



A POSITIVE FUTURE

EMPLOYMENT AND MENTAL HEALTH

A report on a conference on employment and mental health, held on 8 October 2004, discussing the barriers people with a mental health problem face in employment, solutions to these barriers and ways forward in the Highlands.

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INTRODUCTION

THE REASONS FOR THIS CONFERENCE

Users of mental health services have traditionally had great difficulties in gaining and keeping employment. The national unemployment rate at present is around 5% and yet for people with a severe and enduring mental illness, unemployment is at least 85% .

In recognition of this fact we held a conference in Inverness during October 2004 to look at the subject in more depth with the hope of finding possible solutions for the future.

We were also prompted by Section 26 of the new Mental Health (Care and Treatment) (Scotland) Act 2003 Scotland which highlights the need for, amongst other things, enhanced employment opportunities for people with mental health problems.

A Working Group was set up in 2004 to look at employment in response to this section of the Mental Health Act and to carry forward work across Highland in the area of employment and mental health.

Our first task was to plan and run the conference that this report records, in order to get an idea of what users, employers, planners, employment agencies and mental health workers thought were the key issues that we faced.

The conference was attended by users, carers, employment workers, employers, and mental health professionals.

The agencies that helped organise the conference were:

- The Highland Council
- NHS Highland
- TAG (Training And Guidance Unit)
- HUG (Highland Users Group)
- Occupational Therapy (New Craigs)
- Inverness Community Mental Health Team

The conference was based around a series of presentations in the morning and afternoon which set the scene around the issues we face in employment, and some of the things that help.

The conference was opened by the Scottish Association for Mental Health who gave an overview of employment and mental health issues. We were given information and statistics underlying employment from NHS Highland and HUG used a DVD to highlight the issues that users face in getting and keeping work. Employers shared the experiences they have faced in employing people with a mental illness including the support they got from TAG. Finally we also heard about Touchwood, a successful social firm in Skye, and from the Clubhouse movement in Scotland.

We have not included transcripts of the various presentations as many were unavailable afterwards. However some are kept at the HUG office to view on request.

The three main themes of the conference were:

- **The barriers we face as users of mental health services**
- **The solutions we suggest**
- **The priorities for future action.**

This report was written up by HUG and HUG members as well as by a member of TAG who inspired the effort that was put into making this a very comprehensive conference write up.

All the 16 workshops have been recorded and are kept in the HUG office. We analysed each workshop and grouped issues according to theme and then ranked them according to the frequency with which they were raised. This is the basis of this report.

WORKSHOPS

BARRIERS TO EMPLOYMENT

In this workshop we looked at the barriers people faced in accessing employment and then followed this by looking at possible solutions.

In the analysis of the workshops we ranked the barriers people faced by measuring the frequency with which they were mentioned.

BARRIERS

STIGMA AND DISCRIMINATION (mentioned 35 times)

The stigma people face as a result of ignorance and sometimes prejudice has a number of effects:

- ❑ It can result in overt discrimination by employers and fellow employees.
- ❑ It can cause embarrassment, awkwardness and feelings of being different on the part of the user.
- ❑ It can cause people to conceal the fact that they have a mental illness.
- ❑ It can make users insecure and by necessity secretive about their lives.
- ❑ It can put people off applying for jobs because of intrusive and irrelevant questions on application forms.
- ❑ It also means that many employers lack knowledge and therefore the skills to assist people with a mental illness in their workforce.
- ❑ The illness itself can result in varied attendance at work, which creates a backlash against the user.
- ❑ A general culture of wariness about mental illness increases the pressure on users.
- ❑ A stereotyped impression can remove the individuality of the user and encourage inaccurate ideas about their capabilities.
- ❑ Some users do not know about the Disability Discrimination Act and not all have faith in its protective powers.
- ❑ Many employers through ignorance do not know how to adapt positively to needs of their employees for instance by recognising the effects of medication on attendance and performance.

This has the result that some people do not apply for jobs and if they do, they may face increased difficulties in getting employment. Further,

when they do get a job they can encounter problems through having to face a potentially hostile environment.

