



Department
for Work &
Pensions



Department
of Health &
Social Care

The Work and Health Unit's activities concerning workplace mental health

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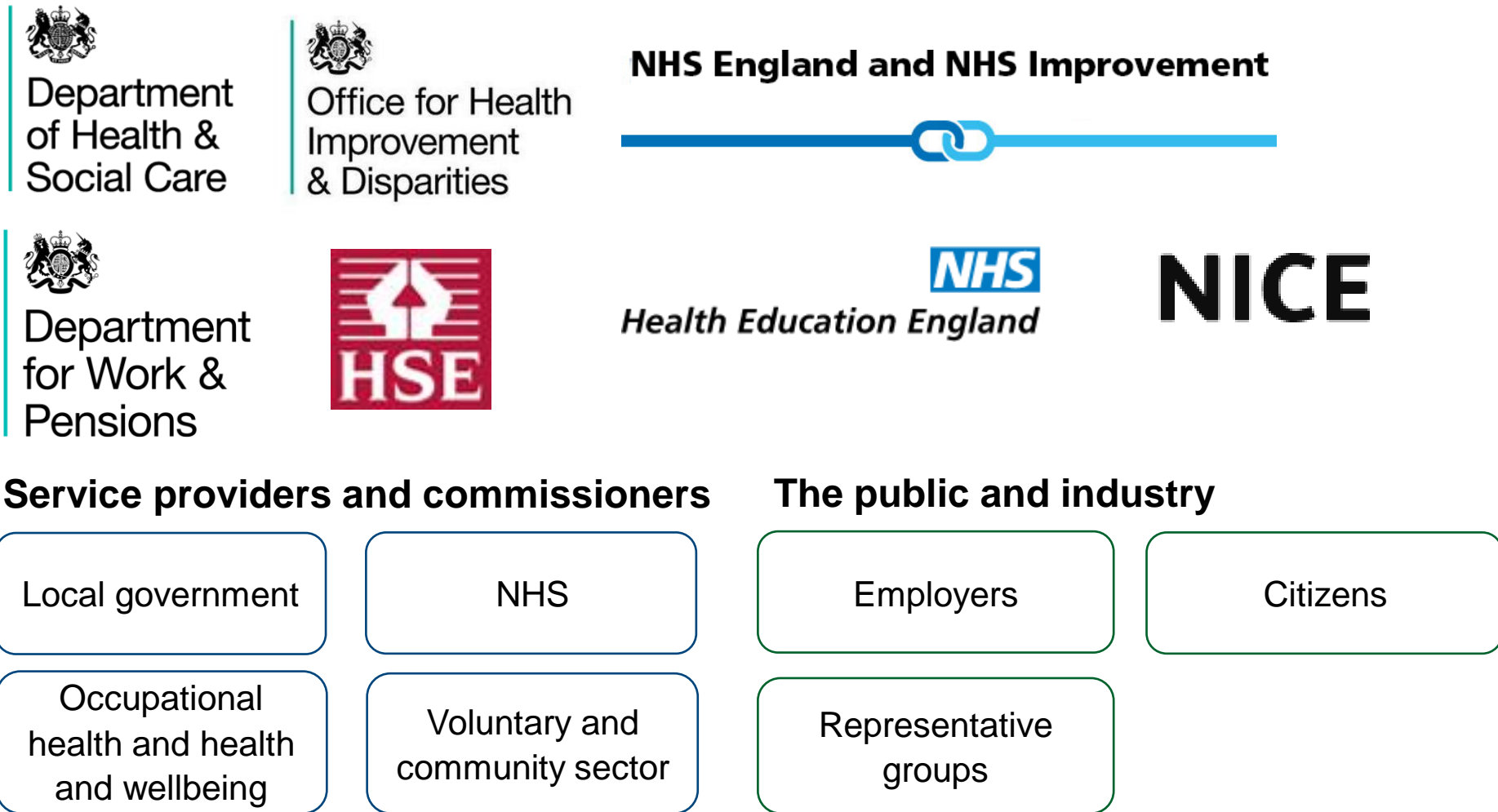
Introduction

Aim of the session:

