

A photograph of a bald man with a goatee, smiling warmly. He is wearing a black button-down shirt and has a white towel draped over his left shoulder. His arms are crossed. The background is a blurred crowd of people in a social setting.

INCORPORATING  
MENTAL HEALTH  
AND  
EMPLOYMENT

IN YOUR JOINT STRATEGIC  
NEEDS ASSESSMENT AND HEALTH  
AND WELLBEING STRATEGY

# Contents

<b>1</b>	<b>Introduction</b>	<b>3</b>
<b>2</b>	<b>Why does local action on mental health and employment matter?</b>	<b>4</b>
<b>3</b>	<b>Why focus on mental health and employment in your joint strategic needs assessment?</b>	<b>5</b>
<b>4</b>	<b>Benefits to health and wellbeing board partners and local communities</b>	<b>6</b>
<b>5</b>	<b>Suggested approach to local planning for delivery and action</b>	<b>9</b>
<b>6</b>	<b>Further information to support next steps</b>	<b>11</b>

## Appendices

<b>I</b>	<b>Mapping local needs related to mental health and employment</b>	<b>13</b>
<b>II</b>	<b>Identifying, securing and sharing assets</b>	<b>17</b>
<b>III</b>	<b>Sources of further information on interventions</b>	<b>19</b>

# Introduction

The national rollout of the work programme alongside wider changes to welfare policy are impacting on local populations. Against this backdrop and with new commissioning arrangements taking shape, there may be opportunities for collaborative commissioning and strategically aligning service delivery more effectively to benefit local communities.

Effective local action to promote mental health and employment facilitates delivery of the core business and key ambitions of health and wellbeing boards (HWBs). It supports achievement of local performance and efficiency targets as well as improving the wellbeing of residents, the resilience of communities, and the vibrancy of the local economy. This guidance note highlights the importance of this to HWBs, clinical commissioning groups (CCGs), directors of adult social services, and other partners responsible for promoting public health and delivering personalised responses to people at risk of long-term illness or social exclusion. In addition, it offers a suggested approach to identifying local needs and assets with a view to influencing strategic commissioning decisions and planning partnership action on key priorities and offers resources for local use.



**Michael Bell**

Vice Chairman, NHS London  
Chairman, London Mental Health and Employment Partnership

This guidance has been developed by the London Mental Health and Employment Partnership (LMHEP) Executive Group to support integrated local planning and action. It is underpinned by a comprehensive evidence base set out and fully referenced in **Work, mental health and welfare: the case for co-ordinated action to achieve shared benefit** which was published by the LMHEP Executive Group in June 2012.

This guidance note is intentionally high-level but is accompanied by appendices providing links to more detailed sources of information on mapping local needs and assets, and offering practical advice and resources for effective local action.

# Why does local action on mental health and employment matter?

The case for action is set out in the LMHEP publication *Work, mental health and welfare*<sup>1</sup> which highlights the following as some of the key challenges related to mental illness and unemployment:

- positive mental health, good jobs, and a living income are each determinants of health in their own right and can be mutually reinforcing

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- mental ill-health, unemployment, relative poverty and unmanageable debt impact individually and collectively on wellbeing and physical health, reduce healthy life expectancy, and increase health inequalities

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- mental illness is the largest cause of disability in the UK and the World Health Organisation estimates it accounts for 23% of healthy life lost in high-income countries. Action is needed to contain the cost of providing health and social care for mental illness, which increased in England by 70% between 2002/03 and 2009/10 to £21.3bn

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- mental health conditions are the most prevalent reason for people being dependent on health-related benefits with 107,820 Londoners receiving Incapacity Benefit (IB) / Severe Disablement Allowance (SDA) at May 2011, representing 47% of the total IB/SDA claimants in London

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- mental health services suffer from less investment and are vulnerable to cuts despite evidence showing that they are more effective than most physical health interventions.

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Tackling these challenges requires concerted efforts based on comprehensive understanding of local needs and application of the best available evidence about effective interventions. Action by a range of local organisations is required - from employers, to commissioners and service providers, to partnerships

including the new health and wellbeing boards. There is evidence for effective interventions and opportunities for local action at a number of levels, from:

- promoting workplace wellbeing and productivity

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- providing early support enabling individuals with stress or common mental health problems to remain employed

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- delivering partnership interventions supporting the reablement and employment of people with longer-term mental illness.

