

An estimated **1 in 6 people in employment** suffer from a common mental health disorder.

**1 in 2 people claiming unemployment benefits** are estimated to have mental health issues.

Unemployment and poor employment are significant determinants for poor mental health.

Services such as Citizens Advice work with clients living with mental health problems. These services can then identify, track and respond to the deterioration of their clients' mental health in response to triggers before a crisis is reached. Unemployment can be one such trigger, though equally, so is a poor working environment, conditions and inadequate levels of pay.

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### Key messages

- Employers should promote good mental health of all employees and further work and training is required to identify employees experiencing mental health issues who require help, but either don't seek it or don't receive it. This will involve reducing the stigma of mental health issues so employees can discuss their mental health with their line manager and seek support when they are struggling.
- 1 in 2 people claiming unemployment benefits are estimated to have mental health issues. When addressing unemployment it is therefore critical that any benefits program includes identification and support for mental health, whether previously diagnosed or not.
- Individual Placement and Support (IPS) is currently the most effective method for supporting people with mental health issues into employment.
- To meet needs more effectively, employment support services should be given flexibility to support people who are a long way from employment. Services should be expanded to support people into work of less than 16 hours a week or voluntary work as a first step. Ongoing support should be available to ensure needs are met through transitions.
- Further work is needed to pool information across providers to present a broader picture of impact and performance, in particular numbers of people with mental health issues who need and are accessing employment support and their outcomes. This would provide a clearer picture of the number of unemployed people with mental health issues who have unmet employment support needs.
- Work Zones in Cheshire West and Chester and the Welfare to Work Partnership in Cheshire East are working to join up approaches across organisations and develop streamlined pathways for service users

## Employed mental health estimates

|   |                  |
|---|------------------|
| Estimated numbers employed with mental health issues (Cheshire) | 55,740 - 100,010 |
| in Cheshire East  | 28,140 - 52,360  |
| in Cheshire West and Chester                                    | 25,600 - 47,650  |
| Numbers needing support   | Unknown          |

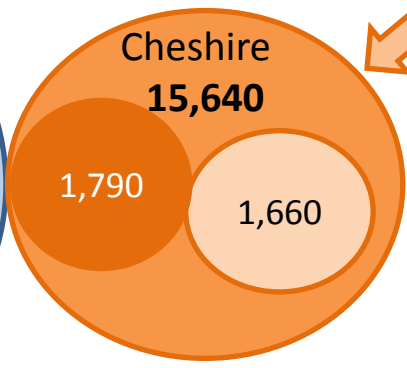
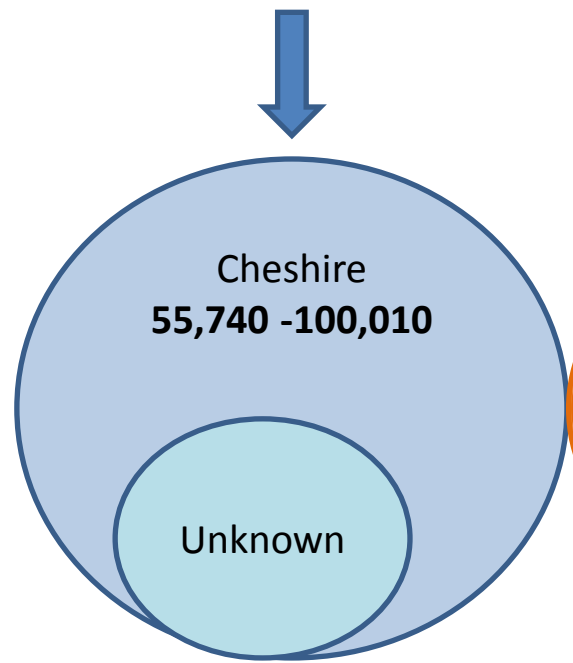
## Unemployed mental health estimates

|   |        |
|---|--------|
| Estimated numbers unemployed (on unemployment benefits) with actual or inferred mental health issues (Cheshire) | 15,640 |
| Numbers deemed capable of work now (Claimant Count)   | 1,660  |
| Numbers deemed capable of work in the short-medium term with support (ESA WRAG)                                 | 1,790  |

