



## **Rethink Mental Illness response**

### **Improving Lives: The Work, Health and Disability Green Paper**

#### **Rethink Mental Illness**

Our mission is to lead the way to a better quality of life for everyone severely affected by mental illness. This includes people affected by mental illness, their carers, families and friends. We work with and champion all people severely affected by mental illness through campaigning and the provision of services.

#### **Summary response**

Rethink Mental Illness believes that the current welfare and employment system does not support people living with mental illness whether they are in work, out of work, or planning to return. This submission should be read alongside the report by Qa Research commissioned by Rethink Mental Illness on the experiences of people living with mental illness who have been through the Work Capability Assessment (WCA) process, the support they have received to find work, and their experiences in the workplace.

We believe that some of the ideas and concepts in the Green Paper represent an opportunity to improve the system and support the ambition to provide genuinely personalised support to people living with mental illness. Yet, without significant additional investment - absent from the Green Paper - and the financial backdrop against which it is set, we are concerned that this ambition will not be delivered.

We have five key concerns:

- **The threat of mandated activity and sanctions.** We are extremely concerned that the Green Paper could see mandated activity and subsequent sanctions being introduced to ESA claimants in the Support Group. Rethink Mental Illness oppose this in the strongest possible terms and in its response to the Green Paper the Government must categorically rule out this prospect.
- **The overall assumption that work is always an outcome of health - this is not the case for some people affected by mental illness.** We know that inappropriate work can be detrimental to the recovery of people with mental illness and damage their health. Rethink Mental Illness recognise the financial and social benefits that work can bring people with mental illness, if that work is appropriate for the individual concerned and is offered with the right support. The report accompanying this submission details the value of this support and the negative impact work can have where it is absent.
- **The existing processes, understanding and infrastructure which disadvantage people with mental illness.** The WCA process is fundamentally flawed. The accompanying report outlines the difficulties people affected by mental health conditions in completing the ESA50 form, collating medical evidence and during their face-to-face assessment.

- **There is poor a understanding of mental illness within Jobcentre Plus and existing Government back-to-work programmes**, despite mental illness being present in around half of Employment and Support Allowance (ESA) claimants. We are keen to ensure that these deficiencies are rectified through the opportunity that the Green Paper provides. The accompanying report highlights the negative experiences people with mental illness have had in jobcentres and of the Work Programme.
- **The proposed ESA WRAG cut should be reversed.** It will act as a disincentive to work and mean that even a voluntary offer to the Support Group will see extremely limited uptake. The financial implications of the cut for people with mental health conditions will be enormous and the proposal runs entirely against the Government's ambition to halve the disability employment gap.

In addition to endorsing the responses of the Disability Benefits Consortium (DBC) and the Mental Health Policy Group, this submission sets out why Rethink Mental Illness believe:

- **The WCA requires wholesale reform.** This is not offered in the Green Paper. As a minimum, the Government should remove responsibility for collating supporting medical evidence from individual claimants and ensure that when people affected by mental illness go through the WCA process, the assessors examining them are trained mental health professionals.
- **More investment is needed to deliver the Government's stated aims.** This includes more Work Coach capacity and funding for back-to-work support programmes. The DWP financial settlement will restrict the amount of genuinely personalised support that can be offered to remain in work and work can damage those affected.
- **Commissioning of Individual Placement and Support (IPS) should be expanded** and its principles should inform the broader offer made to help people affected by mental illness return to and stay in work.
- **Under no circumstances should mandated activity or sanctions be levied against those in the Support Group.**
- **Work coaches should not be responsible for determining ESA conditionality.**
- **Attempts to improve employment support for people affected by mental illness by accompanied by an improved access to healthcare services.** The report accompanying this submission sets out the value people affected by mental illness place on accessing healthcare services and why being able to do so is a vital part of helping them find and stay in work.

