in the workplace. The final report emphasised that NHS organisations which prioritise staff health and well-being achieve enhanced performance, improve patient care, are better at retaining staff, and have lower rates of sickness absence.

Realising Ambitions: Better Employment Support for People with a Mental Health Condition (Perkins *et al*, 2009)

The Department for Work and Pensions commissioned three experts, Rachel Perkins, Paul Farmer and Paul Litchfield, to conduct a review of mental health and employment. They were asked to assess and advise on reducing the very high levels of worklessness among people with mental health problems. The review considered people with common mental health problems and those with severe conditions who are treated in primary or secondary care. It recognised that some people with a mental health condition need specialist support to get into work and that this should be done using the principles of IPS, but that others can be helped within existing structures, if these are tailored to their employment needs. The review emphasised the need for health and Social Services to monitor individuals' employment outcomes. The importance of 'reasonable adjustments' was also emphasised. The report noted that:

- mental health conditions typically fluctuate and it can be difficult to predict when these fluctuations are going to occur
- mental health conditions affect a person's ability to negotiate the social world, rather than the physical world of work
- mental health conditions are not immediately obvious and attract fear because of myths and stereotypes that surround them
- appropriate employment actively improves mental health and protects against relapse.

Health at Work – An Independent Review of Sickness Absence (Black & Frost, 2011)

The review started with the consideration that around 140 million working days are lost to sickness absence annually. Some people return quickly, whereas others have long-term sickness absence. About 300 000 people fall out of work on to welfare state benefits. This is costly, both to the employers and to the state. With this in mind, the government commissioned a review of sickness absence. The review examined sickness absence in the UK, its impact and factors which cause and prolong it. A key aim was to examine how the sickness absence system could be changed to help people stay in work and reduce costs.

A key recommendation was for the setting up of a new Independent Assessment Service (IAS) to assess the physical and mental functioning of people off work owing to sickness. Access to the service was to occur after 4 weeks of sickness absence and the IAS would provide advice about how an individual could be supported to return to work. The report also recommended a revision of fit note guidance.

In 2014, the Government began to roll out the IAS as their new national Health and Work Service. The service offers health assessments and return-to-work plans to employees who have been off sick for longer than 4 weeks. It also offers general health and work advice to GPs, employers and employees by telephone and via a website.

Working with Schizophrenia (Bevan *et al,* 2013)

Employment rates for people with schizophrenia are low. This report, produced by the Work Foundation, examined the impact of schizophrenia on an individual's ability to enter, or remain in, the labour market. It provides a series of recommendations as to how key stakeholders, including the government, health services and employers, can support people with schizophrenia into employment. The report has an optimistic tone and emphasises the importance of good employment approaches, such as IPS, for people with long-term mental health conditions. However, it warns that delivery of IPS services is patchy, and many parts of the UK have no access to them at all. It also warns that the efficacy of the approach can be severely reduced if it is not delivered to the required standards.

Psychological Wellbeing and Work: Improving Service Provision and Outcomes (van Stolk *et al,* 2014)

This report was commissioned by the Department of Health and the Department for Work and Pensions through the Cabinet Office, and written by RAND Europe. RAND Europe were asked to examine approaches for improving employment and health outcomes for people with common mental health problems, with a focus on better alignment of health and employment services. The report found that for people who have common mental health problems:

- health and employment services are often not joined-up
- it is unlikely that there is a 'one size fits all' solution
- service provision is often delayed and problems can worsen as a result
- the assessment of employment and health needs is poor and there are low rates of diagnosis or referral to specialist health and employment support
- timely access to psychological therapy varies significantly between areas

- work programme employment outcomes are disappointing compared with those for other client groups

- there is no systematic evidence that better health treatment alone will deliver employment outcomes

- although there is some good evidence for what works to help employees retain work when mental health problems arise, evidence of what works for people in the benefit system is limited.

The report recommended that the government should pilot four interventions that addressed mental health and employment outcomes together.

1   Embed vocational support based on the IPS model in the Improving Access to Psychological Therapies (IAPT) programme.

2   Use group work in employment services to build self-efficacy and resilience to setbacks that benefit claimants face when job-seeking.