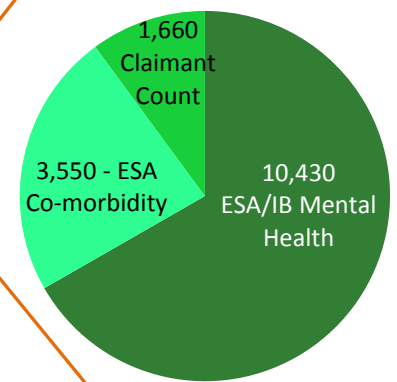
**3,450 people that need employment support**

ESA = Employment Support Allowance  
IB = Incapacity Benefit

WRAG = Work Related Activity Group



**Sources of mental health numbers for those 15,640 people on unemployment benefits in Cheshire (May 2017)**



- ESA/IB Mental Health (actual)
- ESA Comorbidity (inferred)
- Claimant Count - inferred common Mental disorders (CMD)

Claimant Count is Job Seekers Allowance and Universal Credit claimants estimated to have Common Mental Health Disorders (CMD)

**Common mental disorders (CMDs):** These comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition.

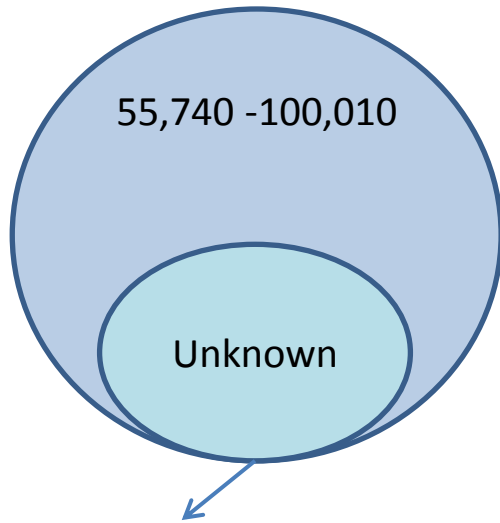
**Key Message:** Better information is needed to help identify the numbers who need mental health support in and out of the workplace.

For an explanation of how all these figures have been calculated see pages 4-7.

# How many people with mental health issues are accessing support to gain or maintain employment?

## Employed mental health estimates

|   |                  |
|---|------------------|
| Estimated numbers employed with mental health issues (Cheshire) | 55,740 - 100,010 |
| Numbers needing support   | Unknown          |



### Numbers accessing support within work?

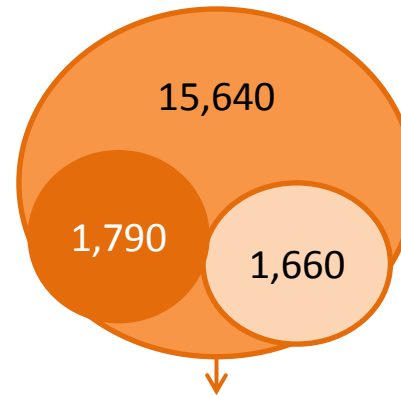
Support to people in employment is provided through a wide range of employer occupational health and employee assistance schemes. Data are not available on numbers of people accessing these schemes across Cheshire.

## Unemployed mental health estimates

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3,450

ESA = Employment Support Allowance; WRAG = Work Related Activity Group - This is for claimants who the DWP consider will be capable of work at some time in the future



### At least 1,300 accessed employment support:

- At least 1,120 places on support programmes available in 2016/17<sup>1</sup>
- 15 people with mental ill health supported into employment and an estimated 78 long-term unemployed with a mental health issue received support through the Work Zone programme in Cheshire West and Chester during 2016/17<sup>2</sup>
- 27 people with mental health issues supported Oct 2016 to Nov 2017 through the Cheshire West and Chester Council Work Choice programme<sup>3</sup>
- 10 people with mental illness supported 2016/17 through the Cheshire East Council Work Choice programme
- 50 people with severe and enduring mental health supported in Cheshire East (may not have been on unemployment benefits)<sup>4</sup>

For an explanation of these figures see pages 8-10.

- <sup>1</sup> DWP and identified college programme capacity 2016/17
- <sup>2</sup> CWAC Work Zone figures (2016/17 financial year)
- <sup>3</sup> Cheshire West and Chester Council
- <sup>4</sup> Cheshire East Occupational Opportunities data (2016/17)

Common mental disorders (CMDs):  
These comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition.

