

**Finding and Keeping work:  
Specifying the issues, activities, roles and supports needed for those with  
mental health needs**

**Summary version**

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The authors would like to make it clear they are writing in a personal capacity. The views expressed are their own and should not be taken to reflect official Government policy.

## **Foreword**

For any unemployed person the task of successfully finding and keeping work is complex and this can be even more so for individuals with a mental health condition. They experience amongst the lowest employment outcomes of any working age group and it is recognised more needs to be done to increase the numbers achieving their work aspirations and enjoying the personal, social and financial benefits this brings.

The aim of this paper is to identify and explore the most effective way of delivering work related support for people who may be trying to manage a mental health condition whilst seeking employment, or trying to maintain an existing job. It is not meant to be a comprehensive overview of different types of employment programmes. Instead it attempts to outline the fundamental principles for any effective employment strategy and sets out the different aspects and interactions that need to be considered for the development of a holistic approach. It then uses this analysis to develop a model for delivering an effective work related service and identifies some products that will help deliver tailored interventions capable of meeting the specific work related requirements of each individual seeking vocational support.

## **Section 1 – Welfare reform and mental health**

### **Introduction**

Any examination of vocational services needs to identify which interventions are most relevant for overcoming work related barriers for people with mental health problems and set out the key areas for increasing the capacity of individuals. In addition a broad set of external realities have to be taken account of in the development of support systems.

To achieve these objectives we have split the paper into a number of sections. This section explores the rationale behind an employment strategy; sections 2 to 4 examine the main issues and develop a model; section 5 uses the analysis to focus on key concepts for delivering efficient support; section 6 highlights a range of products for supplying effective vocational services and sections 7 and 8 suggest proposals for future policy development.

### **Mental health and the labour market**

The mental health group constitute the highest proportion of people on disability benefits; they have amongst the lowest employment rates; and have difficulty in retaining jobs when mental health problems occur. The rationale for doing more to increase employment outcomes includes the positive influence on an individual's health and well being and the harmful impact prolonged worklessness has on creating, or worsening, poor mental health.

### **Government policy**

Modernisation of the welfare state includes increased conditionality for IB customers and receipt of the work related component of the Employment and Support Allowance (ESA) will be dependant on undertaking some work related activity. The national roll out of Pathways to Work means customers can access a range of help aimed at those with more mild to moderate conditions and those with severe conditions will receive the support component of ESA without having to undertake mandatory activity.

### **The Employment Continuum for Mental Health**

Position and movement along the employment continuum is often related to severity of condition, but ability to work is not governed solely by health conditions and a detailed examination of issues is contained in *Improving the life chances of disabled people, PM Strategy Unit; (2005)*.

There is no exact correlation between mental health status and work capabilities and many people with severe and enduring mental health problems can sustain demanding work. However, as a group, people with mental health issues tend to have a wider variety, and greater intensity, of employment related issues and their employment continuum is likely to appear as Figure 1.



- better *engagement* between the individual, employers and intermediaries and to *encourage* people to prepare for and access job opportunities.
- job readiness as a major issue with the need to *build capacity* in many individuals and systems to enable people to become better candidates to compete for available job opportunities.
- some individuals needing *specialised help* for improving motivation and capacity, to find the right job and help to smooth the transition between benefits and work.
- *continuity of advice and help*, to ensure an individual maintains progress towards sustainable employment
- *appropriate support systems* need to be in place to ensure that the individual and employer are fully supported to enable the individual to sustain and thrive at work.
- the *workplace being a healthy place*, able to support good mental health and increase retention.
- work to *overcome individual and systemic barriers* currently hampering efforts to improve the low employment rates for people with a mental health condition

To achieve the welfare to work agenda policies will need to promote improvements in all these areas.

### **Health professionals and the health and work agenda**

The first point of contact for advice and support is often health systems. Given the strong association between worklessness and poor mental health it is important health professionals (in both primary and secondary health sectors) are fully engaged in promoting the health and work agenda. Improved consideration of the employment aspects of a patient's condition is likely to depend on showing that helping a person move back toward work will achieve:

- health, personal, social and economic gains for the individual
- range of wider social inclusion gains
- potential savings for health organisations

### **Mental health and the Workplace**

Similarly, there will be benefits for preventive measures to keep people in work, such as job retention support and sickness absence management. There is also the important issue of continued stigma and discrimination in the workplace. Increasing employment rates will therefore, to some extent, be dependent on achieving cultural change.

### **Delivery of support services**

There needs to be greater coherence in local services as current coverage of vocational and rehabilitation provision is often sporadic, with a lack flexibility to deliver tailored support. Commissioners need to recognise vocational rehabilitation and other employment services could reach many more people, and offer better value for money, with better local planning, co-ordination and implementation. Some

national guidance on best practice and effective interventions may be necessary to help ensure a more even spread of good quality provision.

