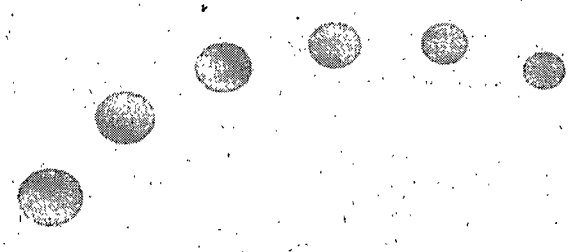
Consultation Response: Mental Health Strategy for Scotland: 2011-2015



Introduction

The current consultation

The Government's previous Policy and Action Plan (2009-2011), 'Towards a Mentally Flourishing Scotland' highlighted *Mentally Healthy Employment and Working Life* as a key priority. However, the current consultation for 2011-2015 does not specifically highlight employment and/or rewarding activity as one of the proposed 14 'outcomes' as an intervention for a mentally healthy population. This is despite a growing body of evidence that suggests that moving into employment and/or being in a suitable, safe, and fulfilling [and thus potentially sustainable] occupation can have a significantly positive impact upon one's mental health.

Contributors

At the beginning of this year Ingeus hosted a roundtable event, as well as subsequent individual consultations to discuss the Mental Health Strategy for Scotland 2011-2015. A wide range of organisations were represented from the NHS, representatives from the business community, employability service providers from the public, private and third sectors, the Scottish Government, academics, social enterprises, and think tanks.

The discussion centred on practical suggestions around how a mental health strategy should account for the beneficial impact of suitable work, as well as looking at the role of both employment and employability support in terms of supporting mental health services to meet its other targets.

Following these events, the following organisations have contributed to this submission:

- CBI Scotland
- Professor Ewan Macdonald OBE, Glasgow University, Healthy Working Lives
- Professor Abigail Marks, Heriot Watt University, Director of the Centre for Research on Work and Wellbeing
- SUSE
- Salus
- SAMH (Scottish Association for Mental Health)
- The Mental Health Improvement Network
- Dr Judith Brown, Glasgow University, Healthy Working Lives
- Lisa Greer, National Lead, Allied Health Professionals, NHS
- *Joined up for Jobs* Steering Group
- The Wellbeing at Work Foundation
- Women onto Work
- Forth Sector
- WeAct
- LAMH Recycle Ltd

Key Points

This submission will make the following key points:

1. There is a considerable body of evidence to suggest that suitable work and/or rewarding activity can have a positive impact on mental health.

2. The Mental Health Strategy for Scotland 2011-2015 should take account of the principles embodied in the Christie Commission report on *The Commission on the Future Delivery of Public Services* as well as the 'asset based approach' model, as championed by Sir Harry Burns, Chief Medical Officer.

3. Employability services and employers have a key role to play in supporting mental health services to reach their own targets as set out in the consultation.

There is a significant degree of evidence that clearly identifies suitable and sustainable work (paid or unpaid) as being good for one's health.

This evidence has been roundly endorsed by the most influential health professional bodies in the UK.

Suitable work is proven to have a beneficial impact on mental health, and as such should be considered as part of any strategy for mental health in Scotland.

1. There is a considerable body of evidence to suggest that suitable work and/or rewarding activity can have a positive impact on mental health

"Worklessness is a mental & physical decommissioning"

Gordon Waddell & A Kim Burton

The relationship between employment and health – the empirical evidence

There is a growing body of research and evidence to suggest that being in work can have a positive multi-faceted impact upon one's mental health.

A comprehensive review of approximately 400 research papers/studies entitled, '*Is work good for your health and well-being*?' by Waddell and Burton (2006) concluded the following:

- Employment is the most important means of obtaining adequate economic resources – which is essential for material well-being and full participation in today's society;
- Work meets important psychosocial needs in society;
- Work is central to individual identity, social roles, and social status (Burton notes that 'many people out of work lose contact with who they are and what they are');
- Work and socio-economic status are the main drivers of physical health (PH), mental health (MH), and mortality;
- Various physical and psychosocial aspects of work can be hazards and pose a risk to health.

Waddell and Burton also note that, 'Re-employment can lead to improved self-esteem, improved general and mental health, and reduced psychological distress and minor psychiatric morbidity.

The magnitude of this improvement is more or less comparable to the adverse effects of job loss. Indeed, when health conditions permit, sick and disabled people (particularly those with common health problems) should be encouraged and supported to remain in or to (re)-enter work as soon as possible because it can be therapeutic; helps to promote recovery and rehabilitation; leads to better health outcomes; minimises social effects of long-term sickness absence; reduces the risk of long term incapacity; promotes independence and participation in society; reduces poverty; improves quality of life and well-being'.

Qualitative Evidence

In support of the positive influence work can have on one's mental health, a comprehensive qualitative study was commissioned by the DWP and conducted by the Social Policy Research Unit at the University of York in 2007 (see Sainsbury, Irvine, Aston et al, 2008).

This study explored the views of 60 Incapacity Benefit claimants on the relationship between being in work and their health. Sainsbury and colleagues highlight some key themes that emerged following their qualitative analyses:

- There was a general agreement that work is 'good for you', with people often citing the social, emotional, and health benefits of work over and above the purely financial;
- Some spoke about the importance of having a meaningful and worthwhile job – and to feel that they *identified with the company that they worked for;*
- Work was seen as keeping oneself 'active' and 'occupied';

Work was seen as 'something to get up for'. The structure and routine was also seen as beneficial in providing stability;

- Clients also noted that being distracted by work served the function of avoiding boredom and excessive time to dwell on things;
- The social benefits of work were also noted by clients – as it provided an opportunity to 'get out and about'- interacting and engaging with others;
- Reported psychological benefits included 'pride', 'dignity', and 'self-esteem'. They reported feeling appreciated, meaningful, and useful;
- "Work was reported as providing a separate identity from their domestic and parenting role. It was also reported to increase confidence";
- "Whilst finance was noted as a motivator, it was not the most spontaneous response- social engagement and personal fulfilment was reported as greater value to them".