**Key message:** There are several successful programs offering substantial support for unemployed people; support in the workplace seems to be less coordinated and is dependent on attitudes of individual companies and line managers.

## Common mental disorders (CMDs):

These comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition.

From the 2016 Business in the Community survey 60% of board members and senior managers believed their organisation supported those with mental health issues; however **only 11% of employees discussed a recent mental health problem with a manager, and 50% said they would not discuss mental health issues with their line manager.**

It is difficult to get precise numbers in relation to mental health issues in the workplace. To provide an assessment of those who may be impacted by poor mental health, estimates from various studies have been applied to the population. There have been a number of studies and reports published around mental health in adults, and the rates estimated for mental health issues in the adult population vary from 1:6 to nearly 1:3.

The **2014 adult psychiatric morbidity survey (APMS<sup>1</sup>)** estimated that **one in six adults had a common mental disorder in the past week. The survey by 'Business in the Community'<sup>2</sup> in 2016 found that nearly one in three employees (31%) had experienced psychological symptoms of poor mental health within the last month.**

There are estimates available from the Annual Population Survey (Nomis) of employees with self diagnosed mental health issues lasting longer than 12 months, but the results have large margins of error at local authority level and are not included in this JSNA. The below table estimates the number of Cheshire residents in employment who have recently experienced mental health issues:

| Estimates of workforce proportions with a mental health. |                                 |                             |   |   |
|--|---------------------------------|-----------------------------|---|---|
|  | Working Population              |                             | APMS - People with a Common MH issue in employment <sup>^</sup> | Business in Community survey - workforce with symptoms of MH issue <sup>~</sup> |
|  | Total 16 to 64 pop <sup>*</sup> | In employment <sup>**</sup> | Rate of 1:6   | Rate of approximately 1:3 (31%)   |
| Cheshire East  | 226,060                         | 168,900                     | 28,140  | 52,360  |
| Cheshire West and Chester                                | 206,150                         | 153,700                     | 25,600  | 47,650  |
| Cheshire (calculated locally)                            | 432,210                         | 322,600                     | 55,740  | 100,010   |
| Great Britain  | 40,267,490                      | 29,675,200                  | 4,943,890   | 9,199,310   |

\* 2016 mid population Estimates; \*\* from Annual Population Survey figures (Jul 2016to Jun 2017)  
<sup>^</sup> Calculated from the rate given in the Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014 (1)  
<sup>~</sup> From the 'Business in the Community' Mental Health at Work Report 2016

When applied to the Cheshire population, there are large numbers of people who potentially experience a mental health issue. However, in understanding workplace mental health issues, **it is important to identify those who are managing the impacts of mental health issues (either by themselves or with support) and those who need support and don't receive it.** The latter group should be the focus of intervention/support efforts for fear that they become unemployed and end up in the benefits system. The lack of clear data around the level of those who require help, but either don't seek it or don't receive it, makes planning difficult. Further research and effort is required to identify this group.

**Interventions should also focus on young people whose mental health may prevent them getting a job in the first place.** An opportunity for improvement identified in the children and young people's mental health JSNA is to bring together all youth information, advice and counselling services for young people, possibly up to the age of 25, so that social, welfare, and legal advice is provided alongside mental health interventions. This should also include provision of employment support.

See the children and young people's mental health JSNA

Around 9 out of 10 people with mental health problems experience **stigma and discrimination**<sup>4</sup>

According to the ONS Sickness absence in the labour market (March 2017) 137 million days were lost due to sickness absences in the UK in 2016, down from 178 million days in 1993. **Stress/Anxiety/Depression was the third highest reason for absenteeism with 15.8 million days lost.**

A 2016 study into health at work in Cheshire and Merseyside<sup>3</sup>, showed that overall sickness absence rates were similar to the national average of nine days per employee in most Cheshire and Merseyside local authorities. Absentee data was supplied by six of the nine councils in the study area (Cheshire East, Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St. Helens, Warrington and Wirral). While there is an issue in the data around inconsistent nomenclature making comparisons difficult, it was clear that mental health issues including anxiety and depression were consistently the most common reason for absenteeism in all but one council area (see the below table for more information).