SERVICES THAT HELP PEOPLE BACK INTO EMPLOYMENT

(mentioned 35 times)

These barriers are caused by a lack of opportunities to help people get the skills and confidence and motivation to get back into employment. The barriers are both the personal ones users face and difficulties agencies face in supporting people. They include:

- ❑ A lack of skills and training for people, especially if they have been ill from an early age and have missed out on mainstream opportunities.
- ❑ The training opportunities people can access do not always fit in with their needs.
- ❑ It can be difficult for users to sustain mainstream work and they may be only capable of working occasionally
- ❑ People can have a fear of starting work again, both because it is a new step and because it may signal big changes in their environment.
- ❑ Sometimes users do behave unconventionally at work and therefore may lose their job.
- ❑ Some users because of their past or their condition have difficulty in learning and moving on.
- ❑ Stigma can exist in getting back into work via a specialist service - for instance job buddying is embarrassing for some.
- ❑ There are not enough resources to support specialist services or employers interested in a positive approach to mental health.
- ❑ It can be difficult to reappraise a person's capabilities after the trauma of mental illness.
- ❑ There is sometimes a lack of long-term support for people seeking to return to work.
- ❑ There can be a lack of support that truly represents the range of circumstances a person may need help with.
- ❑ The outcomes that specialist services achieve are very important but less tangible and harder to measure than jobs gained. This restricts the ways they would like to operate.
- ❑ There is sometimes not enough communication between the different agencies.
- ❑ It can be very difficult to provide services or get work in rural areas.
- ❑ Many of the models of help are based on urban models or support.
- ❑ There is a lack of consultation with services providers on what really helps and how they wish to work.

- People need creative approaches that respond to their individual strengths.
- Different services work with different client groups and often work in isolation yet they all face common issues.
- There is a general lack of resources for current projects such as in training or supported employment and difficulty in accessing funds to develop these services or promote new projects.

These difficulties can mean that employment is inaccessible for some people and those that do wish to return to work are not always able to access the support they require. In addition a lack of resources and restrictions on the way specialist services work can cause additional problems.

EMPLOYERS (mentioned 31 times)

Once in employment users may face additional barriers because of the lack of knowledge and support available from their employers.

The work place can be stressful and employers may not accept that they have a responsibility to their workforce, which extends beyond ensuring that their employees do their jobs. They sometimes do not realise the true cost to the workplace of mental illness and what it really costs them if they pension a person off. Some cannot adjust to the requirements of people who have a poor sickness record and need regular breaks from work.

The work environment is often not adapted to the needs of employees and their mental health, with a shortage of time out, space, and a lack of understanding of the subject of mental health in the workplace. The idea of providing a supportive workplace would be alien to some employers.

Sometimes the issue is more practical in that work is not available or not available for long enough at a reasonable wage to make it attractive or, the job itself and conditions of work are undesirable. Some employers may be unwilling to take a risk with someone with a patchy employment record or little experience at all. Concepts such as career breaks, which may suit many people, are often seen as negative and are rarely supported.

Some employers may be very positive but the lack of suitable training and a shortage of qualified workers may make some areas or work inaccessible.

The demands of balancing a home life and work life are extremely important and sometimes not acknowledged by people. The home environment can make the work environment difficult and vice versa.

It can be hard for employers to recognise that the reasonable adjustment required at work for people with physical disabilities under the Disability Discrimination Act also apply to those who have mental health problems. Simple things such as a gradual return to work can make a huge difference but often are not permitted.

THE PERSONAL DIFFICULTIES THAT PEOPLE FACE (mentioned 25 times)

Mental illness is a traumatic and debilitating condition which can not only alienate and marginalise people from mainstream society, therefore restricting their options, but also cause personal problems.

Many users can feel isolated and greatly lacking in confidence. They may have poor social networks, find it difficult to communicate and have minimal self-esteem. Their lives may have suffered considerable disruption and this may make any new ventures frightening and risky.

Sometimes the support and benefits that people get also inhibits people from seeking work; a life that is relatively fulfilling and well provided for can make it hard to consider the idea of returning to work.

Sometimes it is possible to become quite dependant and the idea of taking the initiative or creating change can be frightening.