## **Capacity of stakeholders to support mental health clients**

### *Vocational rehabilitation*

Lord Layard suggests that a significant increase in Cognitive Behaviour Therapy (CBT) and other psychological therapy specialists is needed to make a difference to people's quality of life. Following the development of two demonstration sites moves are underway to roll out the service in 20 PCT areas and establish links with the Pathways to Work service.

### *Awareness and Advocacy training*

Training needs to focus on behavioural and cultural change so that employment is seen as a realistic and achievable aim for most people with mental health issues. This might include using the principles of CBT to show advisers how they can empower customers.

### *Providing employment support*

To ensure that individuals are enabled to recognise and fulfil their work potential, whatever their capabilities might be, it is clear wide a range of interventions need to be available to provide tailored support.

### *Mental health services*

Access to services should not be based on diagnosis and care and vocational services linked in order to meet the full range and intensity of individual needs. Overarching local strategies should be developed so provision can be targeted more effectively, allowing better outcomes to be achieved from existing range of resources.

### *Skills and Training*

To enable services to provide the types of dynamic, flexible assistance required, it is likely that an audit of adviser skills will be beneficial. This should aim to discover any gaps between current adviser skills and those required for developing a comprehensive and sustainable set of service for people with mental health issues. However skilled the current adviser group is there are likely to be gaps and we will need to consider large-scale adviser-skills acquisition programmes. These should be firmly based on developing adviser behaviours known to work in assisting people to gain and sustain suitable employment.

## **Section 2 – The process of finding and keeping a job**

### **Identifying an effective support framework**

An examination of the employment spectrum, from the perspective of a person with mental health issues, should draw out the implications for helping individuals, intermediaries and employers fulfil their aims and objectives. This helps identify key activities a person needs to undertake and the best support framework for providing a holistic service. An analysis of effective work related support shows three critical three stages:

#### **1. Supporting the individual to prepare for jobsearch**

If a person is to begin the process of finding or keeping a job they have to be empowered to think positively about their work capabilities and ability to sustain employment. They then need to be able to access support to bring them to the work ready stage.

#### **2. Supporting effective jobsearch activity**

It is not enough simply to want work. The individual needs the necessary skills and knowledge to successfully navigate through the process of finding appropriate jobs; negotiating the application and interview/assessment process; gauging job offers for suitability and any support requirements. They also have to cope with inevitable setbacks that can affect willingness to continue jobsearch.

#### **3. Supporting job retention and career progression**

Individuals may find it hard to meet all the job requirements or sustain work without continued support. There are implications for the employer (such as meeting legal requirements), as well as the individual.

A wide research base has identified the main factors for influencing successful outcomes at all three stages. This is particularly important for people with mental health problems, who often face more intensive barriers for achieving a successful work outcome.

### **Stage 1 – Supporting the individual to prepare for jobsearch**

#### **1a) View of labour market prospects**

Many people who lose their jobs, or stopped looking for work due to ill health have difficulty beginning to reconsider work as an option or undertake active jobsearch. They become 'disengaged' from the labour market. If a health conditions or other issues are not being overcome, or at least managed, they can dominate an individual's life and it is unlikely they will consider a return to work as being realistic.

## **1b) The importance of self-efficacy**

Managing life circumstances is not enough to maximise the chance of a return to work. If a person does not perceive themselves as capable of obtaining or holding down a job, they do not tend to seek work. This belief is called '*Self-Efficacy*' and positive Self-efficacy is developed by changing beliefs, reviewing 'evidence', and re-interpreting personal experience. For some this is achieved by a simple conversation, for others it requires a more intensive, carefully managed coaching approach. However, in all circumstances access to skilled support is essential and especially important for the mental health group. They can be more prone to negative, self-defeating thought processes that can dominate their lives.

## **1c) Conditions for preparing for jobsearch**

To help an individual believe they are capable of work and preparing for jobsearch they must be supported to manage their personal circumstances and be confident in their ability to perform a job.

### **Stage 2 – Supporting effective jobsearch activity**

A person must also have adequate skills to perform effective jobsearch. At each stage of jobsearch they need to be able to identify appropriate jobs and present themselves well to potential employers. It is important they have suitable coping skills and support mechanisms in place to deal with setbacks which can damage self-efficacy.

When considering a work opportunity or to accept a job offer an individual may have to consider other factors, such as travel or workplace conditions. For many people personal finances may be fragile and accepting a job can pose a significant financial threat. This can be especially an important for people with fluctuating mental health conditions, who may not be less confident about their ability to sustain work.