3   Provide access to online mental health and work assessments and support.

4   Jobcentre to commission third-party combined telephone-based psychological and employment-related support.

The government is considering these proposals and implementing pilot initiatives to improve support for people with common mental health problems and to promote greater integration between employment and health services.

Mental Health and Work: United Kingdom (OECD, 2014)

This report, produced by the Organisation for Economic Co-operation and Development (OECD), considers how the broader education, health, social and labour market policy challenges are being tackled in the UK to improve employment opportunities for people with mental health problems. The report recognises that compared with other countries, the UK is advanced in its awareness of the social and economic costs of mental illness and the mental health benefits of employment. It also recognises that integration of employment and health services is being gradually developed in the UK, and it warns that poorly designed spending cuts on mental health and welfare can worsen the medium and long-term fiscal and social costs.

Its recommendations included:

1   ensuring that the new Health and Work Service is implemented effectively

2   investment in active labour market programmes more generally to provide adequate support for clients with mental health problems

3   greater attention to mental health and its impact on employability throughout the welfare system

4 further expansion of access to psychological therapies for individuals with a common mental disorder.

Joint Work and Health Unit

The 2014 report by RAND Europe (van Stolk *et al*, 2014) has led to the Department of Health and Department for Work and Pensions commissioning small-scale health and work integrated pilots. The pilots aimed to evaluate the proposed models of support and their initial impact to determine which model best improved people's chances of moving into or closer to work. The trials include evaluations of group work, telephone support, co-location of IAPT services and a combined IPS/IAPT trial.

The evaluation of these pilots eventually led to the establishment in 2015 of the Department for Work and Pensions/Department of Health Joint Work and Health Unit. Seen as a significant step towards integration of health and employment support, the Unit aims to halve the employment gap by supporting 1 million more people with disabilities into work and reduce health inequalities of gender, age, disability and geographies. The Unit's head of delivery called this joint approach a 'recognition of the need to bring work and health agendas together to break down the silos of the welfare agenda and employment on one side and then health, social care and carers on the other' (Liversedge, 2016). The College is engaging with the Department for Work and Pensions on the work of the Unit and has attended its high-level Mental Health and Employment Expert Advisory Group meetings. In late 2016 the Department for Work and Pensions and the Department of Health published a consultation document, *Improving Lives: The Work, Health and Disability Green Paper* to consider how future policy might support disabled people and people with long-term health conditions to get into, and to stay in, work.

Mental health policy and employment

Successive mental health policies from the Department of Health have supported the improvement of employment opportunities for people with mental health problems: *New Horizons* (Department of Health, 2009), *No Health without Mental Health* (Department of Health, 2011), *Closing the Gap* (Department of Health, 2014), *NHS Five Year Forward View* (NHS England, 2014), and *Mental Health Five Year Forward View for the NHS in England* (Mental Health Taskforce, 2016). The overall goals for 2020 included in the NHS mandate 2016–2017 (Department of Health, 2016) are contributing to reducing the disability employment gap and to the Government's goal of increasing the use of Fit for Work, the Health and Work Service recommended by Black & Frost (2011).

In their report, the Mental Health Taskforce (2016) has emphasised the importance of employment and made a series of recommendations to lessen the disability employment gap. They have also made recommendations for ensuring health and well-being support to NHS organisations and the introduction of a Commissioning for Quality and Innovation (CQUIN) or alternative incentive payment relating to NHS staff health and well-being under the NHS Standard Contract.

IPS is now recommended as an evidence-based intervention in National Institute for Health and Care Excellence (NICE) guidelines and standards for schizophrenia and bipolar disorder (NICE, 2014; 2015*a, b*). NICE have also published guidelines on workplace health (NICE, 2015*c*).

The reports and policy initiatives discussed here illustrate the wide spectrum of challenges that people with mental illness face in today's employment sector. They have coincided with more people moving on to or applying for out-of-work benefits, which in turn further strains the economy and negatively influences the Government's welfare reforms. Conditions are particularly challenging for people with mental health problems, yet the social and economic urgency to address the barriers they face has also now risen sharply.

2. Work, employment and mental health

The Royal College of Psychiatrists views work and employment as key areas that need to be understood by psychiatrists and given priority in training, research, mental health services and national policy. What are the main arguments for this?

