



Mental Health Reform

Promoting Improved Mental Health Services

Feedback on the proposed model of the Cross-Departmental Working Group to deliver on Action 5.1 as set out under the Comprehensive Employment Strategy for People with Disabilities (CES)

31st May 2017

Mental Health Reform (MHR) welcomes this opportunity to input into the development of a new policy approach to supporting people with disabilities, including those with high support needs, to find and retain employment, through coordinated working as set out under Action 5.1 of the CES. As the national coalition promoting improved mental health services and social inclusion of people with mental health difficulties, Mental Health Reform makes the below comments with particular reference to people with mental health difficulties.

1. In your opinion is the proposed model a useful approach to help people with disabilities find and retain employment?

Mental Health Reform is of the view that there are some positive elements to the proposed model, however, it recommends that the following gaps be considered by the Working Group in developing a comprehensive model which adequately supports people with mental health difficulties in both finding and retaining employment.

1. While there is an emphasis in the proposed model on supporting people with disabilities to enter employment, there should be a stronger focus on **supporting individuals, who are in work, to stay in work**. In the context of mental health, this includes not only individuals with diagnosed mental health difficulties, but individuals with less than optimum mental health. There is an opportunity to promote positive mental health and well-being and support existing mental health difficulties among the working age population through targeted interventions in the workplace. Such interventions must, however, be complemented by improved working conditions across the work force.
2. There appears to be a continued emphasis on traditional models of supported employment, in the proposed model, which requires people to be 'job-ready' prior to starting employment. There must be a shift in policy from training people to become 'job ready' to **supporting all individuals who want to work, directly into employment**. The internationally evidenced based approach to supported employment (otherwise known as the Individual Placement Support (IPS)) approach specifies that everyone who wants to work is eligible for employment support. This

approach has been evidenced to be far more effective in terms of producing employment outcomes for individuals with severe and enduring mental health difficulties than more traditional approaches. This is outlined in further detail below.

3. The **particular requirements of individuals with lower support needs who are in unemployment must also be carefully considered** e.g people in receipt of benefits such as job seekers allowance with mild to moderate mental health difficulties who are finding it difficult to access employment.
4. A **stronger focus on cross departmental and agency collaboration** is required as part of the proposed model. This involves collaboration in supporting people with varying levels of need in both staying in work and in finding and retaining employment. For example the IPS approach includes co-location of mental health and employment staff as one of its key criteria in supporting people with severe mental health difficulties in employment.
5. Any new policy also requires a cross departmental approach to addressing the **social determinants of (mental health) difficulties**. Poor mental health is consistently associated with unemployment.

2. What would be helpful to add or subtract from the model to make it as effective as possible?

Supporting individuals, who are in work, to stay in work

In follow on to point number 1 above there is an opportunity to support people with mental health difficulties who are in employment to stay in work through targeted measures. *There is also scope through mental health promotion and well-being programmes to improve the mental health outcomes of the working age population and to prevent mental health difficulties from developing and/or from worsening.*

Research published by the Economic and Social Research Institute in 2016 identified the two most common types of work related illness, one of which is work related stress, anxiety and depression (SAD). In Ireland SAD accounts for almost 20% of work-related illness.¹ Furthermore, the CIPD (Chartered Institute of Personnel and Development) have reported that stress, anxiety and depression are the leading causes of long term absence among non-manual workers.

Furthermore, the Mental Health Commission, in 2008, estimated the direct annual cost of poor mental health in Ireland at €3 billion. These costs were largely attributed to² loss of

¹ Russell, H., Maitre B. & D. Watson (2016) Work -related Musculoskeletal Disorders and Stress, Anxiety and Depression in Ireland: Evidence from the QNHS 2002 - 2013, Dublin: ESRI.

² Kennelly, B., E. O'Shea (2008) *The Economics of Mental Health Care in Ireland*, Dublin: Mental Health Commission.

potential labour supply, unemployment, absenteeism and presenteeism among other issues. More recently, the Healthy Ireland framework estimates that the economic cost of mental health “problems” in Ireland is €11 billion per year, much of which is related to loss of productivity.³

The OECD has identified the high costs of mental health difficulties to the individual, to the employer and to the economy. The OECD recognises that in order to address such costs, mental health difficulties must become a priority for the employment sector and every branch of social policy.⁴ Overall the OECD recommends an early intervention approach. It has reported that interventions often come too late and should be focussed on keeping individuals in education and employment as opposed to intervening after people have left the labour market. However, sickness and unemployment schemes also need to respond in a timely manner to help people who are out of work get back into employment.