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<sup>1</sup> London Mental Health and Employment Partnership (2012) *Work, mental health and welfare: The case for co-ordinated action to achieve shared benefit* is available at <http://www.londonhnp.nhs.uk/services/mental-health/social-inclusion/employment/>. It includes extensive evidence, information about specific interventions, case studies, support tools and fully references all data sources featured in this document.

# Why focus on mental health and employment in your joint strategic needs assessment?

Health and wellbeing boards are responsible for providing leadership and coordination to deliver evidence-based local action on the determinants of health and wellbeing, promote health and reduce health inequalities. As well as being key members of HWBs, commissioners of health, social care, and related services have a pivotal role in securing resources and investing them well to ensure that local provision meets local needs. The work of the board and local commissioners should be firmly founded on the joint strategic needs assessment (JSNA) which is why it matters to include as complete a picture of the local mental health and employment situation as it is possible to provide.

People living with mental illness experience poorer health outcomes as well as the negative consequences of exclusion from work. Many will require frequent and/or prolonged support from health and social care services. Conversely, good jobs and a living income are key determinants of health, and have a wider impact on the wellbeing of local families and communities as well as contributing to a vibrant local economy.

A 'deep dive' detailed analysis into mental health and employment in JSNAs and health and wellbeing strategies can actively contribute to delivery of several aspects of HWB's core business. Tackling the causes and consequences of mental illness and unemployment should benefit both the local partnership as a whole, and the individual organisations represented. For example, effective employment support for people living with mental illness can help CCGs and commissioners of other public services to deliver benefits to individual service users, more efficient use of the NHS and social services, progress against national expectations, and savings to the public purse.

Local benefits of action on mental health and employment are summarised in section 4 and include:

- enhancing wellbeing and resilience at individual and community levels and facilitating more efficient and effective use of health and social care services

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- improving the recovery and reablement of service users, and facilitating their ability to contribute to their local communities and be valued for doing so

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- delivering public health, NHS and social care outcomes and supporting delivery of efficiency targets and national policies on public health, welfare and work

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- contributing to achievement of local ambitions on regeneration, enterprise, skills and employment, and anti-poverty initiatives

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- increasing staff productivity and engagement in the efficient delivery of business and service outcomes to the local population, including the provision of health and social care

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- reducing the costs of mental illness and unemployment to individuals and families, service providers, and the local economy as a whole.

# Benefits to health and wellbeing board partners and local communities

Further detail on the evidence base underpinning this is provided in *Work, mental health and welfare* as referenced previously. *Work, mental health and welfare* also sets out the case for action and priorities for interventions to promote workplace wellbeing, facilitate retention and early return of people who experience mental illness, and support people with mental illness into work.

## Promoting health and wellbeing and reducing health inequalities

Mental health and good jobs are key determinants of health and the lack of access to them impacts on physical health, reduces healthy life expectancy, and contributes to health inequalities. In addition, mental illness and unemployment can be a threat to other determinants of health, such as a living income and secure housing, and to the wellbeing of families and communities.

Effective action on wellbeing and work will support delivery of the wider objectives set out in *No Health without Mental Health*, the national Health, Work and Wellbeing Programme, and emerging Public Health England programmes including those priorities already set out in *Healthy Lives, Healthy People*. In particular it will support achievement of national expectations for local services to:

- improve the wider determinants of health, including employment for those with a long-term health condition (public health outcomes framework objective 1)
- promote health and reduce health inequalities (Public health outcomes framework objectives 2 and 4).

## Improving patient experience

Many people living with mental illness want to work and see employment as an important aspect of their recovery and inclusion within society. However, some of those providing services and support to people consider work as a potential threat to recovery and/or lack the conviction or skills to effectively support their progress towards achieving this ambition. For example, in 2010 35% of Care Quality Commission respondents on the care programme approach who needed support with finding or keeping work said that they had not received help but would have liked it<sup>2</sup>.

The continued and enhanced focus in national policy on personalised services makes it more important than ever for local needs assessments and commissioning plans to recognise the centrality of wellbeing and work to local people who are service users. In addition, effective provision of evidence-based interventions to support people progress to employment will contribute to delivery of national expectations that local services should:

- ensure that people have a positive experience of care, which includes a focus on patient experience of community mental health services (NHS outcomes framework objective 4) and the satisfaction of people who use social care with their experience of care and support services (social care outcomes framework objective 3)
- enhance quality of life for people with long-term conditions, which includes a focus on employment of people with mental illness (NHS outcomes framework objective 2)
- enhance quality of life for people with care and support needs, including the proportion of adults in contact with secondary mental health services in paid employment (social care outcomes framework objective 1)

<sup>2</sup> Care Quality Commission Annual Survey of people who use community mental health services

## Delivering efficiencies and reducing costs

Both mental illness and unemployment increase use of primary health care, social care, medication, and acute or hospital care, including inpatient stays. Investing in cost-effective early interventions, such as talking therapies and employment support, can facilitate people with common mental health problems to remain in, or return early to, work. Investing in evidence-based vocational rehabilitation, notably Individual Placement and Support, can enable people with longer-term experience of mental illness and unemployment to successfully access jobs.

