



Making Involvement Matter in Essex

Review of Employment Support Services in North Essex

Report on Service User Consultations

**Awareness of
Support Available**

Barriers

Types of Support

**With thanks to the service users who helped us to facilitate
the groups and to those who shared their views and
experience**

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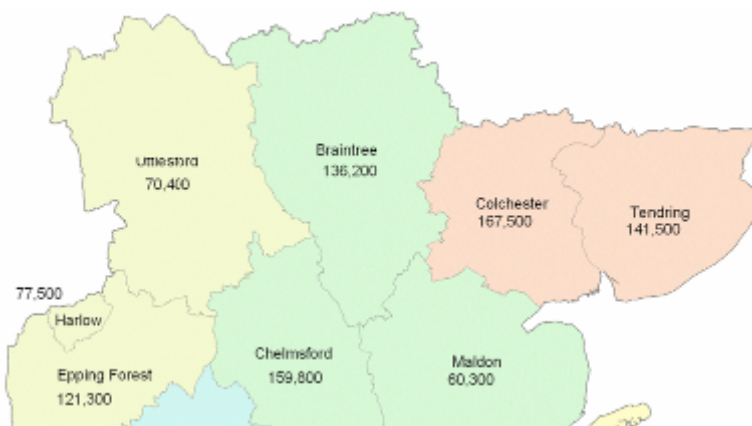
Introduction

In October 2010 the Mental Health Commissioning Team asked MIME to arrange a review of the employment support services provided in North Essex to adults of working age on CPA. The aim of the review was to provide evidence of service user views which could inform the tendering process due in the New Year.

Two strands of work were agreed: a satisfaction survey of users of the current employment support services and consultation meetings to seek the views of service users who are eligible to use the services but have not done so. This report relates to the consultations.

Context

MIME welcomed the opportunity to undertake a review of employment support in North Essex which covers the areas of West, Mid and North East Essex shown below:



North Essex Population Figures 2008 ¹

The previous government prioritised welfare reform as part of its policy on reducing expenditure in order to cope with the budget deficit following the financial crisis in 2008. Their policies aimed at moving people off sickness benefits and into work² have been continued and developed by the coalition³. They provide an added impetus to exploring the support needs of those contemplating a return to work perhaps after many years on sickness benefits.

Mental health commissioners are well aware that a “fulfilling working life is generally good for health and well-being” but they are equally aware that:

“Mental illness affects people’s ability to find and hold down employment. Only 21% of people with long-term mental illness are in employment which is the lowest of any ‘disabled group’.” ⁴

Given this context it is understandable that commissioners contemplating a tender for a service in this area were not only interested in whether the existing contracts were performing well but also in identifying any potential gaps in provision.

Aims

The consultations, which are the subject of this report, were designed to meet the need for more information on the views of individuals who were eligible to use the services already commissioned but had not done so. The satisfaction questionnaires, mentioned above, concentrated on providing information from a user perspective on contract performance. The consultations however, were designed to provide additional information on service user awareness of the support available, the priority given to employment support by professionals working in recovery based services, barriers to employment and any potential gaps in service provision.

Methods

Three meetings were arranged to offer service users in West, Mid and North East Essex the opportunity to engage in a discussion:

Epping Hall	Epping	06.12.10
Kingsland Church	Colchester	10.12.10
Chapter House	Chelmsford	10.01.11

Following discussions with the commissioner responsible, a series of questions were devised by service user members of the MIME team with the support of members of the Faculty of Health & Social Care research team:

1. Are you aware of any support provided in your area to help people with mental health conditions return to work?
2. Has your care coordinator ever spoken to you about going back into work?
3. How interested in working are you?
4. What are the barriers to going back to work?
5. If someone is going to help you find a job what sort of person might help, where would they be based and what skills would they need?
6. If you were thinking about going back to work what help would you need?

Challenges

Attempting to engage service users in a discussion on the help they might need if they were contemplating a return to work is challenging but doing so within the context of rising anxieties around potential changes/cuts to both services and benefits was particularly demanding.

The team felt that their capacity to build a trusting relationship with potential participants would be crucial to both recruitment to the consultations and the quality of the information provided.