Sectors, services and professionals operating outside of specialist mental health services have a key role to play in improving the employment outcomes of people with mental health difficulties. The OECD Mental Health and Work Policy Framework provides a series of general policy conclusions for all OECD countries including:

- strive for an employment orientated mental health care system
- to make benefits and employment services fit for people with mental health difficulties
- help young people through mental health awareness and education polices
- improve workplace policies and employer supports and incentives

In Ireland, See Change has developed a dedicated programme to assist Irish employers in promoting mental health in the workplace, challenge mental health stigma and in effect enhance the mental health outcomes of employees. Similar programmes have been developed by organisations such as Mental Health Ireland. IBEC (the Irish Business and Employers Confederation) has produced guidance for employers in promoting mental wellbeing and understanding and supporting employees experiencing mental health difficulties while in the workplace.

Such interventions must, however, be complemented by improved working conditions across the work force. Ferrie (2007) found that factors attributable to well-being in the workplace included social support, job security and control and greater effort/reward balance.⁵ The WHO has reflected the need to improve such conditions in order to promote and protect

³ Department of Health (2013) A FRAMEWORK FOR IMPROVED HEALTH AND WELLBEING 2013 – 2025, Dublin: Department of Health.

⁴ OECD (2015), Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work, Mental Health and Work, OECD Publishing, Paris.

⁵ Ferrie JE (ed.) (2007) Work, stress and health: Findings from the Whitehall II study. London, Cabinet Office/University College London.

mental health, in addition to providing early referral to workplace based support for individuals experiencing mental health difficulties or personal crises.⁶

Supporting all individuals who want to work, directly into employment

This section also applies to question 3 on identifying specific issues for people with high support needs.

While the proposed model to supporting individuals to find and keep employment includes some positive elements Mental Health Reform has consistently advocated for implementation of the only internationally evidence based approach to supported employment (i.e. Individual Placement Support) by Government to ensure that people with mental health difficulties, who want to work, are adequately supported to take up and sustain employment.

There is strong evidence that the internationally recognised approach to supported employment is the most effective method of supporting people with severe mental health difficulties to achieve sustainable, competitive employment.

This approach includes seven key essential principles including integrated mental health and employment supports, intensive, individual support, rapid job search followed by placement in paid competitive employment, and time-unlimited in-work support for both the employee and the employer.

Sixteen randomised controlled trials have demonstrated that Individual Placement and Support achieves far superior outcomes across varying social, political, economic and welfare contexts. Studies have shown that 61% of people with serious mental health conditions can gain open competitive employment using Individual Placement and Support as compared with 23% for vocational rehabilitation.⁷ Randomised controlled trials in the United States have also shown that IPS participants have much better employment outcomes than people supported by more traditional approaches of providing vocational training and job preparation before undertaking the search for competitive employment. In the UK, the principles of the evidenced based supported employment approach have been strongly endorsed by the UK Government.⁸

A study in Australia examined the effectiveness of IPS in a group of young people (aged 15-25 years) with first-episode psychosis who wanted to find work.⁹ In this study, IPS and

⁷ Perkins, R Farmer, P and Litchfield, P, Realising ambitions: Better employment support for people with a mental health condition, 2009, London: The Stationery Office Ltd, p.63-64.

⁸ Department of Health (2006a) From segregation to inclusion: Commissioning guidance on day services for people with mental health problems. London: Department of Health.

⁹ Killackey, E., Jackson, H.J. and P. D. McGorry 'Vocational intervention in first-episode psychosis: individual placement and support v. treatment as usual' The British Journal of Psychiatry 193 (2008): 114-120.

treatment as usual (TAU) (the vocational- intervention group) was compared with TAU alone. This study found that compared with TAU, even where that included referral to external employment agencies, there was a significant advantage to a vocational intervention for young people with first episode psychosis co-located with their clinical service. This advantage was evident in that those in the intervention group obtained more jobs, worked more hours, earned more money and lasted longer in their jobs than those in the TAU group. Furthermore, the jobs that these participants were successful in acquiring covered a wide range of occupations that were aligned with their own interests and needs.