Action in this area is important for delivery of the quality, innovation, prevention and productivity (QIPP) challenge and local government efficiency targets. It can help contain the costs of providing health and social care for mental illness, which increased by 70% between 2002/03 and 2009/10<sup>3</sup>. Over time, successful interventions can reduce the costs of mental health services by up to one half, making better use of mental health resources, and reducing both the need for and the length of inpatient stays<sup>4</sup>. In addition, it will reduce the frequency of GP consultations which are higher both for people with mental illness and for unemployed people than they are for the general patient population<sup>5</sup>.

## Reducing unemployment and promoting a vibrant local economy

Employment rates currently stand at 68.4% in London, two percentage points below the UK average. Rates vary within the capital by borough, gender, age and ethnic group<sup>6</sup>.

Around 900,000 working age Londoners (one in six of the current 18-64 year old population) will experience mental health problems during the course of each year<sup>7,8</sup>.

Despite many wanting to work people living with mental illness are significantly less likely to gain or remain in work, with employment rates between just 16% and 35%<sup>9</sup>. 80,890 Londoners (75% of IB/SDA claimants) have been claiming benefits due to mental illness for five years or longer; 15 percentage points higher than in 2009<sup>10</sup>. Promoting access to good jobs for people with mental illness is critical to reducing local unemployment, tackling poverty, and promoting a more vibrant local economy<sup>11</sup>.

HWB members include key local employers such as the NHS and local authorities which, in parts of London, will be the main providers of local jobs. In addition, they have the potential to demonstrate leadership by being exemplary employers providing good jobs to people with mental illness, as well as taking care of the health and wellbeing of their staff and volunteers. The benefits of investing in workplace wellbeing are set out in *Work, mental health and welfare* and include productivity gains, reduced sickness absence and 'presenteeism', and improved resilience to pressures and challenges. In addition, employers stand to enhance their reputation as an employer of choice, enhancing their ability to attract and retain talent, and as a responsible and reliable service provider and corporate citizen.

## Wider local priorities and community benefit

Action on this specific agenda can actively contribute to local authorities' duties to promote economic wellbeing, as well as delivering a range of broader priorities identified by council executives and elected members, such as their ambitions to deliver cost-effective services, reduce inequalities and deprivation, encourage enterprise, regenerate local areas, provide skills and promote access to jobs for local residents. The national work programme and changing welfare policies are also impacting on local unemployed populations and a

3 Centre for Mental Health (2010) The economic and social costs of mental health problems in 2009/10, London CMH

4 London Mental Health and Employment Partnership (2012) *Work, mental health and welfare: The case for co-ordinated action to achieve shared benefit.*

5 Ibid

6 GLA Economics (2011) *Labour Market: Beyond Headlines*, Greater London Authority Focus on London briefing series.

7 Ibid

8 MIND (2011) *Taking care of business*, Employee survey for MIND UK

9 London Mental Health and Employment Partnership (2012) *Work, mental health and welfare: The case for co-ordinated action to achieve shared benefit.*

10 Office for National Statistics via [www.nomisweb.co.uk](http://www.nomisweb.co.uk)

11 London Mental Health and Employment Partnership (2012) *Work, mental health and welfare: The case for co-ordinated action to achieve shared benefit.*

significant proportion of those out of work with health conditions are likely to be impacted by welfare reforms and required to participate in the Department for Work and Pensions (DWP) work programme. The majority of new claimants as well as many of those already receiving incapacity benefit will participate on the work programme over the next few years and there may be opportunities for collaborative commissioning and aligning service delivery for the benefit of local populations with the six London work programme prime contractors.

Delivering collaborative responses to mental ill-health and unemployment also provides opportunities for HWBs and CCGs to demonstrate their ability to innovate, share resources and risks, and deliver integrated solutions to local challenges. It also enables each HWB to contribute to reducing the cost of mental illness, estimated to be highest in relation to human suffering (at £53.6bn in 2009/10), lost economic output (£30.3bn) and health and social care costs (£21.3bn)<sup>12</sup>.