## Chapter 1: Tackling a significant inequality – the case for action

1. Rethink Mental Illness welcomes the Government's ambition to reduce the disability employment gap. The Five Year View for Mental Health showed that 43 per cent of all people with mental health problems are in employment, compared to 74 per cent of the general population, and 65 per cent of people with other health conditions.<sup>1</sup> For some

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<sup>1</sup> [Mental Health Taskforce, The Five Year Forward View for Mental Health, Feb 2016, p16](#)

conditions the employment rate is even lower. The Schizophrenia Commission reported that only 8% of people with schizophrenia are currently in employment.<sup>2</sup>

2. Although the statistics indicate that there is work to do in helping people with mental health problems find appropriate employment, we are concerned that the Green Paper's view of work as a health outcome is one-dimensional. **People with mental health conditions require specific, specialist support to find appropriate employment, but in other cases are simply too unwell to work either in the long-term or at particular points in the cycle of their condition.**<sup>3</sup>
3. We acknowledge that some references are made in the Green Paper to instances where work may not be appropriate. However, these are overridden by a narrative that suggests work is always positive. There is also concerning language in the Green Paper about the 'dignity' of work and the implied absence of it for those who are unable to. **ESA is fundamentally a form of social support and should ensure that people with mental health conditions that are too unwell to work can live a healthy life focused on recovery.**
4. We are also concerned that evidence put forward in the Green Paper to support the perspective of work as a health outcome fails to capture the full spectrum of work on this topic. For example, other longitudinal research not cited in the Green Paper shows that low paid, insecure jobs characterised by a lack of control shows that 'the transition from unemployment to a poor quality job was more detrimental to mental health than remaining unemployed'.<sup>4</sup>
5. The Government is right to acknowledge that people with mental health conditions need support to find and stay in work and the particular barriers they face. Rethink Mental Illness is nevertheless concerned that this recognition could be overridden by the Green Paper's overarching view of work as a health outcome.
6. **We wish to see a an explicit statement from the Government in its formal response to the consultation inappropriate work can contribute to the deterioration of the health of people with mental health conditions if appropriate support is not in place.** Placing people with mental health conditions in work that they do not remain in over the longer term also has an additional damaging impact on employers and local economies.
7. We are concerned that the current Government programmes designed to help people to move back into work are failing people with mental health conditions. At the same time, the current definition of a 'job outcome' does not reflect the challenges that people with mental health problems face when they move from being unemployed and into paid work. Our response to Chapter 2 two details our concerns and suggestions on how they can be reformed.

## Chapter 2: Supporting people into work

### Building work coach capability

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<sup>2</sup> [The Abandoned Illness, A report by the Schizophrenia Commission, Nov 2012, p6](#)

<sup>3</sup> <http://www.rcpsych.ac.uk/usefulresources/workandmentalhealth/worker/isworkgoodforyou.aspx>

<sup>4</sup> [P Butterworth et al, The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey, 2011](#)

8. **We are concerned about the capacity to build work coach capability.** The Green Paper envisages the significant expansion of the role of work coaches - despite the limited time they have with each individual due to their high caseloads. The Work and Pensions Committee *In-work progression in Universal Credit* report found that there were 11,000 full-time equivalent Work Coaches that worked with nearly 745,000 out-of-work claimants. It added that each Work Coach is responsible for a caseload of around 100 unemployed claimants and conducts 10 to 20 claimant interviews per day.<sup>5</sup> Our concerns about the capacity of Work Coaches are exacerbated by the fact that the number of work coaches has fallen by 35% since 2011/12.<sup>6</sup>
9. **We believe the Green Paper response should set out plans to expand the number of Work Coaches and should detail how additional training will be funded.** Given that the DWP must also reduce its day-to-day spending by 19% from 2015/16 to 2019/20, which equates to a 41% reduction when compared with 2010/11<sup>7</sup>, we are concerned that the personalised approach outlined in the Green Paper cannot be realised without additional resources. These concerns are amplified by the significantly reduced budget for the Work and Health Programme, which is due to replace the Work Programme and Work Choice.
10. **To be truly effective, Rethink Mental Illness believe that Work Coaches will require condition-specific training if they are to deliver the personalised approach outlined in the Green Paper.** There is welcome recognition in the Green Paper of the need for additional training for Work Coaches, with specific reference to mental health. However, there is no detail on what this training will involve, how long it will last, or what accreditation it will result in. As the Work and Pensions Select Committee have noted, 'there is a case for some Work Coaches to specialise in helping specific claimant groups, while others take a higher caseload of more general cases'.<sup>8</sup>
11. **The Government should consider how people with lived-experience of mental illness could be involved in delivering the training described in the Green Paper, as well as how they could be encouraged to apply to become Work Coaches.** We believe that people with lived experience of mental illness are best placed to describe the realities of living with mental health conditions and understand the challenges those with them face. Within the support services provide by Rethink Mental Illness, former clients have gone on to become members of staff