Our strategy included:

- Acknowledging the anxieties of potential participants
- Demonstrating a willingness to facilitate the expression of service user concerns as well as their ideas for constructive change in current provision
- Using service user facilitators and note takers to build trust

- Providing the opportunity for both open discussions in a safe space with peers and the opportunity to talk directly to a commissioner
- Separating central government policy drivers from local commissioners' genuine desire to listen to the views of the people they provide a service for
- Networking with service providers to encourage participation

Participants

Given the challenging context we hoped to recruit approximately 6-8 participants for each discussion group. We were therefore extremely pleased that we were able to facilitate the involvement of 14 participants in Epping, 15 in Colchester and 11 in Chelmsford. The slightly lower numbers in Chelmsford may have been due to the fact that we had to postpone the original meeting at short notice owing to the snow.

We were particularly pleased that 7 of the service users from Epping, 6 from Colchester and the same number from Chelmsford had not previously attended a MIME consultation event. We were also grateful to a bridge builder from West Essex Mind and a support worker from NEPFT who brought vulnerable service users to the events who otherwise might not have felt comfortable in attending and to support workers at Trinity House who encouraged 3 of their residents to attend.

The gender balance was slightly in favour of men at Epping and Colchester but reversed in Chelmsford. We were also pleased to include representatives of seldom heard groups e.g. BME communities and residents from a NACRO supported housing project. The majority of participants were service users of working age on CPA but a small number of carers also attended to give their perspective. Most participants were in the 40+ age range but we were pleased to see some much younger participants who are sometimes not represented.

Discussion

N.B. “ indicate quotes from notes taken at the events

“” indicates the exact words used

Are you aware of any support provided in your area to help people with mental health conditions return to work?

A small minority of participants in Epping mentioned Employ-ability and a service user from West Essex who attended the Chelmsford event also mentioned the service but one participant in Epping was adamant that he had never heard of the organisation.

None of the participants at any of the three events mentioned the services provided by ‘mcch’ and even when they were prompted they failed to recognise the name. Two people in Colchester reported using the support provided by Swan Housing but with very different experiences – one positive and one negative.

In Epping one participant mentioned the loss of the coordinator post which had been funded by Epping Council to support mental health service users to access volunteering and another participant in Chelmsford mentioned the loss of a similar service at the volunteer centre in Chelmsford.

The majority of participants talked about the services of JobCentre Plus and the disability employment advisers in their local branches. In Colchester most of the participants expressed the view that:

‘staff who work in the JobCentres don’t understand mental or physical health conditions ... there should be people with lived experience in the JobCentres either as paid workers or volunteers’

One service user said that she went to the JobCentre and found that you cannot just make an appointment there to see the disability employment adviser.

‘You have to ring a call centre in Nottingham on a 0845 number and they have removed the phones from the JobCentres so you have to ring on your own phone and if you don’t have a landline it’s expensive on a mobile. You have to do the same for benefit enquiries. Also travel costs are only part refunded.’

Another service user said they had no help from their JobCentre – they weren’t even aware there was a disability employment adviser available. They expressed the view that:

“you’re just a b***** nuisance and it’s made apparent”

Comments from Chelmsford were similarly negative with one participant expressing the view that the disability employment adviser she saw was: ‘pretty useless’:

“she got me on a course – it wasn’t very good. I gave it up and she didn’t follow it up. She actually said there are no jobs for you.”

Older male participants in Epping and Chelmsford reported negative experiences of training they had been offered which was either not particularly relevant or had no follow up once it was completed. There was also a perception that JobCentres are

‘not really interested once you are 60’

There was one positive comment in Chelmsford from a younger participant who said that she had found JobCentre Plus quite helpful in terms of pointing her in the direction of training opportunities.

Has your care coordinator ever spoken to you about going back into work?

It was interesting at Epping that the term ‘care coordinator’ had to be explained to participants – it didn’t seem to be a title they were familiar with although CPN, Support Worker and CPA were understood. There was a similar lack of understanding of the term in Colchester. The majority of participants said that nobody within services had talked to them about work, although one person at Epping said his CPN had referred him to Employ-ability who then passed him on to the volunteering coordinator in Epping mentioned above.

One participant in Colchester was in the fortunate position of having an employer who had said he was prepared to hold his job open for him when he became unwell and his CPN had said once “it would be good for me to go back” but they had offered no support or signposting to someone who could offer any support to begin the process.

‘The service user felt that he needed to take small steps and wanted to try volunteering first.’