The combination of stigma, loneliness, a lack of clear role, poverty and poor housing can all combine to put people into a negative spiral in which the prospect of employment becomes unrealistic.

Sometimes people are desperate to work but the pressure they place themselves under to succeed can become too much to cope with and make them ill again. At other times illness, fear of failure and poor prospects

can take away people's motivation and therefore their desire to seek work.

Occasionally our lifestyle breaks down and becomes hard to cope with and may be referred to as chaotic. This can make sustaining work very difficult.

THE BENEFITS TRAP (mentioned 17 times)

This problem is well known about and has not gone away despite attempts to challenge it.

For many people the struggle to get the benefits they are due is long and hard, the system can feel inflexible and there are intrusive medical examinations, a stigma connected with benefits but also disability. Once lost benefits can be hard to get again.

For some people the risk of coming off benefits to do a job they are not sure they can sustain prevents them from making that move.

For others the high level of benefits they are on makes the wage they would gain by working little better than their benefits and, especially if they can only do poorly paid work, unattractive.

For others their benefits such as housing benefit may be cut when they return to work and again this can make the monetary gain minimal.

The labour market is becoming more and more based around part-time and flexible work these jobs pay less and also serve to discourage some people from risking their benefits despite the possible attraction of such jobs for someone thinking of returning to work.

ILLNESS (mentioned 15 times)

This is of course a major barrier and the reason that many people cannot work in the first place.

Illness can make it hard to get motivated, to get up at the right time or to function effectively in work.

It can also make it hard for people to communicate and this in turn affects their job prospects and the workplace.

Sometimes people in the medical world do not understand the importance of work and therefore do not get involved in issues of medication, lifestyle, stigma and the holistic approach which might make the workplace more accessible. Medication can sedate people so much they can't work or get to appointments or it can impair concentration - illness can make travelling difficult or make it hard to manage time effectively all of which are necessary at work.

RURAL ISSUES

These affect people in a number of ways:

Work is often seasonal, scarce and poorly paid and therefore can be both hard to get and on occasion unattractive.

In remote and rural areas it can be hard to establish accessible support services that could help people back into employment.

Equally, those who do get work may not manage to keep this because of transport problems; many people don't have access to a car and public transport is not always available.

Many of the initiatives that help people back into work were developed in urban areas. These models do not always transfer comfortably to a rural environment.

The rural environment can also often be very isolating and this in turn can affect people's mental health negatively.

SOCIAL STATUS (mentioned 6 times)

The effect of mental illness has a wide impact and may affect peoples' social standing.

It is common for people to feel excluded and looked down upon. Poverty, unemployment and mental illness all have a poor image.

This can serve to alienate people. They can feel that they don't belong and feel ashamed that they can't do the work most other people take for granted and which is accepted as a vital part of our culture, often giving status and prestige. This can stop them looking for work and also result in social prejudice from other people.

The expectations of others are also a problem. Some people expect far more than is reasonable and others have very little belief in the abilities of people with a mental illness. Again this impacts on the motivation and capability people have to work.

POLICY (mentioned 5 times)

The way in which Government policy works has an impact on how people get into work.

The clear mention of the importance of work in the new Mental Health Act was welcomed but equally the lack of designated resources for employment was seen as a barrier.

Some people feel that there is not enough protection of people with mental health problems at work and there is still some scepticism about the Disability Discrimination Act.

The row over the number of people on incapacity benefit worries some, who fear that those who cannot work will be encouraged into work inappropriately.

JOB OPPORTUNITIES (mentioned 2 times)

A simple but important point is that the jobs are not always available and therefore however motivated or qualified a person is they may not be able to get back into work.

NOT EVERYONE WANTS TO WORK (mentioned 2 times)

A barrier at a tangent, is that not everyone wants work - they may be too ill, they may prefer voluntary work or other ways of contributing or they may just be content with the situation they find themselves in. This is a barrier in that it stops people getting into work but may be seen as a positive step by those involved.

SOLUTIONS TO EMPLOYMENT DIFFICULTIES

These workshops looked at the different ways in which we thought people could be helped back into work and are listed in sections according to the frequency with which they were mentioned.