## Supporting people into work

12. Evidence shows that existing back-to-work Government support programmes have either failed to support people with mental health back into work or have been poorly targeted. Statistics published in December 2016 show that only 10.86% of people with mental health problems in touch with the Work Programme have achieved a job outcome, compared to 33.79% of people with no recorded health condition.<sup>9</sup>
13. Data shows that Work Choice, designed to help disabled people with more complex issues to find work, has been unsuccessful in assisting those with most severely affected by mental

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<sup>5</sup> [Work and Pensions Committee, In-work progression in Universal Credit, May 2016, p15](#)

<sup>6</sup> [Work and Pensions Committee, The Future of Jobcentre Plus, November 2016, p33](#)

<sup>7</sup> [Work and Pensions Committee, In-work progression in Universal Credit, May 2016, p16](#)

<sup>8</sup> [Work and Pensions Committee, The future of Jobcentre Plus, November 2016, p3](#)

<sup>9</sup> [http://www.mind.org.uk/news-campaigns/news/people-with-mental-health-problems-failed-by-government-back-to-work-scheme/#.WJG5XdQS\\_Mo](http://www.mind.org.uk/news-campaigns/news/people-with-mental-health-problems-failed-by-government-back-to-work-scheme/#.WJG5XdQS_Mo)

health conditions. Statistics show that 53% of the people starting Work Choice are claiming Job Seekers Allowance (JSA), compared to only 18% of those claiming either Severe Disablement Allowance (SDA), Incapacity Benefit (IB) or ESA.<sup>10</sup> This means that Work Choice has not reached individuals who are likely to have the most complex needs.

14. The new Work and Health Programme must ensure that these issues are addressed as it replaces the Work Programme and Work Choice. However we are concerned that budgetary restrictions will limit the scope of what it can achieve. The 2015 Spending Review announced that the Work and Health Programme will have a budget of £130m a year by 2019/20.<sup>11</sup> In comparison, £492m has been spent on Work Choice in 2015/16 alone and £2.2bn had been paid to Work Programme providers by December 2015. Although the DWP has been unable to calculate the amount of money spent through the Work Programme and Work Choice on disabled people, external analysis has placed the figure at around £1bn.<sup>12</sup>
15. The Work and Health Programme will be targeted at those who have been unemployed for over 2 years and likely to be able to find work within 12 months if they receive specialist support, in comparison with the Work Programme, which targets those unemployed for 12 months or fewer.<sup>13</sup> Given that the Work and Health Programme will assist a smaller number of people than its predecessors, more people will be provided support directly through Jobcentre Plus. A lack of additional investment in either Work Coach capacity or the Work and Health Programme goes against the spirit of delivering more tailored support for those with mental illness.
16. **We believe that Access to Work should be expanded beyond its current provisions. At present, it is only accessible by those currently in work.** We believe that it should be amended so that it can also be accessed by people with mental health conditions that are seeking to move into the workplace. Previous reviews have found that Access to Work is not sufficiently promoted, including among healthcare professionals, and **the Government should seek to promote Access to Work more effectively to ensure that more people affected by mental illness can benefit.**
17. **Rethink Mental Illness has serious concerns about the staff capacity to deliver this important agenda and would welcome reassurance and rationale from the Government in its formal response.** We recognise that the Government feel additional capacity and expertise will be provided through the recruitment of 300 Disability Advisers and 200 Disability Community Partners. We welcome this announcement, but the Green Paper contains no detail on the unmet need this is designed to address or how these numbers of advisers and partners were calculated.
18. **We believe that a holistic approach, facilitated by adequate signposting, is required to meet the disability gap ambition.** People with mental illness face complex barriers to work including money worries, drug and alcohol problems, homelessness, and issues with family and relationships. However, the Green Paper does not reference the importance of services which address these barriers to people with mental health conditions.