| Top five absence by reason (and proportion of total absences) |   |  |  |  |                                       |
|---|---|--|--|--|---------------------------------------|
| Local Authority   | Number 1 reason                             | Number 2 reason                              | Number 3 reason                          | Number 4 reason                        | Number 5 reason                       |
| LA1   | Stress (13.7%)                              | Med Exam / Investigation / Operation (10.1%) | Depression (5.1%)                        | Back Pain (5.0%)                       | Anxiety / Fatigue / Exhaustion (4.6%) |
| LA2   | Anxiety / Stress / Nervous Debility (25%)   | Cold / Flu (18%)                             | Joint / Muscular Disorder (12%)          | Gastric Disorder (10%)                 | Ear / Nose / Throat (7%)              |
| LA3   | Infections, including colds and flu (24.5%) | Stomach, liver, kidney & digestion (21.6%)   | Other musculo – skeletal problems (7.5%) | Eye, ear, nose & mouth / dental (6.3%) | Personal Stress (6.1%)                |
| LA4   | Not supplied                                |  |  |  |                                       |
| LA5   | Not supplied                                |  |  |  |                                       |
| LA6   | Not supplied                                |  |  |  |                                       |
| LA7   | Stress (13.25%)                             | Depression (6.7%)                            | Back trouble/Pain (6.14%)                | Operation (5.7%)                       | Anxiety (5.38%)                       |
| LA8   | Stress / Depression (23%)                   | Limb / Joints (17%)                          | Respiratory / E.N.T. (15%)               | Digestive / Stomach (9%)               | Back / Neck (7%)                      |
| LA9   | Mental Health (30.1%)                       | Muscular / Skeletal (exc Back) (10.5%)       | Medical Procedures (9.1%)                | Abdominal (inc Digestive Tract) (9.1%) | Ear, Nose and Throat (8.0%)           |

Source: Council HR stats - collected by each council

Other data in the study showed that the Adult Social Care and Children’s Services directorates consistently had the highest absenteeism days per full time equivalent (FTE) rate across all the directorates for each council that supplied the information. School staff had the lowest rates of absenteeism.

## ESA - Employment Support Allowance:

is a DWP benefit for those that due to illness or injury are largely incapable of work without support and time.

**IB – Incapacity Benefits:** are an earlier version of ESA benefits.

Both of these benefits are slowly being phased out and will eventually be replaced by **Universal Credit.**

From the 2014 Adult psychiatric morbidity survey:

- Claimants of Employment and Support Allowance (ESA) experienced particularly high rates of all the disorders assessed
- While many will have received ESA primarily for a physical health reason the great majority of this group had very high levels of psychiatric comorbidity

There are two types of numbers we can gather in relation to mental health and unemployment, actual and inferred.

### Actual:

Employment Support Allowance (ESA) and Incapacity Benefit (IB) are Department of Work and Pensions (DWP) benefits for those people who are unable to work due to illness or injury. Within these benefit groups GP diagnosed medical conditions that prevent recipients from working, including mental health/behavioural issues, are identified. For each condition, **a proportion are on the ESA Work Related Activity Group (WRAG); this cohort identifies those that may be capable of work in the short to medium term with support. Others on ESA are not capable of work in the short to medium term and are in need of longer term support.** The below table shows how many on ESA/IB have their recorded primary condition as mental/behavioural issues (ESA/IB MH):

| Numbers of people who are receiving benefits primarily related to mental health issues in May 2017 |                      |  |   |  |   |
|--|----------------------|--|---|--|---|
| ESA and IB Calculated  | Total ESA/IB Numbers | Total ESA/IB Claimants with Mental Health problems (ESA/IB MH) | Those in the ESA WRAG with mental health issues | ESA/IB MH as a proportion of total ESA/IB recipients | ESA/IB MH as a proportion of total 16-64 population |
| Cheshire East  | 10,440               | 4,850  | 830   | 46.5%  | 2.1%  |
| Cheshire West and Chester  | 11,810               | 5,580  | 960   | 47.2%  | 2.7%  |
| Cheshire*  | 22,250               | 10,430   | 1,790   | 46.9%  | 2.4%  |
| Great Britain  | 2,401,460            | 1,184,190  | 228,330   | 49.3%  | 2.9%  |

Source: ONS Crown Copyright Reserved [from Nomis on 13 December 2017]  
\* calculated from rounded numbers

From this table we can see that **10,430 people** in Cheshire, or 2.4% of the 16-64 year old population **are directly in need of support due to mental health issues.**