The authors of this study discuss the importance of evidence based supported employment for young people with first episode psychosis. “The phase in life when psychosis tends to have its onset is also the period in which vocational development (the completion of education and starting work) occurs. Thus, it may be argued that vocational skills not developed at this late adolescence/early-adulthood phase of life [leads to] greater levels of unemployment...” “Furthermore, there is evidence that unemployment is a risk factor for the development or exacerbation of mental illness and the misuse of substances. Therefore, it would seem opportune to implement [evidence based supported employment] in the early phases of mental illness. Another advantage of intervention at this stage is that often those with illness are not yet accessing welfare benefits, which have been shown to pose a substantial barrier to participation in the workforce.”¹⁰

IPS has been shown to be both cost effective and less costly than traditional vocational approaches. Researchers conclude that “compared to standard vocational rehabilitation services, IPS is, therefore, probably cost-saving and almost certainly more cost-effective as a way to help people with severe mental health difficulties into competitive employment.”¹¹ In a report for the UK Department of Work and Pensions, the authors calculated that for every pound invested in the supported employment approach there was an expected saving of £1.51.¹² The OECD has also identified that IPS produced better outcomes than alternative vocational services at a lower cost overall to the health and social care systems.

The Comprehensive Employment Strategy includes a firm commitment set out under Strategic Goal 2 to “implement supported employment for people with mental health difficulties” through “for example the Individual Placement and Support (IPS) model of supported employment.”¹³ It is imperative that this approach to supported employment is implemented if employment outcomes for people with mental health difficulties are to be improved. It is also important that this commitment is aligned to other goals and actions of the CES, including Action 5.1 on supporting individuals to find and retain work.

¹⁰ Ibid.

¹¹ Knapp, et al. (2013) ‘Supported Employment: Cost-effectiveness across six European sites’, *World Psychiatry* vol. 12, pp.60-68.

¹² Perkins, et al., p.75.

¹³ Government of Ireland (2015) *Comprehensive Employment Strategy for People with Disabilities 2015-2024*, Dublin: Government of Ireland.

Enhanced cross departmental/ agency collaboration

The OECD has identified that integrated service provision between education, employment, health and other relevant sectors is required to improve the employment outcomes for people with mental health difficulties. It reports that “people with mental health difficulties often have inter-linked social and economic problems which require an integrated response”.¹⁴ Currently supports and services are often delivered in silos.

Mental Health Reform welcomes the reference to the development of “effective protocols for cooperation between departments and agencies to support people with disabilities on their path to work” within the proposed model. It is important, however, that this is developed further in order to enhance employment outcomes for people with mental health difficulties.

While acknowledging that the achievement of effective inter-agency working at a systems level is challenging, a number of recommendations have been identified in the some of the literature to support this process, including:^{15,16}

- a strategic commitment to integrated practice at Government level
- identifying the benefits and goals of joint working that relate to each agencies remit
- a commitment to joint working in the relevant agencies
- agency staff should be supported by senior management in this way of working and this should be complemented with the provision of adequate resources
- incorporating collaborative processes in written policies and procedures
- conducting applications for joint funding, inter-agency service planning and facilitated strategic planning
- guidelines for embedding inter-agency working within participating agencies
- mechanisms to respond to agency under-performance
- clarity of where responsibility lies for the monitoring of compliance with protocols
- the co-location of staff
- clear understanding of roles and expertise among agencies and agency staff
- joint training in order to address differences in language and communication. It can also counteract staff resistance if goals, processes and procedures are addressed,

¹⁴ OECD (2015).

¹⁵ Shufelt, J.L. & Coccozza, J.J. (2006). Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study. National Center for Mental Health and Juvenile Justice Research and Program Brief. Accessed 6 June 2013, from <http://www.ncmhjj.com/pdfs/publications/PrevalenceRPB.pdf>.

¹⁶ Health and Social Care Advisory Service (2008). Youth Offending Teams mental health mapping. London: London Children and Families Project.

along with sharing of positive results; and it can facilitate the development of programme manuals and other written materials

In the context of supporting people with severe mental health difficulties, the co-location of mental health and employment staff is a key principle of the IPS approach. Early indications from MHR's pilot IPS project (run in collaboration with HSE, DSP and Genio) are that the pilot sites are able to provide a more integrated supported employment service than has been the case previously through Employability services.