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<sup>10</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/572804/work-choice-statistics-to-sep-2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/572804/work-choice-statistics-to-sep-2016.pdf)

<sup>11</sup> [House of Commons Library, Work and Health Programme, December 2016, p5](#)

<sup>12</sup> [Work and Pensions Committee, The Future of Jobcentre Plus, November 2016, p33](#)

<sup>13</sup> [House of Commons Library, Work and Health Programme, December 2016, p4](#)

19. **We believe that the Government must ensure the Disability Advisers and Disability Community Partners are able to signpost to suitable additional services.** Aside from these services, there are huge regional variations in the waiting times for other services, such as talking therapies, which people with mental health conditions could benefit from.<sup>14</sup> However, under no circumstances should taking part in treatment be made a condition of receiving welfare benefits.
20. To ensure the demand in local areas for all these services is met by an accompanying supply, it is vital that any gaps in provision that are identified through the signposting process are fed back to the relevant commissioners. This will help to ensure that any gaps in provision are addressed in the future. Although we welcome the principle of signposting as outlined in the Green Paper, under no circumstances should claimants be required to participate in any of the services identified through this process as a condition of continuing to receive benefits.
21. Despite our concerns about the capacity of Work Coaches (even with the addition of support from Disability Advisers and Disability Community Partners) we recognise that the Work and Health Programme represents an opportunity to provide the type of specialist support that people with mental health conditions require to find, stay in and progress in work. If that opportunity is to be realised, the Government should introduce a specific strand of the Work and Health Programme that is tailored to those with a mental health condition.
22. To deliver this objective, **we believe that the DWP should use the Work and Health Programme to increase the amount of support for people affected by mental illness. This could be through a specific Work and Mental Health Programme based on the principles of Individual Placement and Support (IPS) services and refer suitable claimants accordingly.** As an alternative, the DWP could explore how individuals on the Work and Health Programme could be referred to Employment Support Services offered by the voluntary sector by organisations that have expertise in working with people with mental illness.
23. The evidence base for the success of IPS in support people with severe mental health conditions is well established and recognised and we are pleased that the Green Paper notes that trials on its use for people with more common conditions are progressing well. IPS focuses on getting people into competitive employment first, with training and support on the job, rather than the other main approach of 'train then place'. The 8 principles of IPS focus on helping people into competitive work that is consistent with their preferences, they work with clinical teams and provide unlimited support, including welfare benefits advice.<sup>15</sup> As the Centre for Mental Health has noted:

*'Randomised controlled trials (RCTs) across the United States, Canada, Hong Kong, Australia and Europe, including the UK, have compared the experiences of IPS participants with groups taking other approaches to vocational rehabilitation (i.e. services based on more traditional principles of 'train and place', which provided vocational training and job preparation before looking for competitive employment). Across research studies, sites that most closely followed the IPS approach achieved the greatest success with an average of 61% of*

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<sup>14</sup> [House of Commons Library, Mental health problems: statistics on prevalence and services, January 2017](#)

<sup>15</sup> [Centre for Mental Health, Doing What Works: Individual Placement and Support, February 2009, p2](#)

*participants being placed in competitive employment compared to 23% in sites that followed other approaches.*<sup>16</sup>

24. NHS England have committed to doubling the number of people accessing IPS by 2021<sup>17</sup> and the Government have also acknowledged the importance of increasing access to these services.<sup>18</sup> **The DWP should state in its response to the Green Paper that it recognises the need to provide specialist support to people with mental health problems and commits to doing so through an increased commissioning of IPS services those that follow its principles.**