In Chelmsford nobody reported any encouragement to think about work from clinicians. Several participants had brought the subject up themselves but said they were offered little or no encouragement to pursue it:

‘a female participant raised the issue with her support worker who said she should only consider part time work but offered no help in working towards that’

‘a male participant said that when he mentioned it to his psychiatrist and care worker they said, “why bother – you’ve got a pension”. He had been retired early on health grounds’

‘another said his psychiatrist said he is not fit for paid work even though he does a considerable amount of voluntary work and that “he should be content with the work he does for the trust”

‘One of the younger female participants reported that she had been refused work because of the side effects of her medication and when she tried to enlist the support of her psychiatrist in looking at alternatives or a reduced dose they had refused to consider it.’

How interested in working are you?

Approximately 75% of the group in Chelmsford, 50% of those in Colchester and slightly less in Epping were interested in getting a job. However one participant in Colchester who had come to represent members of her support group said that it was her job that kept her sane.

Several people mentioned voluntary work that they were doing or had done. One female service user in Epping said that she had enjoyed working in a shop for a short while:

‘she would like to get a job but only if the right support were available’

And one expressed the view that even training would be unsuitable unless:

‘the training provider was aware of the support needs of people with mental health conditions’

One person in Epping said that he did voluntary work on 2 days a week for 3 hours and he is committed to that even though sometimes it is difficult.

But several people seemed to feel that there was little hope of getting a job.

‘One person said that he had been medically retired three times and was now so lacking in confidence that he doesn’t want to try again.’

Another said,

‘I’ve just become so disillusioned with the whole system – they don’t want us’

What are the barriers to going back to work?

This question provoked the most discussion. In Epping many people talked of wanting paid employment but saw it as an impossible dream for the following reasons:

- ‘The stigma attached to mental health
- Lack of awareness among employers of the support needs of people with mental health conditions
- There are few jobs out there and given the large number of applicants employers prefer someone who hasn’t got additional needs
- Lack of recent working experience
- Some of us have ups and downs and can only work part time
- Travel is expensive
- Need time off to go for injections etc’

Similar issues were brought up in all the sessions. Service users frequently raised the issue of stigma and lack of awareness amongst employers of the support needs of staff with mental health conditions and it seems a very real concern for them. Few seemed to have any confidence that anti-discrimination legislation⁵ had or could make an impact in terms of improving the willingness of employers to recruit people with mental health conditions or offer appropriate support in the work place.

One participant has a son who is a barrister specialising in employment law and he tells him tales of discrimination on the part of employers not just in this country but in Germany also.

The Benefits system was seen to be a problem for many. A service user in Epping suggested that:

“There are a lot of things to be considered – we need advice on what we will lose if we go back to work as well as what we might gain”

Some mentioned that it had taken them a long time to get their benefits sorted out and they were frightened to try work in case it didn't work out and they were unable to get them back at the same level.

Another expressed fears about returning to work and coping with the immediate loss of benefits:

‘It's not a case we don't want to work – I don't enjoy being on benefits' – it's a gamble – I'm frightened to try work. It's taken me 5 years to get my benefits right. I want to know there are things in place to support me before I risk it. If I go back to work I lose benefits immediately and it may be a month or more before I get paid – how can I feed my family and pay my bills.’ (Colchester)

One individual in Epping expressed the opinion that:

‘when you have been on benefits for a long time it becomes a sort of habit – another suggested you become institutionalised’

A participant in Colchester said that support workers should be aware of the Benefits system and be able to give good advice. They are aware of what you can earn on incapacity benefit but that doesn't take account of the earnings disregard for means tested benefits like housing and council tax benefit and income support.

Several people felt trapped by the system. They felt that they could possibly manage to work part time but would not be able to earn enough to compensate for what they would lose in benefits.

A carer in Colchester made the point that they also find it difficult to maintain work.

‘When you sometimes have to drop everything because the person you care for is unwell, employers can be difficult’.

She felt she was lucky because her immediate boss was supportive.

One participant said they stepped out of an administrative job 14 years ago.

'I would have 14 years of changes to cope with – that's not realistic. The only jobs that I could apply for are manual – that would damage my self esteem even more than my illness has. Also they don't pay enough to match the benefits I'm on. It's demoralising.'

One participant in Colchester described herself as over conscientious in her voluntary work:

'it's part of my condition that I have to get it right, I'm a perfectionist.'

She felt that she couldn't cope with that for 40 hours a week – it would make her ill again.