The social and health arguments

In general, good work is beneficial to health and well-being (Waddell & Burton, 2006). Employment provides a monetary reward, but also non-financial gains, to the worker. These additional benefits include social identity and status; social contacts, support and involvement; a means of structuring and occupying time; and a sense of personal achievement. Unemployment on the other hand is considered detrimental to individuals and bad for health, reducing their social networks and social functioning, as well as motivation and interest. People with mental health problems are especially sensitive to these negative effects of unemployment (Bennett, 1970). However, jobs with poor psychosocial quality can be as bad for a person's mental health as unemployment (Butterworth *et al*, 2011). Poor-quality jobs are characterised by high job demands and complexity, low job control, job insecurity and unfair pay.

People with mental health problems, particularly if the problems are severe and long term, are particularly disadvantaged in the labour market. In general, people with mental health problems have a high rate of unemployment and represent the highest number of those claiming sickness and disability benefits. In an economic downturn they have a lower re-entry rate into the labour market. The employment rate in people with a diagnosis of schizophrenia is around 10% or less (Marwaha & Johnson, 2004; McManus *et al*, 2016). Overall rates for people with common mental health problems are around 60%, but vary according to the type of disorder and its chronicity (Meltzer *et al*, 1995; McManus *et al*, 2016).

Work can be an important part of a person's recovery journey and contributes to their opportunities to participate in their communities. Stigma and discrimination play a significant part in the low employment rates seen in people with mental health problems (Manning & White,

1995). The workplace provides a useful environment for tackling stigma and public education on mental health.

Role of health professionals

Health professionals, including mental health professionals, often hold pessimistic views about getting people with mental health problems into, or back to, work (Marwaha *et al*, 2009). This is despite studies indicating that as many as 90% would like to go back to work (Secker *et al*, 2001; Drake *et al*, 2012). Mental health professionals may not see helping people into employment as a priority in their work. They may also not value the work they can do regarding keeping people in work and ensuring that they get the appropriate welfare benefits.

Professionals may be part of the problem but they are also part of the solution. They should be aware that a focus on employment has clinical and social benefits and that gaining employment is an important health-related outcome. Mental health clinicians need not be experts in employment support. However, they need to be aware of the importance of employment in a person's recovery journey and their role in supporting a person into or back to work. They need to be aware of the evidence base for schemes that can support people with mental health problems into work (Seymour, 2010; Drake *et al*, 2012).

People do not need to be symptom free before efforts to support them back to work are considered. Clinicians should adopt an approach that provides treatment and work support in parallel and does not wait for clinical recovery before raising the issue of work. They have a responsibility for promoting vocational and social outcomes for adults with mental health problems (see Box 1 on p. 17).

A coherent approach to managing the employment needs of people with mental health problems requires effective liaison between secondary care, primary care and occupational health services, as well as the key employment and state welfare agencies.

The economic argument

The costs of mental illness in England are in excess of £105 billion a year, of which more than £30 billion are a result of loss of output owing to loss of work (Centre for Mental Health, 2010). For employers, untreated mental health problems at work are bad for business. The prevalence of mental distress and ill health in the workplace is higher than most people imagine. In the UK about one worker in six will be experiencing depression, anxiety or problems relating to stress, with the costs to the employer at nearly £26 billion each year or £1035 for every employee in the UK workforce (Sainsbury Centre for Mental Health, 2007). This is not only due to sickness absence,

Clinicians should be able to raise the issue of employment, to respond positively to people's questions about work, to recommend that the right sort of work is good for mental health, and to refer the person to individuals and agencies who may be able to help them (Perkins *et al*, 2009: p. 46). They may also:

- promote the benefits of employment
- challenge inaccurate assumptions
- focus on the person's strengths, not on what they cannot do
- assist people to manage their condition in the work context
- adjust medication to fit with the work context
- refer for specialist support – employment and benefits
- help draw up agreements with employers about how to support the person in the workplace
- encourage the use of Wellness Recovery Action Plans for the workplace
- liaise with a relevant local occupational health department
- encourage patients to keep in touch with their employer during sickness absence
- discuss with patients how to safely manage disclosure of their mental health condition at work
- provide appropriate reports for employers, occupational health and benefit agencies
- provide advice on 'reasonable adjustments'.

which in itself costs £8.4 billion a year, but also reduced productivity ('presenteeism'), which costs £15.1 billion a year. An additional £2.4 billion each year is spent in replacing staff who leave their jobs because of mental ill health.