## **Improving access to employment support**

25. Rethink Mental Illness recognise the intent behind offering targeted health and employment support to ESA claimants in the Support Group. As this offer is developed, it is imperative that the Government recognise that anyone placed in the Support Group has been through an extremely challenging assessment process and has been deemed too unwell to work, or to take steps towards work.
26. The Government should therefore ensure that any offer to the Support Group is made on a voluntary basis and that this is explicitly stated to claimants. **Rethink Mental Illness will strongly oppose any attempt to introduce mandatory activity (including the 'keep in touch' conversations outlined in the Green Paper) and an accompanying threat of sanctions to those in the Support Group.**
27. Even if support is offered on a voluntary basis to the Support Group, the Green Paper does not recognise the potential financial implications that individuals placed in this group face if they engage in back-to-work support. This means that any voluntary offer to the Support Group, in the present environment, is likely to see minimal take up.
28. This is due to the cut in the WRAG rate set to be introduced in April this year, which will see a £36 a week gap between the financial assistance offered to the Support Group and those in the WRAG. Although the Government have announced that the current WRAG will continue to apply for existing claimants, this offers no protections for those currently in the Support Group. As the Work and Pensions Committee have noted, given the higher living costs of those claiming ESA, this would see ESA WRAG claimants with less disposable income than those claiming JSA.<sup>19</sup> This is unjust.
29. Any claimants currently in the Support Group who engage in any offer of voluntary support face an increased risk of being placed in the WRAG or found fit-to-work following a reassessment in the longer term. Even viewed in isolation, the WRAG cut will add huge stress to people with mental health problems and increase the risk of isolation and debt for any new claimants beyond April 2017.
30. **Rethink Mental Illness believe that the proposed cut to the WRAG runs entirely against the Government's ambition to halve the disability employment gap and that the cut should be**

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<sup>16</sup> [Centre for Mental Health, Doing What Works: Individual Placement and Support, February 2009, p4](#)

<sup>17</sup> [NHS England, Implementing the Five Year Forward View for Mental Health, July 2016, p20](#)

<sup>18</sup> [The Government's response to the Five Year Forward View for Mental Health, January 2017, p7](#)

<sup>19</sup> [Work and Pensions Committee, Disability Employment Gap, February 2017, p26](#)

**abandoned permanently in the March 2017 budget.** Viewed in the context of offering employment support to the Support Group, the cut is a disincentive to those who people with mental health problems who may want to consider working in future to engage in work-related activity.

31. In the absence of an abandoned WRAG cut, we believe that voluntary support offered to those in the Support Group would see only significant take up is if it was offered with a guarantee that participation would not result in a claimant being moved into the WRAG or found fit-to-work for a pre-determined period of time.
32. **The Government should also consider extending the number of hours that ESA claimants are permitted to work to 24 (it is currently 16).** This could see those in the Support Group more willing to engage in part-time work of 8 or 16 hours a week, as they would still be beneath the level of the permitted work. **Similarly, the DWP should guarantee that taking part in volunteering and training will not be viewed as an indication of an ability to work for those in the Support Group.** We believe this would result in an increase in the number of people willing to take part in it without fear of a financial penalty. This voluntary offer could then be communicated to Healthcare Professionals and therefore allow them to raise the profile of any offer made.
33. People with mental illness frequently report that the fear of losing their benefits actually makes them more unwell, less able to engage with support, and less likely to trust the support that they are offered. The threat of sanctions only amplifies those fears, particularly for people with mental health problems.
34. A recent report by the National Audit Office provided preliminary analysis on the impact of sanctions on ESA claimants. It stated that ‘sanctions reduced claimants’ time in employment, particularly part-time employment. Most of the reduction meant people spent more time claiming, suggesting sanctions may have discouraged some claimants from working’.<sup>20</sup> In line with those preliminary findings, **Rethink Mental Illness believes that the Government should commit to a wide-ranging review of the impact of benefit sanctions, as recommended by National Audit Office report.**

## Chapter 3: Assessments for benefits for people with health conditions

### Separate assessments for employment and financial support

35. **Rethink Mental Illness believes there should be significant reform of the WCA and are disappointed in the ambition in the Green Paper on this.** We welcomed the Government’s stated interest, prior to the Green paper publication, in wholesale reform. However, the Green Paper only proposes to separate assessments for employment and financial support. This would mean the WCA remains as it stands, with conditionality and sanctions potentially open to all ESA claimants, determined on an individual basis.
36. **We oppose the WCA split as proposed. This is because it would remove the protections currently offered to those in the Support Group, would leave conditionality and sanctions to be determined by Work Coaches with insufficient expertise in mental health to determine how work affects their condition, what this means they can and can’t do, and the negative impact of inappropriate work on their health.** We have learnt from our

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<sup>20</sup> [National Audit Office, Benefit Sanctions, November 2016, p41](#)



discussions with DWP officials that at present Work Coaches spend an average of 88 minutes per year with each WRAG claimant. This demonstrates that developing such an understanding of individuals' complex mental health conditions is highly unlikely.