### **Stage 3 – Supporting successful job retention and career progression**

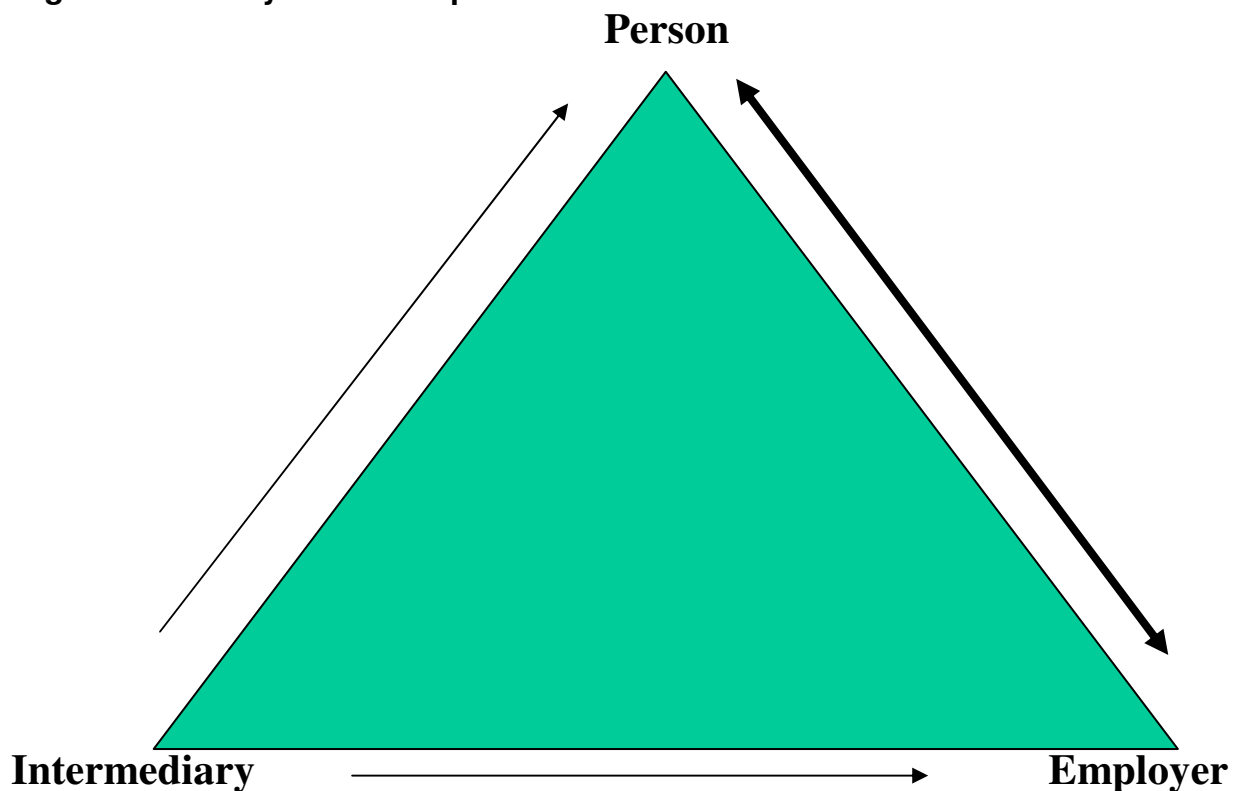
The perception of many employers is that disabled people are not as productive as other members of staff and may struggle to keep up with the demands of the workplace. Although skills may become out of date the biggest problem is often a loss of motivation or confidence. To reduce apparent risk it is important that integrated health and vocational support and advice are available. This helps ensure suitable accommodation or adjustments are made and to meet responsibilities under the Disability Discrimination Act. Longer term, career planning to enhance productivity and employability are also areas to be developed and nurtured.

## **Section 3 – Relationships between individuals, intermediaries and employers**

### **Overview of the key relationships**

The key relationships for helping a person, particularly when additional assistance is required are between the *person* looking to obtain or retain work, the *employer* providing the employment opportunity and the *intermediary* providing support and advice. These relationships are illustrated by Figure 2.

**Figure 2: The key relationships**



### **The Individual**

The work related needs of an unemployed individual with a mental illness are not easy to categorise as requirements vary according to personal circumstances and a 'one-size-fits-all' approach will not properly satisfy the full range of needs. Most individuals recognise they would benefit from some assistance for exploring work options and secure employment. They will look to an intermediary to provide appropriate advice, information or support for helping them move forward.

An individual looking for vocational support may not be aware of the different types of expertise or services offered by different types of intermediaries. They may approach any with the expectation they will be able to access all the help they need. It is important an intermediary has is the ability to act as an advocate for the person seeking work and signpost them to other appropriate support.

Once an individual obtains work the need for support does not end. Because a condition can vary over time or situation some people with mental health problems find keeping a job just as difficult as negotiating the recruitment process. However the amount and duration of in-work support available for individuals, and employers, is currently a weak area.

By under-resourcing this element of the continuum it could lead to greater stigmatisation and more difficulty in placing people facing greater obstacles into work. For those individuals unable to sustain a job it can worsen confidence and motivational issues.

## **The Intermediary**

Intermediaries vary between general and specialist service providers and even if delivering the same type of provision may have different skills sets and resources to call on. They must be able to identify people seeking help who meet their specific service criteria and be knowledgeable and skilled enough to sensitively guide individuals to suitable alternative services, if necessary.