<sup>12</sup> Centre for Mental Health (2010) The economic and social costs of mental health problems in 2009/10, London CMH

# Suggested approach to local planning for delivery and action

Current changes in the policy and infrastructure for delivery of health, social care, and welfare provide both a challenging backdrop to the mental health and employment agenda. They also offer a range of new opportunities to embed commitments in emerging partnerships. The refresh of JSNAs, development of health and wellbeing strategies, and establishment of clinical commissioning groups are central to this process and the remainder of this document is intended to support pragmatic but ambitious local action.

Working together to reach an accurate shared understanding of local needs, assets, and priorities for investment is an essential starting point for achieving both the best results for individuals and families and the best return for local investment. JSNAs can build a strong local case for meeting residents' needs related to mental health and employment, promoting their recovery and reablement following mental illness, and building local resilience and productivity in challenging economic times.

The first step we suggest is **mapping local needs**, building on the core information included in most JSNAs with specific data (from sources detailed in appendix I) in relation to:

- prevalence of mental health problems
- unemployment and benefit claimant numbers and trends
- demand for services and support.

In addition, JSNAs will be enhanced by reference to the evidence base demonstrating and, where possible, quantifying the local impact of mental illness and unemployment on:

- individuals, families, and local communities
- different age ranges, black, asian and minority ethnic (BAME) groups, gender etc.

- health outcomes and inequalities
- increased demand for services.

The second step we propose is **mapping local assets, resources and services** and appendix II sets out an approach to this task which includes consideration of local availability of:

- workplace wellbeing programmes and resources in local employers including HWB members
- advice and support for employers and employees
- psychological therapies and employment support
- vocational rehabilitation, in particular Individual Placement and Support
- volunteering, work experience and/or apprenticeship schemes
- expertise, commitment and leadership on mental health and employment issues
- financial resources for or related to mental health or employment
- other resources including training and premises with potential to support local action.

The next step we propose is to take **a collective view on the adequacy of local services, support, and resources to meet local needs related to mental health and employment**. The HWB and commissioners' views on and responses to this process will be shaped by a number of local considerations, including the stage of development of emerging partnerships and commissioning structures and the degree to which there is consensus on emerging priorities for local strategies. It is likely that most local partnerships will need to combine ambitious longer-term plans with pragmatic approaches to delivering on immediate challenges and demonstrating the benefits of investing in mental health and employment.

The crucial final planning stage of **agreeing priorities and next steps** is likely to recognise the need for short and medium-term action as well as longer-term planning. It may include, for example, commitments to:

- seek to protect and promote existing services and support on mental health and employment

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- secure commitment to immediate action during 2012-13 where new opportunities can be found or plans are already being developed

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- identify and profile the work of local leaders and champions among local public health colleagues, commissioners, employers

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- incorporating relevant commitments to action in emerging:
  - health and wellbeing strategies
  - CCG and borough commissioning intentions
  - public health programmes including emerging HWB initiatives
  - skills, employment, regeneration, and anti-poverty programmes.

## Further information to support next steps

This document is intended to supplement the resources on JSNAs and HWB development available from the Local Government Association, NHS Confederation, London Councils and other sources. The LMHEP suggests the approaches to planning summarised above and set out in more detail, supported by signposts to sources of further information on:

- mapping local need (Appendix I);

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- mapping local assets, services and resources (Appendix II)

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- headline evidence and guidance for specific interventions (Appendix III)

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- more detailed evidence and suggestions for action in *Work, mental health and welfare*

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### Leading the case for action

Preparations are well underway for the transfer of full statutory responsibilities to new architecture by April 2013. At the same time the Government's work and welfare programmes are continuing to rollout.

The LMHEP Executive Group was established in September 2011 and comprises senior executives, clinicians, and leaders from health services and commissioners, public and private sector employers, employment and welfare providers, local government and the third sector. Its membership is detailed on page 12. The executive group supports wider partnership work in this area, and its role is to provide high-level advice, guidance, leadership, coordination and communication to support strategic and operational action on mental health and work. It commissioned and supported the development of *Work, mental health and welfare* and this guidance note, as a sister document, which is designed to support the process of embedding mental health and employment into local partnerships

and programmes. This reflects the critical part HWBs and local regeneration, enterprise, employment and skills partnerships can play in progressing this agenda.

Following a successful leadership launch event at the House of Lords in July 2012, the LMHEP will continue to work at a strategic level to secure commitment and generate further joint work to promote wellbeing and healthy employment across London.