Those who can participate in the Work Related Activity Group (WRAG) may be able to find employment, particularly if demand for workers increases and supply decreases, as is expected across Great Britain in the future. From the above table, **there are 1,790 people in Cheshire with a mental health issue who are in the WRAG.**

### Inferred numbers from studies:

Staying with ESA and IB, in 2012 a study by the King's Fund and Centre for Mental Health<sup>5</sup> found **high rates of comorbidity between physical and mental health; with 30% of those experiencing long term physical health problems also having a mental health problem. Applied to the Cheshire ESA/IB non-mental health benefits recipients that equates to 30% of 11,820 or an additional 3,550 people** who are unemployed and may have mental health problems. These results are supported by the 2014 APMS survey<sup>6</sup>, which found that in people with severe CMD symptoms; over a third (37.5%) had a chronic physical condition as well. This rate was similar for both men and women.

**Claimant Count** is an 'experimental' data series from Nomis that counts the number of people claiming Jobseeker's Allowance (JSA) plus those who claim Universal Credit (UC) and are required to seek work and be available for work. 'Experimental' in this context means that the data is still undergoing development and is not classified as a national statistic.

Definition of **out-of work benefits** according to Nomis consists of the following groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits.

## *Inferred numbers from studies (cont.):*

For people receiving other unemployment benefits, identifying those suffering from mental health issues that maybe impacting on their ability to find work is harder to find. For example Universal Credit (UC) and Job Seekers Allowance (JSA) benefits do not capture information in relation to mental health issues. As a result we have to infer indicative numbers from studies into mental health. The 2014 APMS supports the widely reported finding that unemployment can often contribute to higher levels of mental health issues. The report shows that **the Common Mental Disorder (CMD) rate in unemployed people aged 16 to 64 was twice that of their employed counterparts.** The CMD prevalence for people in employment was **14.1% of full-time and 16.3% of part-time employees; compared with 28.8% of unemployed people looking for work, and 33.1% of the economically inactive.**

Applying the CMD prevalence rate for unemployed people looking for work (28.8%) to the 'Claimant Count' figure in Cheshire of 5,750 (Nomis, May 2017 – see definition in left-hand box); this results in close to **1,660 job seekers with a common mental disorder (CMD).**

If these 1,660 people are added to those who are on ESA/IB with mental health issues (10,430 people) and those who are on ESA/IB who may suffer a related mental illness (3,550 people) this results in a combined total for Cheshire of around **15,640 people who are on unemployment benefits that are likely to suffer from a mental health issue. This equates to 3.6% of the 16 to 64 year old population who are unemployed with mental health issues that may need support.**

## *Out of work versus in work ratio of mental health issues:*

The Department of Work and Pensions (DWP) provide the numbers of people on out-of-work benefits (see side box for definition). Based on this definition, the number of people on these benefits in Cheshire is currently 28,370 (Nov 2016 – latest available); but when those on Universal Credit (UC) out-of-work benefits (Nov 2016 for consistency's sake) are also included this increases to 31,210 people. If this is divided by the number people on ESA/IB, JSA and UC who have an actual or inferred mental health issue (15,640 people) then the **ratio of mental health issues for those on out-of-work benefits is around one out of every two people on out of work benefits people for Cheshire (31,210/15,640 = 1.99).**

**When this is compared to the general adult population mental health issue estimates as given by the 2014 adult psychiatric morbidity survey of 1:6 people, the rate of mental health issues in the unemployed population is estimated to be nearly 3 times that of the general population.**

## Commissioned service delivery:

Department of Work and Pensions contracts that target those with disability and mental health issues have been commissioned out to Remploy in the Cheshire Area, via the Shaw Trust and Local Authorities.

The aim of the service is to create sustainable (long-term) employment opportunities for clients.

Many third sector providers support and positively impact in this area by giving **supported and volunteering opportunities**

. Volunteering can bring back your self-esteem and motivate you which can be really important in getting someone back to work.

See the Adults Mental Health Service Delivery and Assets section for more information about the impact of volunteering.

There are multiple programmes run by the Department of Work and Pensions (DWP), councils and other parties aimed at helping those who are looking for work. The following highlights some of the key service providers in the Cheshire area.