- Introduction to the joint Work and Health Unit (WHU)
- Overview of WHU interventions relating to employment and mental health

The Joint DWP/DHSC Work and Health Unit (WHU) was established in 2015 and leads national policies across a complex system of actors

National-level government Departments, bodies and agencies



The ambition: Helping disabled people and those with long-term health conditions to access and remain in work

Increase economic output

Ill health which prevents people working **costs the economy around £100bn a year.**¹

Reduce demand on NHS

Moving from employment to unemployment is estimated to increase **GP consultation rates by 50%.**²

Reduce sickness absence

Sickness absence costs employers around **£9bn a year.**¹ The most common reasons for absence are minor illnesses, **MSK** and **mental health.**

Promote inclusivity

Building an **inclusive and diverse workforce** is an important way to reduce inequalities.

Sources:

1. DWP/DHSC. Work, health and disability: improving lives publication, 2016.
2. DWP Social Cost-Benefit Analysis Framework, 2010

Thriving at Work: background and next phase of work

The Thriving at Work Report

- In January 2017, the former Prime Minister announced an **independent review** into how employers can **better support all individuals currently in employment, including those with mental health conditions or poor well-being, to remain in and thrive through work**. The review was led by Lord Dennis Stevenson and Paul Farmer, Chief Executive of Mind.
- The *‘Thriving at Work’* (TAW) review was published in October 2017 and made **40 recommendations** on how all employers can better support the mental health of those in work. These recommendations were accepted by Government, with the majority of recommendations actioned upon.

Thriving at Work Leadership Council

- The TAW Leadership Council launched in response to recommendation 34 of the TAW report and seeks to **drive mainstream employer action**. The Council convene **four times** a year.
- Mind are the **secretariat** of the Council and have **oversight of the Mental Health at Work (MHaW) commitment and the MHaW website** as means to inform the Council’s direction.

Phase Two of the Council’s Work: Mental Health at Work Strategy

- The Council has put forth a **new strategy** for their direction of work and presented an associated programme of activity to be delivered in support of the Council’s ambitions under the ‘Mental Health at Work’ banner. This strategy set out the importance of:
 - Building the evidence base, including the creation of a central research fund to commission original research and evaluation
 - Sharing best practice with interactive guides, business calculators and the introduction of an eMentoring platform
 - Driving employer action by creating tailored campaigns and increasing their social media presence
 - **Engaging in a dialogue with government with forums and the creation of a central fund**
- The Council has recently written to stakeholders asking for **funding** to begin the implementation of this new phase of work. The work is expected to commence in March 2022.

The Joint WHU have been testing a range of evidence-based employment and health interventions to support people with MH conditions move into or stay in work; these include.....

Employment Advisers in IAPT

- Employment support for people with common mental health conditions engaged with NHS England IAPT services (*in and out of work*)
- Available in 40% CCGs (rolled out in 2 waves to enable evaluation - Randomised Control Trial (RCT))
- EA support had a positive effect on employment, and improved mental health and wellbeing

Health-led trials – Individual Placement and Support (IPS) (place-then-train approach)

- Intensive, personalised support and rapid job search; in-work support for those successfully in paid employment to help people with mild/moderate health conditions (mental and/or physical) find and retain employment (*in and out of work*)
- Tested in 2 Combined Authorities using RCT design
- Awaiting final impact analysis – promising initial results

Group Work (JOBS II model):

- Group Work is a week-long (20 hours) group-based intervention to enhance the job search skills and psychological resilience of individuals *out of work*
- Tested in 5 JCP districts using RCT design
- Large significant sustainable impact on MH and employment for clients with clinical level anxiety.

Computerised CBT – Proof of concept

- Small-scale PoC - work coaches referring claimants direct to IAPT to receive CBT
- Small numbers of referrals, and very small numbers took up the offer of c-CBT: many had already been or were still in IAPT. Some had complex issues and needed more intensive support than provided by c-CBT

DWP also provides wider support to employees and claimants, including.....