Many seemed to feel that because of their lack of recent experience they would only be offered low paid jobs which wouldn't match the benefits they receive at present.

An individual in Epping mentioned the scheme where you can get a guaranteed interview if you were covered by the Disability Discrimination Act – he felt that presented people with a difficult choice:

'If you disclose it might help you to get an interview but it might also put off a potential employer - we need good advice on what our responsibilities are in relation to disclosure because ... if you don't and an employer later finds out they might use it as a reason for sacking you.'

One participant shared his personal story - he finished his probation and went to Army Careers but people with Borderline Personality Disorder are not allowed in the Army. He had to kiss that ambition goodbye. He was interested in services – fire police etc but none will accept him. When he was younger he worked in a factory doing a repetitive job – it was soul destroying. He hasn't got any qualifications and now can't even get a job as a dustman.

"Dreams being destroyed is hard to take"

A participant in Chelmsford seemed to have had similar disappointing experiences:

"I tried the JobCentre and Connexions but my care coordinator says I can't go back to work because of my medication"

There were also concerns that:

'Periodic relapse can make it difficult to gain and maintain employment'

If someone is going to help you find a job what sort of person might help, where would they be based and what skills would they need?

The first thing someone mentioned in Epping was that they have to be calm. They had been put off by an over enthusiastic worker before. Another suggested they should have 'tenacity and patience'.

Most felt they needed good communication skills, listening skills and many felt they should have personal experience of mental ill health.

One person said that he felt:

'we all need help really' – we need someone who will be honest and say whether they feel you are really fit to work or not – not someone who is just following the government agenda and setting people up to fail.

The one point that people in all the sessions agreed on was that:

'the person should know about mental health and the difficulties that people with a mental health diagnosis might face in the workplace. They need access to resources and they need to be able to educate employers so that they know what is involved and what support people might need.'

One person was very clear:

"I need someone I trust who would work with me and with my employer – give them a positive view of mental health."

Most people felt the person should be based either in the JobCentre or the mental health team with a marginal majority for the former as that is where the jobs are advertised. It was also suggested that someone from the CMHT should liaise with the JobCentre about employment issues.

In Colchester the idea of a life coach was popular:

'I'd like an independent mentor who can be realistic with you like a life coach – someone who can tell me what I need to work on'

There was an awareness that there is limited funding in the current economic climate and the suggestion was made that there are too many organisations offering support and the situation is confusing and must be expensive:

'we should have one place to go to'

Service users in Colchester felt organisations should be linked together:

'mentors need to know you and they need to be connected in networks – use things like 'Facebook' so that if they can't help or don't know the answer to something they can find someone who can.'

They did highlight frustrating experiences when trying to find services that they were eligible for

'you need to meet these criteria to use this service'.

If you were thinking about going back to work what help would you need?

In Chelmsford they felt that they needed:

'a professional person who understands all types of mental health issues – someone who can take you on board and introduce you to employers ...they should be able to help with CVs'

One participant felt that a voluntary organisation should:

'be there specifically for people with mental health problems – other parts of the country have them – Meridian East in Norfolk is very successful.'

A carer felt that the most important issue was that

'there needs to be a big attitude change – anti stigma work with big companies. If only big companies would give people 3 months trial'

Service users in Chelmsford felt that the most important things were that:

"psychiatrists need to take on board that returning to work is an essential part of good mental health."

And that there should be:

'More referrals and more publicity for services that are there'

A carer in Epping said that when she went to ask about possibilities with her son they asked 'what do you want to do' – she felt that was unhelpful. It would have been better if they had provided a bit more information about what was potentially on offer before asking what he wanted to do as it is very disappointing if you struggle to explain what you would like and then they say we cannot do that.

She also made the point that they need to understand the individual as each person will have different needs. A suggestion that was taken up by someone else:

‘Tick boxes are not individual – good support needs to be’

Another individual suggested that:

“you need to know yourself – you need a half way place – I’ve been off work for 20 years – it will be traumatic” ... ‘returning to work. You need to offer consistent continuous support to both the service user and the employer, gradually tailing it off after 3 months.’

There were suggestions that some people might need support with CVs and that some people haven’t got computers so might need support from the worker if the job required an online application.

One or two people felt it was ok to lie on a CV to boost their chances of gaining employment.

Some people felt that if the right support was in place a job placement would be good and providing practical support to work out how much individuals would need to earn to compensate for loss of benefits. Some people felt the opportunity to job share might also be helpful.

