

LEARNING SEMINAR REPORT

Topic: How people with mental health issues can be supported into employment?

Date: 21 February 2008

Introduction

Fourteen people from eight organisations participated in the seminar. The format included a brief overview by Neil Lowther, who was seconded to the National Social Inclusion Programme to research issues for improving employment outcomes for people with mental health issues. Part of his remit was also to develop an evidence-based approach to delivering effective vocational services for this client group.

The presentation was followed by group discussions in a 'knowledge café' style, which allowed people to discuss three key questions about the barriers to employment and how these could be addressed. A list of the key issues and recommendations from each of the groups were brought together at the end of the session for wider debate.

Summary of Neil Lowther's presentation

Neil gave a background to the work undertaken as part of his secondment to the National Social Inclusion Programme. The programme carried out research into the issues for improving employment outcomes for people with mental health issues. Part of the work was also to develop an evidence-based approach to delivering effective vocational services for this client group. The research highlighted the positive outcomes that being in work can bring:

- It can aid recovery through increased sense of independence, social inclusion and self-worth.
- It contributes to better physical health.
- It is an important route out of poverty for people with mental health issues.
- It contributes to the long-term well being of individuals and families.

The research also highlighted some of the barriers people with mental health issue face in securing and sustaining employment:

- Lack of confidence and motivation.
- Pessimism about their chances of finding a job.
- Lack of awareness of available support and services.
- Fear of not being able to cope in a work environment.
- Concern around removal of benefits.
- Lack of understanding by employers on how to support employees with mental health issues.
- Discrimination by employers.
- Lack of joined up thinking across agencies and a strategic approach at national, regional and local levels about the delivery of appropriate interventions.

From these findings a three-stage model to increase employment was proposed which focused on:

- *Supporting the individual to prepare for work* by empowering the individual to think positively about their capabilities.
- *Supporting effective job search activity* by skilling individuals to perform active job search activities.
- *Supporting job retention and career progression* through support to help address employer perceptions and attitudes.

Key areas for developing an employment strategy were also proposed and included:

- Influencing an individual's belief and aspirations in relation to employment.

- Bringing about cultural change and awareness in relation to mental health.
- Recognising and taking into account environmental factors.
- Building capacity for work.
- Helping to change employer perceptions and meeting their recruitment and retention needs.

Knowledge cafes

There were three knowledge cafes, each one focusing on a particular question. People had the opportunity to discuss all three of the questions by moving from one café table to another.

Question:

What are some of the barriers that restrict the movement of people with mental health issues into employment?

Discussion included the following points:

- Changes to current welfare benefits and disability allowance may act as an inhibiting factor for people who may feel that they will be financially worse off if they are in employment as opposed to being on benefits.
- Low levels of self-belief and self-esteem of people with MH issues may lead to them feeling they do not have the skills or ability to secure employment opportunities.
- Negative perceptions concerning workplaces not being welcoming or supportive of people with mental health issues may prevent people with MH issues from pursuing employment opportunities.
- Perceptions of some health and social work professionals that people with MH issues do not have the mental or emotional capacity to hold down employment – “not fit for work”.
- Concerns by some employers about the level and extent of change needed to make reasonable adjustments to accommodate people with MH issues as employees.
- Lack of awareness and training on mental health issue in the workplace.

- Lack of appreciation by some employers of the contribution people with MH issues can make to the organisation in terms of their experience and values.
- Lack of joined up thinking and communication across key departments that cover health, employment and training.
- Commissioning and procurement of contracts that do not involve service users sufficiently in drawing up agreements and protocols.
- Inadequate appreciation of the different levels of need, support and time scales needed in getting people with a wide range of mental health issues into employment.
- Job application processes are not sufficiently sensitive to the needs of those who have had no, or sporadic employment, as a result of their mental health.
- Employment training programmes that rely too heavily on hard outcomes relating to paid work placements and not enough on softer “job-ready” skills and more flexible targets and timescales.

Question:

What are the strengths and weaknesses of current employment support services available? How can these be improved?