SERVICES THAT CAN HELP PEOPLE BACK INTO EMPLOYMENT

The barriers that we face in returning to work are often of the sort that mean we need assistance from others to help this become a realistic option. The following is a list of the range of ways in which a variety of agencies could help us get closer to achieving this aim.

Apart from current services such as TAG, other forms of help were also highlighted such as:

- a) Social Firms
- b) Clubhouses

These were both mentioned frequently and were seen as good ways back into employment. The difficulty that might be involved in establishing a clubhouse in a rural area was mentioned and the different possibilities that social firms and enterprises may create provoked a lot of interest. Ideas for social firms were:

- a) More work on recycling.
- b) Painting and decorating, handy person jobs, and creative jobs such as music art or drama or work in the caring sector.

Other possible solutions are listed below:

- ❑ Increase confidence and self esteem through services like TAG and HUG.
- ❑ Increase funding for job coaches.
- ❑ Provision of work opportunities to suit different individuals.
- ❑ Assistance with other employment opportunities e.g. self-employment.
- ❑ Provide support and training that can last longer than one year.
- ❑ Provide support workers who can go into the workplace if an individual cannot work, following the clubhouse model.
- ❑ Resources should be allocated to services and be available at different levels of intervention and stages of illness.
- ❑ We need more meaningful prevocational work and opportunities.
- ❑ We need to assist an individual to know their own goals.
- ❑ Measures of success should be meaningful to both parties.

- ❑ Motivation should be healthy and not a source of pressure.
- ❑ Employ more Occupational Therapists to help people into a world where employment can become an option.
- ❑ Currently compartmentalised services should work together to identify common issues.
- ❑ An Employment Development Worker should be recruited to look at linking with employers, investigate social firms, clubhouses and transitional employment.
- ❑ Involve Local Enterprise Companies.
- ❑ Work with both employers and employees.
- ❑ Provide careers guidance.
- ❑ Provide pre-employment support and guidance and follow up during employment.
- ❑ Provide support for employers and provide incentives for employers to employ people with mental health problems.
- ❑ Help people to recognise limitations and how to work around them with the assistance of support workers/employers and clinicians in the workplace.
- ❑ Support for clients must be consistent.
- ❑ Improve training links with the college.
- ❑ Develop support mechanisms for employers.
- ❑ Supported employment services should provide quality products and services, be competitive in pricing, provide a service that is useful to the clients, use the expertise of as many people and services as are required and support small employers financially when a client may be on sick leave.
- ❑ Encourage the use of flexible working hours for employees.
- ❑ Develop transit employment opportunities possibly utilising job coaches and assisting clients in approaching employers.
- ❑ Develop stepped approaches to returning to work
- ❑ Taster training in employment should be available.
- ❑ Make outcomes more meaningful and base them in the perspective of users.
- ❑ Job buddying can be helpful.
- ❑ Provide improved information on employment in central places including information on community opportunities and enterprises.
- ❑ We need greater flexibility and support both to return to and retain work.
- ❑ A range of services that reflect and respond to clients differing capabilities are needed.

STIGMA

We felt that with a change in public attitudes, professional attitudes and our own attitudes that our search for work would be made much easier and less clouded by misinformation and ignorance. We had a number of points to make, which would help with this situation.

- ❑ Increase employer awareness of mental health issues and policies e.g. Disability Discrimination Act.
- ❑ Training is needed for all service providers including Benefits Agency staff on Mental Health issues.
- ❑ Educate the public about mental illness as well as workers who may come into contact with us: use HUG, TAG and any others to help with this. We need to both increase confidence and heighten mental health awareness.
- ❑ Help with the awareness raising of young people.
- ❑ Provide more training for awareness trainers themselves.
- ❑ Positive discrimination needs to be encouraged and not 'tokenism'.
- ❑ Develop positive media coverage of mental health and employment.
- ❑ Use HUG reports; its lobbying role and its relationship with the media
- ❑ Encourage people to see people with mental health problems as individuals.
- ❑ Seek out role models and success stories to encourage users and employers alike.
- ❑ Use a variety of mediums to put the employment message across such as drama and personal testimonies.
- ❑ Educate GPs - work out 'prescriptions for health'.
- ❑ The positive aspects of having a mental health problem should be emphasised.
- ❑ Promote openness across society.
- ❑ Everyone should take responsibility to include the individual.
- ❑ Continue anti-stigma work both locally and nationally e.g. See me and HUG and challenge negative representation of people with mental illness.
- ❑ Promote mental well being in the workplace as well as help with dealing with mental ill health.
- ❑ Try to get across the message that having lived through a mental illness can be a positive thing and may help a person in some workplaces.