In addition executive group members will continue to work with the wider LMHEP network and their constituent organisations to:

- galvanise leadership in their own organisations and sectors

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- raise awareness and demonstrate the benefits of effective interventions

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- build capacity for effective partnership arrangements and actions

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## Membership of the London Mental Health and Employment Partnership Executive Group

**Table 1**

Michael Bell (Chairman)	Vice Chairman	NHS London
John Brouder	Chief Executive	North East London NHS Foundation Trust
Peter Molyneux	Chairman	South West London and St Georges NHS Mental Health Trust
Melanie Smith	Director of Public Health	NHS Inner North West London
Marie Gabriel	Chair	NHS North East London and The City
Stephen O'Brien	Chairman	Barts Health NHS Trust
Dr Haren Patel (Vice Chair)	GP and Joint CCG Chair	City & Hackney Clinical Commissioning Group
Jane Rennison	Trust Head of Occupational Therapy & Social Inclusion	Central and North West London NHS Foundation Trust
Jonathan Naess	Director	Stand to Reason
Dr Vicky Vidalaki	Clinical Lead Wandsworth IAPT service	South West London and St Georges NHS Mental Health Trust
Derek Harvey	Group Partnership Manager	Jobcentre Plus
Helen Shaw	Director	Shaw Wilson Limited
Maria Robson	Head of Human Resources	NHS London
Graham Fisher	Chief Executive	Toynbee Hall
Alan Sarll	Head of Health & Wellbeing	Reed in Partnership
Annie Smith	Business Development Director – Local Government	A4E
Andrew Turnbull	Head of Mental Health	London Health Programmes
Shaun Crowe	Senior Project Specialist	London Health Programmes

# Appendix I: Mapping local needs related to mental health and employment

In addition to core data sources for JSNAs, links are provided below to some sources of additional information on mental health / mental illness and on employment / unemployment. The majority of these sites provides information at borough level, some go to a more local ward or neighbourhood level, and several provide London and/or national comparisons to assist with identifying areas in which boroughs or PCTs are outliers.

## Information on mental health and mental illness

### Community Mental Health Profiles

The community mental health profiles (CMHP) present a range of mental health information for local authorities. They give an overview of mental health risks, prevalence and services at a local, regional and national level using an interactive mapping tool. The 25 indicators included in the community mental health profiles have been selected to reflect the *No Health without Mental Health* strategy, covering the following themes:

- wider determinants of health
- risk factors
- levels of mental health and illness
- treatment
- outcomes

<http://www.nepho.org.uk/cmhp/>

### London Adult Mental Health Scorecard 2011

The scorecards focus on 8 performance and quality areas, providing information at PCT level on primary care services, community care services, inpatient services, psychological services, delivering race equality, age-specific populations, social inclusion, suicide prevention, and financial spend on mental health services.

[http://www.lho.org.uk/LHO\\_Topics/Analytic\\_Tools/MentalHealthScoreCard.aspx](http://www.lho.org.uk/LHO_Topics/Analytic_Tools/MentalHealthScoreCard.aspx)

### Wellbeing indicators

An interactive tool developed by GLA Economics to calculate an overall wellbeing index score for each ward in London, covering years 2005 to 2009. The tool combines data from 12 different measures across a range of themes. Users are able to input the level of importance to each of the indicators, generating bespoke wellbeing scores which are then presented in a bar chart for each borough, and a map of London. The spreadsheet highlights wards in the top and bottom 25 per cent in London. Wards that have shown significant improvement or reduction in wellbeing over the five year period are also highlighted. An update is planned for autumn 2012.

<http://data.london.gov.uk/datastore/applications/london-ward-well-being-scores>

### Mental Health Services

Information and bulletins providing the most comprehensive statistics available on the range of specialist mental health services provided by the NHS both in hospital and in the community. This includes information about people with mental illness in contact with secondary health services and not in employment. The data source is the mental health minimum dataset (MHMDS).

<http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/nhs-specialist-mental-health-services>

### Social Care

The national adult social care intelligence service provides analysis of social care data from referrals, assessments and packages of care (RAP) and adult social care combined activity return data at borough level. It also offers interactive resources for using data for local planning and provides links to other sources and reports relevant to social care information.

<https://nascis.ic.nhs.uk/>

### Labour market

The Office for National Statistics provides official labour market and related population data for local areas from a variety of sources including the Labour Force Survey (LFS), claimant count, Business Register and Employment Survey (BRES), New Earnings Survey (NES), and the 1991 and 1981 Censuses of Population. It provides borough-level and, in some cases, neighbourhood level data from official government sources, mostly the Office for National Statistics (ONS), including the latest published figures and time series data.