Based on these findings, it would appear that the biopsychosocial benefits of work are largely acknowledged and recognised by individuals.

Similar findings from a qualitative study published by the Scottish Recovery Network by Brown and Kandirikirira (2007) have been reported.

Conversely, in their review, Waddell and Burton (2006) noted that being out of work was related to:

- More [medical] consultations, higher use of medication, and higher hospital admission rates than the average population;
- A 2-3 times increased risk of poor general health;
- A 2-3 times increased risk of MH problems;
- A 20% higher death rate.

The study ultimately concluded that '*worklessness is a mental and physical decommissioning'*.

Further to this, The Royal College of Psychiatrists (RCP) have noted that, ' People who are out of work for more than 12 weeks are between four to ten times more likely to suffer from depression and anxiety'.

Indeed, Dooley et al (2000) explored the longitudinal relationship between employment status and depression, concluding that both unemployment and inadequate employment affect mental health'.

However, 'Returning to work after a period of illness (including MH problems) actually helps recovery and is the best way to prevent long-term sickness'. This comes with the proviso that the *work is safe and satisfying* (also see Dooley, Catalano & Wilson, 1994; Dooley, Fielding & Levi, 1996; Ezzy, 1993; Fone, Lloyd & Dunstan, 2007; Ford, Clark, McManus et al, 2010; Kessler, Turner & House, 1989; Honkonen, Virtanen, Ahola etal, 2007; Linn, Sanifer & Stein, 1985; Montgomery, Cook, Bartley et al, 1999; Thomas, Benzeval & Stansfeld, 2005, for evidence of the clear relationship between employment status and mental health).

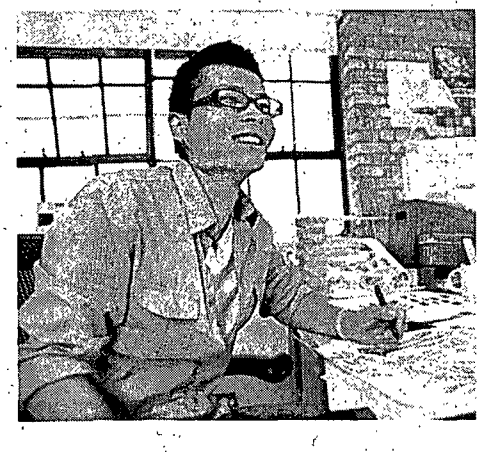
Is there a causal relationship between employment and health?

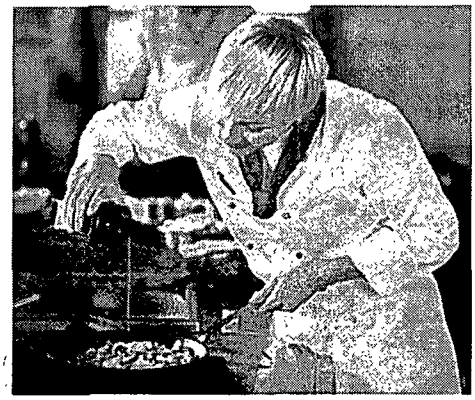
It is important to acknowledge that if an individual moves back into work their health may have improved subjectively and/or objectively to allow them to do so.

However, Burton and Waddell (2006) concluded that individuals who move into work after being unemployed largely experience improvements in income, socio-economic status, general health and well-being.

After acknowledging regional variations relating to deprivation (which will increase the probability of having a confounding effect on the findings); moving into work from unemployment had a positive impact upon health.

The evidence does however note that *some* individuals would experience an adverse impact on health upon returning to work, and again importantly noted that, 'Health benefits were dependent upon the nature and the quality of work'.





"Work which is appropriate...helps to prevent ill health and can play an active part in helping people recover from illness"

Healthcare Professionals Consensus Statement

Robust evidence in support of the causal relationship was provided in a meta-analysis review of 16 longitudinal studies designed to explore the claim that a change to one's employment status affects one's mental health by Murphy and Athanasou (1999).

In summary, the review found that, 'Based on 10 effect sizes associated with seven studies, the move from unemployment to employment is associated with improvements to mental well-being which are of such a size as to suggest they are of real practical significance'.

The following studies also found a significant positive effect: Bolton and Oatley (1987); Claussen et al (1993); Frese and Mohr (1987); Graetz (1993); Iverson and Sabroe (1988); Lahelma (1992); Liem and Liem (1988); Morrell et al, (1994); Payne and Jones (1987); Shamir (1986).

The Royal College of Psychiatrists (RCPsych) highlighted that, 'The health status of people of all ages improves when they move off benefits and into work – this is true for people whether they have mild or severe mental health problems'. In summary, as noted by Coutts (2007), the positive effects of employment outweigh the negative effects (see RCP, 2003; Durie, 2005; Secker et al, 2006). The Work and Mental Health page on the RCPsych website also currently notes that 'There is compelling evidence that paid or unpaid work can help your physical and mental health and wellbeing'.