37. The proposal for the mandatory Health and Work Conversation adds to our concern, particularly as claimants cannot record in this conversation the barriers to work they face. This could see ESA claimants that are clearly unable to work unable to record those factors in their initial encounter with their Work Coaches prior to their WCA taking place.
38. The mandatory nature of the conversation and limits on what it can contain run counter to the Government's objective to engender more positive relationships between Work Coaches and claimants. We are also concerned that the outputs of the Health and Work Conversation, though voluntarily initially, could form the basis of mandated activity after a WCA has taken place for claimants that previously benefitted from the protections afforded by their place in the Support Group.
39. **We are concerned by the lack of clarity from the Government about how the appeals process under a split WCA would operate.** The Green Paper contains no details on how claimants would be able to appeal against any activity they were mandated to undertake, or if any opportunity for appeals would exist at all. The removal of the Support Group and the lack of expertise among Work Coaches makes a clear and fair appeals process even more important. Under the proposals in the Green Paper not only would the protection the appeals system provides be removed, claimants would be subject to variations in attitudes across Jobcentres, managers, and Work Coaches themselves that do not reflect their compliance with the activities they are required to undertake.
40. The most recent quarterly statistics show that 58% of appeals against fit-to-work verdicts were successful. This demonstrates that inappropriate decisions are frequently made following WCAs and shows the necessity of the appeals system to ensure that those decisions can be overturned.<sup>21</sup> The National Audit Office has also shown that sanction rates vary significantly in different areas and providers 'in ways that cannot be explained by changes in claimant compliance'.<sup>22</sup>
41. **Rethink Mental Illness would support a proposal to remove conditionality both from the WCA itself and Work Coaches. Instead, Work Coaches could offer individual back-to-work support on a voluntary basis based on a detailed understanding of each claimant's condition.** The threat of conditionality attached to the WCA adds to the distress that people with mental illness face when going through the assessment.
42. Even if conditionality is removed from the WCA, numerous issues remain in the way the process operates, as we have outlined in the report we have included as part of our submission to the Green Paper consultation. These include the collation of medical evidence, training of assessors and the provision of information from DWP.

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<sup>21</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575604/esa-wca-summary-december-2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575604/esa-wca-summary-december-2016.pdf)

<sup>22</sup> [National Audit Office, Benefit Sanctions, November 2016, p9](#)

43. The 2013 Judicial Review<sup>23</sup> brought against the DWP found that people with mental health conditions were placed at a significant disadvantage by the WCA process. **As a minimum, Rethink Mental Illness believes that the Government should remove responsibility for collating supporting medical evidence from individual claimants and ensure that when people affected by mental illness go through the WCA process, the assessors examining them are trained mental health professionals.**
44. **The Government should also commit to a wide-ranging review of international comparative models of benefits assessment with a view to developing a system that appropriately captures the realities of living with mental illness.** A variety of different models exist in countries with a comparable level of GDP and the Government should explore the characteristics of these different methods with a view to developing an improved assessment for people with mental health conditions.

### **Ending ESA reassessments and face-to-face assessments**

45. Rethink Mental Illness are pleased to have been involved in the consultation process on ending ESA reassessments and have suggested a robust mechanism that would ensure that those with severe mental illness with no realistic prospect of recovery would be exempt from both reassessments and face-to-face assessments.
46. Whilst we support the intent of ending reassessments and have engaged with the Government's ongoing consultation. **It is vital that these criteria are not used in a way that extends conditionality or sanctions to individuals in the Support Group that do not meet them. The Government should state explicitly in its response to the consultation that this will not take place.**

## **Chapter 4: Supporting employers to recruit with confidence and create healthy workplaces**

### **Embedding good practices and supportive cultures**

47. The Government has a significant role to play in transforming attitudes to mental health within the workplace as an employer and as a procurer.
48. **We welcome the Government's commitment to lead by example as an employer and believe the Government should set out a strategy for how it will make itself a mentally healthy employer.** This should be underpinned by an audit of current practices, current demographic profile and illustrations of existing good practice within government.
49. **We believe the Government should also lead by example as a procurer by working with organisations that demonstrate good practice in this area.** For example, the government should review its procurement guidelines and give preferential bidding status to suppliers who employ and support people with mental health conditions.
50. We support the Work and Pensions Committee's recommendations on incentives for employers to employ people with disabilities, including those with mental health conditions.

