



About Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We campaign to improve services, raise awareness and promote understanding.

This briefing covers a background to mental health and unemployment, the Work Capability Assessment (WCA), Government back-to-work schemes, why mainstream schemes are failing, what works (the IPS model) and Access to Work.

Key Points

- Over a third of people with mild to moderate mental health problems, and almost two thirds of people with more severe mental health problems, are unemployed.¹
- Added to this, almost half of people receiving Employment and Support Allowance are claiming primarily because of mental health problems.² Yet research shows the vast majority desperately want to work.
- Of over 150,000 people with mental health problems on ESA who have been placed on the Work Programme, only 6.7 per cent have been helped into work. This is compared to the programme's success rate for those without a health condition of 25 per cent.
- We are calling for a redesign of the benefits and back-to-work support system to support positive and open engagement with people with mental health problems rather than focusing on unfair assumptions about lack of motivation or willingness to work.

Mental health and unemployment

People with mental health problems have a high 'want to work rate'.³ It is usually the impact of their mental health problem and the environment they are expected to work in that create the biggest barriers to employment.⁴

Many years ago before all this happened, when I had my breakdown, I had a really good job and I loved it. And hopefully one day I do want to go back into work and be more independent.

Since mental health problems fluctuate and are largely 'invisible' to an outsider observer, it can be easy to assume that someone is ok when they are struggling. Symptoms such as low mood, problems with social interaction and issues with motivation could be

¹ OECD (2014), Mental Health and Work: United Kingdom (<http://www.oecd.org/employment/emp/mentalhealthandwork-unitedkingdom.htm>) (accessed November 2014)

² DWP Tabulation Tool: Employment and Support Allowance Caseload: IB ICD summary code by Payment Type (http://tabulation-tool.dwp.gov.uk/100pc/esa/icdapsumm/payment_type/a_carate_r_icdapsumm_c_payment_type_may14.html)

³ As referenced in: Perkins R, Farmer P, Litchfield P (2009)

⁴ Disability Benefits Consortium (2014)

confused with a lack of ambition to work or willingness to engage. These assumptions reinforce, and are reinforced by, the public debate about benefits.

I don't want to be on benefits because at the moment I'm made to feel like a scrounger. I've even had everyday people question it.

Our vision for a fair and responsive benefits and back-to-work system

If the benefits and back-to-work system is to become effective at supporting people with mental health problems, it needs to be built around an understanding of why this group of people need support. This includes:

- The impact of someone's mental health problem
- Attitudes towards and lack of support for mental health in the workplace
- Lack of access to mental health services

Misplaced assumptions therefore need to be recognised, challenged, and overturned if future reforms of this system are going to have real impact. All relevant frontline staff and contracted providers within the benefits and back-to-work system need to have a clear understanding of mental health, and of why people with mental health problems may be out of work.

What are the issues?

Work Capability Assessment

People with mental health problems face particular difficulties with the Work Capability Assessment (WCA) process. This is because they may find it hard to advocate for themselves and communicate the impact their condition has on their ability to work. The process can have a particularly negative impact on people with mental health problems because of the anxiety it often causes.

A recent Disability Benefits Consortium (DBC) found:

- 90 per cent of respondents with mental health problems found the assessment process stressful
- Over 85 per cent felt that it made their health worse ⁵

Despite this criticism and some reform, people with mental health problems continue to feel that the process does not work for them. A recent survey found that:

- 70 per cent of respondents felt their condition had not been understood
- 60 per cent of respondents felt they had not been asked in adequate detail about how their condition affects their ability to work ⁶

It's a black and white mentality, "fit for work/unfit for work", phrasing designed to catch people out. Most people are capable of some work. But there are so many different shades.

The WCA should act as a gateway to support – directing people to a benefit group that is appropriate for them and will provide the help they need. However, the current WCA does not perform this task effectively and many people are ending up in groups providing support that is ineffective and often inappropriate.

We are calling for the WCA to be redesigned, so it better understands the barriers to work that people with mental health problems face and what support they would need to

⁵ Disability Benefits Consortium (2014)

⁶ Disability Benefits Consortium (2014)

overcome them. Knowledge of an individual's barriers to work and what support they need to overcome them, gained from a reformed WCA, should be shared with advisors and providers to help them shape personalised and tailored back to work support.

Government back-to-work schemes

The Work Programme and Jobcentre Plus (JCP) schemes that most people on ESA because of their mental health problems are directed to aren't working. Not only is there a lack of specialist support, but the activities people are asked to do are often inappropriate, their condition is not properly taken into account, and they don't feel involved in shaping these activities.

They simply did what I could already do on my own, put together a CV and search for jobs. There was not enough support geared to my specific difficulties. Every task was the same for everyone. Not everyone's needs are the same.

Both the Work Programme and JCP are providing generic support, focusing on basic job-seeking skills and behaviours.⁷ This is particularly disappointing for the Work Programme, which was expected to direct people towards specialist support, "providing each individual with what they need".⁸

The Work Programme

Of over 150,000 people with mental health problems on ESA who have been placed on the Work Programme, only 6.7 per cent have been helped into work. This is compared to the programme's success rate for those without a health condition of 25 per cent.

My experiences with the Work Programme have made me extremely anxious and exacerbated my mental health problems. Rather than helping me back to work, it has made me more ill.