In relation to the above, the evidence linking the beneficial effects of employment on health has been widely endorsed by various health professional bodies including the British Psychological Society, British Medical Association, College of Occupational Therapists, General Medical Council, Royal College of General Practitioners, Royal Council of Nursing, and the Royal College of Psychiatrists. The consensus statement notes:

"Work which is appropriate to an individual's knowledge, skills and circumstances and undertaken in a safe, healthy and supportive working environment, promotes good physical and mental health, helps to prevent ill health and can play an active part in helping people recover from illness. Good work also rewards the individual with a greater sense of self-worth and has beneficial effects on social functioning."

"People who have never worked, but who have the potential, should be encouraged and helped to gain the necessary skills and experience to get a job, and be supported throughout this process. Similarly, those who have been unable to work because of illness or disability, but who have the potential to work, should be supported to make a timely return to appropriate work"

The 'right' job

One theme that clearly runs through the research is that the benefits of work are clearly evident, on the proviso that the job is productive, safe, appropriate and fulfilling (i.e. rewarding), thus leading to a heightened probability of being sustainable.

The Centre for Mental Health has proposed that work that may facilitate recovery should involve: 'worker involvement, staff support, autonomy and control, limited work pressure, and clearly defined role expectations'.

The recommendations made in the Christie report, as well as the 'asset based' model are both highly relevant and current contributions to policy development in Scotland.

The current Mental Health Strategy for Scotland does not yet take into account some of the key concepts embodied in these recommendations.

We believe that the Mental Health strategy should empower individuals through identifying and joining up resources available to them across both health and employability services. It should also reduce duplication through improved communication and referral pathways, as well as seeking to integrate service provision where possible.

It should recognise that ultimately a joined up service between health and employability will result in improved cost effectiveness through preventative spending.

It should also take account of the expertise that currently exists in Scotland in the employment sector around supporting people with mental health conditions into sustainable work.

2. The Mental Health Strategy for Scotland should take account of the principles embodied in the Christie Commission report and the 'asset based approach' model

"...find out what is already working and make the most of it"

The Improvement and Development Agency

The Christie Commission report (2011) made four key recommendations in terms of commissioning public services. These were:

- Empowering individuals and communities;
- The reduction of duplication;
- Integrated service provision;
- The role of preventative spending.

An 'assets based approach' model involves 'mobilising the skills and knowledge of individuals and [their] connections and resources...rather than focusing on problems and deficits' (Asset-based health briefing, Sigerson & Gruer Laurence, 2011).

We believe that a mental health strategy for Scotland should take account of the concepts central to both of these current sets of recommendations.

A truly person-centred approach

The Healthcare and Quality Strategy for Scotland (2010) begins by stating that one of its key ambitions is to ensure the provision of 'person centred care'.

The Chief Medical Officer for Scotland has previously advocated a greater focus on that which creates health, focussing on the use of an 'asset based approach' to health improvement (CMO Annual Report 2009).

There have been plenty of examples of Scottish Government and NHS Scotland drawing on community-led approaches to health improvement, as well as examples of integrated working practices between health and employability include programmes such as *Health Works* and the *Adult Rehabilitation Framework*. However, if the intent underpinning an asset based approach is to remain 'person-centred', whilst mobilising the resources available to individuals, then this strategy should seek to join together *all* parties interacting with the individual as part of their pathway to mental health improvement.

Educating to join-up

The risk of duplication highlighted by Christie would be clearly mitigated by a strategy that attempts to join-up services whose work impacts on each other. In the case of mental health, as previously demonstrated, there is clear evidence that suitable work is good for mental health.

It follows then that in order to reduce duplication, providers of mental health services should be fully aware of the benefits of work as well as be integrated with providers of employability services where possible / appropriate.

Boardman et al (2003) noted that, 'there is a lack of appreciation by health professionals of the importance of work and

employment', adding that, in terms of service delivery, the shift towards care in the community has led to 'various organisations dealing with health and employment – each department appears to have its own set of different priorities'. Lelliot et al (2008) have noted that training on mental health awareness for managers and occupational health staff is of paramount importance as is training for General Practitioners (GPs) on the benefits of work.

In a piece of work funded by the Chief Scientist Office, the University of Glasgow recently undertook a qualitative survey involving GPs. Through a series of semi-structured interviews and an electronic survey to all Scottish practitioners, they explored attitudes to health and work. At the time of the study (i.e. 2009), they reported that *only a minority* of GPs had any views on the role of back to work initiatives with regards to health (Morrison, 2009).

Coutts (2007) reported data from a DWP survey conducted in 2002 which noted that only 37% of employers would be willing to recruit a candidate who was known to have mental health concerns, compared to 62% would recruit candidates with physical health difficulties.

We know that suitable work is good for you. However, there is still much to be done in terms of awareness raising for users of mental health services, health professionals, employability service providers and employers of this fact.

Maximising potential for individuals through an integration of services

A core principle behind taking an asset based approach is 'to find out what is already working and make the most of it' (IDeA report : Glass Half Full 2009). An unemployed individual in Scotland facing mental health challenges will already be likely to be interacting with employment services.

Whether this is through either Job Centre Plus, Local Authority support, Third Sector provision or the Work Programme, there is an onus on any mental health strategy to maximise the potential to be gained for that individual through integrating service provision between employability and health services where appropriate and joining up communication wherever possible. In addition, there is a need to increase the availability of evidenced based supported employment which will meet the specific needs of people with serious mental health needs, as was advocated by the 2009 DWP report 'Realising Ambition' (see Perkins, Farmer and Litchfield, 2009).

Whilst individuals presenting with mental health concerns entering welfare-to-work programmes such as the Work Programme may be identified by Health and Wellbeing advisory staff and signposted, if appropriate, to 'clinical services' (often via the GP), how do clinical (e.g. primary care) services link back in with employment services?