A useful suggestion was made in Epping about providing open workshops with information as some service users might not need the full support package but only require a few pointers and signposting. There was also a suggestion about using the skills that people like that have – they could be supported to set up peer support groups to help others.

In terms of practical help in preparing for interviews there were other constructive suggestions:

‘If we were to role play it and watch it we could see where we are going wrong.’

There were also comments about the importance of continuing to maintain support for some time to ensure success:

“When we go back to work services are inclined to discharge you – they should maintain the link much longer to support you in work”

Conclusions

MIME has undertaken a series of consultation events throughout 2010 and with this piece of work into 2011:

Joint Strategic Needs Assessment	1
Community Services Review	2
Big Conversation	7
Employment Support Services	3

In addition we have opportunities to hear service users' and carers' views regularly at dozens of meetings we attend during the year:

- Our own service user and carer reference group meetings
- Via questionnaires and interviews
- Meetings of local LINKs
- User Forums
- Recruitment visits to user groups
- Anti stigma events

In this way we have gradually built up a picture of the experience of individuals who use mental health services in Essex⁶ and of their informal carers. Successive events have added layers of evidence which give greater depth and understanding to the picture in a process which mirrors the development of a photograph which slowly gains greater clarity with each stage it passes through.

The themes which emerged in our very first meeting about the Joint Strategic Needs Assessment have been mirrored and amplified with the numerous examples provided in the succeeding ones.

The consistency of service user and carer reports have convinced the team of the importance of taking account of the context as well as the detail of the information we provide. MIME was established to provide an evidence base for service user and carer views and we have reported what people have said in all our consultations. However, it has long been accepted that far more information can be gleaned in a conversation/interview than that provided simply by the dialogue⁷.

Qualitative methods and in particular face to face interactions can provide a richness and depth of information which cannot be gained from monitoring statistics and analysing questionnaires. The consultations undertaken for this review demonstrate that clearly. The views shared by the people who came to the events shed light on their view of the world in which they live. Understanding that world view, which was graphically illustrated in the section on barriers, was key to attracting people to the events and we believe will be equally important in successfully planning services to meet their needs.

The political and financial context identified at the beginning of this report is a particularly important consideration in a review of any service which attempts to

support individuals to move from a place where they receive a service and are to a greater or lesser extent cared for to a position where they are becoming more independent.

The majority of service users who attended the meetings were in the 40+ age group but there were a minority of participants who were much younger. However, on most of the issues their views were not significantly different. Discussions were free flowing but more time was given to the question on barriers to employment which probably reflects service user anxieties around the government's agenda on getting people back to work.

Awareness of Services Provided

Service users in previous consultations have frequently stated that the provision of information on services is important to them and they have often illustrated the statements with examples of problems they have experienced in accessing it. In the case of employment support it is further complicated by the fact that a range of providers with different funding streams and accessibility criteria offer various types of support in the field.

We were not therefore surprised that many participants reported confusion around where to go for help and a lack of awareness of what was available. It was disappointing that the vast majority of participants were unaware of the services provided through their local community mental health teams either by SEPT or through mcch. The exception was those provided by Employ-ability, which a few people seemed to know of.

But even when participants were aware of the service they seemed to know little about what help could be provided, which is supported by the results of the questionnaire survey where service users cited lack of information as an issue. This may in part be due to the services failing to advertise their availability widely enough but given the responses to the second question may also be due to a more widespread failure to embed recovery based approaches in community services.

Contracts for mental health services based on recovery-focused outcomes may therefore be important. In addition CMHT based support workers have an important role in advocating for their service, ensuring that all service users are offered the service at an early stage after referral and disseminating 'success stories' to CMHT colleagues. This role is explicitly included in the IPS fidelity criteria as a means of ensuring that there are no exclusion criteria, deliberate or unwitting, for entry to the service.

Most participants were aware that JobCentre Plus provide some support but the comments reported seemed to paint a negative picture of their ability to offer the practical help which service users were hoping to access. From the comments made it would seem that there is a need for more training for disability employment advisers around mental health awareness and perhaps improved liaison with community mental health teams.

Role of Clinicians in Referral

If the lack of awareness of services was disappointing, the comments made in answer to the question about care coordinators initiating discussions about employment were even more so. Not only did they demonstrate a reluctance to initiate a discussion but even

when service users raised the question of employment themselves the responses were not helpful.