<http://www.nomisweb.co.uk/>

### Skills and employment

The London Skills and Employment Observatory provides comprehensive information from the ONS, DWP, Labour Force Survey and other sources. It provides borough level data and charts on 47 indicators, providing comparisons with London and national figures for each. It also provides links to published research on skills and employment.

<http://www.lseo.org.uk>

### Employment trends

The GLA Economics working paper (December 2011) presents new and extended (to 2036) trend-based forecasts for employment in London, disaggregated by sector using the new Standard Industrial Classification (SIC 2007) and by borough and based on workforce and jobs statistics.

<http://www.london.gov.uk/publication/working-paper-51-employment-projections-london-sector-and-trend-based-projections-borough>

### Benefits claimants

DWP - Census output area data on workless benefit claimants - experimental official statistics prepared following piloting with local authorities. These new data will enable the identification of very small pockets of worklessness, as well as providing more detail on the nature of worklessness in these areas (by benefit type). Output areas are a spatial area containing around 80-150 households. DWP expects that this will be of benefit for analysis and operational planning at neighbourhood levels and will facilitate the identification of neighbourhoods to target for extra assistance.

[http://statistics.dwp.gov.uk/asd/asd1/tabtools/census\\_output\\_area\\_data/index.php?page=census\\_output\\_area\\_data](http://statistics.dwp.gov.uk/asd/asd1/tabtools/census_output_area_data/index.php?page=census_output_area_data)

### DWP Work Programme

There are six prime contractors delivering the work programme in London. This programme covers the majority of long-term unemployed residents as well as Employment Support Allowance and ex-Incapacity Benefit claimants in the work related activity group. These providers will have a substantial amount of people on the programme with a range of mental health issues, including a significant number who may not meet the threshold for secondary mental health care, but who are not well enough, or do not feel well enough, to be in work at a point at time. Whilst primes will offer some healthcare support as part of the work programme, they are keen to ensure that they can link in with existing provision and work with HWBs to explore opportunities for commissioning new provision that helps their work programme clients into sustainable employment. Further information on the work programme is available at

<http://www.dwp.gov.uk/docs/the-work-programme.pdf>

Annie Smith is the lead health contact for all six London prime contractors and can be contacted by emailing [anniesmith@a4e.co.uk](mailto:anniesmith@a4e.co.uk).

### **Other local information to demonstrate the importance of mental health and employment**

Community budgets – for those boroughs / neighbourhoods already in pilots or developing a prospectus, local data and intelligence is likely to include relevant information on issues related to mental illness and/or unemployment – particularly within the ‘troubled families’ cohort. For other boroughs, the online resources from the LGA may provide useful pointers about demonstrating the needs of families with complex needs.

<http://www.local.gov.uk/community-budgets>

### **The experience of service users and employees**

National guidance emphasises the importance of JSNAs reflecting local residents’ and service users’ views. Of relevance to this guidance will be sources of information about mental health service users’ experience of health and/or employment issues, and employees’ experience of workplace wellbeing or work-related stress.

#### **Service users’ experience**

Service users’ experience of community mental health services, including talking therapies and employment support, was captured in a 2010 Care Quality Commission survey of over 17,000 adults in England

<http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/community-mental-health-survey-2011>

NICE clinical guidelines on improving the experience of care for adults in contact with NHS mental health services.

<http://www.nice.org.uk/nicemedia/live/13629/57534/57534.pdf>

Rethink user focused evaluation report of IAPT services (which offers a methodology of capturing both quantitative and qualitative data)

[http://www.rethink.org/how\\_we\\_can\\_help/research/service\\_evaluation\\_and\\_outcomes/a\\_userfocused\\_evaluation.html](http://www.rethink.org/how_we_can_help/research/service_evaluation_and_outcomes/a_userfocused_evaluation.html)

### **Case studies**

In addition to research quoted in the case for action, a number of mental health organisations demonstrate service users’ views about the centrality of employment to their recovery, social inclusion, and ability to contribute and be valued by society. Quantitative data are limited, but the following sites provide a good insight into service users’ perspectives and many provide useful case studies:

**Centre for Mental Health** provides information and advice for employers, and evidence base for interventions including Individual Placement and Support

<http://www.centreformentalhealth.org.uk/employment/index.aspx>

**MIND** ‘Taking care of business’ campaign providing advice for employers and employees

<http://www.mind.org.uk/workplace>

**Stand to Reason** works with and for people living with mental illness to promote social inclusion and raise awareness in the workplace about recognising and responding to mental health issues