Cross departmental collaboration should also be developed to address the social determinants of mental health difficulties and its subsequent impact on unemployment. The WHO recognises that mental health influences a very wide range of outcomes for individuals and communities, including educational attainment, general health, and employment. It is both a cause and a consequence of social and economic status. The WHO further identifies that in order to improve the mental health outcomes of the population, Government must focus on facilitating a "policy sea change" in which "policy makers across all sectors think in terms of mental health impact".¹⁷ The social, cultural and economic determinants of mental health must be addressed through wider national policy and legislation, including in areas such as housing, employment, education, justice and social protection in order to make improvements in mental health outcomes. Similarly in order to improve employment outcomes across the population, mental health (difficulties) must be adequately addressed through a whole of Government approach.

4. What would be your 3 main priorities in relation to implementing the model?

1. There should be a stronger focus on supporting individuals, who are in work, to stay in work. In the context of mental health, this includes not only individuals with diagnosed mental health difficulties, but individuals with less than optimum mental health. There is an opportunity to promote positive mental health and well-being and support existing mental health difficulties among the working age population through targeted interventions in the workplace.

2. The internationally evidence based approach to supported employment (otherwise known as Individual Placement Support) should be rolled out across the country to ensure that all individuals with mental health difficulties who want to work are provided with effective support into employment. It is imperative that there is a shift in policy from training people to become 'job ready' to supporting all individuals who want to work, directly into employment. IPS specifies that everyone who wants to work is eligible for employment support. This approach has been evidenced to be far more effective in terms of producing employment

¹⁷ Friedli, L. (2009), p. iv.

outcomes for individuals with severe mental health difficulties than more traditional approaches.

3. A stronger focus on cross departmental and agency collaboration is required as part of the proposed model. This is set out in further detail above.

Describe the activities your organisation is engaged in regarding supporting people with disabilities in applying for, gaining and/or retaining jobs?

Mental Health Reform has promoted key policy positions on both social protection and supported employment for people with severe and/or enduring mental health difficulties in recent years. Such positions are developed on broad-based consensus with our membership of almost 60 member organisations. Mental Health Reform sits on a number of national advisory councils that address social protection and employment issues, including the Department of Social Protection's Disability Forum. MHR's Director, Shari McDaid also represents the mental health sector on the Government's Disability Stakeholders Group (DSG) and the Comprehensive Employment Strategy Implementation Group (CESIG). Furthermore, starting in 2015, the Department of Social Protection has partnered with Mental Health Reform and the HSE on a pilot project on evidenced-based supported employment in four sites across the country.

Describe the challenges/ difficulties your organisation has experienced in supporting people with disabilities to access work?

Mental Health Reform has consistently advocated that the current system of employment supports for people with mental health difficulties, throughout the country, has not been successful in facilitating a) access to and b) sustainment of employment. The low proportion of people with mental health difficulties in employment in comparison to the general population is stark –

- According to Census 2011 only 43.8% of the working age population of people with a mental health disability were in the labour force compared to 61.9% of the overall population over age 15¹⁸
- People with a mental health disability are nine times more likely to be out of the labour force than those of working age without a disability, the highest rate for any disability group in Ireland¹⁹
- The Department of Social Protection's Disability Allowance Survey published in 2016 shows that 50% of participants reported mental health difficulties as the primary reason for being on Disability Allowance

¹⁸ CSO Census Profile 8 – Our Bill of Health – Health, Disability and Carers in Ireland.

¹⁹ Watson, D., Kingston, G. and McGinnity, F. (2012) Disability in the Irish Labour Market: Evidence from the QNHS Equality Module, Dublin: Equality Authority/Economic and Social Research Institute, p.19.

Despite such high levels of unemployment, half of adults with a mental health disability who are not at work say they would be interested in starting employment if the circumstances were right.²⁰ The DSP's Disability Allowance Survey identifies significant levels of interest among individuals on DA in taking up employment (including both part time and full-time work). Among those who were not currently working 35% expressed an interest in working part time, while 8% expressed an interest in full time employment, given the right supports.

The survey also identifies that people with disabilities (including mental health disabilities) experience numerous barriers to employment and a range of supports are required to help achieve employment ambitions and goals, including in areas such as being able to retain social welfare payments; supportive work environments; access to transport; mental health supports; adaption of job tasks; flexible hours; flexible work arrangements.

Ends.

Mental Health Reform is available to discuss the above comments in further detail. Please contact Kate Mitchell, Policy and Research Officer at 01 874 9468 or via email at kmitchell@mentalhealthreform.ie for further information.

²⁰ CSO National Disability Survey 2006 – Volume 2, Dublin: The Stationery Office, p.86.