PERSONAL DIFFICULTIES AND HOW WE CAN ADDRESS THEM

If we are struggling at work either because of the stress involved in being in employment or because of other mental health problems then we thought there were a number of things that could be done to help us:

- ❑ Provide counselling in the workplace for the workforce.
- ❑ Provide good training and support for employees.
- ❑ Make the workplace flexible and adaptable to employees needs.
- ❑ Provide a healthy atmosphere in and out of work - work affects all aspects of our lives and vice versa. The workplace needs to be as positive as possible.
- ❑ Give everyone an opportunity to use the variety of skills they have.
- ❑ Prevent the problems in the first place; there will be less stress if people feel supported at work.
- ❑ Provide support to employers to help them deal with mental illness and be more proactive in facing the issue at work.
- ❑ Find out whether employers have mental health policies and if they help.
- ❑ Make good mental health at work a joint responsibility.
- ❑ Provide help with transport to get to work - especially in rural areas.
- ❑ Give people the time and permission to be ill - don't let the pressure to be well make people less healthy.
- ❑ Help employers become aware of how they can adjust conditions for their employees.
- ❑ Provide a helpline for employees.
- ❑ Build up a network of employers who are positive about employment and mental health.
- ❑ Recognise the employees' needs and support them to achieve them.

MAPPING OF RESOURCES AND WORKING TO ACHIEVE BETTER EMPLOYMENT OPPORTUNITIES

It was suggested that a working group should be established that would assess what exists and what is needed and what resources are untapped so far. It should research and seek out evidence of what works, find out sources of funding and produce a plan for the future.

This group should include representatives from everyone who has a stake in mental health and employment. It could be good to have network or regional groups that feed into a central one. We should also make sure

HUG and APEX are on board as well as representatives from public health. The group would aim to have a co-ordinator to take its work forward.

It could help if we could fund and attract the above worker or another worker who also has an expertise in the fund raising strategies that small groups or organisations may lack and need help with.

If we involve users and ask them to give the benefit of their experience as consultants about what does and doesn't work then we should consider paying them for this. New developments should be user led and developed from the grass roots up. We should also look for long term funding rather than short term project funding.

FUNDING AND RESOURCES

We need to locate and advertise funding opportunities that can be used to build on existing projects and develop new ones. We also need to raise the profile of current resources such as TAG.

We need to be sure that money allocated to employment and mental health is ring-fenced and therefore is used for the purpose of employment and mental health.

We should try to make sure that funding is consistent and secure so that current services are as certain as can be about their future and their future plans. We need funding to promote a variety of services offering the different choices different people may need.

POLICY

We need to influence and lobby for positive policies on mental health and employment at a national and local level that support the ideas of a healthy workplace.

Government Policy should encourage people to seek work and yet allow those that can't, to adapt to a life without paid employment without having to worry about this. It would be good to have funding for a post to take these proposals forward.

It would also be good to be sure that Chief Officers' groups and Joint Committees in the Highlands are committed to the need for employment strategies for those with mental health problems.

We need to reassess objectives; they shouldn't be set at targets we can't achieve and should reflect what users are looking for, and want to gain rather than what policy makers think users should be looking for.

ILLNESS

We need to make sure that we can access help for mental illness whilst in work and that employers are able to see the benefits of this. It would be good to have access to medical specialists in our workplace on occasion.

We also need to ensure that the help we get to cope with the illness we have is such that we may get to a level of health that allows us to consider employment. If we are too ill we can't work but if with help, we recover to a level we are happy with, we may be able to contemplate work.