Moral and human rights arguments

People with mental health problems want to work, to participate in their communities and to fill their time with valued activity. However, based on the figures quoted above, many are denied these opportunities. The right to work is enshrined in Article 23 of the United Nations Universal Declaration of Human Rights (UDHR), which states that 'everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment'. Here, we are concerned with respect for the human rights of people with mental health problems and intellectual disabilities and would like to highlight the social barriers that restrict access to employment. In addition, a human rights perspective points to the responsibility of governments to respond to demands for parity of treatment for people with physical and mental illness, and to respond by committing resources.

Responding to policy initiatives

In the past 50 years in the UK, we have seen a move away from the large psychiatric institutions towards services being provided in community settings, which is reflected in current health policies. The provision of opportunities for people with mental health problems to participate in mainstream society, including employment, has been a key part of mental health policy over the past two decades. There has been a growing realisation of the role of employment in mental health, the costs of mental ill health and the importance of maintaining a healthy workforce. Some of the recent policy trends in this area have already been summarised in this report. It is important to work with policy makers to influence these trends towards public mental health and increased opportunities and parity for people with mental health conditions.

3. Employment roundtable

The day-long roundtable meeting was held at the Royal College of Psychiatrists in June 2013. Experts and stakeholders in the field of mental health and employment were invited to discuss and contribute to the future work of the College in this area. We were keen to discuss two particular issues: (1) getting people with mental health problems into work and helping them retain their jobs; and (2) the health of mental health workers and the development of a healthy workplace. We wished to cover the entire spectrum of mental health problems, including concerns for primary and secondary care and occupational health. We assembled a broad group that included representatives of patients, carers, clinicians, academics, employers, government departments and private industry. The meeting was facilitated by Professor Dame Carol Black.

We asked the participants to consider the following questions:

1   What key issues in the area of mental health and employment would you want the College to focus on?

2   How can the College contribute to improving the employment opportunities of people with mental health problems? How can people with mental health problems be supported into work and to remain in work? What are the opportunities for early intervention and prevention?

3   How can we contribute to promoting healthy working environments? How can we contribute to maintaining the health and well-being of the workforce?

4   What are the most effective ways of creating productive partnerships with other organisations in this area?

The contents and outcome of the discussions have formed the basis of our future plans.

Summary of key areas

The roundtable provoked wide-ranging and intense discussion. Several key themes emerged.

Evidence for benefits of employment

There is a wealth of convincing evidence linking work with mental health and demonstrating the importance of work for facilitating personal recovery (Waddell & Burton, 2006; Holloway *et al*, 2015), yet the public and many clinicians are not always aware of this. There is a need

to continue getting this message to colleagues and the public alike. The employment rate of people with long-term psychosis remains unjustifiably low (Marwaha & Johnson, 2004; Bevan *et al*, 2013).

Evidence for vocational rehabilitation schemes

There is good evidence for supported employment schemes, particularly IPS, which can help people with severe and enduring mental health problems get into open employment. These schemes could be adapted and extended to common mental health problems, for example via IAPT. There is also evidence that getting people back into work within a year of coming off work because of sickness may prevent long-term disability (Black, 2008). Early intervention and provision of the right support at the right time are important. It should be made clear that support into employment should be provided in parallel with treatment. There is a need to emphasise the importance of schemes to assist in job retention, the health and well-being aspects of employment, and types of employment/working conditions. The discussion highlighted the importance of looking at NICE guidance and improving the commissioning of employment services.

Commissioning

Despite the strong evidence base for IPS and its cost-effectiveness, it is not widely implemented (Boardman & Rinaldi, 2013). IPS services should be developed across all mental health trusts and there should be a vocational worker in all relevant clinical teams. The College should champion the implementation of IPS. Clinical commissioning groups (CCGs) are not yet focusing on mental health and employment services. There is a need to raise the profile of mental health across CCGs and for CCGs to understand the relevant issues and evidence base.

Stigma and public health

Ignorance, prejudice and discrimination are the key barriers that people with mental health problems face. These can be seen among the general public and among health service staff, clinicians, employers and co-workers. Some staff may feel uncomfortable working with people with mental health problems, and contact may be crucial to overcoming prejudice. The College suggested: working with employers, links with public health and public education work, raising the profile of employment, and continuing to raise awareness of the importance of mental health and employment among clinicians and the general public.

