Mental health, employment and the social care workforce

Key messages

- Government policy intends to enable working age adults to gain and retain employment, regardless of mental health problems.

- People with mental health problems are protected against employment discrimination under the Equality Act 2010 and Public Sector Duty.

- People with mental health problems experience high levels of unemployment. Yet most would like to work, and do not have to be fully recovered before taking a job.

- 'Good' work benefits and protects mental health.

- Social care jobs can be stressful, but most people find their work fulfilling. Personal experience of mental health problems is a valued background in some jobs.

- Programmes to promote health and wellbeing at work can improve working environments, prevent long-term sickness and support people's return to work.

- Effective strategies include a change in work tasks, flexible working, working from home, gradual return to work or part-time working.

- Occupational health staff, human resources staff and line managers can help people retain or regain work, but may need to improve skills and confidence to engage with employees about their mental health.

Introduction

This At a glance summary is intended to answer some key questions about mental health, employment and the social care workforce.

It is based on SCIE Guide 44 and Research briefing 38: *Mental health, employment and the social care workforce* and summarises evidence about what hinders people with mental health problems from working in social care, and what helps them to gain and/or retain employment.

The messages summarised here should be of help to those working in occupational health, human resources or as line managers, to understand better what they could do to improve recruitment and retention of people with mental health problems and address the mental wellbeing of their workforce.

Facts about mental health and employment

- Among the working age population, nearly one in six people will be experiencing mental health problems such as depression or anxiety. If drug or alcohol dependence are included, this frequency increases to one in five.

- Only between 10 and 20 per cent of people with severe mental health problems are estimated to be in paid employment. This is lower than the figures for other disability groups.

- Mental health problems including stress could account for up to five per cent of staff turnover. The average employee takes seven days off sick a year, of which 40 per cent are for mental health problems.

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The importance of mental health and employment

Social status, poverty and mental health:

- people from socio-economically deprived backgrounds have a higher risk of mental health problems, associated with lower occupational or educational standing, poorer quality of work and less secure employment

- people with mental health problems who find work are more likely to be underemployed, employed in low status or low-paid jobs or employed in roles which do not reflect their skills or level of education.

Mental health problems impact on the economy:

- annual economic costs from absenteeism (people being off work due to mental health problems) are estimated by the Centre for Mental Health at £8.4 billion, while presenteeism (lack of productivity due to mental health problems) is estimated at £15.1 billion

- however, traditional systems of measuring absenteeism can fail to note 'extensionism' the fact that in flexible work situations, many workers extend their hours to make up time lost due to mental distress, in order to achieve their work goals.

Impact of work on mental health:

- Suitable work in a safe and healthy workplace is generally good for people. Work not only has a positive influence on health and wellbeing, but is also associated with reducing the chance of a mental health problem recurring.

- There is, however, a need for attention to mental wellbeing at work, as stressful working environments can lead to mental health problems. Prolonged stress is linked to psychological issues such as anxiety and depression.

The majority of people with mental health problems say that they want to work. Some who work in social care find that their life experience is valued by their workplace, and a number of respondents who work in the mental health field find that personal experience of the issues is regarded as a definite plus.

What keeps people with mental health problems from working in social care?

Evidence shows continuing stigma and discrimination towards people with mental health problems in wider society and within the workplace. Negative assumptions by doctors and medical staff and individuals themselves can play a significant role in preventing people from working when they could do so.

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There are some specific barriers to employment in social care and health. Legislation and guidance intended to protect the public from risk can increase discrimination, making it hard for people to disclose current or past problems with their mental health.

The Clothier Inquiry recommended that no applicant for a post in the NHS with a previous mental health problem should be employed unless they had been free of drugs and other support for at least two years. Despite NHS guidance overruling this recommendation, it may still affect attitudes.

The Equality Act 2010 made it illegal to use routine pre-employment screening questionnaires, but the knowledge that an employer might ask health questions before any final job offer could discourage people from applying.

People returning to work after absence due to a mental health problem may not always receive the levels of support needed. Policies that exist may be disregarded, or line managers may not have the relevant skills and confidence. Employees with mental health problems can feel isolated by colleagues who do not know how to support them.

Law, policy and guidance

Reintegrating people with mental health problems into the labour market can require a long term supportive approach, and measures to address employment discrimination and raise awareness of mental health problems in society and at work.

Laws and policies aiming to address these issues include the following:

- The Equality Act 2010 (which supersedes the Disability Discrimination Act), and the Public Sector Equality Duty make it illegal for employers to require candidates to disclose a disability until a job offer has been made. The definition of disability incorporates mental health problems.

- The Government's mental health strategy: 'No health without mental health' cites improved rates of employment as one of six key aspects of quality of life for people with mental health problems.

- The cross-Government Health, Work and Wellbeing initiative (HWWB) has established a national agenda to improve awareness of health and wellbeing at work. A key innovation of this programme is the 'fit note', introduced in April 2010, which allows GPs the option of stating that a patient may be fit to return to work and provides advice on the functional effects of the condition and how a return to work may be facilitated.

- The Department of Health aims to set a good employment example by outlawing stigma and discrimination on mental health grounds in NHS employment.

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'Effective strategies include a change in work tasks, flexible work times, working from home, gradual return to work or part-time working'

- A report by the previous government 'Working our Way to Better Mental Health' sets out a framework for action on mental health and employment.
- The National Institute for Health and Clinical Excellence (NICE) has produced guidance on managing long term sickness absence and incapacity for work and on promoting wellbeing through productive and healthy working conditions.