Currently there is no clear standardised mechanism or pathway to facilitate a return to employment focused and health and wellbeing support services, either post clinical intervention or during clinical intervention.

One issue raised during our roundtable discussion was concerned with the establishment of a 'universal language' between employment services and health care practitioners relating to mental health. It was noted that some employment services have adopted the use of clinical instruments (e.g. the Hospital Anxiety and Depression Scale) to measure and report client progress. It was also noted that there may be significant variability between employment service providers in relation to the instruments they use, thus making communication between healthcare care provision and employment services difficult.

It was agreed that attempts to align progress markers and reporting systems between such services would significantly enhance communication channels, and be a significant step towards providing a more 'joined-up' service at the same time as avoiding duplication of services/input as highlighted as a key issue in the Christie Commission Review.

On this basis, we believe that the Mental Health Strategy should strive for, *the development of a mechanism whereby a clear and decisive referral pathway back to employment related support services, either after discharge from clinical intervention, or alongside such an intervention is undertaken.*

The importance of linking community based employment support services with mental health services cannot and should not be underestimated. Evidence of an integrated approach already exists.

The IPS (i.e. Individual Placement Support) model has employability advisors embedded into community health teams and has been proven to work for people with serious mental health condition (see Burns et al (2009); Rinaldi & Perkins (2007).

We believe that where possible, such an integrated approach is the way forward to facilitating logical, cohesive, and supportive pathway back to suitable and sustainable work/rewarding occupation.

The role of preventative spending

In 2010 across Scotland, 40% of claims for ESA or residing on IB were attributable to mental ill health (MacDonald & Brown, 2011). In Scotland there is an estimated 90,000 people who are economically inactive as a result of mental ill health (Durie, 2008). It is also the experience of prime providers such as Ingeus that long term unemployed individuals not on health-related benefits (e.g. claiming Job Seeker's Allowance) also commonly report concerns in terms of confidence, motivation, anxiety, and other mental and physical health issues (Watson, Breckin, Leatherby et al, 2011).

Unfortunately, just as we know that suitable work is good for you, we also know that unemployment can have a significant detrimental impact on your mental health.

Providing support for mental health problems is an expensive business. Audit Scotland estimated that mental health problems cost Scotland £8billion through 2009.

The charity Scottish Association for Mental Health (SAMH) has estimated the total cost of mental health problems in Scotland over 2009/10 to be approximately £10.7billion. This takes into account the costs of health and social care (including services delivered by NHS and local authorities), output losses to the economy (from the adverse effects of mental health problems on work and employment), and an estimate in terms of the human cost of mental health problems.

This is a figure that will have only increased over the last 12 months. The social security spending alone for individuals who are in receipt of health related benefits is approximately £800million per year (SAMH, 2011).

Individuals who are out of work are at a significant risk of deteriorating in terms of mental health. As noted above, suitable work is also known to have a beneficial effect on mental health.

It must surely follow then that given the cost of providing mental health services in Scotland, there is a significant economic argument in ensuring that a mental health strategy has the concept of suitable work for individuals at its core.

The CBI have also recently noted in their 2011 Absence and Workplace Health Survey, that 'mental health conditions are the single most widespread factor behind long term absences, pointing to the need for greater focus in this area'.

This clearly suggests that not only should a mental health strategy include access to suitable employment at its core, but there is also a strong economic argument to suggest that it should include recognition of the importance of maintaining suitable work, and the support structures that may be required to enable this.

We believe that the omission of employment and the important role that employment support services can play from the Mental Health Strategy for Scotland 2011-2015 is concerning.

We hope highlighting the multi-faceted impact such services and support can play in contributing to the Scottish Government's strategic targets, will result in an amendment of the draft strategy to account for the potential role they could play.

3. Employability services and employers have a key role to play in supporting mental health services to reach their own targets as set out in the consultation

"... improvement in outcomes that can be achieved by taking preventative approaches"

Dr Campbell Christie

How can employment services help meet targets set out in the Mental Health Strategy?

The current targets are:

- Access to therapy
- Preventing suicide
- A plan for people who have dementia
- Community based services and their role

Our response to the consultation will largely focus on how employment and employment based services can significantly contribute to the first two targets (i.e. access to therapy and preventing suicide).

We will also consider the issue of *awareness* of the beneficial effects of suitable employment from the perspective of healthcare services, as well as the degree to which existing employment and health services and initiatives are linked up to provide a smooth transitional pathway from unemployment to suitable and sustainable rewarding activity/occupation. The implementation of preventative strategies and the promotion of services are of paramount importance.

Access to therapy

In-house or integrated health support services such as Ingeus' 'Health and Wellbeing' service or 'Condition Management Programmes' embedded within the service delivery models of the Work Programme can, in many ways, provide a triage service to readily identify individuals presenting with varying levels of mental health issues/conditions that may otherwise go undetected.

Such programmes, provided by teams of qualified health professionals working within a clinical governance framework typically assess clients presenting to the service to determine whether the support they need falls within the remit of what their services can provide.

If an individual is presenting with issues/conditions that fall outside the provision on offer, health advisory staff would look to 'signpost' clients to appropriate clinical services for input (e.g. primary care services, or existing successful initiatives such as the Working Health Services programme for those in work).

As noted by the Mental Health Foundation, 'About half of people with common mental health problems are no longer affected after 18 months, but poorer people, the long-term sick and unemployed people are more likely to be still affected than the general population' (see Singleton & Lewis, 2003).

Employment services are already playing a critical role in directing individuals to appropriate services for timely interventions, thus enhancing the probability of early action and facilitating the important issue of future *self-management* of health conditions.