Discussion included the following points:

- Voluntary sector is much better at developing relationships with service users and building trust, which are important elements of any employment support service.
- The voluntary sector is much more flexible in its approach and recognises that many people face multiple-discrimination and disadvantage, especially if they are from BME communities, and this means that they need additional support.
- However, some funding regimes can constrain voluntary sector’s ability to work in a flexible way
- Concern about the target-driven approach of commissioners and that the outcome-based contracting culture is over simplistic, not really recognising that building trust and confidence takes time, and that people enter the

job market in various ways e.g. through volunteering, part-time work etc.

- It may also lead to 'cherry picking' – so that only people who have a good chance in achieving employment are worked with.
- Lack of recognition about the need for long-term work to get people into sustainable and rewarding employment.
- Acknowledging user preferences is important but aspirations may be very low, especially within BME communities.
- Short term funding is a problem – some examples of good practice are not being continued because they are not regarded as new or 'innovative'.
- More work is needed with employers to raise their level of understanding about mental health issues and to reduce stigma.
- More recognition is needed about the time it takes to develop relationships with employers. This also requires a different skills set, but it is often the support workers that have to develop this work due to lack of resources. It can be difficult to recruit people with both sets of skills (i.e. to work with service users and employers).
- Voluntary work placements can be a good route into employment but these need to be of a good quality, matching people's interest and skills with the placement. It is not enough just to be a volunteer!
- Early intervention is a crucial element but there needs to be more investment in this so that this can be provided within GP surgeries or other places where people may make initial contact.
- Statutory funding regimes seem to be acting as a barrier to developing the single caseworker/early intervention worker model, even though there is general support for this.
- Commissioners need to be more proactive in supporting collaborative working.
- Value needs to be placed on local knowledge – large contractors often miss out on local intelligence which has developed over time.
- More work is needed with families to reduce stigma and to address cultural issues which may act as barriers to people entering the labour market

- More needs to be done to measure the added value of the voluntary sector, in particular soft outcomes and work with people who don't necessarily achieve the hard outcomes that funders demand.

Question:

What are the key changes needed in terms of policy and practise to better enable people with mental health issues into employment?

Discussion included the following points:

- Greater flexibility in terms of funding regimes to enable greater employment sustainability and retention across a broad spectrum of mental health issues.
- More realistic targets and outcomes and less reliance on 'creaming off' those closer to the labour market.
- More realistic timescales of withdrawal of benefits for people in recovery, for those that have never worked or for those that have 'broken' career histories.
- Greater understanding of the spectrum of mental health issues and accompanying experience, needs and support by employers and the public.
- Enhanced care programmes that focus on a range of MH issues and acknowledges dual diagnosis as part of a response.
- Greater awareness by employers in the work place of MH issues which is also linked to employment policy and health and safety regulations.
- Greater awareness and training on MH issues as part of DDA requirements.
- Changing perception of recovery away from a medical model that focuses on limitations towards a social model which recognises potential.
- Greater government impetus and stronger protocol requirements in employment and in procurement of contracts and commissioning through the Department of Business, Enterprise and Regulatory Reform.
- Greater partnership working across sectors.

- Re-emphasis on the role statutory employers can play in highlighting MH as a work place issue.
- Employment practices and policies which encourage and improve retention as well as recruitment of people with MH issues.

Final Comments by participants

“It helped highlight and reinforce the issues faced by practitioners for delivering a comprehensive support service for people with mental health issues”.

“strengthened my resolve to continue supporting my organisation to remain focused on its priorities which, while ‘soft-outcome-driven’, is a better reflection of the needs of the communities we serve.”

“I will be able to articulate the needs of people with MH needs much clearer to employers”.

“it got to explain some of the problems that I’ve encountered as a person suffering from mental illness”.

Attendance

Neil Lowther	Department for Work and Pensions
Ros Gutherie	Afiya Trust
Louise Bain	Status Employment
David Jones/Bill Stewart	Blackfriars Settlement
Rebecca Tang	Chinese Mental Association
Sue Christoforou	MIND National
Jenni Bacon	Sainsbury Centre for Mental Health
Julie Coombes	Mosaic Clubhouse
Lee Elliot	Mosaic Clubhouse
Jason Alley	Member of Mosaic Clubhouse
Pious Oppong	Camden Society
Chantelle Williams	Camden Society
Dominic Walker	Afiya Trust

CPF STAFF

Austin Taylor-Laybourn

Rachael Takens-Milne
Sioned Churchill

For more information please contact the CPF staff mentioned
above on 0207 606 6145