Access to work (AtW) Mental Health Support Service (MHSS)

- Provides tailored work-focused advice, information, support and tools to help support *employees* with mental health conditions (up to 9 months), e.g. coping strategies, a support plan
- The largest AtW customer group by primary medical condition are those with a MH condition, accounting for 20% (in 20/21) of the total number of customers.
- Use of the MHSS has been rising (6,910 in 20/21). In the last year, the number of people who received a payment for Mental Health Support Service rose by 20%

Work and Health Programme (WHP):

- A targeted contracted employment provision offering tailored support to help eligible claimants (including those with a disability) to find sustained work
- Tackles barriers to work by linking up with health and social care providers and other local services aimed at getting people into work. Up to 15 months support on benefits; up to 6 months support in work

Intensive Personalised Employment Support (IPES)

- From December 2019 in England and Wales; voluntary provision; aimed specifically at disabled people with complex barriers to employment who are more than twelve months from the labour market without intensive support and whose needs are not currently met by either the Jobcentre Plus support offer or other DWP contracted provision; the most intensive of DWP's contracted disability employment support
- Evaluation (RCT) ongoing

And to employers, including.....

Information and advice service (in development)

- In the Health is everyone's business (HIEB) consultation response, the WHU committed to ensure that better integrated health and disability-related information for employers is made accessible. This will include:
 - developing a national information and advice service for employers on health, work and disability, with material designed to help manage common health and disability events in the workplace. This will be developed with the needs of SMEs in mind
- We are currently designing the service and working with employers to understand their needs

Disability Confident scheme

- Disability Confident provides employers with the knowledge, skills and confidence they need to attract, recruit, retain and develop disabled people in the workplace
- The scheme is voluntary and access to the guidance, self-assessments and resources is free
- There are 3 levels designed to support employers on their Disability Confident journey.

Occupational Health (OH)

- Health is everyone's business set out a strategy for reforming the OH landscape of provision, both to increase demand for OH and address identified issues (e.g. cost as a key barrier to procuring OH; shortages in the OH workforce)
- The strategy includes testing a financial incentive to increase OH take up, including OH navigation support (tools/services to support employers to identify their OH needs, and search for/ procure OH providers); and encouraging and supporting OH providers to measure quality outcomes for their services and share with employers to a) support employers to understand the value of OH; and b) support employers to compare providers.

We have also been testing interventions in the workplace – through WHU funding for the Mental Health and Productivity Pilot (MHPP) in the Midlands Region

The Mental Health and Productivity Pilot (MHPP) has been operating for two and a half years in the Midlands Region, undertaking research into workplace mental wellbeing practice.

It supports employers across the Midlands Engine region to understand the link between mental health and productivity by galvanising their employees' engagement with a package of resources which work towards ensuring that employees are happy, satisfied and able to thrive at work

The programme includes a number of research pilots focused on supporting *employees* (including new workforce models for sub-NHS threshold MH intervention, e.g. CBTi interventions); and development of existing interventions for *employers* to assess organisation-based health needs and develop mental wellbeing strategies

The communication between employer and employee is complicated and the stigma associated with MH may prevent employees from participating in interventions. So far, approx. 600,000 employees (13% of the Midlands Engine working population) have received intervention