For example, with approximately 330,000 clients predicted to access the Work Programme in Scotland over the next seven years, the potential impact of appropriate service referral should not be underestimated.

Preventing suicide

There is an abundance of research and evidence to suggest that losing one's job or being out of work can have an adverse impact upon many facets of one's life.

For example, unemployment can undoubtedly lend itself to a higher probability of social isolation. Indeed, as noted by Preti (2003), unemployment 'is also a considerable social stress leading to increased isolation from others, and a loss of self-esteem and confidence'. In addition to this, it is plausible that many individuals will sense of loss of 'identity' as employment can often *define* us.

Arguably, the incumbent negative financial consequences of unemployment can additionally add to the overall sense of loss. Interestingly, these consequences may be more salient shortly after becoming unemployed (see Kposowa, 2003). However, irrespective of this, the overarching theme of loss can be all too prevalent among individuals experiencing unemployment.

As noted by Agerbo (2003), 'suicide is more frequent among people who are unemployed' (see Platt & Hawton, 2000). Moreover, as noted by Lundin (2009), Stuckler et al (2009) reported that across 26 European Union countries, rapid and large increases in unemployment were associated with a significant increase in suicide rates.

However, a question of critical importance is what accounts for the relationship between suicide and unemployment. Relationships, correlations, associations, whilst interesting do not determine the direction of causality, (e.g. does unemployment *cause* suicide, or does re-employment *cause* a reduction in psychiatric morbidity?). In other words, how much of the variance in suicide can be explained *independently* by employment status?

One could argue that a proportion of the variance in suicide could be accounted for by a pre-existing mental health condition and/or other confounding variables. In order to determine the relative independent contribution of employment status on suicide, Blakely, Collings, and Atkinson (2003) conducted a large scale study to explore this.

Their findings found that, 'being unemployed was associated with a twofold to threefold increased relative risk of death by suicide, compared with being employed. About half of this association might be attributable to confounding by mental illness'. Despite methodological limitations associated with all research trials, this work clearly suggests that unemployment explains a substantial proportion of the variance in suicidal behaviour.

In a more recent longitudinal study, Lewis and Sloggeth (1998) concluded that, 'the association between suicide and unemployment is more important than the association with other socioeconomic measures. Although some potentially important confounders were not adjusted for, the findings support the idea that unemployment or lack of job security increases the risk of suicide and that social and economic policies that reduce unemployment will also reduce the rate of suicide'.

Employment services, as well as 'Health and Wellbeing' services embedded within welfare-to-work service models assume a frontline position in terms of assessing individuals who may be presenting with suicidal ideation and/or suicidal intentions. Indeed, qualified health staff, as well as employment advisory staff can be trained in identifying and addressing such individuals, and have a standardised operational procedure to manage such cases in order to intervene rapidly to facilitate clinical support via primary care or community mental health services.

Our roundtable discussion also highlighted the importance of such training (e.g. 'ASSIST' training) being delivered to employment based support services (e.g. Job Centre Plus staff).

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Annexe 1
Contributors

Ingeus UK Limited
Ingeus is one of the UK's leading welfare-to-work providers. From our origins in Australia providing vocational rehabilitation services, Ingeus now employs more than 1,600 individuals, delivering services from more than 100 offices in 11 countries including France, Sweden, Switzerland to South Korea.

Ingeus has been delivering employability programmes in Scotland since 1997, first with the Pathways to Work programme, followed by Flexible New Deal and most recently the Work Programme. During this time it has supported more than 10,000 long term unemployed individuals back into suitable and sustainable work.

Ingeus' integrated Health and Wellbeing service provides in-house evidence-based advice on physical and / or mental health issues or conditions. The service is designed to empower clients to manage and maintain their health whilst looking to go back to work and whilst in work. We do not seek to act as a substitution for NHS clinical services or to duplicate NHS input, rather, our service aims to provide advice on how to understand, cope with, and manage existing health-related concerns. The Health and Wellbeing team consists of mental health and physical health advisors, typically qualified Occupational Therapists, Psychologists, and Physiotherapists. Support and advice is provided through individual consultations as well as group activity.

This consultation has been edited by Luke Jeavons and Dr. Phil Watson. Luke is the Operations Manager for Ingeus across East Scotland and is also the operational lead for Ingeus Health & Wellbeing Services in Scotland. Phil Watson is a Chartered Psychologist and Senior Health Advisor for Ingeus across Scotland.

CBI Scotland
The CBI is the UK's top business lobbying organisation. With offices across the UK as well as in Brussels, Washington, Beijing and Delhi, the CBI is the voice of British businesses in the UK and around the world.

Professor Ewan Macdonald OBE
Ewan Macdonald established and leads the Healthy Working Lives Group at the University of Glasgow and recently retired as Director of Salus of NHS Lanarkshire. He proposed the Healthy Working Lives paradigm which was adopted by Scottish Government in 2004. He also established, with others, the Observatory for Work and Heath in the UK, based at the University.

His research interests include implementing the biopsychosocial approach in vocational rehabilitation and overall wellbeing of the working age population. Other projects include ill health retirement, sickness absence, risk factors for job loss, the factors influencing the movements between work and worklessness, the biology of the workless, mercury in dentists, and the evaluation of interventions.

He is a former Dean of the UK Faculty of Occupational Medicine, and was a founder and President of the Section of Occupational Medicine of the Union of European Medical Specialists. He was awarded the OBE for services to occupational medicine in 2002.