Mental health and the social care workplace

Social care is a major source of employment in England. Research shows that the vast majority of staff enjoy their jobs, in particular the sense of camaraderie of working in a team, and the satisfaction of making a difference and helping their clients. However, studies have shown that employees in social care may be at high risk of poor mental health because of their challenging and demanding roles.

In Social work settings in particular work patterns of constant change, and management responses that could sometimes come across as unsympathetic were also contributory factors to mental health problems. Staff sometimes experience violence and verbal abuse in the course of their work, and may also encounter racism, discrimination and gender issues.

Many people who work in social care services themselves have mental health problems. The importance of including the expertise of lived

experience in the workforce, alongside professional competencies is now widely acknowledged.

What helps people with mental health problems gain and retain employment?

There are a number of programmes and interventions designed to help people gain and retain competitive employment that utilise their skills and knowledge, regardless of mental health problems. These types of services can work equally well for people from ethnic minority communities, as long as employment staff are skilled and confident in addressing issues associated with racism.

Effective strategies include a change in work tasks, flexible work times, working from home, gradual return to work after ill health or part-time working or job shares. Adjustments should fit the individual's needs, not be standardised.

Talking therapies such as cognitive behavioural therapy (CBT) have been widely recognised as helpful treatments for mild to moderate mental health problems such as depression or anxiety. The government's commitment to extending access to talking therapies should benefit those with mental health problems who want to work.

Example: Increasing Access to Psychological Therapies (IAPT) programme

This programme offers talking treatments for a range of mental health issues to adults, children and young people.

The economic case has demonstrated that talking therapies can help people come off sick pay and benefits and stay in or return to work. An action plan on IAPT for the current parliament reiterates a key goal of improving social and economic participation, including employment, for working-age people.

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Individual Placement and Support (IPS), a system which places people in jobs and then trains and supports them while working, has been shown to succeed more often than more traditional approaches such as vocational training and sheltered work for people who have more long-term or severe mental health problems. Key aspects of IPS include rapid job search based on individual preference, and ongoing support by an employment adviser. So long as the job seeker wants to work and is confident they can do so, complete recovery from mental health problems is not necessary to success.

The Retain/Regain Service

Intervention by employment advisers (EAs) was studied in Cambridgeshire, England. The EAs worked in three localities alongside or within various GP surgeries. GPs could refer to the EAs anyone with mental health problems, whether in work or off sick ('retain' clients), or unemployed due to mental health problems ('regain' clients). Tailored brief interventions were offered either face-to-face or via telephone or email contact. These included careers guidance and skills to negotiate with employers for the 'retain' clients, and practical assistance in job searching, CV writing and interview technique, careers guidance and assertiveness training for the 'regain' group. The intervention was found to improve employment outcomes.

The research shows generally that workplace wellbeing interventions can be significantly cost-saving, and the health and social care sector could benefit as an employer from improved investment in workplace wellbeing programmes.

Who helps people with mental health problems to gain and retain employment?

A range of professionals can and do help people in the workforce to deal with mental health problems and retain their jobs, and also help people with mental health problems to gain or regain social care employment. They include:

- **Primary care:** Primary care has a vital role to play, as eight out of ten of people say they would consult their GP first for treatment if they thought they had a mental health issues. GPs can use their position as the first port-of-call to assist people back to work through flexible application of the fit note and referrals to employment advisers.

- **Occupational health (OH) staff:** Research-based recommendations include more effective systems for early referral to occupational health, and further development and improvement of early detection of depression. Online and telephone occupational health advice with a particular focus on helping employers handle individual employee mental is available for small and medium size employers (see digital guide resources).

- **Human resource (HR) staff:** In social care workplaces, HR functions are either located in service departments, or as corporate functions, though in smaller social care businesses, managers or owners often take responsibility for HR duties. HR staff can find help from organisations offering training in relevant knowledge and skills. Some of the low-cost interventions reviewed, such as those delivered by post or telephone, could be promoted by HR.

- **Line managers:** One of the most important improvements that could be made at work is to open up discussions about mental health problems and ensure that line managers receive appropriate training. For example, the 'tick' symbol used by those organisations signed up to Mindful Employer enabled job applicants to have confidence in the company's levels of mental health awareness. Mental health training for managers has been shown to be effective.

Example: Training for line managers

A UK training intervention for line managers on mental health problems emphasised recognition of very early signs of mental health problems at work, and information on the range of professional support and treatments that are available. The results showed a significant effect, sustained at eight month follow-up, on knowledge, attitudes, willingness to engage with staff about mental health, and self-reported confidence levels.

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Research shows a need for more training for all relevant professionals which would enable earlier identification of problems experienced by existing staff, and give managers more confidence in employing or re-employing people with mental health problems.

Further reading

SCIE guide 44 and Research briefing 38: *Mental health, employment and the social care workforce* **www.scie.org.uk**

SCIE's At a glance summaries have been developed to help you understand as quickly and easily as possible the important messages on a particular topic. You can also use them as training resources in teams or with individuals. We want to ensure that our resources meet your needs and we would welcome your feedback on this summary. Please send comments to **info@scie.org.uk**, or write to Publications at the address below.

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