Dealing with people who have a mental health problem means having a broad customer base, and intermediaries need an advanced set of skills and knowledge to deliver flexible, tailored services capable of meeting the widest range of needs. They need to provide excellent adviser skills and have broad local labour market and support service knowledge. Good relationships and arrangements with key partners are essential.

Just as vital is being able to assist employers to meet their recruitment needs by employing their customers. This means providing as near a match as possible between the capabilities of the individual, and the requirements of the employer. This often entails managing factors impacting on an individual's ability to do a specific job for a specific employer.

People with more complex needs, such as a fluctuating mental health condition, may not require help for a long time then require intensive support for short periods to help them continue in the work place. The lack of open access to in-work support on a continuous basis hampers the retention of people with mental health problems.

## **The Employer**

### **a) Differences between employers**

Needs of employers also change over time and are dependant on location, labour market fluidity, industrial sector and other environmental factors. All of which may influence their attitude towards employing someone with a health condition or disability.

## **b) Recognising employers' needs and perceptions**

All employers face tensions between maintaining profitability and fulfilling legal employment duties. Some attitudes and perceptions can lead to fears of greatly increased risks or additional practical, financial and legislative burdens if they employ an individual with a disability, especially a mental health problem. However, being seen as a 'good employer' improves image and increases their potential pool of suitable applicants - important in a tight labour market.

The job of the individual (and intermediary) is to demonstrate that any risk from taking on a particular person is low and help is available to assist them become a productive member of staff. Both employer and the individual may require specialist support such as mentoring, job coaching and occupational health assessment. The prime role of the intermediary will be to help recognise and broker solutions to any potential problems affecting the willingness to recruit or retain a person with mental health problems.

## **Section 4 – How to deliver successful work related services to people with mental health problems**

### **An effective Model**

The ideal paradigm would be for a proven, *holistic* model for building capacity and delivering support. One which includes all the essential elements for delivering a comprehensive range of help, such as:

- advice and information
- motivation and confidence building
- basic and employment skills
- job broking and advocacy support
- in work provision
- occupational health services.

Every local authority area should have a complete range of services available for addressing individual needs. They should be accessible via a common gateway process used by all providers.

In addition all organisations involved in providing services for the client group should agree:

- a) an overall strategic framework to guide joint working between partners
- b) a mechanism for providing a single entry point for appropriate provision
- c) methods for deciding who would best placed to act as case manager and co-ordinate activity between organisations delivering services to an individual
- d) specific role(s) for each organisation to ensure sufficient interventions are available across the whole of the employment continuum
- e) funding flexibility to ensure resources can be directed to meet individual need
- f) local skills audit to identify if any provider needs to increase their skills base in order to deliver efficient and effective evidence based services

Currently different elements of this model are provided in most areas, but only in a few is the range of interventions combined into a comprehensive health and employment service.

To begin strategic planning it is important to know whether the range of services currently available is appropriate. Are they fit for purpose and together do they meet the widest possible range of needs? A useful starting point is to compile a map of appropriate services available to identify where there is duplication, overlap, sufficient provision or gaps, and to gauge current suitability and effectiveness.

As the initial advice received is often pivotal in determining the extent to which individuals move forward increasing the role of vocational service delivery in health settings should be strongly considered.

We should not deter employers from spending on reasonable adjustments for current staff, but it is crucial to consider resource difficulties faced by small and medium sized enterprises (SMEs).

## **Achieving the paradigm – dependencies**

The primary dependency is the extent we can promote better partnership working to translate policy intent into delivery of sufficient operational capacity and willingness to offer tailored solutions. Partners should agree which services are required for overcoming the wide range of specific obstacles individuals' faces; who is best placed to provide different elements and ensuring resources are available for achieving this.

### **Key areas for an employment strategy**

#### **a) Belief and Aspiration**

Success is dependent on the extent you are able to influence an individual's beliefs and willingness to undertake positive actions. It is important people perceive themselves to be better off in work than on benefits (in financial, social and therapeutic terms) and know they could return to the same level of benefit should work prove not to be sustainable. The Housing and Council Tax benefit tapers, for instance, can act as a stumbling block for some considering trying work under the Permitted Work rules.

It is important to encourage work progression, whenever possible, and life long learning is a realistic ambition for most people with mental health problems. Innovation by providers can help build aspiration and promote activity to maximise personal capacity e.g. explore individual development programme.

#### **b) Effecting cultural change**

As with individual belief the cultural outlook of key institutions is critical. Principle actors such as Jobcentre Plus, employers, and health professionals need to endorse the message that appropriate work is health enhancing for most people and employment should be viewed as a potential choice for everyone. If provider staff are not convinced meaningful work is a feasible outcome they will be less persuasive in encouraging people to consider employment options.