<http://www.standtoreason.org.uk/home>

#### **Employees’ experience**

NHS employee surveys, including results from the most recent (2011) survey by trust and strategic health authority

<http://nhsstaffsurveys.com/cms/>

The annual Local Government Workforce Survey 2011 (published December 2011) detailing sickness absence rates and percentage of days lost to sickness absence

[http://www.local.gov.uk/web/guest/local-government-intelligence/-/journal\\_content/56/10171/3328402/ARTICLE-TEMPLATE](http://www.local.gov.uk/web/guest/local-government-intelligence/-/journal_content/56/10171/3328402/ARTICLE-TEMPLATE)

Department for Work and Pensions / Health and Safety  
Executive research based on detailed surveys with over  
2,000 employees.

[http://research.dwp.gov.uk/asd/asd5/report\\_abstracts/rr\\_abstracts/rra\\_751.asp](http://research.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_751.asp)

### **Residents' / Communities' views**

The Health Survey for England study provides regular information that cannot be obtained from other sources on a range of aspects concerning the public's health and many of the factors that affect health. The series of health surveys for England were designed to monitor trends in the nation's health, to estimate the proportion of people in England who have specified health conditions, and to estimate the prevalence of certain risk factors and combinations of risk factors associated with these conditions. The survey is also used to monitor progress towards selected health targets. The Health Survey for England 2010 included a chapter on wellbeing, health and work and was published in December 2011.

<http://www.ic.nhs.uk/pubs/hse10report>

Understanding Society is a study of the socio-economic circumstances and attitudes of 100,000 individuals in 40,000 British households. Understanding Society: early findings from the first wave of the UK's household longitudinal study is the first volume of early research findings using wave 1, year 1 of the survey data. Understanding Society: Findings 2012 is the second volume of findings from the survey and includes research that makes use of the full wave 1 and, in some cases, of data from wave 2. Both documents provide a range of relevant research data on this debate with the most recent document, Understanding Society: Findings 2012, presenting analysis on job-related stress, working time and work schedules; as well as employment transition and the recession.

[http://research.understandingsociety.org.uk/finding\\_s/findings-2012](http://research.understandingsociety.org.uk/finding_s/findings-2012)

# Appendix II: Identifying, securing and sharing assets

## Mapping local assets and resources

A range of cost-effective, evidence-based interventions can facilitate effective local action on mental health and employment. HWBs are encouraged to identify what is already available, agree how best to protect and maximise use of existing assets, and explore options for securing additional resources where there are significant gaps. Below is a check-list of interventions and resources which should be available to provide comprehensive local coverage, and this is suggested as the basis for mapping local assets with HWB members and other partners.

### 1. Promoting workplace wellbeing:

- workplace wellbeing or health promotion initiatives provided by local employers, including the local authority, NHS, and other HWB members' organisations
- awareness raising or anti-stigma initiatives on mental health and mental illness at work
- management training and support on mental health, stress and related issues including harassment, bullying, and equalities
- advice for staff on taking care of their own health and managing stress
- stress management policies and resources

### 2. Facilitating retention or early return for people experiencing stress or mental illness:

- Cognitive Behavioural Therapy (CBT) and other psychological treatments offered as part of local Improving Access to Psychological Therapies (IAPT) services providing support for employees identified as having problems related to stress or common mental health problems
- employment support for individuals, integrated with IAPT as appropriate

- other primary care and/or social care support, including 'social prescribing' and referral to peer support
- tailored health promotion and stress management advice for individual patients, including access to health trainers
- third sector organisations providing information, advice or support on mental health issues
- advice for employers on managing stress or mental illness and making reasonable adjustments
- occupational health advice and provision for individual cases

### 3. Supporting (re)employment for people with longer-term mental illness:

- community mental health teams with integrated Individual Placement and Support to assist people to obtain and maintain paid employment
- primary care and social care services including access to individual case management
- other provision of vocational rehabilitation or support
- Jobcentre Plus, work programme and work choice provision to facilitate transition from incapacity benefits to employment and work with local employers
- other sources of advice, information and support for (potential) employers
- advice and support for individuals facing mental health and/or employment related issues, including debt management
- volunteering opportunities and support
- work experience and/or apprenticeship opportunities

## Other local assets and resources may include:

- organisations and staff able to offer relevant experience, commitment or leadership on a range of mental health and employment issues

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- service user / survivor networks providing peer support, advice, advocacy or other services

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- training resources with potential to be shared (eg. mental health first aid trainers)