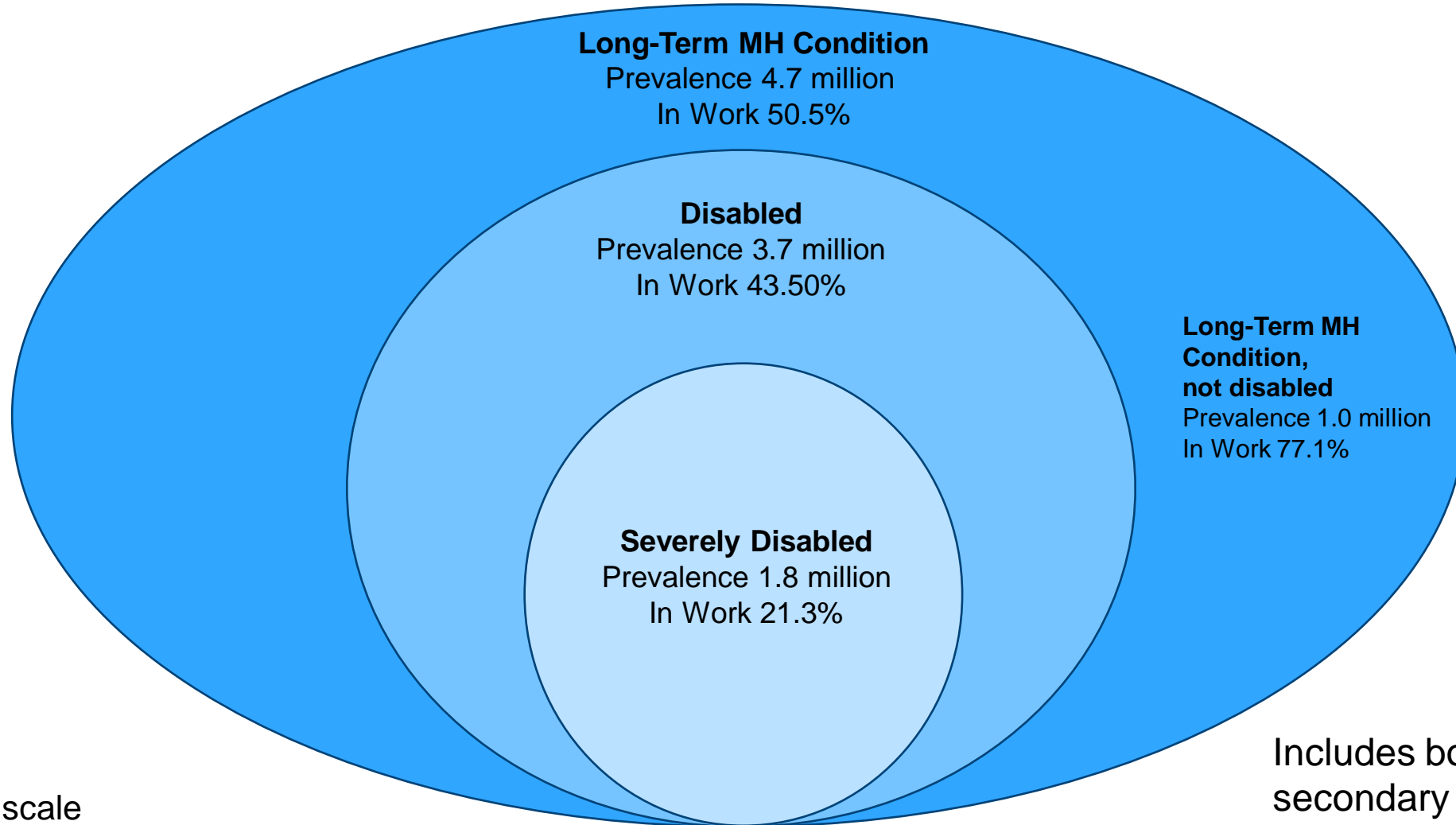
MHPP's return on investment work has commenced and evaluation findings from the research pilots will be available in the summer

Conclusion – key factors

Mental ill-health is common amongst working age adults – and increasing

- Mental ill-health is common among adults in work: 1.5m working adults have a diagnosed long-term mental health condition (TaW, 2017) and 4.7m have symptoms of a common mental disorder.....but employed adults are half as likely to have a common mental disorder compared to their unemployed or economically inactive counterparts (APMS, 2016) 2
- However, there is some evidence that job quality determines whether employment has benefits for MH (Butterworth et al, 2011). Moving from unemployment into a high-quality job led to improved MH, however the transition from unemployment to a poor-quality job was more detrimental to mental health than remaining unemployed
- In 2019/20, over 800,000 workers were suffering from work-related stress, depression or anxiety, this has almost doubled since 2010 (LFS, 2020) 5 This contributes to the adverse work outcomes people with MH conditions face
- Individuals with long-term MH problems are twice as likely to become unemployed each quarter 4 and 300,000 people with a long-term mental health problem lose their jobs each year 6
- MH conditions accounted for 11.6% of sickness absences in 2020 (ONS)

Severity and prevalence of long-term mental health conditions 2020-21 - severity impacts on employment



Not to scale

Source: Annual Population Survey 2020/21

Includes both main and secondary health conditions