Training of psychiatrists

The importance of employment and social inclusion to mental health is still peripheral to the training of psychiatrists. Training should place a greater emphasis on a social perspective and the role of social

interventions which enhance recovery and inclusion. Employment opportunities have a place in such a perspective, but there needs to be a broadening of the curriculum and skills training of mental health professionals to become more person-centred and socially aware, and to include a public health perspective. This has implications not only for trainees, but also for the continuing professional development of consultant psychiatrists.

Developing a clearer view of occupational psychiatry

A large number of people with mental health conditions face problems getting into work, getting back to work after a period of ill health, retaining their jobs, and performing at work owing to their mental health problems. Most cannot access sufficiently robust occupational health services. Mental health services only see a minority of these individuals and most are dealt with in primary care. A frequent complaint is the long delay in getting medical reports from psychiatrists; such delays can result in the person then losing their job. Medical reports need to be timely and objective, and to give realistic work advice. The discussion questioned the role of psychiatrists in this area and the need to be clear as to what an occupational health service would need from psychiatrists and what psychiatry can provide.

GPs, mental health and employment

GPs were identified as a key group of professionals in the link between work and mental health. This concerns working with other professional organisations to examine the roles of professionals and their liaison and the access of people from all diagnostic groups to relevant services. The links between mental health services, occupational health and primary care need to be refined and developed as part of the question as to what an occupational psychiatry service may look like. The management of clinicians who become unwell should be included in this development; the NHS Practitioner Health Programme was cited as an example of good practice in this area.

Creating better working environments

The discussion highlighted the need for good working environments to support staff working in health services. Several recent incidents of poor quality practice and services were identified, including the matters raised by the Francis Report (Francis, 2013; Royal College of Psychiatrists, 2013). The speed of change in the NHS and poor management practices contribute to this. Improving the engagement of staff can have a significant effect on improving patient outcomes. There is a need to strengthen staff support and engagement and to create an enabling environment in which staff can thrive and contribute to the improvement of the service.

Using the lived experience of people in the workforce

A significant proportion of people in the NHS workforce will have experience of mental health problems. They may require support, but their own lived experience is also crucial to enhancing their work with others who have mental health problems. The human and lived experiences of healthcare workers should be considered as a resource; setting up support groups in trusts for staff with mental health problems was suggested. In addition, the increased use of peer support workers should be a goal for mental health services, and this cadre of workers would be important in improving the employment prospects of patients.

4. College priorities

Five priority areas were chosen from the themes that emerged in the roundtable discussion.

1. Public health and employment

Public mental health focuses on a wider prevention of mental illness and promotion of mental health across the life course. Mental health is a central public health issue and should be a priority across all government departments. Integrated public mental health provisions can contribute to a wide range of health and social outcomes for individuals and society. Employment can be an integral component of these provisions. With a view for it to become further embedded as a sustainable deliverable target within public health, employment needs to be part of our public health strategy.

2. The curriculum and training

The curriculum and training requirements that are associated with employment need to be scrutinised. This could be looked at in the broader context of social factors and interventions and person-centred practice. We have set up a scoping group to examine this. The group includes clinicians, patients and managers and will look at the elements of patient-centred practice, the co-design, co-production and co-delivery of training materials, content of the curriculum and training and assessment of skills. The scoping group has now become a subgroup of the College's curriculum committee to revise the curriculum for senior house officer (SHO) training.

3. Developing fair, integrated and well-evidenced support for work opportunities

It is important that people with mental health problems can access high-quality services that are appropriately evidenced, to support them into good open employment, when returning to work after an episode of ill health, or to support them to remain in work. These services

need to be backed up with a fair and effective social security system of out-of-work financial support and opportunities to engage in valued activities for those who are not able to work in the open market. Such a system needs co-ordinated activity across government departs and across agencies operating in the health, social care and independent sectors. The Royal College of Psychiatrists is already engaged with relevant government and health, social and employment agencies, and will continue to work across these sectors to highlight the need for fair and effective systems of employment support that can enhance the life outcomes for individuals with mental health conditions.