Professor Abigail Marks
Abigail Marks is Professor of Work and Employment Studies and Director of the Centre for Work and Wellbeing at Heriot-Watt University. Abigail started

her career as an Occupational Psychologist. Her research interests are concerned with the construction of organizational, professional, community and class identity. Teamworking, skills development, work-life balance and the ICT sector have also been key themes in her work.

Abigail has been involved in both individual and collaborative research projects and has published in a number of key journals in the field. More recently, and in fitting with her origins as a psychologist, Abigail's research has evolved to develop a focus on wellbeing at work and particularly the experience of work (and non-work) for people with mental health problems and broader attitudes to people with mental health problems in the workplace.

SUSE
The Scottish Union of Supported Employment (SUSE) is a network of supported employment service providers. It believes in the need to tackle in the equality in employment opportunities that people with disabilities face. SUSE works to promote increased access to good quality supported employment in Scotland. Supported employment services provide individualised support for disabled people and people with long term health conditions to achieve sustainable employment in the open labour market.

Salus
Salus is an NHS based provider of Occupational Health, Safety and Return to Work Services across both the public and private sectors. It is the largest multidisciplinary service of the NHS and operates in a similar way to a social enterprise model where any surplus funds from services provided are passed directly back to NHS Services for the benefit of NHS service users.

Salus is multi-disciplinary in nature, employing 140 staff with a vast range of skills and backgrounds and a broad experience of working in both the public and private sectors.

Salus is regarded nationally, as a leader in the field of Occupational Health, Safety and Return to Work Services. Its mission is to improve Public Health through:

- The provision of the highest quality Occupational Health and Safety services to the National Health Service and Industry
- Facilitating access to Occupational Health and Safety Services
- Reducing inequalities in health through research and development
- Generating income, which supports the care of NHS patients

SAMH
SAMH is the Scottish Association for Mental Health, a charity working across Scotland. Every year, it provides over a million hours of support to people who need our help. Every week, it works with around 3,000 individuals in over 80 services. Every day, it campaigns for better mental health for the people of Scotland.

The Mental Health Improvement Network.
The MHI Network is a relatively newly formed network, consisting of practitioners, managers and others with a remit for health improvement and mental health.

Members are being drawn from NHS Greater Glasgow & Clyde's CH(C)Ps and other Partnership Structures, Local Authority partners as well as from the voluntary sector.

Members will come from all backgrounds including service delivery, health improvement, planning and performance and others.

The Network meets quarterly to discuss issues of relevance to members. Some recent examples are updates on the following:

- Local Anti-Stigma Partnership and the areas of work being funded through this (such as Workplace Training, Community Conversations with BME communities, etc)
- Local Choose Life Strategy / Suicide Prevention work, including updates on the HEAT target development and good practice models being developed locally
- Discussion on the proposed development of Mental Health Improvement Action Plans for CH(C)P / Local Authority areas, including the agreement of summary templates for information sharing
- Discussion on the development of communications proposals for the network, including the MHI Together Newsletter and this website to support network presence and information sharing
- Other funding and development opportunities available.

University of Glasgow

hwl healthy working lives group

Dr Judith Brown
Dr Judith Brown is a research associate in the Healthy Working Lives Group in the Institute of Health & Wellbeing at the University of Glasgow. Judith's work focuses on investigating the nature, dynamics and needs of the workless population and the health related benefit claiming population in Glasgow and Scotland, particularly those claiming because of mental health problems.

This work resulted in the establishment of the Scottish Observatory for Work & Health (SOW&H). Judith is the lead researcher of SOW&H, which monitors and evaluates the interactions and determinants of work and health in Scotland.

NHS Lanarkshire

Lisa Greer
Lisa Greer is the National AHP Lead for Vocational Rehabilitation and Mental Health and has recently produced Realising Work Potential for the Scottish Government which described the role which AHPs play in enabling those with mental ill health to achieve their vocational roles and which made recommendations for the future development of AHP services. She is also the vocational rehabilitation lead for the mental health Occupational Therapy service in NHS Lanarkshire. Lisa is also an accredited trainer delivering the Centre for Mental Health's Workplace Training Programme.

THE WELLBEING @ WORK FOUNDATION
changing the world of work

The Wellbeing at Work Foundation
The Wellbeing at Work Foundation are new not for profit organisation that aims to help as many people as possible to be fit for work, attend their work and perform when at their work. As a Foundation it believes that there is not enough effective information or support for employers, managers and/or individuals who are suffering with/affected by Wellbeing or People Management issues. With the current economic challenges, increasing unemployment and rising instances of claims and conflict it has never been more important to create the right working environment and culture within your place of work.

The Foundation believes that society, companies, individuals and the economy as a whole would benefit from having as many well-meaning and successful employers as possible who know and understand the real value and benefits arising from managing people properly. Stress, absenteeism and poor attitudes towards work have negative impacts on people, profits, performance, reputations and productivity. With costs to society and employers of over £100 billion and 200 million lost days each year we believe there must be a better way.

The foundation consists of a range of experts working in partnership as a team of Associates and Approved Suppliers (collectively called 'Members') to deliver a multi-disciplinary approach across various related fields such as Occupational Health (OH), Human Resources (HR), Employment Law, Health & Safety (H&S), Conflict Resolution and Business Support. Their team are committed to sharing knowledge and continual improvement in a constructive, round-table approach which focuses on what can be done as well as creating/sharing best practices in order to deliver real benefits to everyone.

The *Joined Up for Jobs* Steering Group
The *Joined Up for Jobs* Steering Group is the management group for the *Joined up for Jobs Partnership Forum*.