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<sup>23</sup> [http://www.mind.org.uk/news-campaigns/news/victory-for-welfare-campaigners-as-government-loses-appeal-against-benefits-ruling/#.WKWFFNQS\\_Mo](http://www.mind.org.uk/news-campaigns/news/victory-for-welfare-campaigners-as-government-loses-appeal-against-benefits-ruling/#.WKWFFNQS_Mo)

This includes testing the impact of wage subsidies, incentives such as relief on National Insurance Contributions, and commissioning external organisations to provide support and guidance directly to employers.<sup>24</sup>

51. **Kite marks or similar accreditations could be introduced or developed to demonstrate that employers have systems in place to provide a safe and secure working environment for people with mental health conditions, with appropriate support in place.** Such accreditations should be co-produced with organisations with expertise and knowledge of what works in terms of mentally healthy workplaces.
52. Another example is the Time to Change Employer Pledge. Time to Change is a Government funded anti-stigma campaign run by Rethink Mental Illness and Mind, and its employer pledges help businesses to develop action plans to encourage employees to talk about mental health and to tackle stigma in the workplace. Research has shown that Time to Change has had a positive impact on employer attitudes to mental health<sup>25</sup> and **the Government should consider how it can encourage more businesses to participate in the employer pledges offered by Time to Change.**

### **Moving into, staying in and returning to work**

53. Although the Green Paper makes reference to increasing apprenticeships for younger people, other age groups are excluded. The Government should take steps to expand the offer of adult apprenticeships, work experience, work preparation courses and volunteering opportunities for people with mental health conditions who have been out of work for a significant period. This could be an important stepping stone for moving into more permanent forms of work in the longer term.
54. People with mental health conditions receive a lack of ongoing support once they have found paid employment, or help they need to maintain their job if they become unwell. To address this, people with mental health conditions should be given the opportunity to maintain contact with their Work Coach or back-to-work providers, who in turn should have sufficient understanding of the condition the claimant has to be able to offer appropriate support.
55. **Employers noted for their understanding of mental health should be also be identified by both Jobcentre Plus and back-to-work providers. This would allow discussions about flexible working to take place between employers and people with mental health problems at an early stage to help them remain in work during periods when their condition worsens.**
56. The transition between benefits and work, whether moving from unemployment to part-time or full-time work, should be smoother and more flexible than it is in the current system. The DWP should also communicate the transitional process more effectively to claimants and those that support them. **People with a declared disability should also be offered an independent advocate who can support them through benefit / work processes.**

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<sup>24</sup> [Work and Pensions Committee, The Disability Employment Gap, February 2017, p37](#)

<sup>25</sup> Henderson, C., Williams, P., Little, K. and Thornicroft, G. (2013) 'Mental health problems in the workplace: Changes in employers' knowledge, attitudes and practices in England 2006-2010', The British Journal of Psychiatry

57. Improved employer training in mental health is key to improving the prospects of people with mental health conditions finding and remaining in work. This would help increase awareness, combat stigma and increase the knowledge and confidence of employers to work with and identify mental health problems.
58. Rethink Mental Illness offers a range of training services, some aimed at all staff (e.g. Mental Health First Aid Training), and others specifically for line managers that enables them to better support the mental health of their employees, including on reasonable adjustments, return to work conversations, and best practices more generally. The Government should explore whether employer participation in training of this type could be expanded, with a particular focus on small and medium-sized enterprises (SMEs).
59. Rethink Mental Illness also has a track record of supporting external organisations to be more mentally healthy workplaces. For example, Rethink Mental Illness - as a member of Mental Health UK - is working in partnership with Lloyds Banking Group (LBG) to develop and assess a range of interventions that will support LBG staff and make LBG even more attractive to prospective staff who may face challenges with their mental wellbeing.

