

Royal College of Psychiatrists

Employment and Mental Health Roundtable

The Royal College of Psychiatrists has, for many years, highlighted the importance of work for people with mental health problems. On the 27 June 2013 the Royal College held a roundtable discussion to examine the importance of employment for people with mental health problems. This was held as part of Professor Sue Bailey's Presidential campaign in 2013 in which she wished to highlight employment and mental health. The discussion included key stakeholders and experts who were invited to discuss and advise on the Royal of Psychiatrists future initiatives.

The roundtable discussion was facilitated by Professor Dame Carol Black. Dr Rachel Perkins and Dr Steve Boorman gave introductory talks. The discussion was divided into two parts; the first dedicated to examining the issues concerned with getting people with mental health problems into work and retention of jobs. The second half looked at health of mental health workers and the healthy workplace. The discussion covered the entire spectrum of mental health problems and concerns for primary and secondary care and occupational health. The questions addressed included:

- What key issues in the area of mental health and employment would you want the RCPsych to focus on?
- How can the RCPsych contribute to improving the employment opportunities of people with mental health problems? How can people with mental health problems be supported into work and remain in work. What are the opportunities for early intervention and prevention?
- How can we contribute to promoting healthy working environments? How can we contribute to maintaining the health and wellbeing of the workforce?
- What are the most effective ways of creating productive partnerships with other organisations in this area?

Summary of Key areas and matters discussed.

1. Evidence for benefits of employment.

There is a wealth of convincing evidence linking work with mental health and the importance of work for facilitating personal recovery. Yet the public and many clinicians are not always aware of this. There is a need to continue getting this message to colleagues and the public. The employment rate of people with long-term psychoses remains unjustifiably low.

2. Evidence for vocational rehabilitation schemes.

There is good evidence for supported employment schemes that help people with severe and enduring mental health problems get into open employment. These could be extended to common mental health problems, for example via IAPT. There is also evidence that getting people back into work within a year of a first episode will prevent long-term disability. Early intervention and provision of the right

support at the right time is important. It should be made clear that support into employment should be provided in parallel with treatment. There is a need to emphasise the importance of schemes to assist in job retention, the health and wellbeing aspects of employment and types of employment/working conditions. The discussion highlighted the importance of looking at commissioning guidance and NICE guidance.

3. *Commissioning.*

There is a strong evidence base for Individual Placement and Support (IPS) and it is cost effective, but this approach is not widely implemented. IPS services should be developed across all Mental Health Trusts. There should be a vocational worker in all relevant clinical teams. The RCPsych should champion the implementation of IPS. Clinical Commissioning Groups (CCGs) are not yet focusing on mental health services, but rather on physical health, hospital admissions, etc. There is a need to raise the profile of mental health across CCGs and a need for them to understand the relevant issues and evidence base.

4. *Stigma.*

Ignorance, prejudice and discrimination are the key barriers faced by people with mental health problems. These can be seen among the general public and among health service staff, clinicians, employers, and employees. Other staff may feel uncomfortable working with people with mental health problems, but contact may be crucial to overcoming prejudice. Suggestions for work by the RCPsych included: working with employers, link with Public Health and Public Education work, raising the profile of employment, and continue to raise awareness of importance of mental health and employment among clinicians and general public

5. *Training.*

The importance of employment and mental health is still peripheral to the training of psychiatrists. Given the evidence discussed above it should have a more prominent position. It will also be taught during training. This will require discussion with the Dean of the RCPsych and the Academy of Royal Colleges, and the implementation of effective means of training future mental health professionals.

6. *Developing a clearer view of Occupational Psychiatry.*

A large number of people with mental health conditions face problems getting into work, getting back to work after a period of ill-health, retaining their jobs and underperforming at work owing to their mental health problems. Most cannot access sufficiently robust occupational health services. Mental health services only seen a minority of these individuals and most are dealt with in primary care. A frequent complaint is the long delay in getting medical reports from psychiatrists and such delays can result in the person might then lose their job. Medical reports need to be timely and objective, and to give realistic work advice. The discussion questioned the role of psychiatrists in this area and the need to be clear as to what an occupational health service would want from psychiatrists and what can psychiatry provide.

7. General Practitioners, Mental Health and employment.

General Practitioners were identified as a key group of professionals in the link between work and mental health. This concerns working with other professional organisation to examine the roles of professionals and their liaison and the access of people from all diagnostic groups to relevant services. The links between mental health services, occupational health and primary care needs to be refined and developed as part of the question as to what an occupational psychiatry service may look like. This type of approach should also look at the management of clinicians who become unwell and the Practitioners Health Programme was cited as an example of good practice.

8. Producing better working environments.

The discussion highlighted the need for good working environments to support staff working in health services. Several recent incidents of poor quality practices and services were identified, including the matters raised by the Francis Report. The speed of change in the NHS and poor management practices contribute to this. Improving the engagement of staff can have a significant effect on the improving patient outcomes. There is a need to improve staff support and engagement and the development of an enabling environment in which staff can thrive and contribute to the improvement of the service. Creating a healthy workforce creates decent organisation.

9. Using the lived experience of people in the workforce.

A significant proportion of people in the NHS workforce will have experience of mental health problems. These staff members may require support, but also their own lived experience is crucial to enhancing their work with others who have mental health problems. The human and lived experiences of healthcare workers should be considered as a resource and the aspiration of setting up support groups in trusts for staff with mental health problems was raised. In addition, the increased use of Peer Support Workers should be a goal for mental health services and this cadre of workers would be important in improving the employment prospects of service users.

Outcomes from the discussion

The roundtable discussion was considered a success and the RCPsych was pleased to receive the expert advice from the broad range of people who contributed. One immediate outcome from the meeting will be a College Report detailing the key issues relating to mental health and employment. There will be continuing discussions between many of the stakeholders that attended the meeting and others suggested during the discussion. The longer term plan will be to work on several key areas which include: public health; the curriculum and training; commissioning; the links between psychiatry, occupational health and general practice; and the working environment for NHS staff.

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