### Non-Council Service Providers:

#### Remploy:

Remploy are contracted by DWP to deliver multiple benefit-related programmes in Cheshire that help those unemployed people with a disability or mental health issue including:

- Work choice programme (voluntary);
- Work Programme (compulsory for ESA WRAG and unemployed for 3+ months) – see table below for numbers from DWP

In the Table below, the Work Programme attachments for Cheshire are highlighted. The numbers include all service providers for the area, including the main provider Remploy. There are no numbers for the Work Choice Programme available for non-council programs.

Remploy also offer programmes helping those with disabilities or mental health issues who are in work but need support.

#### Colleges:

Local Cheshire colleges also run support programmes and internships to help get people with disabilities (including mental health) into paid employment:

- West Cheshire has a programme with capacity to support 80-100 people a year who are disabled/or have mental health issues.
- Mid-Cheshire College can support up to 20-40 people a year

#### 3rd sector providers:

The following 3<sup>rd</sup> sector organisations following provide work settings, training and support for people with disabilities including mental health issues:

##### Cheshire East Council area

- Crewe SCB (Supported Community Business)
- Christian Concern Crewe
- Macclesfield Community Garden Centre

##### Cheshire West and Chester Council area

- People Plus
- Armstrong Works
- Health Box

| Employment support across Cheshire   |   |                           |                          |             |
|--|---|---------------------------|--------------------------|-------------|
|  | DWP Work programme*                           | Colleges                  |                          | 3rd Sector  |
|  | Total attachments<br>(2016/17 financial year) | West Cheshire<br>(annual) | Mid-Cheshire<br>(annual) | All         |
| Cheshire (combined)  | 983   | 80-100                    | 20 to 40                 | data needed |
| *Source: Department for Work and Pensions (includes all service providers) |   |                           |                          |             |



**NHS service provision:**

Several services within Cheshire and Wirral Partnership Trust (CWP) provide employment support for their service users. These include:

These include:

- Central Cheshire Mental Health Gateway
- Adult eating disorder service
- Adult Community Mental Health Service
- Early Intervention psychosis team
- Inpatient Rehabilitation Wards

**Council service provision:****Cheshire West and Chester:****Work Zone programme:**

This programme targets those who are at risk of long term unemployment, including those with mild to moderate mental health. In 2016/17, the programme has supported 700 people into paid employment, of which 15 people were on ESA and identified as having mild to moderate mental health issues.

Of the remaining 685 participants, 270 people were long-term unemployed. From the APMS rate of 28.8% for those whom are unemployed with a mental health issue, it is possible that there could be an additional 78 people who may be considered to have mental health issues. The remaining 415 participants were those who were 'recently' unemployed, from other benefits or from other circumstances that means they weren't in the benefits system.

**DWP Local Employment Support Service:**

A new programme that began in November 2017. It targets adults receiving secondary care mental health care and adults with learning difficulties/autism for support back into employment. The program aims to support 65 beneficiaries, in total, with at least 20% getting into employment of 16 hours plus per week. As the programme has just started there are no numbers to report as yet.

**Housing Benefit team (Cheshire West and Chester)**

The Cheshire West and Chester Housing Benefit team have a holistic visiting team, including a Citizens Advice Bureau debt adviser, which targets vulnerable customers proactively using Housing Benefit and Council Tax Reduction Scheme data. This identifies people who do not access services, but who may require help, financial support, debt advice, housing support, affordable warmth, health or mental health care, by visiting each person in their home.

Some information is captured around mental health often in the 'barriers' section; however it is difficult to capture robust information around mental health in the process, as the priority is to address the immediate needs. The use of a structured mental health assessment may impede client uptake, this is then a risk to engaging and helping the client. However, assessments are carried out by officers as they proceed if it becomes obvious that there is a mental health issue affecting the individual.

**Cheshire East Review**

There is a current review of services within Cheshire East Council to identify opportunities for programme development and roll out. The outcome of this review may influence what sort of information is collected and how resulting information can be used to inform further versions of this JSNA.

**Council service provision:**

**Cheshire East Council:**

**Occupational Opportunities Service:**

As part of the internal Care4CE provider service, Occupational Opportunities operates intensive work-based support for around 50 people with severe and enduring mental ill health. Projects include a café and gardening group.