BENEFITS

- We need to address the benefits trap in order that employment becomes an attractive option. This does not mean making benefits harder to get or to live on.
- We also need people to be aware of and able to access benefits checks to help them decide whether some form of work will actually reward the potential employee.
- We need a more flexible benefits system that takes account of the variable nature of mental illness.
- It would be good for people to be aware of the range of activities they can engage in whilst on benefits.
- It would be good if people could work for longer before their benefits are affected. We may be able to learn from other countries too.
- It would be beneficial to have trial work opportunities and a quick reversion to benefits if they don't work. If benefits continued until after the first pay check this would also ease our anxieties.

SERVICE NETWORKING

We need to improve communication amongst services, both amongst agencies that are helping people back into work and those that are dealing with other aspects of our mental health. It could be good to have a website or news sheet on the subject. We should develop a database of employers and develop information on community opportunities and enterprises.

We should also aim to develop a shared philosophy around employment and mental health and see if we can discover employment solutions specific to the Highlands whilst learning from other projects within Scotland and elsewhere.

RAISE PROFILE OF CURRENT SERVICES

Increase and make clear the role of TAG. We should also evaluate other services including TAG to see if there are different or better ways of working.

DEVELOP LOCAL FORUMS

We should develop local forums based around employment and mental health across the Highlands.

RURAL PROBLEMS

We need to try to address the problems people face in rural areas such as transport, seasonal work, low paid work, and having access to few job opportunities. It may be a good idea to develop community enterprises or to pool resources in areas where services are sparse.

PERSONAL PROBLEMS

We need to give people help with some of the problems they face in getting work. They may need to change their lifestyle in order that work becomes a possibility. This would need sensitive and respectful assistance from the workers around them and may take some time. Equally, employers may need help to see behind the apparent unemployability of some people, to the talents they do have.

EXPANSION OF ADVOCACY SERVICES

People may get in to difficulty at work and feel that they are not being listened to. They may need access to advocacy services for representation.

WELLBEING

It is important to recognise that wellbeing applies to all of us irrespective of whether we have a mental health problem or not. We need to foster hope, have help to develop our own goals, make success feel meaningful, make motivation a positive attribute rather than a form of pressure we can't live up to and help friends and family in this journey. We also need to add and promote the value of all our lives irrespective of whether we are lucky enough to have work. We need to recognise that we still have value even if our lifestyles and ways of living do not fit into conventional work patterns.

THE WAY AHEAD - PRIORITIES

All the workshops were asked to look at their priorities for future work. These were in order of priority:

- Firstly:
- A co-ordinator for mental health and employment, with particular knowledge of funding and legislative issues.
- More work to challenge stigma and raise awareness.
- Secondly:
- More effective communication with users and between services.
- Support and develop existing services.
- Thirdly:
- Establish social firms.
- Less emphasis on hard outcomes such as jobs gained and more attention to elements such as confidence and self-esteem
- Lobby politicians.
- Map current provision.

CONCLUSION

Stigma and discrimination are the main barriers which we face in getting and maintaining employment. The agencies that are there to help us regain employment also suffer difficulties in helping us attain that goal. The workplace itself is a barrier - sometimes through lack of awareness and sometimes because it doesn't acknowledge or respond to the needs of people with a mental health problem. Unfortunately the experiences we go through with mental illness mean that employment sometimes becomes a distant option and can mean that we come to prefer a life on benefits where we are free of the stresses and strains of the workplace.

In order to challenge these barriers we need to look at the assistance employment and training agencies can offer us. At a basic level this includes making sure that the help we already get is maintained; something that we are not all sure will happen. We need to build on and develop the help these agencies can offer as well as looking to new sometimes specialist options such as social firms, clubhouses and work to help us way back in the beginning of illness when work can seem a very remote option.

We also need to look at stigma and misunderstandings about mental illness and need to challenge this generally but also to target employers. We need to build on the work HUG does very successfully but also need to recognise that it is a task we all need to be involved in.

Once in employment we need to get across the message that a mentally healthy workplace is necessary for everyone not just people with a mental illness.

The Mental Health and Employment Working Group will take these ideas forward, as well as the priorities for development that we all listed, and will incorporate them into its action plan.

People interested in becoming involved in this, please contact Bill Cook at Kinmylies Social Work office - telephone 01463 703456



For more information on HUG, or an information pack, call:

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