This forum meets bimonthly and provides an opportunity for all employability organisations within Edinburgh and other local authority area's to meet, share best practice and invite speakers to give updates on and influence all areas of relevant policy, programmes and support. The Steering Group consists of twelve representatives from membership organisations within the partnership and consists of organisations from across public, private and third sector employability and other related organisations.

The steering group has been mandated by the forum membership to act as a voice for campaigns and influence on behalf of the membership and their service users. The current chair of the Steering Group and the partnership forum is Dughall Laing, who has held that role since its inception in 2010.

WOW
WOMEN ONTO WORK

Women onto Work
For 23 years, Women Onto Work have supported women to access sustainable employment. They work with women who face significant barriers to work, many of whom live with mental health problems. In their work they see every day how appropriate employment helps our clients to overcome existing mental health challenges, and reduces the likelihood and severity of future episodes.

They are the only organsiation in Scotland's central belt that provides a life changing employability programme exclusively for disadvantaged women. They tackle external and internal barriers to work, helping women to develop not only job seeking and employment skills, but also the confidence, resilience, and self-advocacy they need to sustain change and to make a success of their lives.

ForthSector

Forth Sector
Forth Sector is one of Scotland's leading social enterprises. They provide employment support to people who are disadvantaged within the work place either through lived experience of mental illness or long term unemployment and who wish to return to work. Their Employability Service team provides support to each individual client to develop their skills and experiences in order to gain employment. This is achieved by one to one meetings with a named employment advisor, therapeutic interventions (if appropriate), training groups, workshops and employability courses.

They have developed a range of pre-employment training courses to support clients to overcome barriers to employment which complement our unpaid work experience placements. They currently deliver the Work Programme as a Vocational Routeway providers to Ingeus; the Work Choice programme as a Supported Work placements provider to Shaw Trust; and Employment Support Services to those with Mental Health Conditions to City of Edinburgh Council.

WEACT | sce stevenson college edinburgh Community Development
stevenson.ac.uk/weact

WeAct
WEACT, Stevenson College Edinburgh's employability project, has delivered area based employability services in the City for 13 years, serving unemployed

people in West and South Edinburgh with a specific focus on areas of multiple deprivation. Working from a fixed community hub in Wester Hailes and on an outreach basis across the area it has worked with unemployed people from 16 to 65 from a wide variety of backgrounds and with a range of barriers to work. During this time it has engaged with over 10,000 individuals and placed approximately 4,000 people into employment. WEACT has used a variety funding sources including ESF, Fairer Scotland Fund, Department for Work and Pensions, Housing Association Wider Role Funds, City of Edinburgh Council funding and Ingeus Work Programme contracts.

LAMH Recycle Ltd.

LAMH Recycle Ltd is a Motherwell-based Social Enterprise with charitable status originally set up to provide workplace opportunities within a supportive environment for people with mental ill health. Established in 1999 to address an identified gap in provision, it remains today a unique facility in Lanarkshire for developing the employability of people experiencing mental ill health.

Its primary role is about engagement and thereafter providing people with a level of knowledge, skills and experience which empowers them to make appropriate and realistic decisions regarding future employment ambitions.

Their business activities are:

- Computer recycling
- Refurbished computer sales plus repairs/upgrades
- Can recycling
- Employability services

These diverse business activities enable us to offer a comprehensive range of occupational work experience and skills development opportunities.

A major strength has come from their ability to offer employability development opportunities within a real work setting. Our work activity not only provides occupational skills/experience but also addresses core/personal skills barriers by improving team working, using initiative, communication, problem solving etc. which in turn positively improves employability issues such as timekeeping/attendance, low self-esteem, lack of confidence and motivation.

Annexe 2

Specific response to consultation questions

Given that the scope of this response is limited to the role that employment/rewarding activity and employability services can play – not all of the direct questions in the consultation are relevant to our response. However, we have outlined a specific response below to those questions that we feel are.

Q3: Do you think there are other things we can do to reduce self-harm and suicide rates?
As stated in the consultation response, we believe that a strategy for mental health should account for the role that employers and employability service can play in terms of identification of risk and appropriate triage for support.

Q6: Do you know of ways in which we can take action to promote good health and wellbeing?
As stated in the response, we know that employment/rewarding activity has beneficial health effects. Conversely unemployment has negative health effects. A strategy for mental health should account for the impact that employment/rewarding activity can have on good health and wellbeing.

Q10: Do you think there are ways we can encourage people to get advice when they need it?
See answer to Q.34

Q16: Can more be done to have a person-centred process in mental health settings?
As stated in the consultation response, a truly asset based approach to mental health should mobilise all the resources available to individuals. As such, we believe that a mental health strategy should seek to join together *all* parties interacting with the individual as part of their pathway to mental health improvement, including employers and employability service providers.