**Cheshire East Welfare to Work Partnership:**

This is a provider partnership of all services that have any input into supporting disadvantaged people into work (including people with mental ill health). The remit of the group and its sub-groups are to drive forward the following:

- A joined up approach to employer engagement via highly localised events and initiatives
- Developing joined up pathways for customers
- Eliminating service and geographical gaps
- Feeding back accurate information to commissioners
- Creating and updating a directory of all services to have clear and easily accessible information on all support services that are available
- A joined up approach to transition support and early intervention
- Joined up approaches to increasing external funding

**Cheshire East Housing:**

The Housing Related Support service commissioned by Cheshire East Housing provide supported accommodation and floating support services to clients who are either homeless or at risk of homelessness and need support. Support workers work individually with people to provide support tailored to their needs and could include help to: find and maintain accommodation, gain skills to maintain a tenancy, support to improve their health and wellbeing, help to manage finances etc. Support can also include help to gain financial independence through access to education, training and employment.

**Council Based employment support programmes**

| Council based employment support across Cheshire for those with mental health |  |   |                           |
|---|--|---|---------------------------|
|   | Cheshire East                                | Cheshire West and Chester               |                           |
|   | Occupational Opportunities Service (2016/17) | Work Zone with MH (2016/17)             | Revenue and benefits team |
| Numbers   | 50   | 15 (+ 78 possible MH from JSA 6 month+) | data needed               |
| *Source: Internal Council data  |  |   |                           |

The difference between the DWP 'Work Choice programme' and 'Work programme' is:

- **The Work Choice programme\*** is voluntary and helps disabled people with more complex issues to find work and stay in a job;
- **The 'Work programme'** is compulsory for those in the ESA WRAG and those who are unemployed on JSA for 3 or more months

\*Referrals to Work Choice came to an end on the 31<sup>st</sup> October 2017. The 'Work Choice programme' and the 'Work programme' have both been replaced by the DWP Work and Health Programme which went live on the 27<sup>th</sup> November 2017.

## Work Choice Program

### Remploy –

Exact figures on the success rates of the Remploy programmes are not available; however DWP provide statistics for the 'Work programme' (not available for the 'Work Choice programme') that cover all service providers for an area, including Remploy. See table below for data and side panel for definitions of the different programmes.

### Cheshire West and Chester Council Work Choice Service\*

**The Work Zone** programme for Oct 2016 to Nov 17 also delivers the Councils 'Work Choice' programme for Shaw Trust where it has a contract for 54 people (achieved) of which 48 got employment, 39 staying there 13 weeks (of which 19 had an identified mental health issue) and 34 staying there 26 weeks (15 with identified mental health issue).

### Cheshire East Council Work Choice Service\*

Covering Cheshire East Council area, this is a service specifically for people with disabling conditions. For the 2016/17 financial year there were 49 new starts on the Work Choice Programme; 10 of these were people with a diagnosed mental illness.

Of the 49 new starts in the Cheshire East Work Choice Programme, 27 started work and 21 sustained employment to at least 13 weeks. It is unclear as to how many of those had mental health issue.

### Third Sector:

It is difficult to get specific information about those with mental health issues who are supported into employment by third sector organisations. It is therefore difficult to judge the effectiveness of the support.

| Success rates for 2016/17 financial year        |  |   |                                     |
|---|--|---|-------------------------------------|
| Year  | DWP Work Programme (WP) for Cheshire combined focussed on mental health* |   |                                     |
|   | Work Programme attachments with MH issues                                | WP Job outcomes with MH issues (13 week employment count)       | MH success rates                    |
| 2016/17   | 208  | 37  | 17.7%                               |
| Cheshire East Work Choice programme             |  |   |                                     |
|   | Work Choice starters (those with a primary MH issue)                     | 13 week job outcome success (those with a primary MH issue)     | Success Rate (MH of total starters) |
| 2016/17   | 49 (10)  | 21 (unknown)  | 43.7% (unknown)                     |
| Cheshire West and Chester Work Choice Programme |  |   |                                     |
|   | Work Choice starters (those with an identified MH issue)                 | 13 week job outcome success (those with an identified MH issue) | Success Rate (MH of total starters) |
| Oct 2016 to Nov 17                              | 54 (27)  | 39 (19)   | 72.2% (70.3%)                       |

\*Source: Department for Work and Pensions (includes all service providers)