The findings in this respect mirror similar responses from the questionnaires. It would seem that community services have some distance to travel on the road to recognising that support to gain/regain employment should be an essential component of care planning in recovery based services. Judging by the comments made, real change may only occur when that argument is also accepted by psychiatrists, but other mental health workers, including employment specialists, have a role to play in changing psychiatric practice and not least in supporting service users to question psychiatric judgements about them.

Perhaps it also confirms comments made in previous consultations that suggest that recovery will only become embedded in mental health services through raising the number of staff with lived experience and including service users in staff training.

Interest in Gaining Employment

Given the issues highlighted in the next section it was perhaps understandable that some participants had reservations about returning to work. However, given the frequently negative images of people who receive benefits in current political rhetoric and media coverage the numbers who said they wanted to work were relatively high, and on average in line with previous surveys in the UK.^{8 9 10}

Some would prefer to access volunteering opportunities initially both as a means of testing their ability to maintain a regular commitment for their own piece of mind as well as a way of demonstrating their capacity to potential employers. There was also a suggestion that some service users felt that if they accessed volunteering they would not be pressured into looking for paid work.

There were some areas for concern in the stories they told around volunteering:

- A few people mentioned difficulties with accessing volunteering as it was expensive to travel which would suggest that organisations offering opportunities may not be prepared to reimburse travel and other expenses
- 2 services which had previously offered support to service users to access volunteering had closed
- Some service users seemed to assume that they would continue to have a choice between working and not working and appeared to be unconcerned or unaware of the pressure being placed on those in receipt of sickness/disability benefits by the government around returning to work

Some also spoke of trying to access training opportunities because they felt they were not yet ready to return to work but could do something positive now as a first step towards employment. But there were concerns that unless training providers had an awareness of the support needs of people with mental health conditions they might be setting themselves up to fail.

Support for training also came up on a wish list from the Big Conversation consultations. Some participants felt that access to level 2 qualifications on a non fee basis was usually attainable but for those wishing to improve on existing qualifications or retrain in a new field there was nothing available.

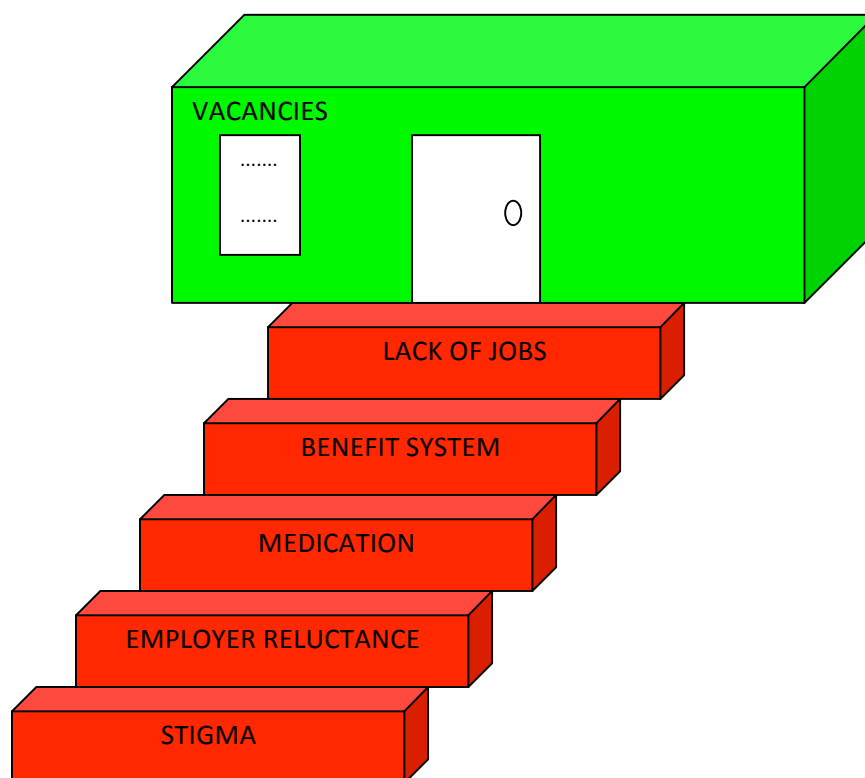
Service users who responded via the questionnaires also suggested more support for training and this would seem to be a priority for a significant number of service users. In many respects it should not be surprising that people who have been unwell for a period of time might wish to access training for a number of reasons:

- To remedy deficits in their previous education which may have been interrupted or affected by the onset of illness
- To retrain as their previous occupation is no longer available to them either because of changes in the work place or the medication they take
- To retrain because their previous occupation was a contributory factor in the onset of their condition or because they have re-evaluated their skills and interests

As noted in our report on the questionnaire responses, it is important that any new training initiative does not mark a return to a 'train and place' approach but is geared to service users' own goals and aspirations.