Communications and marketing should actively engage all partners, especially those not fully in tune with the policy ambition and highlight evidence for promoting positive health and employment messages, or to counter negative perceptions e.g.:

- prolonged inactivity is likely to worsen health and social inclusion consequences
- work can help aid recovery
- movement from inactivity to work can be facilitated by taking a series of gradual steps, such as volunteering or permitted work, to build capacity
- commitment to a joint employment strategy will help all stakeholders achieve their own objectives
- highlight new provision and how the welfare system can act as an enabler.

Intermediaries should ensure staff undertake comprehensive, accredited training to ensure they can meet the needs and help change attitudes of the client and other customers, particularly employers.

### **c) Environmental factors**

Environmental factors may impact on the employment prospects of people with mental health problems. There are links between housing, health, educational attainment and employability and we should promote the importance of stakeholders adopting a holistic approach to tackle the following areas:

- *Unintentional consequences* – policies need to look to minimise (or counter) negative secondary effects and take account of a range of external drivers associated with housing.
- *Meeting basic needs* – risk adverse individuals will be better disposed to consider work if their immediate needs continuing to be met
- *Transport and mobility* – transport has been identified as a major issue, especially in rural areas, and can limit access to available job opportunities.

We need to explore the extent to which these factors impact on people with mental health conditions. Potential solutions might include encouraging people to set up their own business, and to encourage the growth of social enterprise or social firms.

### **d) Building Capacity for work**

We need to understand the personal factors that mean people with mental health problems are more likely to have worse employment outcomes and life chances - which in turn impact on work prospects.

- *Education and skills* – skill levels are generally lower and to raise attainment rates we need to ensure provision meets a range of needs and learning styles, including offering suitable support requirements.
- *Confidence and motivation* – perceptions that they cannot work, have poor overall prospects or are excluded from better quality jobs impact on motivation and willingness to consider work related activity.
- *Multiple disadvantages* – A person with mental health problems can experience multiple disadvantages, when the health condition is combined with one, or more, other negative factors. This increases the possibility of having to surmount more deeply entrenched issues e.g. a poor work history, weak transferable skills, greater stigma and discrimination.

These again emphasises the importance of partnership working to offer a flexible, tailored approach to provide services that can meet a full range of needs.

### **e) Employers**

Employers are probably key to the success of all other activity as they often choose not to recruit people with mental health needs or retain staff when problems arise. We recognise employers have important business goals when considering recruitment and retention decisions and the case for employing someone with a disability can be hard to prove. It is crucial to develop and promote a business case for employing a person with mental health issues.

### *Challenge perceptions*

A positive awareness raising campaign can change employers' perceptions and belief systems about mental health and tackle ignorance and prejudice about the capacity of people with mental health conditions. Activity should ensure employers have a better understanding of how to comply with the relevant legislation, such as the Disability Discrimination Act.

### *Support and Advice*

Their attitudes will also be affected by the provision of appropriate training, advice and guidance e.g. on sickness absence management and showing employers appropriate support to minimise risk can be relatively easy and inexpensive to implement. Willingness to employ people with health conditions is enhanced if they know support services are readily available, should any difficulties arise.

### *Small and Medium sized Enterprises*

Small and medium sized enterprises usually have fewer in-house resources and we should consider the development of targeted support service for recruiting and retaining people with health conditions.

### *Role of Peers*

Employers are more willing to listen to their colleagues. We could also explore the concept of 'Champion Employers' to promote the benefits of better recruitment and retention practices with their peers. Public organisations can help by becoming exemplars in recruitment and retention practices.

## **Section 5 – Key concepts for delivering effective advice and support**

### **Core Design Concepts**

Research on job retention and recruitment show a number of important core concepts for ensuring interventions deliver effective and efficient support for moving people with mental health problems into sustained work.

#### **Core concept 1: Self Efficacy**

The assumption an individual seeking to retain a job or gain employment requires comprehensive advice and guidance from an adviser or 'expert' is misleading. There is abundant evidence a directed approach is ineffective. In contrast a 'Self Efficacy' approach, where individuals believe they are capable of managing their own jobsearch and health condition is more successful. The implication for an adviser is profound. Developing self-efficacy requires exploratory discussions where the adviser acts as expert helper empowering the individual to take control of their own back to work process. This is a high level skilled activity requiring strong facilitative ability and excellent conceptual awareness.

#### **Core concept 2: Medical model versus Resources model**

In addition to the 'adviser tell' model is another common, but ineffective, approach used for advising individuals. The 'medical' model of employment support has an assumption that specific deficits exist in the individual that, once 'mended', will produce an individual able to find or keep work successfully. The deficits are often cited as the main barriers to employment. The situation is more complex, for instance a barrier in one work context may not be a barrier in a different work situation. Seeing barriers as fixed entities is not a good basis for designing effective flexible support.