Not only is the system failing to help people into work, it is also causing them distress in the process. Over 400 people with mental health problems were asked about the impact of being on the Work Programme or with JCP:

- 83 per cent said it had made their mental health worse or much worse
- 76 per cent said it had led to them feeling less or much less able to work
- 83 per cent said it had made their self-esteem worse or much worse
- 82 per cent said it had made their confidence worse or much worseⁱ

Job Centre Plus

JCP does not record job outcomes for people on ESA, which means it is impossible for the Government or others to properly evaluate the support provided. However, evidence suggests that the support provided is similar in nature to that on offer through the Work Programme, and is a leading to similarly poor results.⁹

Why mainstream schemes are failing

This is a culmination of a wider system that is failing to understand people with mental health problems who are struggling to work, and provide the support they need.

⁷ See: Work and Pensions Committee (2014), Catherine Hale (2014) and Department for Work and Pensions (2012) Work Programme evaluation: Findings from the first phase of qualitative research on programme delivery

⁸ Department for Work and Pensions (2012) The Work Programme: The First Year

⁹ See: Work and Pensions Committee (2014) and Catherine Hale (2014)

1. Lack of understanding of mental health and barriers

Without information from the WCA on the barriers people are facing, JCP and Work Programme providers are starting from a difficult position. With a lack of expertise in mental health, and often working from misplaced assumptions, back-to-work schemes tend to end up providing generic support to people with mental health problems, failing to properly address the barriers they are facing

2. Support that is ineffective and often inappropriate

Within JCP there seems to be a lack of relevant services to refer people onto, even if their barriers had been correctly identified. It was expected that the Work Programme would be better equipped to refer people onto specialist services, through the network of sub-providers that the prime providers were expected to establish. However, the DWP's own evaluation of the Work Programme suggests that this is not leading to appropriate specialist support being provided.¹⁰ Not only is there a lack of specialist support, but the activities people are asked to do are often inappropriate, their condition is not properly taken into account, and they don't feel involved in shaping these activities.

3. Excessive focus on conditionality and sanctions

There has been an increasing use of conditionality and sanctions for people on ESA. Yet there is little evidence that it is an effective way of structuring support for this group. Because of the particular characteristics of mental health, this group are at a significantly greater risk of sanctions being inappropriately applied. This is unacceptable and needs to be urgently reviewed.

4. Lack of local integration and understanding of people's wider circumstances

There is a lack of local integration and understanding of people's wider circumstances. A DWP evaluation of the Work Programme suggests the support being offered to people in the Work Related Activity Group (WRAG) is not matching the complexity of the barriers people face.¹¹ The reality for many is that people are facing multiple issues alongside their health and employment situation, such as debt or housing problems, but do not receive support for these.

5. People are ending up more unwell and further from work

Because of ineffective and inappropriate support, the threat of sanctions and the failure to address wider support needs, back-to-work schemes are actually pushing people on ESA (not just those with mental health problems) further from employment, worsening their mental health and decreasing their confidence.¹²

What are we calling for?

It's time for a new approach to supporting people with mental health problems to get into and stay in work. Tweaking and amending current schemes will not be sufficient to address the fundamental flaws with the system and significantly improve outcomes.

We want whoever forms the next Government to take people with mental health problems on ESA out of the Work Programme and JCP and direct them to a new specialist back-to-work scheme. In our new [report](#), we outline the principles that a new model of support should be built around:

- based on understanding and trust
- focused on individual ambitions and aspirations
- specialised and person-centred

¹⁰ Department for Work and Pensions (2012)

¹¹ Department for Work and Pensions (2012)

¹² Catherine Hale (2014)

- proactively engaging with employers
- continue once someone starts a job
- integrated with health and other local services
- focused on health outcomes as well as employment.

What works – The IPS model

Individual Placement and Support approach has been shown to be twice as likely to enable people with severe mental health problems to enter work as any other employment support scheme.¹³ The recent Psychological Wellbeing and Work report also estimated a benefit-cost ratio of 1:41, with the Government saving £1.41 for each £1 spent on the IPS model.¹⁴

IPS looks to secure paid employment that matches the person's interest and aspiration by co-producing a plan of action, rather than requiring them to undertake certain activities. Support continues once the person gets a job and, as these schemes are often based in secondary mental health care service, they are integrated with the person's health support.

In 2009, four separate Government reports all recommended that the IPS approach should be used for people within mental health services who want to gain employment,¹⁵ but we are yet to see a large-scale roll-out of the model despite its success.

Access to Work

Access to Work's Workplace Mental Health Support Service (WMHSS) has since its inception in December 2011 supported just 2,580 people with mental health problems in England, Scotland and Wales.

This number is far below what it should be. The programme's effectiveness is ultimately poor if it cannot improve this number. Funding for this programme also sits at less than 2% of the total annual Access to Work budget, unrepresentative of the number of people with mental health problems within the workforce and applying for employment. For a scheme that has had such great performance results (90% retention rates) and praise from employers and employees alike, it is something that we would like to see more people with mental health problems have access to.

We are calling for significant reform of the Access to Work system, so that assessments and agreement of funding can take place before someone secures a job. This would mean that people could go to an interview with an expected level of support from Access to Work in place. We are also calling for packages of support to be portable – an employment “dowry” that travels with the person from job to job.

We've Got Work to Do: Transforming employment and back-to-work support for people with mental health problems

Our new report, [We've Got Work to Do](#), looks at the journey that so many people with mental health problems experience: from being unwell in work, to falling out of work, moving onto benefits, and being placed on a back-to-work scheme. It sets out what is going wrong at each stage of this journey and sets out our vision of a system that works.

¹³ The Centre for Mental Health (2011) The Work Programme, supporting individuals with severe mental health conditions into work

¹⁴ Van Stolk C, Hofman J, Harner M, Janta B (2014)

¹⁵ From Rinaldi M, Miller L, Perkins R (2010), Perkins R, Farmer P, Litchfield P (2009), Department for Work and Pensions (2009)