

Mental health and employment

It is widely recognised that work is good for our mental and physical health, while being unemployed has a negative effect¹. Equally being underemployed or in ‘bad’ work is also bad for our health.

Yet employment remains a right denied to many people facing long-term mental health challenges².

The employment rate of all people with mental health problems stands at 43% - some 22% below the employment rate for people with other health conditions (65%) and 31% below that of the general population (74%). For people being supported by secondary mental health services the employment gap rises to a staggering 65% compared with the general population.

The 2016 Community Mental Health Survey found that 28% of those using secondary mental health services had definitely received help to find or keep work while 43% would have liked such help but did not receive it.

Improving access to work and maintaining that work for people with poor mental health is important and is now accepted in national mental health policy as a priority for NHS mental health services^{3,4}.

There is now a wealth of research showing that people with more serious mental health problems who gain employment experience not only increased income⁵ but also show enhanced self-identity and social functioning, improved quality of life and reduced symptoms. Crucially, these outcomes have been found only among those who have gained open

¹ Is Work Good for Your Health & Wellbeing? Waddell, G. & Burton, K. 2006 London TSO

² Mental Health Task Force (2016) Five Year Forward View for Mental Health

³ Mental Health Task Force (2016) Five Year Forward View for Mental Health NHS England

⁴ Mental Health Task Force (2016) Five Year Forward View for Mental Health NHS England

⁵ Hoffman et al (2014)

employment - they have not been found in those engaged in sheltered work.⁶

The adoption of Individual Placement and Support (IPS) as a model has become more widely established in recent years. The evidence of effectiveness continues to emerge, but there is already a wealth of research and data to demonstrate the effectiveness of IPS in helping people to gain and retain work.

Cochrane systematic reviews^{7 8} have found people who received IPS were significantly more likely to be in competitive employment at 12 months than those who received pre-vocational Training.

There is consistent evidence that IPS is cost-effective compared to traditional train and place approaches to vocational rehabilitation^{9 10}. The saving to the health and social care system when a person gains employment is in a reduction in health service usage including reduced psychiatric bed usage^{11 12 13 14 15}.

⁶ See, for example Arns and Linney (1993, 1995), Bond et al (2001), Fabian and Wiederfeld (1989), Fabian (1992), Mueser et al (19897), Vasn Dongen(1996, 1998), Utviklet av Uni Research Helse and Uni Research Rokkansenteret (2016)

⁷ Vocational rehabilitation for people with severe mental illness (2001) Crowther R, Marshall M, Bond GR, Huxley P. Cochrane Database of Systematic Reviews 2001, Issue 2 Art. No.: CD003080. DOI: 10.1002/14651858.CD003080.

⁸ Supported employment for adults with severe mental illness. Kinoshita Y, Furukawa TA, Kinoshita K, Honyashiki M, Omori IM, Marshall M, Bond GR, Huxley P, Amano N, Kingdon D. (2013) Cochrane Database of Systematic Reviews 2013, Issue 9. Art. No.: CD008297. DOI: 10.1002/14651858.CD008297.pub2.

⁹ Comparing employment outcomes for two vocational services: Individual Placement and Support and non-integrated pre-vocational services in the UK. Rinaldi, M & Perkins, R. (2007) Journal of Vocational Rehabilitation 27, 1, 21-27

¹⁰ The Cost Effectiveness of Employment Support for People with Disabilities. Final detailed report. Greig, R., Chapman, P., Eley, A. (2016) Bath: National Development Team for Inclusion / NIHR SSCR.

¹¹ Supported employment: cost-effectiveness across six European sites. Knapp M, Patel A, Curran C. et al (2013) *World Psychiatry* 12: 60-68.

¹² Economic impacts of supported employment for the severely mentally ill. Latimer, E. (2001) *Canadian Journal of Psychiatry* 46:496-505.

¹³ Social costs of expanding access to evidence-based supported employment: Concepts and interpretive review of evidence. Salkever, D. S. (2013). *Psychiatric Services* 64:111-119.

¹⁴ Commissioning what works: The economic and financial case for supported employment. Briefing paper 41. Parsonage, M. (2009) London: Sainsbury Centre for Mental Health.

¹⁵ The Long-Term Impact of Employment on Mental Health Service Use and Costs for Persons With Severe Mental Illness. Bush, P.W., Drake, R.E., Xie, H., et al. (2009) *Psychiatric Services*, 60, 8, 1024-1031.

A cost benefit analysis calculated the savings for psychiatric inpatient costs over an 18 month period with savings calculated at around £6,000 per person.¹⁶ ¹⁷ Another study found mental health service costs over a 10-year period were 50% lower for people supported into regular employment through IPS than among other groups.¹⁸

The IPS approach is recognised as evidence-based practice and is recommended by NICE. It also encourages a marked culture change in mental health services, with benefits for staff and service users alike¹⁹.

The further expansion of IPS is to be welcomed as part of a range of work that can be undertaken to address the social determinants of our mental health. IPS is not a substitute for high quality secondary mental health care services, it is an important element of what good should now look like.

Equally, IPS is and must remain voluntary, it must help people to find appropriate work and should do nothing that could be detrimental to a person's mental health, or to their finances. If it does not work to those principles, it's not IPS, and it probably won't work.

It is reasonable to be sceptical and to question the merits of emerging models, but IPS should not be dismissed lightly. Why should we continue to deny people something with such clear health benefits?

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¹⁶ Commissioning what works: The economic and financial case for supported employment. Briefing paper 41. Parsonage, M. (2009) London: Sainsbury Centre for Mental Health.

¹⁷ The Long-Term Impact of Employment on Mental Health Service Use and Costs for Persons With Severe Mental Illness. Bush, P.W., Drake, R.E., Xie, H., et al. (2009) Psychiatric Services, 60, 8, 1024-1031.

¹⁸ *ibid*

¹⁹ <https://www.centreformentalhealth.org.uk/publications/making-individual-placement-and-support-work>