In contrast is the 'resources' model. This assumes each individual has a specific range of abilities, capabilities, interests and ambitions – and they themselves are often the best placed to say what these are. By encouraging the individual to review and explore their own resources an adviser assists the individual to identify realistic job goals and development needs, as well as develop self-efficacy. The key is to match personal resources to key job tasks and activities. By helping the individual to perform this matching process the adviser 'trains' the individual to use this technique in future jobsearch activity and assist them to be more effective at identifying and presenting relevant resources to potential employers.

#### **Core concept 3: Managing the health condition**

Many people with a health condition can work perfectly well and it has no bearing on their ability to hold down a job. However perceptions, misunderstandings and prejudices of people can stop an individual believing they can maintain regular employment. The use of aspiration-job-capability discussions helps an individual think about its impact on work related capacity and helps determine whether they believe they are capable of working.

However, because prejudice, ignorance, and stereotyping can help form employers' beliefs about an individual's ability to perform effectively, evidence of personal-resource is important for changing employer (and individual) attitudes and show there is a lower risk in offering them job opportunities.

One key aspect is whether a health condition it is being managed. Those who believe they cannot manage their condition and where it dominates their life are less able to consider work options, undertake jobsearch or maintain employment. Similarly, if an employer is unaware that a condition can be successfully managed they may believe that an individual is incapable of performing vital job requirements.

If the individual does not consider their condition is relevant for their ability to perform specific job tasks or other activities it is less likely to interfere with job seeking. However, the employer also has to share that perception or they may not offer the post or keep an existing employee if they develop a mental health condition or have a severe episode. Changing beliefs is significant for improving employment outcomes and the personal-resource-evidence chain can be crucial in overturning perceptions of poor capacity or the ability to manage a health condition in the workplace.

#### **Core concept 4: Managing the jobsearch process**

For jobsearch to lead to employment outcomes a number of steps have to be successfully negotiated. In order to show evidence they possess the aptitudes required to undertake job tasks a jobseeker has to know all relevant information and apply a number of skills (for example, writing applications, telephone skills, interview techniques, etc). In order to provide effective support the individual's needs have to be identified - ideally by the person themselves. This will aid job-resource match, producing suitable evidence for applications, and developing self-efficacy beliefs for driving sustained jobsearch activity.

There are a number of stages that the individual, with the intermediary's help, must also negotiate successfully for effective decision making and job seeking:

- *Self knowledge* – identify and evaluate health limitations, work capacity, relevant interests and career ambitions.
- *Labour market knowledge* – individuals must understand the requirements of, and their suitability for, the occupations they wish to pursue.
- *Decision making* – people need to convert their self-appraisal and job knowledge into realistic decisions about their future prospects. They have to be able to choose rational courses of action when considering competing ambitions or work options.
- *Making the transition* – Once the work decision has been made, the individual needs to convert this into a series of effective goal-directed activities and to manage their transition into sustained employment.

The individual needs to successfully pass through all these stages to make correctly informed decisions about their future work options and undertake effective job seeking activities. The intermediary will need to support the individual through this process and it is important they understand the stages and the techniques for

helping someone develop self-efficacy beliefs and skills necessary to move successfully between the stages.

### **Core concept 5: Job keeping skills**

Once they have been successful in obtaining a job the individual also needs the right skills, aptitudes, and self-efficacy beliefs to sustain employment. This may well involve negotiating job adjustments, mentoring, occupational health advice or other support with the employer. The intermediary can help the individual and employer establish a good relationship, decide if assistance is required, provide advice and help put the correct support structure in place.

### **Core concept 6: Managing retention**

In order to retain employment some individuals will require support to help manage their health condition and personal circumstances. Rather than adopting a model where job-entry is soon followed by the withdrawal of intermediary support it may be more appropriate to offer variable levels of support, on an 'as and when required' basis over the lifetime of the individual's career.

### **Core concept 7: Meeting Individual needs**

Although the process for obtaining and keeping a job can be described fairly easily differences between individuals, employers, and jobs means there will be great variations in needs and a tailored approach to offering support is essential.

### **Core concept 8: Meeting Employer needs**

Employers also vary in their needs for recruiting suitable candidates or retaining existing staff. For example a large employer may have greater resources for supporting an employee experiencing temporary difficulty with health or personal circumstances. How resource is provided and the extent to which it is used may be influenced by an employer's beliefs and prejudices.

### **Core concept 9: Intermediary requirements**

Intermediaries need a variety of skills and knowledge to help an individual uncover their job-resources capabilities and make a correct match to an employer's recruitment opportunity. They will have to be able to demonstrate advanced skills in advocacy and negotiation and offer practical support for both employer and individual, including providing in-work support.

## **Section 6 – Support products and appropriate skill sets**

Some products, activities and solutions can help facilitate a smoother progress through the recruitment and retention process.

### **Issues to consider**

It is important to know that each product has its own cost, impact and a penetration. They vary in terms of expense, who they reach and how effective they are at changing behaviour.