Barriers to Employment

This discussion provoked by far the most comments but also some positive suggestions. Service users were articulate in expressing what they felt were the main factors which hindered their employment prospects:



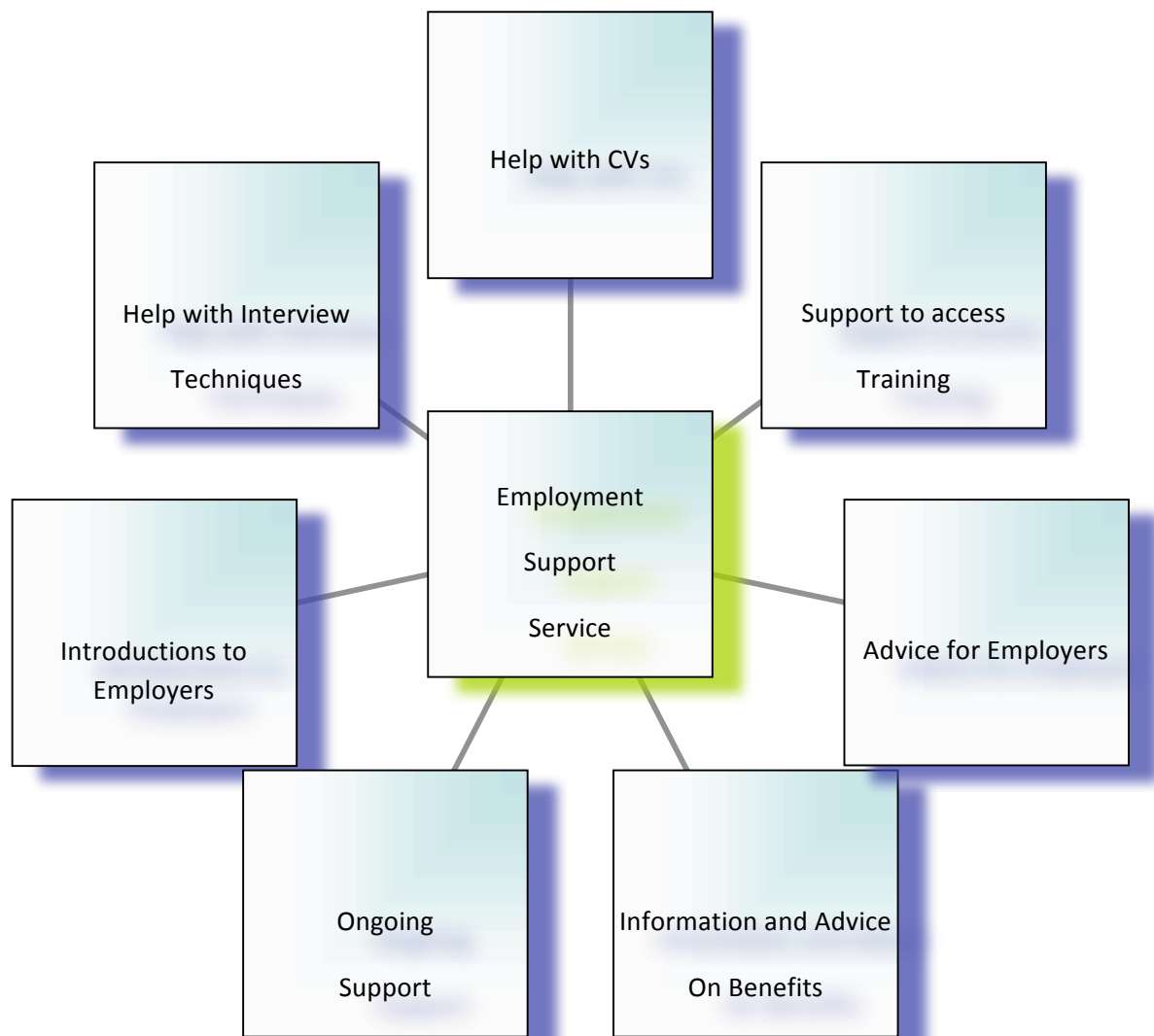
Their main concerns seemed to centre around stigma, lack of employer awareness of how to support staff with mental health conditions or willingness to do so. The Shaw Trust report published in December 2010¹¹ unfortunately supports some of those fears, although in some areas there was an improvement on 2006. But when these concerns are combined with rising unemployment rates they seemed like very large obstacles to overcome.