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- local employers with workplace wellbeing programmes and/or work experience schemes and/or other corporate social responsibility (CSR) commitments which could be adapted to meeting local needs related to mental health and employment

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- financial resources including new public health allocations to local authorities and IAPT resources, now included in PCT baselines - staff and/or financial resources in other mainstream programmes (eg. skills, apprenticeships, or work schemes) which could be applied, in part, to meeting local mental health needs

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## Assessing, securing and sharing assets

As well as identifying resources, partnerships are encouraged to analyse the adequacy and resourcing of local provision to promote mental health and employment. For example, a desk-top RAG analysis, with partners, could be used to identify:

- good provision / services / support available, with ongoing resources committed **(1)**

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- good or adequate provision / services / support available, but resources are vulnerable and/or capacity is insufficient to meet local demand **(2)**

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- gaps or inadequacies in provision / services /support available and/or no resources identified **(3)**

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**Next steps following analysis** could include discussion and agreement with HWB members and local commissioners of NHS and social care services on:

- 1** how best to protect and promote existing services and resources
 

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 ways of sharing assets (eg. training, premises, policies) to maximise effective use by local partners
- 2** options for scaling up provision which does not meet local levels of need and/or ensuring provision is targeted at those in greatest need
 

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 potential sources of additional funding, including other local partnership programmes on skills, employment, regeneration
- 3** local priority areas for action, based on mapping of needs and relevance or options to achieving local performance targets, strategic objectives, and/or political commitments
 

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 resources (financial, local staffing and expertise, good practice or evidence from elsewhere) and commissioning arrangements to meet priority needs in the short, medium and longer terms

Where local services and support are currently inadequate **(2)** or not available **(3)**, please refer to the resources section (Appendix III) which provides information about cost-effective options for action and signposts sources of additional advice and support.

## Appendix III: Sources of further information on interventions

### Workplace wellbeing

- London's business case for employee health and wellbeing, published by GLA Economics in May 2012 and including information and evidence on a range of workplace interventions across a variety of employers  
<http://www.london.gov.uk/publication/londons-business-case-employee-health-and-well-being>
- Health and work information and advice for local government employers  
<http://www.lge.gov.uk/lge/core/page.do?pagelid=119837>
- Healthy workplace advice for NHS employers  
<http://www.nhsemployers.org/HealthyWorkplaces/Pages/Home-Healthy.aspx>
- Comprehensive resource including reports and guides on work and health for both employers and health professionals  
<http://www.dwp.gov.uk/health-work-and-well-being/>
- Easy to use guidance on what individuals can do for their own wellbeing, based on detailed evidence  
<http://www.neweconomics.org/projects/five-ways-well-being>

### Supporting individuals with mental illness to remain in or return early to work

- London Health Programmes information on mental health and work, including a practical guide to Employer Engagement, and information on Improving Access to Psychological Therapies  
<http://www.londonhp.nhs.uk/services/mental-health/social-inclusionemployment/>
- Mental health and employment advice, support and guidance for employers  
<http://www.mind.org.uk/workplace> <http://www.centreformentalhealth.org.uk/employment/index.aspx>
- Comprehensive resource including reports and guides on work and health for both employers and health professionals  
<http://www.dwp.gov.uk/health-work-and-well-being/>
- Health and wellbeing advice for human resources professionals  
<http://www.cipd.co.uk/hr-topics/health-safety-well-being.aspx>
- Demos led project and report examining the untapped potential for social housing to tackle social problems  
<http://www.demos.co.uk/projects/underoneroof>

### Person-centred support to gain and/or retain employment

- Joint Department of Health/ LSE/ Centre for Mental Health/ King's College London report Mental health promotion and mental illness prevention: The economic case  
[http://eprints.lse.ac.uk/32311/1/Knapp\\_et\\_al\\_\\_MHPP\\_The\\_Economic\\_Case.pdf](http://eprints.lse.ac.uk/32311/1/Knapp_et_al__MHPP_The_Economic_Case.pdf)
- LSE's Centre for Economic Performance Mental Health Group's report How Mental Illness losses out in the NHS  
<http://cep.lse.ac.uk/pubs/download/special/cepsp26.pdf>
- Evidence and guidance on individual placement and support  
<http://www.centreformentalhealth.org.uk/employment/index.aspx>
- Easy to use guidance on what individuals can do for their own wellbeing, based on detailed evidence  
<http://www.neweconomics.org/projects/five-ways-well-being>
- Mental health and employment advice, support and guidance for employers  
<http://www.mind.org.uk/workplace>