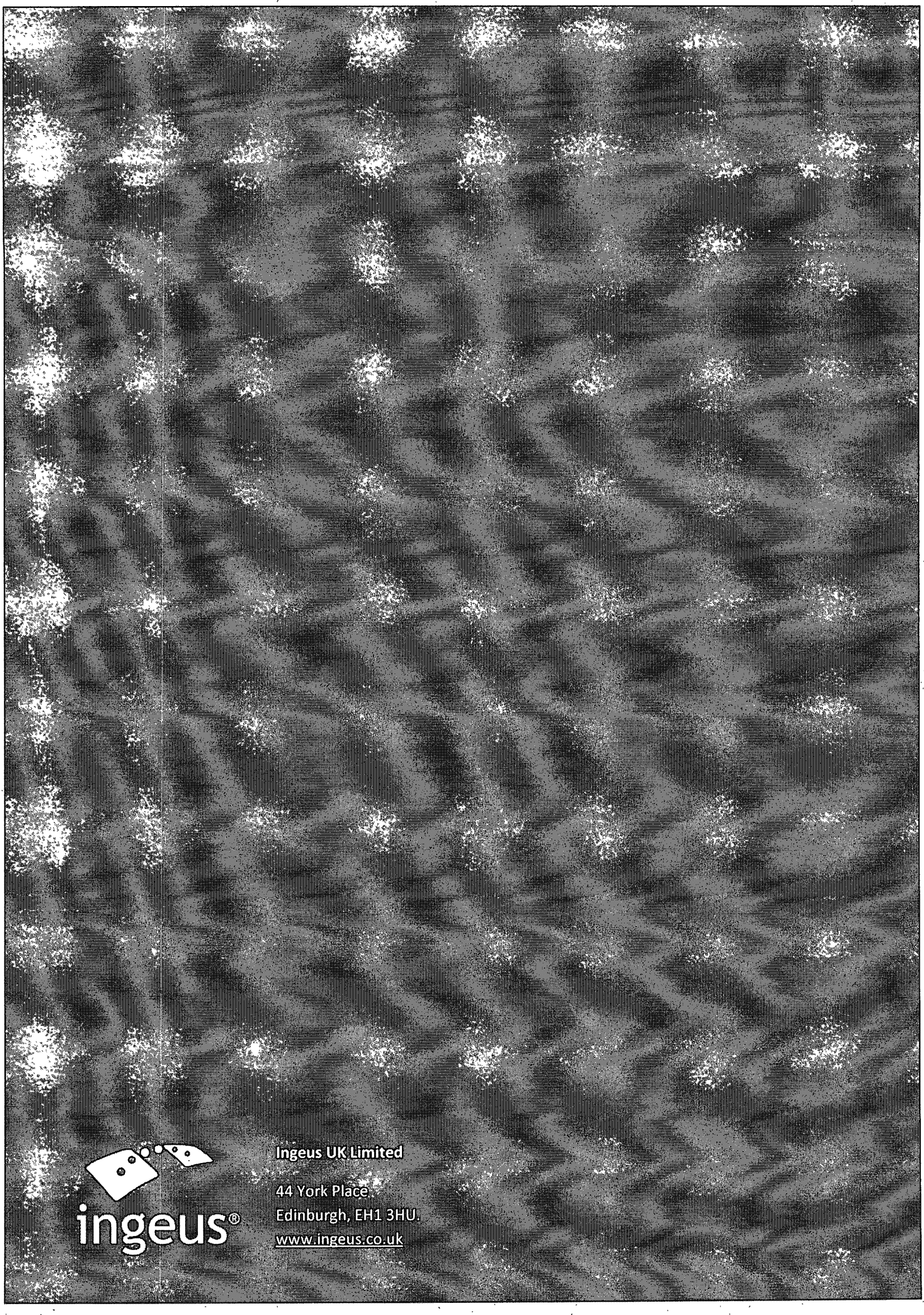
Q24: Do you think there are gaps in services?
We believe the answer to this question is 'yes'. The role of employment, employers and employability services is covered in detail in the paper. We have also identified gaps as specifically relating to the consultation questions below.

Q31: Are there ways we can build on the information we gather to develop mental health strategies?
Building on information is a crucial part of developing a strategy. However, as stated in the consultation response, we believe that prior to this there is work to be done to coordinate the language used to describe the identification of mental health needs. In order for services to have the capacity to become more 'joined up', they need to be speaking the same language. Once this has been achieved, then referral pathways will become significantly more effective and the potential for data analysis will increase in scope.

Q34: Do you think we can bring together local and national work resulting in improved mental health services?
As noted in the consultation response, individuals not in work (and thus at a heightened risk of developing/experiencing mental health related issues) are likely to, at some point, engage on a Welfare to Work programme such as the DWP's 'Work Programme'. They will also engage in employability support via Job Centre Plus both prior to and post the Work Programme, as well as potentially additional Local Authority or Third Sector delivered services. In many ways, these employability services will, by default, act as a triage service not only to identify individuals with specific employment related needs, but also health needs.

'Health and Wellbeing' services often embedded within such programmes will undoubtedly allow individuals with mild to moderate mental and/or physical health conditions/concerns to be seen, assessed, and provided with an appropriate evidence based intervention. Moreover, individuals presenting with [potentially] significant mental and/or physical health concerns can be identified 'upstream', and referred to external (e.g. clinical, community, support, counselling etc.) services as soon as possible for an appropriate intervention. This rapid referral mechanism should hopefully facilitate an early and effective intervention (thus having an impact upon Q.10 in the consultation document '*do you think there are ways we can encourage people to get advice when they need it?*'). Moreover, it stands to reason that this mechanism can only have a positive impact upon the Government's key target of reducing self-harm and suicide rates.

One key question however, is whether clinical health services and employment services are 'joined up' enough. The stakeholders attached to this response believe that there is work to do with regard to this. The quality of service provision is not in question, but the potential for duplication and/or loss of continuity of care is of concern. There is evidence that disparate services use different approaches and systems to deliver provision, and indeed use differing methods to measure progress and requirements. We believe that developing a more 'universal' language, approach, system etc. is of paramount importance to facilitate a more cohesive and continuous service to those at risk of developing mental health concerns who are in and out of work. Where possible, and certainly for individuals facing significant mental health barriers, models such as IPS have been proved to be effective. However, above and beyond this, a mental health strategy should seek to maximise the potential for effective referral pathways and joined up working. The development of a mechanism whereby a clear and decisive referral pathway ***between*** to employment related support services and clinical health services needs to be established urgently.



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