### **Different approach for different sized organisations and different sectors**

60. We recognise that large companies have an increased capacity to improve their understanding and awareness of mental illness in comparison to SMEs. There are numerous steps that could be taken to help bridge that gap.
61. The Government and the DWP has a significant role to play in improving understanding of mental health among SMEs. **We would like to see the DWP lead the development and dissemination of resources and support to SMEs and also micro-businesses and sole traders. There are already resources such as training, national helplines and best practice guidelines that can be promoted more widely.** We also believe there is scope for Jobcentres and Local Enterprise Partnerships (LEPs) to play a more active role in dissemination.
62. Given their improved capacity for working with mental health, the Government should explore how the experience of larger companies could be shared with smaller organisations. This could be achieved through promotional activities and events orchestrated through trade bodies, professional associations, and trade unions, who would be well placed to act as a conduit between large and small businesses. Corporate partnerships could be explored to facilitate and resource this.

### **Statutory sick pay**

63. We support attempts to make a phased return to work for people with mental health conditions more widely available and expand awareness and use the statutory sick pay provisions that make part-time work possible. However, any expansion in the use of these provisions must be used primarily to aid the recovery and reintegration of the individual concerned, rather than to coerce people back into part-time work before it is suitable for them to take that step. Phased returns to work must also not leave people with mental health conditions financially disadvantaged.

## Chapter 5: Supporting employment through health and high quality care for all

### Improving discussions about fitness to work and sickness certification

64. A lack of trust among GPs that employers will make reasonable adjustments may explain the limited number of 'may be fit for work' classifications for people affected by mental health conditions. As medical generalists, GPs may also not be best placed to offer specific recommendations and psychiatrists, therapists, community psychiatric nurses and care co-ordinators, may be in a position to give more specialist recommendations. Consideration should be given as to how the process of fit note certification could be extended to these professionals.

### Access to mental health services

65. Attempts to reduce the disability employment gap hinge equally on the availability of mental healthcare services as they do on tailored employment support. An inability to access mental healthcare services can decrease the chances of people with mental health conditions remaining in employment, or mean that they are too unwell to find sustainable work.

66. It is widely acknowledged that mental health services have been chronically underfunded for many years. The FYFV for mental health showed that despite accounting for 23% of need, NHS spending on mental health services is equivalent to only half of this.<sup>26</sup> The Government's FYFV response<sup>27</sup> and the NHS England Implementation plan<sup>28</sup> show that a will exists to begin to turn this around.

67. Despite the £1bn per year by 2020/21 committed to fund the ambitions of the FYFV for mental health, evidence shows that many CCGs are failing to meet their mandated increase in spend<sup>29</sup> on mental health services, and the operating income of mental health trusts is failing.<sup>30</sup> NHSE Chief Executive has also stated that the £1bn is the 'minimum necessary'<sup>31</sup> funding, so additional financial commitments will be required in the longer term to deliver parity of access to mental healthcare services and esteem with physical health.

68. Whilst the FYFV for mental health represents a significant step forward, there are many elements of psychological therapy that are beyond its scope. Targets for IAPT and EIP, for example, must not detract the focus of commissioners from other forms of adult therapy, such as higher tier psychotherapy services, personality disorder services, and eating disorder services.

**69. If the Government's ambition to reduce the disability employment gap is to be realised effort will need to be made to ensure that accompanying mental health care services are available to people with mental health conditions.**

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<sup>26</sup> [Mental Health Taskforce, The Five Year Forward View for Mental Health, February 2016, p9](#)

<sup>27</sup> [The Government's response to the Five Year Forward View for Mental Health, January 2017](#)

<sup>28</sup> [NHS England, Implementing the Five Year Forward View for Mental Health, July 2016](#)

<sup>29</sup> [HSJ, The CCGs cutting mental health budgets, November 2016](#)

<sup>30</sup> [The King's Fund, Trust finances raise concerns about the future of the Mental Health Taskforce recommendations, October 2016](#)

<sup>31</sup> [Public Accounts Committee, Improving Access to Mental Health, September 2016, respond to Q42](#)

## **The role of healthcare professionals**

70. We recognise that healthcare professionals have a role to play in helping people with mental health conditions find and remain in suitable work, but it is vital that the line between work that is beneficial and that which is damaging is not blurred as a result of the integration of health and work services.
  
71. It is important that a broadly understood, well-publicised agreement is developed to underpin the relationship between Work Coaches and healthcare professionals. Without this, the conflicting priorities of finding work and aiding medical recovery that both have may mean that integration between the two will be counter-productive. As this relationship is developed, it is paramount that a healthy recovery is always prioritised over attempts to find work.

### **Contact details**

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