## Areas of improvement for employers<sup>7</sup>:

- Promote good mental health of all employees, provide **good working conditions** to ensure a **healthy work life balance** and **opportunities for development**
- Develop **mental health awareness among employees** by making information, tools and support accessible.
- **Reduce stigma** of mental health issues by encouraging open conversations about mental health when employees are struggling, during recruitment and at regular intervals throughout employment.
- **Offer appropriate workplace adjustments** to employees who require them. **Design contracts** to provide employment support for people with mental health issues, recognising the complexity and time involved within the employment conditions.
- **Train and support line managers and supervisors in effective management practices**, ensure all employees have a regular conversation about their health and well-being with their line manager, supervisor or organisational leader.
- **Routinely monitor employee mental health and wellbeing** by understanding available data, talking to employees, and understanding risk factors.

## Areas of improvement for commissioners and service providers:

### • *Ensure evidence-based programme design:*

Recent research in a report by the National Development Team for Inclusion (NTDI 2014)<sup>8</sup> found evidence that Individual Placement and Support (IPS) (in mental health services) and supported employment (in Learning Disability services) are the most effective ways of supporting people to achieve paid work outcomes. Only around one third of current employment related spend is being committed to these evidence-based models. **There is little or no evidence to support other service models currently being used by commissioners.**

A DWP funded pilot of IPS has been set up in Chester and there are opportunities to use a range of funding streams to expand IPS across Cheshire. There should be some initial results from the Chester project by the beginning of 2019.

### • *Increase programme flexibility:*

Mental health covers acute to chronic conditions, from relatively small issues to considerable life disabling conditions. **Employment support needs to be flexible to work with this spectrum of issues and severity.** This flexibility is lacking as there is a commercial imperative to get results within a set timescale. **People who are a long way from employment are often not registered on programmes** due to high conversion rates required from start to job outcome. Once support ends, it is often difficult to reconnect with trusted support on an ad-hoc basis. However, there may be potential within the new DWP Work and Health programme to allow for ad-hoc on-going support. There is currently a gap in supporting people into employment of less than 16 hours a week as a stepping stone into full-time employment.

### • *Support 3rd sector providers and all employers:*

- Recognise and **support structured volunteer work as a pathway back to paid employment** for people with mental health issues.
- Support 3rd sector partners to **develop volunteering opportunities that address primary causes of socially formed declining and poor mental health.**
- **Support and encourage employers** to increase the uptake of workers with mental health issues.

### • *Improve public sector services:*

- **Quicker service provision**; it's often inaccessible at point of need or takes too long to access (unless in a crisis situation).
- **Ensure a continuum of support**; after the initial support it can often be the case that when the service ends, there is no transition to any other support.
- **Integrate mental health service provision** as a key dimension of each and every service rather than as a stand-alone service.
- **Increase integration of mental health support and employment support**, develop closer links between health and other public services.

DWP have introduced a new role called a community partner – with the idea of **connecting third sector providers with DWP** and trying to link them all up.

## Opportunities for *improving data collection and analysis* include:

- **Better linkages across 3<sup>rd</sup> sector service providers, local authorities and DWP;**
  - **develop standard measures, data capture methodology and monitoring** of 3<sup>rd</sup> sector partners across all contacts with all statutory agencies. There is currently too much fragmentation across commissioners in monitoring and evaluation making robust analysis of effect and impact difficult.
  - **improved data sharing across providers** (including councils, DWP and third sector)
- Service providers to **record information that enables reporting of numbers of service users with mental health issues.**
- **Better understanding of ‘success’ rates for those with mental health issues** going through various programmes including DWP Work Choice/Work programme and third sector support.
- Analysis of Work Capability Assessment with reference to mental health and fitness for work, implications and impact.
- The impact of DWP benefits and transitioning between benefits on mental health.

## What we don’t know but would like to know.....

- For a **real understanding of the prevalence of mental health conditions in unemployment**, we need data to identify those on UC and JSA who may have an issue rather than relying on ESA/IB.
- Increased understanding of **how many employed and unemployed people require support** but are not receiving it and **what levels of support would be most useful?**
- **Numbers of people carrying out structured volunteer work and its role in enabling people to re-enter paid employment**

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## Version control

| Publication date | Changes made             | Sign-off  |
|------------------|--------------------------|---|
| February 2018    | New JSNA section created | Fiona Reynolds and Helen Bromley<br>(Public Health) |

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