Information is the simplest form of support, although the medium used impacts on effectiveness by itself information is only of value to people able, and willing, to access and utilise it. Methods, such as leaflets, may be easy to produce but create weak behavioural change whilst others, like websites and open learning, will increase likelihood of behaviour change – but fewer people may be able to access them. The following table illustrates the point:

**Table 1 - Effectiveness of different forms of media**

<b>Size of behaviour change</b>	<b><i>Low</i></b>	<b><i>Medium</i></b>	<b><i>High</i></b>
<b>Number of people able to access the product</b>			
<b><i>Few able to access medium</i></b>	Face to Face information giving	Mentoring/ Advising	Skills Training/ on-the-job-Coaching
↓	Informational websites	Supported Open Learning/ Effective E-learning	Group skills training
<b><i>Many able to access medium</i></b>	Leaflets/ TV adverts/ Junk Mail	Workbooks for self use	Well-designed blended approaches

### **Potentially effective products**

The following products illustrate the types of support required for establishing effective processes and to help people with mental health needs obtain and sustain work. Products cover; i) Learning, ii) Information and iii) Support needs for each of

the three key stakeholders and the emphasis is on promoting active learning and support rather than providing passive information based services.

### **a) The individual**

#### i) Learning

- Open learning/e-learning, Face-to-face sessions (individual or workshop style)
- Personal coaching and mentoring
- Checklists and work books

#### ii) Information

- Websites and leaflets

#### iii) Support

- Sessions on and support for self-advocacy
- Development of a service-user (or other) advocacy service
- Call centres
- Email or web site links

### **b) The intermediary**

#### i) Learning

- Blended learning approach (face-to-face, e-learning, open learning, work-books, DVDs etc.) covering: Advocacy, Facilitative interviewing, Community working, Working with employers, Relationship and service mapping, Stakeholder analysis, Case management, Benefits and financial issues, Developing local industry knowledge, Job analysis (job study, task analysis, job-capability matching), Developing work solutions, Retention strategies, Employer on the job coaching and support activity, Effective evaluation

#### ii) Information

- Web sites
- Written materials and information leaflets (e.g. best practice, guides, toolkits and fact sheets)

#### iii) Support

- Development of intermediary support groups and professional interest groups
- Web sites
- Virtual/Remote expert advice service via call centre/email

### **c) The employer**

#### i) Learning

- Blended learning approach (face-to-face, e-learning, open learning, work-books, DVDs etc.) covering; In-work support strategies, Accessing assistance for retaining staff members, Various aspects of disability awareness

## ii) Information

- Websites
- Written materials and information leaflets (e.g. best practice, guides, toolkits and fact sheets)
- Information leaflets

## iii) Support

- Call centres/advice line
- Website links
- Email
- Employers forum
- Professional bodies and Specialist services

## **Section 7 – The importance of a holistic approach**

In the previous sections we have outlined a range of issues influencing higher labour market participation by people with mental health conditions and identified how vocational services can be organised to deliver effective support and maximise sustained employment outcomes. This holistic, tailored approach is already influencing the development of services and it has been shown that, if given access to the right range of support services, even people with severe mental health problems can be supported into open employment.

### **The Individual Placement and Support model**

Research evidence on vocational rehabilitation for people with severe mental illness have identified the *Individual Placement and Support* (IPS) approach as more effective than other approaches in helping them gain and retain employment.

IPS is a variant of supported employment based on the principle that a person is capable of working competitively in the community, if the right kind of job and work environment can be found and the right kind of support provided. The primary goal is not to change the individual, but to find a natural match between the individual's strengths and experiences and a job in the community. A review of this evidence base practice identifies seven important principles for determining success:

There is strong evidence:

1. Services should be focussed on competitive employment with a primary goal of employment in integrated settings.
2. Eligibility should be based on the individual's preferences.
3. Programmes should involve rapid job search and minimal pre-vocational training.

There is moderately strong evidence that:

4. Vocational programmes should be integrated into the work of the clinical team.
5. Attention to client preferences is important.
6. There should be the availability of time unlimited support and this should be tailored to the person's individual needs.

There is weak evidence that:

7. Benefits counselling should be provided to help people maximise their welfare benefits.

One of the principles of the IPS approach is that an Employment Specialist (ES) is integrated into the Community Mental Health Team (CMHT). In practice, this means that the client has access to psychiatrists, psychologists, nurses, social workers, occupational therapists and other care providers as well as an ES. All staff within the clinical team collaborate to provide optimal support to address the client's health and social care issues, including vocational needs.

Addressing vocational needs and ensure vocational goals are given a high priority is part of the care planning process. The ES is integrated into the CMHT and a key function is to co-ordinate all vocational plans with the relevant staff. The ES works directly with clients to engage them on vocational issues, assesses their needs, proactively helps them to gain and retain work/education courses, provides welfare

benefits advice, and addresses support needs including adjustments to enable clients to retain work/education. The ES spends most of their time in community settings carrying out vocational engagement and assessment, job finding and ongoing support to enable clients to sustain employment. An ES does not care co-ordinate clients or carry out care co-ordination tasks; they only hold vocational responsibilities but are fully integrated into the clinical team. Sufficient training and ongoing supervision are critical to give an ES the skills to implement this evidence-based practice.