The Benefits system was cited as an obstacle also and examples were given to support those anxieties. However there is some hope that the proposed reforms outlined in the White Paper (2010) – Universal Credit: welfare that works¹² might alleviate some of those difficulties if passed into law.

Although problems with medication are often minimised by professionals the stories told by participants show that they can have a very real impact on their capacity to concentrate, operate machinery and at times stay awake. Perhaps if psychiatrists can be encouraged to view regaining employment as a priority for some as part of their recovery journey they might be more willing to engage in constructive discussions on how to address any problems caused.

Appropriate Support

It was encouraging to see that many of the suggestions made by service users were already available within the current services provided:



But service users also came up with creative suggestions. Some participants in Epping suggested that, in addition to the 1:1 work they already do, services might usefully consider offering group information sessions and that individuals who did not need the full range of support currently provided, might help with running peer support groups/job clubs for those who needed more support. They would gain extra experience which they could add to their CVs which would help with boosting their confidence and self esteem and add to the skills they could offer employers. Other service users would benefit from peer support which would meet their preference for support from people with lived experience.

Opportunities for peer support were top of the wish list in the Big Conversation consultations, so it is not surprising that it should resurface in this one. Western culture in general values individualism so it is not surprising that professionals might prioritise 1:1 work and undervalue the benefits to be gained from groups generally. Many service users do not have the support of a wide circle of family and friends and consequently value opportunities to get together with people who understand them. The success of MDF The

Bipolar Organisation self help groups¹³, for example, has been frequently mentioned by participants in our consultations.

The other area where there seems to be gaps in service provision is work with employers. It was highlighted in the questionnaire report as an area that commissioners might wish to prioritise in their contract monitoring in terms of ensuring that staff continue to network with employers to improve the chances of securing employment opportunities.

But service users in the consultations have highlighted the difficulties they faced with employers lack of awareness around support for individuals with mental health conditions when they were in work and now that they are attempting to regain it. There is some work being undertaken around raising awareness in Essex through initiatives like Mental Health First Aid¹⁴ and other training provided by InterAct, but given the anxieties expressed and the research evidence highlighted above more seems to be needed.

Many initiatives aimed at employers seem to be framed in terms of raising awareness. Perhaps the time has come to market training as a solution to a problem. Employers have legal obligations under Equalities legislation which, service users would suggest, they are not meeting and perhaps anti stigma work needs to move closer to compliance and monitoring.

As local authorities take on responsibility for public health there may be scope for making this work a priority. Local authorities and PCTs commission a huge range of services and also purchase a range of supplies – perhaps they should consider making themselves mental health champions - an example of good practice in terms of their own staff and also by insisting that anyone who has any sort of contract with them has policies in place to support their staff with mental health conditions as a first step. Compliance monitoring can demonstrate the effectiveness of those policies and encourage employers to give serious consideration to an issue which is often low on their priorities list.

One of the features of IPS is that it offers ongoing support and service users in the consultations felt that the continuing provision of support until they were settled in work was important. Unfortunately community teams can discharge service users rather quickly once they have moved on to employment which creates problems for those wishing to continue to use the IPS service. Perhaps this is an issue which can be addressed via partnership monitoring or the ongoing review of community services.

Finally as training was highlighted as a need in both arms of this review, commissioners may wish to consider possibilities of working with NIACE¹⁵ to develop supported education and training opportunities.

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¹³ MDF The Bipolar Organisation – peer led self help groups

<http://www.mdf.org.uk/index.aspx?o=56974> (accessed 16.01.11)

¹⁴ Interact – Broader Support programme

<http://www.interact.org.uk/page/39>

¹⁵ NIACE events

<http://www.niace.org.uk/campaigns-events/events/integrating-employment-learning-skills-mental-health-condition>