4. Links between psychiatry, occupational health and general practice

Attaining employment, retaining a job, returning to work after sickness absence and performing at work are challenges faced by people with mental health problems. Access to good-quality occupational health services is patchy. GPs are key professionals in the connection between work and mental health. For the future development of occupational health services, the role of the psychiatrist and psychiatry needs exploring. Therefore, an examination of the links between mental health services, occupational health and primary care might help answer the following questions.

1. What does a good occupational psychiatry service look like? What is the role of psychiatrists in this area?

2. Which cases, diagnoses or situations require the opinion of an occupational psychiatrist rather than another mental health professional?

3. What would an occupational health service require from psychiatrists?

4. GPs are seen as a key link in employment and mental health but also as a gateway to employment and occupational health – how can they work with other professionals effectively to give people access from all diagnostic groups to relevant services?

5. Working environment for NHS staff/healthy working environments

The Francis report (Francis, 2013; Royal College of Psychiatrists, 2013), which followed from the investigation of services in Mid Staffordshire NHS Foundation Trust, identified poor-quality practices and services in the healthcare system. It highlighted the need to consider the state of our own working environments. Maintaining NHS staff health and morale is essential in its own right, but also when considering the treatment and empowerment of patients. Using the lived experience of mental illness in the workforce could also be an important and effective component within mainstream healthcare. There is a need to improve staff support and engagement and to develop an enabling environment for staff to manage their own well-being and to contribute to the quality of the service they are providing. Patients would directly benefit from this.

5. Looking to the future

The Royal College of Psychiatrists remains committed to driving improvements in the social inclusion of people with mental health problems. Closing the disability gap through the improvement of employment opportunities, job retention and working environments for people with mental health conditions will remain among our priorities. We will continue to engage with people with mental illnesses, mental health and associated services, employers and governments, to improve employment support and lessen the damaging effects of welfare reforms.

We wish to highlight the following.

1 **The importance of work and employment for personal recovery**   There is convincing evidence linking good work with improved mental health and personal recovery. Yet many clinicians are not aware of this. Work and employment are not merely add-ons to a person's health and well-being – they are core outcome indicators for the quality of mental health services. The value of good work needs to be disseminated to clinicians and the general public.

2 **The value of approaching treatment and employment support in parallel**   Rather than wait for clinical recovery, clinicians should raise with the patient, where appropriate during their treatment, the possibility of returning to employment and what support is required to facilitate this.

3 **The importance of a clear social perspective on health and social interventions in medical training and in the training of psychiatrists**   A broadening of the training curricula and skills of mental health professionals is needed. Work, employment, social inclusion and health inequalities all have a place in this perspective.

4 **The need for an integrated approach to employment support**   Facilitating the development of improved and evidence-based employment support requires greater integration of mental health, welfare benefits, social care and employment support at every level, from local services to government departments.

5 **The implementation of evidence-based approaches to supported employment**   There is a strong evidence base for IPS. Yet this approach is not widely implemented. IPS services should be developed across all mental health trusts.

6 **The clarification of the role of mental health in occupational health services**   The current view of occupational psychiatry needs to be refined so that the role of the psychiatrist is identified more specifically in order to cater for the needs of an occupational health service. The links between mental health services, occupational health and primary care need to be clarified.

7 **The importance of primary care services**   GPs have a key role in linking people with mental health problems to employment. They provide an important gateway to employment support. An enhanced understanding of how GPs can work effectively with other professionals, employers and employment services can assist access of people from all diagnostic groups to relevant support.

8 **The importance of valuing lived experience of mental health problems**   The lived experience of people who have experienced mental health conditions is key to the provision of services. This means working co-productively with people. Their experience and values can be utilised in the workforce and within mainstream mental healthcare.

9 **Public mental health and employment**   A public mental health strategy, which includes employment, is needed not only to combat stigma around mental health within employment but also to embed employment as an integral, sustainable and deliverable target within public health, education and the workplace. Policy makers should work closely with relevant stakeholders to influence public mental health to increase opportunities for people with mental health problems.

10 **The need to define the role of commissioning in improving employment opportunities for people with mental health problems**   CCGs do not yet have an emphasis on mental health and employment services, and the profile of mental health and employment needs to be improved across CCGs. Key decision makers should utilise the improved evidence base for employment support services.

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