The ES develops both good working relationships within the team and with local employers, Jobcentre Plus, employment agencies, Connexions, colleges, mainstream training providers, and specialist employment/training services for people with mental health problems run by other agencies.

Research on people helped to gain and sustain open employment through the IPS approach average 30 - 40% in comparison to 10 - 12% for other approaches (duration of between 4 - 24 months). Additionally, people supported into open employment through IPS also worked significantly more hours per month, had higher average earnings and had better job tenure

### **Service delivery – Changing organisational culture and attitudes**

Delivering effective support goes beyond training advisers and reviewing methods of working to ensure they are able to respond to the wide range of needs of the mental health group. The aspirations of those delivering services, especially those working in health services, are important. All staff delivering services should recognise employment as a legitimate and realisable outcome for most people; work is meaningful activity that can act as a vital part of the recovery process, the importance of recognising the stage individual is currently at – so that support is tailored to fit current needs. This means intermediary organisations need to promote organisational and cultural change to ensure staff delivering services do see work as a potential outcome and enthusiastically help individual's identify and address the obstacles preventing them progressing towards work.

In addition, we need to change the perceptions, prejudices and ignorance of employers around people with mental health problems. They need to be more aware of, and disability confident in, mental health issues. They require better awareness of how people can be supported to become (or remain) productive members of the workforce if they are to become more willing to retain and recruit people with a mental health problem.

### **Recommendations**

If providers delivering vocational services to the mental health group are to replicate the success of the IPS model and ensure employers are more willing to let people with mental health problems access job opportunities, or remain in employment, the following areas are seen as being the most important to consider for designing and delivering effective services:

1. Ensure all obstacles for retention, recruitment and sustaining employment are fully understood by key stakeholders and ensure tools, products and services they design for overcoming them are not based within the confines of a 'medical' or deficit model.
2. Full implementation of Vocational Guidance for Commissioners, including identification of best practice and resources for achieving this in the most effective manner.
3. Guidance for regional stakeholders on developing strategies for achieving coherence between their activities and to ensure a comprehensive range of services are being provided to enable customers to be offered tailored support to meet their specific range of needs.
4. Provide support systems that enable employers to be disability confident, and therefore more able and willing to successfully recruit and retain people with mental health needs.
5. All information and support materials for managers, supervisors and employees to be available in a variety of easily accessible formats.
6. Development of programmes specifically designed to promote cultural change in the workplace.
7. Provide tools for equipping intermediaries with the skills to engage with mental health customers and to deliver advocacy and other support services
8. Intermediaries to
  - adopt techniques that help customers develop self-efficacy capacity
  - develop and deliver comprehensive mental health recruitment and retention services for employers
  - look at delivering services in venues customers find appropriate and conducive for promoting engagement.

## Section 8 - Conclusion

This paper has summarised a framework, and some practical ideas, on how to make a difference to the main actors in this very important agenda for improving social inclusion for people with mental health problems.

Many of the issues outlined are well known and have already generated a policy response from Government. As well as the introduction of the Pathways to Work approach there have been a significant number of changes to the benefit system that enable people to try work, such as to the Linking Rules, Permitted Work and Extended Benefit Payments (Benefit Run Ons). Pathways to Work has already shown it is making a difference to the employment prospects of many people on incapacity benefits and the Action on Stigma and Discrimination campaign will impact on the way key stakeholders, including employers, consider and approach issues around the recruitment and retention of people with mental health problems. Similarly the implementation of the Vocational Guidance for Commissioners should also make a difference to the way mental health services are delivered.

This activity, and the knowledge employment can help promote recovery and improving well being, should help alter the perception and expectations of health professionals and mental health stakeholders. The importance of considering employment when delivering mental health services is being recognised and a more strategic approach is beginning to take shape through regional partnerships, whilst the development of the city strategies concept will help improve a more joined up flexible approach for delivering services at the local level.

This paper has aimed to highlight the need to deliver a holistic approach and if you consider the initiatives in all parts of the employment continuum we believe that most pieces needed for delivering a comprehensive suite of work related interventions are already in place, although the extent to which they form a coherent whole and are delivering support in line with evidence-based practice is open to question.

We believe change will only make the maximum difference to employment rates for people with mental health problems if

- service provider delivery systems are joined up to offer a
  - common gateway to services
  - tailored evidence-based service designed to meet the range of individual need
- the stigma associated with poor mental health is challenged
- those involved in this agenda are committed to ongoing and lasting change.

If we are to make a real difference to the life chances of people with mental health problems the last requirement is probably the most important objective to achieve.

A detailed examination of the process of effective jobsearch can be found at Annex A and an example of integrating vocational rehabilitation into mental health recovery services at Annex B of the full version of Finding and Keeping work: