Work for health?

Jobs Available

Wanted: Employer to support talented and skilled individual back to employment. Ideal candidate should come with appropriate government assistance.

Work for Health?

Exploring the issues around employment and mental health

Notes from Study Day 7th June 2005

Contents

Foreword   Study Day 7 June 2005, London

Work for Health?

'Love and work are the cornerstones of our humanity'
<div align="right">Sigmund Freud</div>

The Social Perspective Network has been working with the National Social Inclusion Programme on a number of fronts following the publication of the Social Exclusion Unit's report on Mental Health and Social Exclusion (www.socialexclusionunit.gov.uk). The SPN executive committee agreed to take a closer look at the role of employment as a positive factor in mental health. We wanted to learn from projects that enhanced the inclusion of people who have experienced mental distress, and also consider mental wellbeing in the workplace. We were well aware of the coming debate on Incapacity Benefit and wanted to sharpen our thinking in this area. Some immediate questions were:

- We know that a history of mental distress affects employment prospects, indeed occupational health schemes often institutionalise this, but does anyone help employers support people?
- The inflexibility of the benefits system often creates problems for people trying to get back into work, let alone the proposed changes to Incapacity Benefit. Are there any ways through this?
- If you have a job you probably feel included in society – poverty is one of the contra indicators of mental well being - but what if the workplace itself creates mental distress?
- Surely 'recovery' is not demonstrated by having any old job but by being encouraged to aspire to develop our talents and skills?
- Who will listen and help people gain confidence in a new situation?

Since the start of SPN we have used our study days to implement a particular view of adult learning and creativity. To learn intellectually and emotionally we need nourishing facts and stimulating ideas. But for these to take root we need to feel good about ourselves, to have our skills and knowledge recognised and to be heard in the group and during the day[1]. Creative ideas are stimulated in different ways for us all, so we determined that the day would have different shades and aspects. Our reputation for providing a thoughtful space for meaningful debate is firmly established and there were 90 participants from every part of the country. A third of these were speakers, workshop facilitators, social care leads from each region and executive committee members. Of the delegates, 28% were survivors and carers.

We set the frame for this balance with space at the start for informal discussions with representatives from some of the major mental health and workforce development organisations followed by short updates from National Institute for Mental Health

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[1] Knowles, M.S. (1990) *The Adult Learner: a neglected species* Houston: Gulf Publishing

Salzberger-Wittenberg, I., et al (1999) *The Emotional Experience of Learning and Teaching* London: Karnac Books

England (NIMHE) representatives from all the regions. The two plenary sessions provided good grist for the intellectual mills:

David Morris, the national lead, did a thorough job explaining the National Social Inclusion Programme, allowing us to understand the context in which employment and mental health was seen. It was exciting to hear of this work, have it explained clearly to a varied audience and realise the efforts going on nationally.

Simon Francis, the employment and benefit lead, dissected the future direction of Incapacity Benefits, and convincingly explained the effectiveness of the Pathways to Work pilots. The major part of his time was spent in questions and discussion – unfortunately unrecorded – which left people stimulated, interested in the problems and remarkably un-cynical about the proposed solutions.

Raza Griffiths, SPN's job-share co-ordinator, gave a heartfelt survivor's view of employment.

The workshops that followed gave participants a great variety of information and experience: The coaching model to help people into work from Oxleas NHS Trust; the Mindful Employer project from Exeter which supports employers to offer and continue employment for people in mental distress through providing information and support through the Disability Discrimination Act; the Richmond Fellowship's work to support people into employment and mainstream leisure; and more experientially, what is happiness at work and strategies for living and employment.

We attended to people's emotional wellbeing by having an attractive venue, excellent food, space and opportunity to talk and a unique chance to reflect when a concert pianist gave the grand piano at the back of the room an unexpected airing. She played Beethoven's *Pathetique* Sonata and a traditional Chinese piece called *Autumn Moon over the Peaceful Lake,* and then explained how expressing herself through music has helped her mental wellbeing. Everyone in the room understood what she meant.

At the end of the day participants gathered in the garden to add their comments to the SPN tree that Raza had painted and set up outside. Comments that would 'nourish' SPN went into the 'ground' while outcomes and thoughts from the day became 'leaves'.

Above: SPN members adding comments to the SPN Tree

We rounded the day off with the book launch attended by participants, old friends and supporters of SPN, with refreshments from the publishers Jessica Kingsley. The Chief Executive of the Social Care Institute for Excellence, Bill Kilgallon, our tolerant and supportive landlord, introduced the book '*Social Perspectives in Mental Health - Developing social models to understand and work with mental distress*' edited by Jerry Tew (www.spn.org.uk/booklaunch). He shared with us how moved he had been to read the stories and engage with the issues covered in the book and raised a glass to our continued influence in the future.
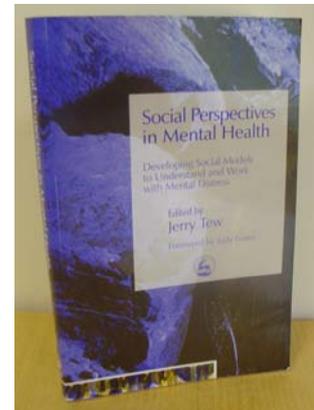
Above: Jerry Tew (left) and Bill Kilgallon

This complex day succeeded by dint of extremely committed team work – Dominic Walker (Joint Co-ordinator) and Rebecca Cowell (Administrator) were behind scenes trouble shooting IT, catering, car parking and more; Raza Griffiths (Joint Co-ordinator) kept the workshop leaders on target; my Co-Chair Stewart Hendry ably chaired the day, and all committee members contributed to that unusual inclusive SPN atmosphere. In the following pages of this Paper you can read how the range of experts – by experience or knowledge – helped us focus on the debate we had set out and come up with some answers you can share with others.

For the future, I advise you to set up similar days to look at innovative resources available locally, stimulate conversations in the Trusts and to use links with the Personal Advisors mentioned by Simon. A small planning group that includes a service user and carer, someone from the statutory and from the voluntary sector and a local academic would be well-placed to devise a day to stimulate imaginative ways for you to tackle employment issues for people in mental distress.

Judy Foster
Co-chair SPN, June 2005

Opening Addresses

Encouraging Social Inclusion through participation and citizenship
David Morris – Programme Director, National Social Inclusion Programme

This SPN Study Day offers all of us an excellent opportunity to share perspectives on social inclusion through the work that we are doing within our respective agencies. This will help us to capture ideas for ways of working together so our efforts are mutually reinforcing and even more productive. As the National Programme Director of the National Social Inclusion Programme, I would like to use this opportunity to share with you all some of the work of the Social Exclusion Unit (SEU) and to detail our progress to date. You can also learn more about our work by going to our website at www.socialexclusionunit.gov.uk

But what do we mean when we talk about 'social exclusion'?

Social exclusion is what can happen when people or areas suffer from a combination of linked social problems. These can include unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown. Such problems are often inter-related and mutually reinforcing, resulting in a fast moving, complex and vicious cycle which can contribute to poor mental health.

At Government level, Rosie Winterton, Minister for Health, on launching the SEU Report in June 2004, emphasised that creating the conditions for social inclusion for people with mental health problems was a "moral imperative". The SEU Report deals holistically with the range of social factors that contribute to mental health, and recognises the central importance of employment and equal access to work on people's well-being:

> "Our vision is a future where people with mental health problems have the same opportunities to work and participate in their communities as any other citizen"

The key questions the SEU project faces are:

- how do we enable more adults with mental health issues to enter and retain work
- how do we enable social participation and access to services?

To help us answer these questions we undertook an extensive consultation from February 2003 to March 2004 with service users, organisations and Ministers and this inputted into the SEU Report on Mental Health published in 2004 (ref: Thomas T, Ryan T and Newbiggin K, SEU Consultation Exercise, Mental Health, Illness and Social Exclusion (London, Health and Social care Advisory Service, 2003)

At present, less than a quarter of adults with mental health issues are in work, with the main barriers being fear of loss of benefits, employers' discriminatory attitudes, the fluctuating nature of people's mental health issues and the low expectations of health professionals.

Less than a quarter of adults with mental health problems are in work

LFS data for England only

Main barriers

- fear of losing benefits
- employers' attitudes
- fluctuating nature of condition
- low expectations of health professionals

whole population
physical health problems
mental health problems
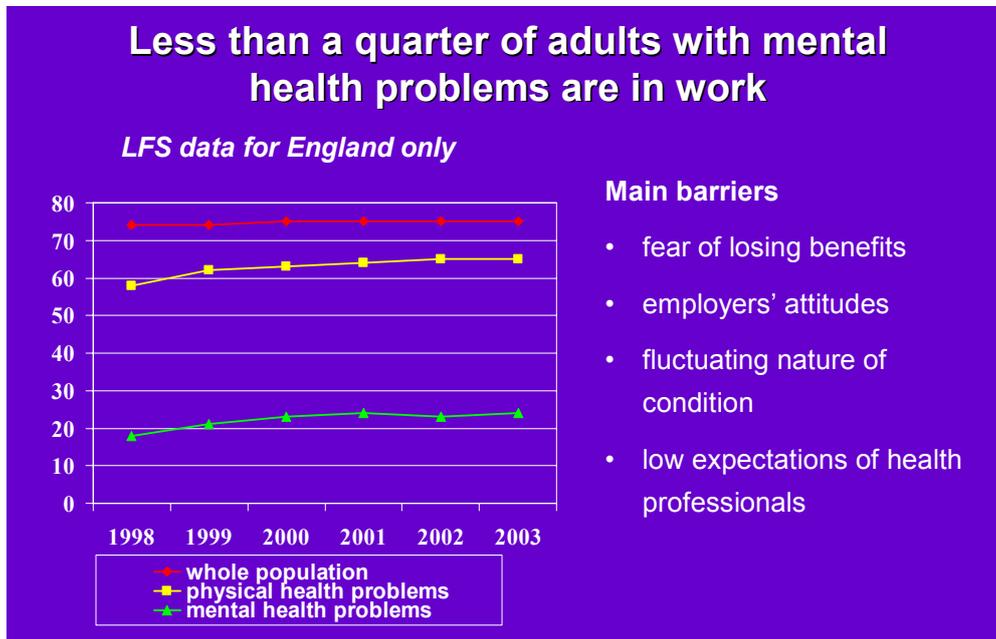
mental health questions? **ask NIMHE**
www.nimhe.org.uk

Discriminatory attitudes in the workplace are highlighted by the fact that less than 40% of employers would recruit people with mental health problems (ONE evaluation DWP 2001).

Less than 40% of employers would recruit people with mental health problems

% of employers who would recruit from different groups
ONE evaluation (DWP 2001)

88 78 62 37

but many ...

- highly skilled
- relevant experience
- able to work with minimal adjustment

lone parents
long-term unemployed
physical health problems
mental health problems

mental health questions? **ask NIMHE**
www.nimhe.org.uk

This level of discrimination is far higher than that faced by other marginalized groups, such as lone parents, the long term unemployed and people with physical health problems. This is a tremendous waste of resources, as many people with mental health problems are highly skilled, have relevant experience, and are able to work with minimal adjustment.

Discrimination limits the participation of people as citizens in society in many walks of life and in many different ways. People with mental health problems face the possibility of their harassment complaints not being taken seriously at work, difficulty in accessing financial services, not being eligible to become a school governor and having their serious illness overlooked. They have a low level of participation in further education, sports, arts and leisure activities, and a quarter of tenants are seriously in arrears with rent payments and are at risk of eviction.

These factors can mean that people's only social contacts are formed with services, with little or no contacts with family members, faith communities, or contacts formed through sport and leisure activities or employment for example. All these factors can result in people feeling socially excluded and very isolated.

To tackle this social exclusion a range of government departments and over 50 affiliated agencies including SPN are engaged with the SEU in an action plan covering five main themes:

- **Stigma and discrimination**

SHIFT anti stigma campaign, a sustained five-year programme launched on 23 June 2005, with four key areas of working to challenge stigma including the media, young people, public organisations and private organisations. Media will also be monitored with Ofcom. There will also be an international anti-stigma campaign to share evidence-based best practice around stigma busting from around the world.

- **Role of health and social care services**

In order to implement evidence-based practice on employment, services will work towards having an employment adviser for everyone with severe mental health problems. Primary care services will improve access to advice on employment and community activities, and day services will be changed so they help people to do things in their community. There will also be strengthened training for staff on social inclusion.

- **Employment**

Jobcentre Plus staff will get improved training on mental health issues. £1.5m will be made available from the Phoenix Fund to support people interested in self employment / enterprise. Benefit rules for people wanting to return to work will be clarified, and there will be improved support for employers and job retention.

- **Supporting families and community participation**

There will be targeted family support for parents with mental health problems and their children, and improved support to access education and training opportunities. Unnecessary and discriminatory barriers to community roles such as jury service will be removed.

- **Getting the basics right**

New guidance will be issued to housing authorities to prevent unnecessary evictions, and there will be improved access to financial and legal advice and affordable transport.

The programme will be implemented with ministerial oversight. This will involve a cross-government team, an independent advisory group to advise the government on progress, local implementation led by Primary Care Trusts and Local Authorities, and an effective use of voluntary and community sector organisations.

The National Social Inclusion Programme began in September 2004 and followed on from a consultation looking at how to enable social participation and access to services which lasted from February 2003 to March 2004 involving users, organisations and Ministers, resulting in the publication of the report in June 2004. The Programme is geared to ensuring that the recommendations of the SEU Report are carried out.

The National Social Inclusion Programme is focussed on delivering:
- Short term impact, with a demonstrable change in people's lives
- Best practice in services and partnerships for inclusion – old and new; national and local
- Organisational development – which is comprehensive in breadth and depth to support sustained, long term change which is truly embedded

PROGRAMME DELIVERY, LEADERSHIP, INTEGRATION, ACCOUNTABILITY FOR CORPORATE PROGRAMME GOALS

CORE TEAM (CROSS – GOVERNMENT)

Project Support Leading cross-cutting action

PROGRAMME DELIVERY - LOCAL DELIVERY OF CORPORATE PROGRAMME GOALS

DEVELOPMENT CENTRES - Project Leadership

SE	SW	LON	EM	NE,Y&H	NW	WM	E
Project 1 Stigma & Discrimination	Project 2 Employment	Project 3 Income & Benefits	Project 4 Education	Project 5 Housing	Project 6 Community Participation	Project 7 Social Networks	Project 8 Direct Payments

Cross cutting work streams

| Workforce Development | Research & Evidence | Community Engagement | Criminal Justice | Tackling Inequalities |

Affiliated Organisations x 50

National Social Inclusion Implementation Programme

mental health questions? **ask NIMHE**
www.nimhe.org.uk

In terms of *capacity*, the NSIP has three key sources:

- Central cross government multi-agency team which is responsible for programme delivery, leadership and integration and is accountable for corporate programme goals.
- Regional Social Inclusion resources including NIMHE Social Inclusion Leads and local projects/ people.
- Affiliates Network of over fifty organisations including user groups, non-government organisations and professional organisations. I am delighted that SPN has joined this growing network.

In terms of *governance*, there is a cross government network with key officials, an independent advisory group which reports to ministers and a monitoring team at the SEU.

In terms of *content*, there are eight major thematically-based projects, each led by a regionally-based NIMHE Development Centre with central support. The projects include stigma and discrimination (South East), employment (shared between South East, South West and London), income and benefits (London), education (East Midlands), housing (North East, Yorkshire and Humberside), community participation (North West), social networks (West Midlands) and direct payments (Eastern).

There are also five cross cutting work streams, led by NIMHE's central team, which deal with workforce development, research and evidence, community engagement, criminal justice and tacking inequalities.

I'd like to update you with progress we've made so far. The eight regionally-based projects are underway, with costed plans signed off in July 2005, budget increases secured and project teams in place. In the cross-cutting work fields we have:

- Published the Framework for Vocational Rehabilitation (Department of Work and Pensions)
- Published Guidance on managing sickness absence from work published (The Health and Safety Executive)
- Published a Grant letter to the national Learning and Skills Council (LSC) to steer regional LSCs to address the needs of people with mental health problems (Department for Education and Skills)
- Launched 13 pilot projects to promote enterprise and self employment for people with mental health problems through the Small Business Service (Department of Trade and Industry)
- Undertaken research to support action on mental health services to homeless people; access to arts now underway
- Guidance is complete or due on: commissioning day services, commissioning vocational services and on direct payments

We face many challenges in our work. We need to develop the evidence base realistically to support measurement and monitoring of progress across agencies, as well as delivering the organisational capacity for change at local level. Cross government action also needs to be sustained nationally. We need to integrate our work with the Adult Care and Public Health developments, and embed creative practice in organisational cultures, not just a few individuals. The Green Paper on adult services creates major opportunities for local authority engagement with the Social Inclusion culture and practical implementation of specific actions e.g. around Direct Payments. The transformation in day services is a major challenge, as is engaging with communities in the widest sense – these communities include (through the Local Strategic Partnerships (LSPs) users, carers and employers. Inclusive practice needs to be mainstreamed within service organisation and be placed at the heart of leadership and workforce development. At the commissioning level too, inclusion needs to be made a priority for primary care. Most importantly, we need to re-equip social care to deliver the social care perspective. The incorporation of NIMHE into the Care Services Improvement Partnership (CSIP) means restructured programme groups and a new focus on the application of SI across service groups.

Our future focus will be on utilising the skills, resources and advice of our affiliates including SPN productively. We will also be pursuing our most pressing programme priorities towards our first anniversary, with a focus on delivery of day services modernisation, employment, evidence of what works; qualitative and quantitative, improving levels of user engagement and taking the long view to position and embed our work effectively.

I'd like to leave you with the thought that 'inclusive practice means working *inclusively* together'.

A Survivor's CV
Raza Griffiths – Joint Co-ordinator, SPN

My goals around employment have shifted frequently throughout my life, not least because of my mental health issues. However, like many other people, I have always held onto the idea of work as a means of fulfilling some of my own deep seated personal aspirations, as well as helping to pay the bills.

Aspirations – that's a good place to start when talking about mental health, social exclusion and employment. At times, it may seem easier to not ask about aspirations, and instead, to pass over the medication. That is what my ward psychiatrist did when I ended up in hospital in the middle of my PhD in comparative linguistics.

Of course, you have to pick the right time to ask about aspirations, because sometimes, people need all their energy to just literally survive. But I do know, from my own experience, that the journey back into employment can certainly play a role in surviving and recovering, when it is properly supported and ***non-coercive***. A whole host of other factors helped me too, most importantly, the long-term support of friends and family. My mother is here today in the audience and I'd really like to thank her for her support through sometimes difficult times.

I was in the second year of my thesis when my first life-threatening breakdown happened.

It was terribly humiliating to be forced to give up my studies, and end up in a ward full of strangers, in which I was driven to hit my head against metal bars over the ward windows, because the medication I had been given was suffocating me. Eventually, I was sedated – medication to damp down the effects of other medication. I was soon given a label of bi-polar manic depression. But no-one enquired as to the social reasons that had resulted in me rushing into my doctor's surgery unannounced one morning, and collapsing on the floor, resulting in my admission. I never felt treated by services as a human being with a mind and feelings; I was just a set of symptoms. And the ward psychiatrist never ever asked me what I had been doing before my breakdown, let alone encouraging my aspirations around employment, even months after my breakdown when I was an outpatient. However, I did get help with sorting out my benefits.

After I was released, I was lucky to have found a friend who had experienced mental distress herself. I went to live in a hut in her garden. Together with the unwavering support of my mother, and other extended family members, I started to recover, although it was never a linear process, and relapses continue to happen, though with decreasing severity.

The hut in the garden had no electricity, but it was what I wanted, it was so peaceful there. In summer there were frogs, and in autumn, hedgehogs at night. Here I continued to write a diary I had begun in the depths of my distress. Maybe it would help me make sense of what I was going through and give a manageable shape to my emotions.

I didn't work for a long time, because I needed that time to get back on my feet. Personally, I don't believe that forcing people back to work before they are ready, is a positive step. Survivors should be encouraged into work when they feel able to contend with work, since it can bring with it its own stresses and strains. Employment is not a panacea for all the shit life throws at us. And people need to be supported and encouraged through this process.

After a succession of part-time jobs which weren't particularly inspiring, I got a lucky break when I was awarded a bursary to study an MA in Investigative Journalism. You see, I had changed so much as a result of what I'd been through. Now, I felt passionate about investigating human stories that would help people understand mental health and related issues. Having got a Distinction, I began work as a freelance journalist, and wrote pieces for Big Issue, Private Eye, Gay Times, Eastern Eye and later, Mental Health Today. One of my most satisfying moments was when I infiltrated a meeting in which homophobic Baroness Young – who was campaigning against the repeal of Section 28 - was shown pictures of women wearing strap on leather dildos as a 'warning'(!) of what would happen if the Section were repealed. This got coverage in The Independent, Gay Times, Private Eye and Big Issue, and was talked about in other news outlets. In my own sweet way, I was making a contribution to combating the social isolation, prejudice, discrimination and victimisation which Section 28 compounded, which contributed to the horrifically high self harm and attempted suicide rate for young lesbian and gay people. My own experiences of mental distress had made me into a campaigner, and all my main jobs since my breakdown have had a strong emphasis on campaigning.

One of the main advantages of freelance journalism work was that I could control my own workload, taking breaks when I felt unwell. I know this is an important consideration for many survivors, though the current benefits system is something many wrestle with!

Eventually, I started to think of full-time work, and became Training Officer at Mental Health Media's Media Bureau. Here, I was part of a survivor-led team which trained over 250 people with direct experience of mental distress in media skills, so they could get their voices heard in the media in order to challenge negative and sensationalistic coverage of mental health. It was a privilege to work with such a dedicated bunch of people. Our trainees got coverage in Channel 4 News, The Observer, Big Issue, Radio 4's 'All in the Mind' and numerous local media outlets. It was so gratifying to help other people get their voice heard – it helped me discover my own voice. I will never forget the Mad Pride protest against the World Psychiatric Congress in 2001, when our PR support helped a fairly small demonstration of 30 people achieve 5 minutes of coverage on BBC Newsroom Southeast. To the backdrop of the ubiquitous Mad Pride papier mache syringe being injected by men in white coats into a prostrated figure on the pavement, I remember survivor psychologist Rufus May saying "What we need is more talking therapy so we can help people to recover and make a positive contribution to society". These words echoed so much with my own experience.

This must have been one of the few jobs where having experience of mental distress was seen as a valuable life experience, rather than a shameful secret that would disqualify you (though other reasons would be given) from even being considered.

The ad even explicitly mentioned that people with disabilities and mental health issues were welcome to apply – how often is that stated *and* put into action?

Once, when I went back on medication during a particularly difficult period in my life, I completely lost it at work and just collapsed in a heap on the floor. My line manager came over to me, we went away somewhere and had a tea together, and then she arranged for a taxi to come and take me to the train station so I could go home. Little things like that meant an awful lot to me, and gave me the encouragement I needed to battle through the bad times. I had a couple of weeks off so that I could get use to the medication. In fact, my work even had an allowance for people experiencing mental distress, and I chose to use mine on part-paying for therapy I could not have otherwise afforded to pay for – NHS waiting lists in north west Kent were over two years.

I was saddened when Media Bureau came to an end in 2003 due to the non recurring funding situation, and fell into a depression. I missed the camaraderie and I even missed having to get up early to get the overcrowded commuter train into London from Kent. I felt my confidence drop – where would I go now? How was I to explain all the gaps in my CV? I went through a period of unemployment, and got in contact for the first time in my life with my biological father. This added to the already enormous mental strain I was under.

Eventually, however, I found a job as the lesbian, gay, bisexual and transgender (LGBT) project co-ordinator for the local Primary Care Trust. It was an exciting, inspirational job – I got to train police officers in improving relations with local gay communities, and developed an LGBT input for the new Sex and Relationships Education programme in local secondary schools, and oversaw the area's first ever community consultation with LGBT people. But this was a very stressful job, with little or no support from the agencies – including local government, who were financing it. And my line manager – in a throwaway line, said what parasites he felt therapists were and how we should get rid of them all. I never felt at ease around him, as I was continuing to receive therapy at the time.

I must admit I was quite relieved to have left that job at the end of my contract, and almost immediately stepped into my present job of Joint SPN Project Co-ordinator, part of a team together with my colleagues Dominic Walker and Rebecca who helped put this conference together. I guess I applied for this job because it continues my desire to make a difference to society, and the way we deal with mental distress. And the need to see mental distress, not from a narrow clinical perspective, but in terms of the wider social factors that contribute to mental health – and that includes employment. It's wonderful to be here today, at an event with people from so many different backgrounds – survivors, carers, mental health and social care workers, researchers, academics and policy advisors. I hope that together, we can bring our experiences, insights and knowledge around a common table and continue to push for change in the way society deals with mental health issues.

Workshops

The Coaching Model in Mental Health and Employment
Don Boyle, Craig Bennett, Stuart Boyle – Oxleas NHS Trust

This workshop aimed to introduce the coaching model as used in Bexley and explain its relevance for mental health service users and workers

Employment Services in Bexley consist of the following components:

- An evidence based supported employment service
- Job retention available to all mental health service users and acute in-patient service, being piloted as an early intervention primary care service (pilot)
- Research based local employer support
- Statutory and voluntary sector provision
- Vocational self assessment process (Comprehensive Performance Assessment)
- Employment champion in each Community Mental Health Team

A total of 329 people using Bexley mental health services are supported in open paid employment, and 53% of Day Services and Employment Team staff have experience of using mental health services.

The aim of coaching is to equip people using our services with tools and concepts that empower **them** to take action to build the futures **they** desire. We also aim to equip mental health professionals to **believe** in the potential of the people using our services.

Coaching in Oxleas underpins work in day services and employment services, offers a Peer Coaching Network and also coaching training for mental professionals.

The Coaching Model in Mental Health uses learning models from sport, art and work rather than illness and therapy. The aim is to achieve planned action rather than a primary focus on changing thoughts and feelings. But thoughts and feelings do change as results are achieved!

Coaching is not the same as counselling, training, motivational interviewing, Solution Focussed Therapy, Cognitive Behavioural Therapy or Social Skills Training. It IS however a learning tool that helps people to identify what they want to achieve, develop a plan of action to achieve it, harness their own resources, take effective action, refine action based on results and achieve the outcome they want.

The basic philosophy of coaching is that people have great potential within themselves despite challenges faced and despite past performance. Coaching also believes in being able to do something to close the gap between what we do and what we are capable of doing.

The coaching model draws on the works of include Timothy Gallwey "The Inner Game", John Whitmore "The GROW Model", Joseph Beuys "Social Sculpture" and Martin Seligman "Positive Psychology".

It's worth thinking about the quote from Timothy Gallwey, who said that,

"There is always an inner game being played in your mind no matter what outer game you are playing. How aware you are of this game can make the difference between success and failure in the outer game".

There are many "outer games" such as applying for a job, studying for a qualification, starting an exercise programme. The steps involved in doing these successfully are not usually complicated. However we frequently hold ourselves back through doubt, indecision and unhelpful self-talk. Thinking about this as the inner game helps us to remember what an important element it is and it helps us to develop strategies that work to help us overcome the ways in which we hold ourselves back and realise our potential.

Coaching is all about working in partnership with people to help them achieve their goals, enabling you to do what you are capable of doing if only you weren't holding yourself back. This is done through using a non directive approach. Good coaches aim to ask questions rather than give answers, helping people to fully explore, situations, options and ways forward. This helps to build awareness, responsibility and self belief. We focus on results, and live the belief that people have great potential.

The GROW Model stands for:
- **G = GOALS:**   *setting clear goals*
- **R = REALITY:**   *exploring the current situation, past actions and results*
- **O = OPTIONS:**   *alternative strategies or courses of action*
- ***W = WILL:***   *explicit action plan with high commitment to action*

In order to help clients make positive choices, a self coaching toolkit is used alongside the GROW model. This includes goal setting and achieving, problem solving, challenging negative thinking, managing stress, identifying and using natural strengths – what is this? A blueprint is made of personal goals and success strategies that is reviewed daily. The GROW model underpins the work of the Peer Coaching Network.

The coaching model has the following benefits for service users:

- Produces explicit goals
- Personal ownership of goals and plans
- Builds on potential not just past results
- Minimises judgements
- Use results as feedback
- More effective action
- Interplay between performance, learning, responsibility, self belief and enjoyment
- Easily learned self management model

Currently, Don Boyle is liaising with SPN to jointly roll out this training across the country. Groups/individuals interested in receiving this training should contact Don Boyle on 01322 356142 or email don.boyle@oxleas.nhs.uk

Workshop feedback –

Comments made by workshop participants at the end of the session

- I learnt about future histories which helped us visualise how we wanted the future to be. It made me realise how it is important in goal setting.
- I learnt that the GROW model has used bits from other areas within mental health, to get to its current approach.
- I gained in awareness and understanding and was impressed by the support and openness in the workshop.
- The participants participated really well.
- The tools can be applied and used relatively easily.
- Made me aware of how we don't really address the real interests and aspirations of service users in mental health.
- I learnt how to tone my voice while I was asking the audience questions during the 'Future Histories' exercise that I was leading.
- The Coaching Model is a creative way of identifying future goals and current strategies to work towards them.
- The Wheel of life inventory was really useful.
- We need to try to understand the employers' perspective on employing people with mental health issues.
- The Future History and Goal Programmer techniques were really useful.
- I had some time to think through the Action Plan for my new book.
- I learned a great deal – how to do things differently by being given the tools to do it. Thank you.
- I learnt about using the power of visualisation to bring the future to life
- It was useful to think how to adapt this process to suit people from different cultural contexts.
- I have learned that Oxleas is using coaching (in a solution focused way) in acute inpatient wards.
- A useful place from which to start thinking.
- I learnt that rubbing your earlobes after doing relaxation exercises helps you come round!
- The workshop offered insight into how tools work.

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SPN Paper 8 'Work for Health?' Study Day notes

Workshops

What can go wrong in the workplace
and how this can be resolved
Mina Sassoon, Independent service user trainer

This workshop used participatory drama to explore mental health issues in the workplace. The group created their own scenarios and brought them to life, highlighting workplace stresses and how this affects mental health.

Workshop Feedback –

Comments made by workshop participants at the end of the session

- I experienced a very reflective way of delivering "An experiential workshop"

- Importance of moral support at work. Balance of home/personal/work life

- Talking through your problems can help you see a path through

- This workshop helped me look at my life rather than always focusing on clients

- Lovely interesting people at workshop (including tutor) Interesting way of exploring situations at work. I might use that technique in my training

Workshops

Strategies for Living and Employment
Laura Lea – Freelance Trainer

This session asked the question "*What helps us to gain and sustain employment*?" and "*how can we develop strategies for living, recovery and successful employment?*"

The concept of 'recovery' was discussed, and it was proposed that it is as much a journey as a destination – it is about reclaiming some measure of control over one's life and living well while accepting (and managing) any distresses, losses or limitations that one may still experience.

What helps in coping with and managing mental distress?
The user-led *Strategies for Living* research conducted by the Mental Health Foundation concluded that "the overwhelmingly predominant theme running through people's 'most helpful supports' was the role and value of relationships with other people, in all their different forms".

Workshop participants were asked to identify what would help them personally in getting into, and staying in, paid or voluntary work. Responses included:

- Recognising skills / having these recognised by others
- Flexible ways of working – part-time or variable hours, opportunity for home-working, etc
- Financial advice / support
- Support from family / significant others
- Non-judgemental attitudes
- Inclusive, non-discriminatory organisational culture
- Work that is enjoyable, satisfying and non-repetitive
- Sense of purpose
- Getting a sense of personal value through work
- Decent financial reward
- Good communication in the workplace / before you start
- Strategies for looking after self and managing stress
- Good personal support / supervision
- Having a 'safe person' to talk to
- Building a reservoir of confidence
- Building a network of social support through work
- Feeling part of the 'flow of life'

Based on the earlier definition of recovery, paid employment may, *or may not,* form part of someone's recovery – and it is important for people not to feel pressured to undertake regular and substantive employment if it is not suitable or they are not ready for it.

For some people, their recovery is such that, with some transitional support, they may be able to make the leap into full-time sustainable employment. For many, this will probably not be the case.

Many people on their journey of recovery have something valuable to offer as paid workers, but only on the basis of a few hours a week, or at times of the year when they feel more on top of things. This might, for example, involve providing input to students on training courses or working for a few hours in a shop. Under current benefit rules, this may be possible, rather precariously, as 'permitted earnings' – but the uncertainties surrounding this, and the underlying threat of losing Incapacity Benefit, result in many people being too frightened to do any paid work, or becoming so stressed while they are working that they suffer relapse.

As long as the benefit system is structured around an all-or-nothing distinction between 'sick' and 'well' (with a short transitional period of 'rehabilitation' in between), it is likely that the majority of people in recovery will be disbarred from undertaking the level of paid work for which they are capable at any point in time. THIS IS AN ISSUE THAT HAS GOT TO BE TACKLED BY THE NIMHE SOCIAL INCLUSION INITIATIVE – and seems not yet to be on the Department of Work and Pensions agenda in any meaningful way.

One idea might be for people who undertake limited work to forego Incapacity Benefit on a pro rata basis – depending on the number of hours that they work in a given week (if any) – rather than on an all-or-nothing basis. This would allow people to work just as many hours as they were capable of, without either endangering their mental health or their longer term financial security

Workshop feedback – Strategies for Living and Employment

Comments made by workshop participants at the end of the session

- To stay in work you need good support.
- The workshop emphasised the detailed thinking needed for gaining and sustaining work.
- To stay in work you need a sense of progress and continued sense of purpose.

The Mindful Employer Initiative
Richard Frost – Liaison & Development Advisor, WorkWAYS in Exeter;
Associate Consultant for NIMHE South West

MINDFUL EMPLOYER

Stress, depression and anxiety are the cause of more working days lost than any other work-related illness (Health & Safety Statistics Highlights 2003/04).

For some, the link between stress and mental ill health may be a new one. We all need and, to a degree, we thrive on stress: it gives us energy, it helps with performance, it inspires confidence. But when stress become harmful – perhaps due to too much work, lack of time for social, family and personal activities, inadequate training to do the job, or external factors – this can lead to other mental health issues such as anxiety and depression.

The term mental ill health can also include schizophrenia, bi-polar disorder (manic depression), psychosis, obsessive compulsive disorder (OCD) and is often associated with drug and alcohol abuse and eating disorders (e.g. anorexia nervosa and bulimia nervosa).

The Mindful Employer is an initiative led by employers aimed at increasing awareness of mental health at work and providing ongoing support for employers in the recruitment and retention of staff. The initiative would not be possible without those who have given freely of their time and provided invaluable support, advice, sponsorship and practical assistance in its development. A full list of those who have been involved is shown on the website at www.mindfulemployer.net

Mindful Employer is facilitated by WorkWAYS, a service of Devon Partnership NHS Trust in Exeter. WorkWAYS provides information, advice and practical support for people whose mental health affects their ability to find or remain in employment, training, education and voluntary work.

Why be a MINDFUL EMPLOYER?
Being a Mindful Employer:
- ✓ Shows employees and others that you are a good employer
- ✓ Expresses your corporate social responsibility
- ✓ Reduces recruitment and training costs
- ✓ Helps towards complying with legislative requirements (e.g. Disability Discrimination Act and Health and Safety Executive)
- ✓ Reduces sickness levels
- ✓ Enhances customer service
- ✓ Improves productivity
- ✓ Makes you more attractive to people with mental health issues and others
- ✓ Helps you retain staff who have experienced discrimination in the past
- ✓ Makes yours a healthier workplace

With the right support, people with mental health issues can and do stay in work. With the right support, you can continue to deliver your business.

Key Principles

There are four key principles in Mindful Employer

❖ **By Employers, For Employers**

The Mindful Employer is led by employers and is for employers. It's about increasing awareness of mental health, helping you deliver your business, providing support networks and information, and making it healthier to talk about mental health.

❖ **Good Practices not 'Great Promises'**

The Mindful Employer is concerned with helping you in recruiting and retaining valued and talented members of staff. It is completely voluntary and will support you as an employer to work towards putting its principles in to practice in ways which are sensible, achievable and realistic.

❖ **Adapted and Adopted**

You are the expert on your business. The Mindful Employer will support you in adapting its principles within your own policies, structure and culture, adopting them for the longer-term benefit of your staff.

❖ **Safe People not Scary Places**

52% of people with a psychiatric history have concealed this fact from their employer for fear of losing their job. Mental ill health remains an area of fear and stigma for many. By being a Mindful Employer you will demonstrate that you are willing to enable disclosure of mental ill health to take place without fear of rejection or prejudice.

How will this be achieved?

It takes time. Changing attitudes and cultural expectations does not happen quickly and the key principles of the initiative (shown above and further developed in the Charter for Employers who are Positive about Mental Health) are ones which employers can *work towards* and implement *within* the normal policies and practices of your company.

Support is available. What form that assistance takes is very individual. It may come from your own company or from other employers. Health professionals and support organisations can also help. It could, for example, be someone to talk to, advocacy in a meeting, information about mental health, help managing workload, an alarm call because medication causes drowsiness or assistance in travelling to and from work.

Through its network of employers, health professionals and support organisations, Mindful Employer helps enable employees, job applicants, managers and colleagues access advice, information and practical support.

There is no cost involved in Mindful Employer. Our experience can also help develop this new initiative. Mindful Employer depends on the goodwill, time and expertise of those who wish to support it and also on financial sponsorship.

We will welcome your ideas, suggestions, observations and expertise in developing the initiative so please contact WorkWAYS (01392 208833) to find out more, visit www.mindfulemployer.net or contact us at the details at the end of this chapter.

Charter For Employers Who Are Positive About Mental Health

The Charter for Employers who are Positive about Mental Health is just one element of the Mindful Employer initiative.

The Charter is a voluntary agreement which seeks to support you in working within the spirit of its positive approach. It is not legally enforceable and doesn't negate the need for you to get the right person with the right experience, qualifications and skills for the job. Whether you are a small, medium or large employer, the Charter fully respects there will be many different priorities, policies and practices which influence the way you recruit and retain staff – you are the expert on your business.

There is no cost involved in signing up to the Charter and support, training and assistance will be available from WorkWAYS and other Mindful Employers to work with you in implementing and reviewing your commitment to it. You can be involved in the Mindful Employer initiative without signing up to the Charter but we hope that many employers will use the Charter as a tangible display of their commitment to improving the working lives of their staff. The Charter is about *working towards* the principles of it not the immediate fulfilment of them – signing up is a step along a journey not the end of it.

By signing up to the Charter you will

- ✓ Show that your company is *working towards* putting its principles in to practice
- ✓ Be supported by other Mindful Employers and WorkWAYS organisations
- ✓ Receive a personalised Charter showing your company name and logo
- ✓ Be able to display the Mindful Employer logo
- ✓ Become a WorkWAYS Linked Employer

When you sign up to the Charter, you will receive a personalised certificate and be entitled to display the Mindful Employer logo on your literature, letter-headings, website, job advertisements and other material your business produces. You will also become a WorkWAYS Linked Employer: a free arrangement which will enable you to be kept up to date with news and ongoing developments in the field of work and mental health.

The Charter for Employers who are Positive about Mental Health has been drawn from similar Charters being operated by a number of NHS Trusts around the UK, the mind out for mental health publication, *Line Managers' Resource: A Practical Guide to Managing & Supporting Mental Health in the Workplace* and material by Devon Partnership NHS Trust.

The Charter – shown below – has been compiled in conjunction with employers supporting the Mindful Employer initiative. A full list of Charter signatories is shown on the website.

Charter For Employers
Who Are Positive About Mental Health

MINDFUL EMPLOYER

As an employer we recognise that:

✓ People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment.

✓ Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.

✓ Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues.

As an employer we aim to:

✓ Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.

✓ Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Disability Discrimination Act, and given appropriate interview skills.

✓ Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.

✓ Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.

✓ Provide non-judgemental and proactive support to individual staff who experience mental health issues.

✓ Ensure all line managers have information and training about managing mental health in the workplace.

✓ The Mindful Employer initiative is attracting increased interest from around the country with many employers and supporting organisations. Since the conference, the initiative has launched a new website at www.mindfulemployer.net which provides a wide range of information, resources and links for employers, employees, health professionals and different agencies. Mindful Employer is open to any employer, private, public or voluntary sector, whether large, medium or small. It's voluntary and completely free.'

To be kept up to date with the Mindful Employer initiative and future events and meetings, sign up to the charter, or to order Mindful Employer leaflets, please contact The Mindful Employer, WorkWAYS, King Street Business Centre, 7-9 King Street, Exeter, EX1 1BQ or email mindfulemployer@workways.org.uk

Workshop feedback -
Comments made by workshop participants at the end of the session

- The workshop atmosphere was inclusive
- I was stimulated by the potential of creating an employer network
- I learnt to see things in terms of an employer's agenda
- I learnt that Jobcentre Plus can pay for support
- Sometimes it's a question of changing one person's mind in an organisation
- I heard of a contact name in Portsmouth who is a mindful employer
- Employer-ownership of employer support initiatives is very important, so interventions from the outside need to be thought about - e.g. by the team taking on responsibility for workplace adjustments
- The Charter needs to be followed up as does Access to Work possibilities and improvements
- It's important that employers talk to other employers to spread awareness and that employers own the issue
- Employers wanting to make a difference need to be supported

Workshops

Employment and Training
Stephen Robinson, Ros Hatt – Richmond Fellowship

We aim to be a leading provider of high quality employment opportunities for people disadvantaged by poor mental health. We do this through our 16 services in various locations. Last year, we worked with 2544 clients. One third of these are now in employment and one third are in some form of volunteering of training programme.

We are funded through the Department of Health and Social Services and a range of government contracts. We are an approved provider for Jobcentre Plus, holding an NDDP (New Deal for Disabled) contract.
Our turnover last year nationally was £4million, and we employ over 130 staff.

Our aim is to offer user-led services for people with mental health problems, enabling access to mainstream activities in a socially inclusive way.

We aim to provide:
- pathways to employment
- pathways to mainstream leisure
- vocational training
- supportive/therapeutic/nurturing day activities

Specifically, we provide:
- Employment advice – Information, advice and guidance to clients looking to get back into full or part time employment.
- Internal work placements – Work placements that offer opportunities for clients to gain work experience in a more supported environment before doing external work placements in main stream employers.
- Job Retention – Working with GP's and employers to help employee's retain their jobs whilst they are going through mental health issues and stress related concerns that are affecting their jobs and relations at work.
- Signposting to leisure – Supporting clients to be socially included in leisure activities in their local communities.
- Outreach work into prisons, Job Centres, day hospitals, day services, and other community/voluntary organisations – Providing Information, advice and Guidance surgeries into other services via outreach.
- Quest for Work (partnership with Mental Health Trust) – Working in partnership with Barnet Mental Health Trust to provide work placements and job opportunities within the Trust for service users.
- IT Training, basic skills, IT, job preparation, vocational training – providing on site vocational training as well as sign posting clients to local training provision.

Since the study day in July 2005, the Richmond Fellowship Group has been successful in winning a tender to start a social inclusion service in Knowsley. This started in December 2005 under the name of "Cross Links".

It looks at offering support for clients in accessing leisure and meaningful activities in the community, as well as opportunities to get into employment and further training. This is an exciting project that pulls in the skills of both organisations within the group working in partnership with Knowsley Council and PCT.

Workshop notes by Stewart Hendry

Barriers to employment

Barriers to employment included the tendency of people to stigmatise those with a psychiatric label. People with such a label may already lack self confidence having been 'knocked down'.

Medication might prevent driving and this together with the sedative effects of some medication might mean people found it difficult to get to work in the morning

Public services could often be bound by rigid ideas of what kind of person was suitable for a particular job – this could be prescriptive and bureaucratic, with no flexibility to accommodate occupational health, housing benefit or other "grey areas". It was difficult if not impossible to be honest and tell employers you have a mental health issues if you wanted the job. The Disability Discrimination Act could help with adaptations to work, but most employers think it relates only to physical disabilities not mental health, and the majority of employers do not know how to make reasonable adjustments for this client group. There were some initiatives within Trusts and voluntary organisations for people with psychiatric labels to get jobs in services.

However, many mental health professionals held low expectations of what people could do with their lives. There was also a lot of negative media coverage around people with mental health problems.

What needs to be done?

On an individual level people needed empowering so that they could challenge negative discourses. People's talents and abilities needed to be promoted more, this would help develop self belief and independence. More openness and flexibility was needed on the part of employers.

Media coverage needed to be monitored, good media coverage needed to be recognised and negative and unbalanced coverage reported. The Disability Discrimination Act needed to have more teeth, interventions needed to be more person focused, there needed to be more joint commissioning, and valuing of people's strengths. There needed to be more support groups around employment, such as the Richmond Fellowship.

Employers needed to take more steps to reduce stress, mental health professionals needed more educating.

Some progress was already being made to encourage taking positive risks, work training (Interact, Rethink), buddying and mentoring.

Workshop feedback – Employment and Training
Comments made by workshop participants at the end of the session

- This workshop confirmed that what we are trying (Richmond Fellowship model) to do with professionals / clients seems to be a good approach
- Access to Information on what benefits people are entitled to when going to work and employment support being available
- Commitment to change things for better
- Networking
- Need for Mental Health Trusts to see vocational services as core business
- Need vocational specialists who are accessible for a mental health service user
- Inspired input from service users in workshop
- Good practice in some areas
- Useful cross section of stakeholders. Had interesting and productive discussion
- Learning about other users
- Learning there are a number of work initiatives
- Need to build partnerships with job centres and employers
- Collaboration between sectors – information sharing
- Ideas
- Information sharing
- Nice to know some things are already happening
- Hear other peoples experiences
- Hear other people's projects
- Took away ideas, especially about going to top benefits officer

Workshops
Happiness at work
Sheila Barrett – Social Care Institute for Excellence

> **What do we mean by happiness at work?**
> **Is it important?**
> **Does a happy worker make a better worker?**
> **What do we mean by a better worker in social care?**

One person's experience of a day at work may be very different from that of another? People may: work in the same organisation, share the same shift or participate in the same meeting, they may do what appears to be the same job and yet at the end of the day, their experiences and perceptions of their communications, interactions and relationships in that setting may be very different. What appears to be a similar encounter or experience may have left one person feeling cared for, fulfilled or happy and another feeling patronised, demoralised and unhappy. One person may go home with a feeling of having had a really good day and another may feel quite different. Happiness or well being at work is very much an individual experience but, with many influencing factors. If we start to consider the possible reasons why this might be so what emerges are many layers of influence. These layers include individual and personal, work group and organisational and cultural, societal and political.

At an **individual and personal level** there are many reasons why someone might feel good or not so good about their work. People bring their motivations, expectations and learning histories to work and these influence interactions with colleagues and users of services. A person may feel that this is the right place to be, that relationships with colleagues and managers are good. Or that they believe in the values of the particular workplace and feel treated fairly. They might feel competent and confident in their role and thus be able to carry out their work with a minimum of stress. Equally a person may be low in confidence or angry on a particular day. They may think that they are in the wrong job. Things at home may not be that great.

Just as the individual can bring their own issues to work so too can the workplace influence the experiences of the individual. At a **work group and organisational level** there are many factors that have potential to influence individual experience. Organisational practice that demonstrates and implements fairness and equality is very important to most people, so for instance, systems such as appraisal, pay awards and management should be conducted in ways that are transparent and non-discriminatory. Feeling confident that conflict and mistakes will be dealt with constructively and not with blame indicates an organisational culture that is willing to learn and move on rather than scapegoat and stand still. Just as much as there can be positive organisational practice so too can the opposite take place. Sometimes physical environments can uncomfortable and at times dangerous. Work overload and ambiguity about what is required can cause stress and unhappiness.

Sometimes factors at a **cultural, societal and political level** can impact greatly on individual happiness. Discrimination, lack of inclusiveness, unrealistic directives and poor resources can all influence the experiences of the individual in the workplace.

As you can see there are many factors at differing levels that can impact on the subjective experience of happiness at work. The individual has ways of influencing some and not others.

Over a period of time people have gone on to ask whether happiness or subjective well being at work influences the quality and quantity of work that an individual produces. Does a happy worker make a productive worker? Research in the commercial and private sector would indicate that this question is still open. There have been no conclusive findings. However, much of this questioning has led to an increasing lobby, particularly in the United States, to consider organisational ethics and the impact on the quality of working life. In the work world of health and social care services, the happy productive worker hypothesis can be a hard question to begin to explore much less answer. What is the nature of the product to which we refer? Surely one component must be the quality of the relationships, communications and interactions between worker and service user. The next question then to be explored is whether people who are happy are likely to have better quality and more effective communications and relationships with service users. The answer would seem obvious but as yet there is little research to help us answer this question.

Workshop feedback

Comments made by workshop participants at the end of the session

- Should we always expect to be happy all the time in our work?
- Is happiness at work a right? What is the employers' responsibility to nurture 'happiness'?
- Happiness is team and supervision/leadership dependent – or at least closely correlated.
- Happiness means different things to all people, but is key to being a productive worker.
- The importance of 'good' challenging and developing supervision.
- Organisational and policy complexity and change can mitigate against happiness in work and lead to less productive work with service users.
- Felt involved
- Reinforced the importance of developing staff through supervision which allows for reflection, understanding, challenge and personal development.
- Reinforced the importance of a healthy workplace culture which reflects attitudes/behaviour we aspire to for our service users.
- Reinforced the importance of educating staff/managers about the emotional/psychological impact of change in achieving successful health and social care integration.
- Most people want/expect to be happy in work.
  It's important to have a sense of achieving more as a group than you could as an individual.
  Many organisations remain very hierarchical.
- Need to research the link between 'happiness' at work and 'outcomes'.
- Importance of leadership
- It is very important to understand our expectations of work and how not having these met can lead to distress
- Leadership is vital
- Current culture of victimising. Criticism
- Happy workers versus sad workers
- Essential to look after the team as you would your clients
- Looking at the whole picture – the individual, the group, the organisation, society.
- My experiences are not unique
- Meaningfulness = happiness at work
- Investment needed in frontline managers
- Happy staff means fewer patient deaths. Impersonal targets de-motivate. Self-set targets motivate
- We must be free to dream
- We each have fantastic potential
- Success isn't one dimension – needs balance in the key domains of life coaching

Experiential Interlude

Conny's Story

Being a service user notwithstanding, I have had the strangest life. When I was a teenager, I learned about people with the condition that I would later get, but I never dreamed I would be one of them.

During this time I was trying to decide what to do with my life. I came from a musical family in which my father was an opera conductor who also taught my older sister and me piano, and my mother was also a piano teacher. The highlight of my young career was my piano concerto debut with the Philadelphia Orchestra when I was 13.

But after a lot of thought and prayer, I decided against going into music, because I thought music was frivolous. At the time, I couldn't see that it helped anybody, being primarily used for pleasure. Besides, my hands were too small, and I didn't think I was good enough--my sister soloed twice with the Philadelphia Orchestra, got second in the piano USA National Competitions, and even she went into medicine!

And so I went into dentistry, a field that helped people and made good use of my hands. Some time in my young twenties, I had an emotional crisis and became a service user. While recuperating, I played a lot of piano, especially pounding out Beethoven's Appassionata sonata. This was extremely stormy and reflected the anger and despair he felt at his growing deafness, and allowed me to express the pain I was going through. I did discover that music could help people - starting with me!

I ended up practicing six reasonably good years in dentistry, which included starting a visiting dental practice to homebound patients. After that, I got married and the two of us came to the UK to do Christian work. The UK did not recognize my American license (neither does the US about the UK).

Though I enjoyed the Christian work and found it very meaningful, my health had its ups and downs. I found I was not used to having an unpredictable, loosely scheduled life. Later my husband suggested that I give a solo concert and take up some students.

This turned out to be one of the best moves of my life. I have become a teacher of piano and painting and also a semi-professional concert pianist. Although this is not quite full-time, I have 40 students, which is enough for me! My work has helped to stabilize me and I believe that God has used it to be beneficial and meaningful to me as well as to the students and audience.

At the SPN Study Day in London, I played the first movement of Beethoven's Sonata in C minor called "Pathetique." Beethoven's father was abusive and alcoholic, and also taught him piano, often waking him in the wee hours of the night to do so. Both of his parents died when he was in his twenties, leaving him to care for younger siblings. He wrote the "Pathetique" early on, and in it one can hear the depression, anxiety and angst he must have felt at times.

Were it not for my own experience of emotional crises, I probably wouldn't be able to express the depths of the "Pathetique", and also to find it healing to do so. To my surprise, some people have told me that they have been moved to tears.

The second piece I played was "Autumn Moon over the Peaceful Lake," from classical Chinese music. I chose this because it reflects my heritage and beautifully portrays the balance and calm I now have in my life, going through the ups and downs of life as God helps me to live for Him, by Him and in the way He made me to be.

Afternoon Address

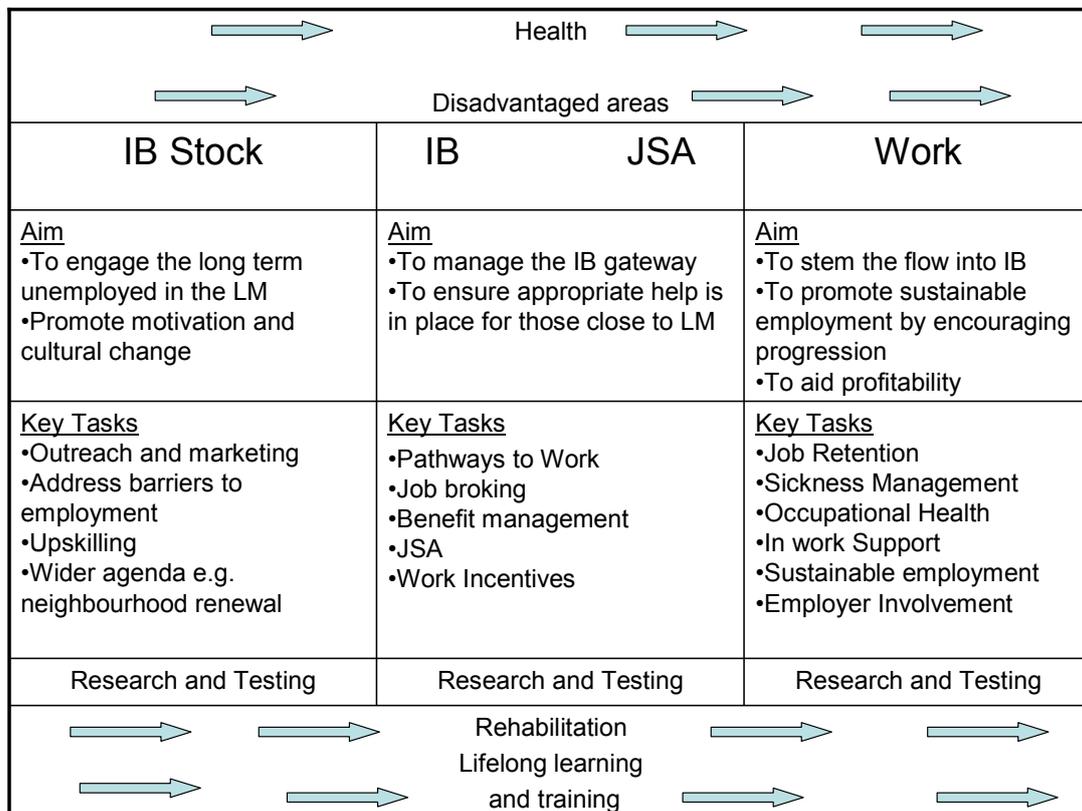# Governmental reforms to Incapacity Benefit
Simon Francis – Department of Work and Pensions

Secondee to the National Institute for Mental Health in England (NIMHE), with responsibility for taking forward the employment and benefit recommendations from the Social Exclusion report on Mental Health and Social Exclusion

Today I'm going to give some insight into current thinking on the future direction of Incapacity Benefits reform (IB). Some of this has been set in stone, such as the rollout of *Pathways to Work*, whereas other aspects, such as the future of IB, are to a greater or lesser extent, speculative.

My talk will look at the IB caseload and highlight the principles and objectives underpinning the planned IB reform policies, before going on to give an overview of what that reform will entail. I will also examine some of the early findings around and discuss how *Pathways* is being taken forward as part of the Department of Work and Pension (DWP)'s Five Year Strategy to reform IB.

The aim of the Strategy is to effect co-ordinated change across the board including engaging with those already on IB who are long term unemployed in the Labour Market (LM) with a view to encouraging increased motivation and promoting cultural change. We will also manage the IB gateway to ensure that help is in place for those close to the labour market. We will also aim to stem the flow into IB for those who are already in employment and promote sustainable employment by encouraging progression. This should in turn aid business profitability.

IB Stock	IB JSA	Work
<u>Aim</u> •To engage the long term unemployed in the LM •Promote motivation and cultural change	<u>Aim</u> •To manage the IB gateway •To ensure appropriate help is in place for those close to LM	<u>Aim</u> •To stem the flow into IB •To promote sustainable employment by encouraging progression •To aid profitability
<u>Key Tasks</u> •Outreach and marketing •Address barriers to employment •Upskilling •Wider agenda e.g. neighbourhood renewal	<u>Key Tasks</u> •Pathways to Work •Job broking •Benefit management •JSA •Work Incentives	<u>Key Tasks</u> •Job Retention •Sickness Management •Occupational Health •In work Support •Sustainable employment •Employer Involvement
Research and Testing	Research and Testing	Research and Testing

(Top of figure: Health / Disadvantaged areas. Bottom of figure: Rehabilitation / Lifelong learning and training)

To give the background to the reforms, an analysis of the IB caseload shows that IB has risen dramatically over the last two decades, from about 700,000 in 1979 to over 2.5 million in 2003. This dramatic rise has continued despite steeply falling unemployment for over a decade. People with mental health problems are the single largest group on IB.

Analysis of IB caseload

Recipients of key working age benefits
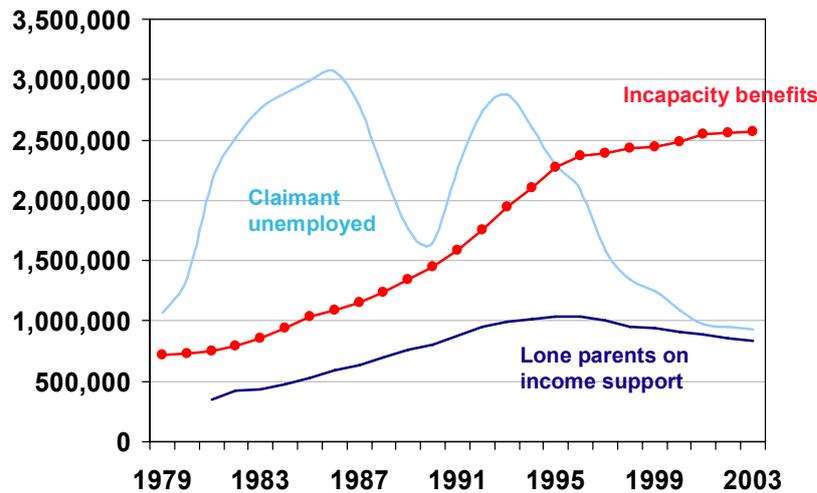
We have a wealth of information on what the issues are. You will know that the largest proportion of people on IB have mental health problems of one form or another. But we must also remember that most people want to work, at least when they first claim benefit. We also know that the longer someone is out of work the harder it is to return.

Most conditions are potentially manageable, but for many people hopes and aspirations are sometimes diminished by the very systems that should be there to help. What is often forgotten is that the right kind of work can itself have a beneficial impact on people's mental health. But there are also issues around how we have worked with people with mental health needs in the past. Many people in the Job Centre have seen disability as synonymous with not working and this has been underpinned by the current benefit rules which do not always encourage sick and disabled people back into work. There may also be weaknesses within welfare to work support and within the benefit system on a structural, individual and financial level, and there might also be further work to do to make current vocational rehabilitation more effective.

But the issues are broader than the Department of Work and Pensions and Health. Employers also have a significant role to play, especially around stigma and retention, and health professionals have not always recognised the therapeutic value of work. As a result of all these factors, IB has become a bit of a "dumping ground" for cumulative failures elsewhere in the system.

What we currently have is almost a whole system failure, which requires a whole system approach to change.

We need to rebuild the system by putting a strong work aspiration at its heart. This involves an holistic approach based around five key principles:

- Early skilled intervention
- Better specialist support covering health and employment needs
- Making sure work clearly pays
- Address wider weaknesses within the benefit system
- Looking beyond just IB and Jobcentre Plus at enabling people to fulfil their employment aspirations

The guiding principles of this strategy rest on building and maintaining people's aspirations of what it is possible to do.

The key points are outlined below. It should be noted that this is not simply about IB but also about putting in place opportunities for people to move forward with their lives, with appropriate support for those unable to work.

I believe we need a significant cultural shift in the way disabled people are treated. It is important that no one is written off from the world of work indefinitely.
But this is a two way issue, the individual also has responsibilities as well as rights, and indeed an inclusive society would call for equal rights and responsibilities, where appropriate. It is incumbent on the state if individuals are better off in work to say so, and promote work as a route out of poverty whilst also giving proper support and direction for everyone with the capacity to get back to work.

In terms of outcomes, we want to see more people helped to stay in or near the labour market. We want to see more people given help at the benefit gateway to retain their motivation to go back to work. We aim to stop people from drifting into long term benefit dependency if they do not need to.

As the numbers on IB diminish, resources will be freed up to ensure that those people with severe and enduring illness who cannot work receive better financial support.

The vehicle for change is Pathways to Work. We have initially piloted in a few areas, which account for 9% of the country. These pilots began in October 2003 and another four started in April 2004. We have just started mandatory personal adviser contact with some existing clients. The strategy will develop as we find out what works. Initially there will only be a gateway intervention, but interestingly many long term IB clients have come forward and are being helped, and so the intention is to offer intervention to all clients who have been on IB for two years and under.

Early feedback has been good, Pathways seems to work, clients like it and staff like it. The early findings from Pathways to Work are very encouraging. There has been a significant increase in take up of back to work help, rates of leaving benefit and the number of job entries.

The reaction from clients and Personal Advisors (PAs) has also been generally very positive. The improved training for PAs has significantly increased confidence in dealing with IB customers, and there is good evidence regarding the choices package, with high levels of take-up and positive feedback on CMP. There will be further evidence available later in 2005.

For those who like statistics, you will see that the benefit off-flow rates are much higher than normal claimant off-flows. The graph explains the off-flows from incapacity benefits in the pathways to work areas. Phase 1 is the initial pilots, Phase 2 includes additional pilots and this is compared to national off-flows.

Pathways to Work – early findings

## Six month Incapacity Benefit Off-flow Rates
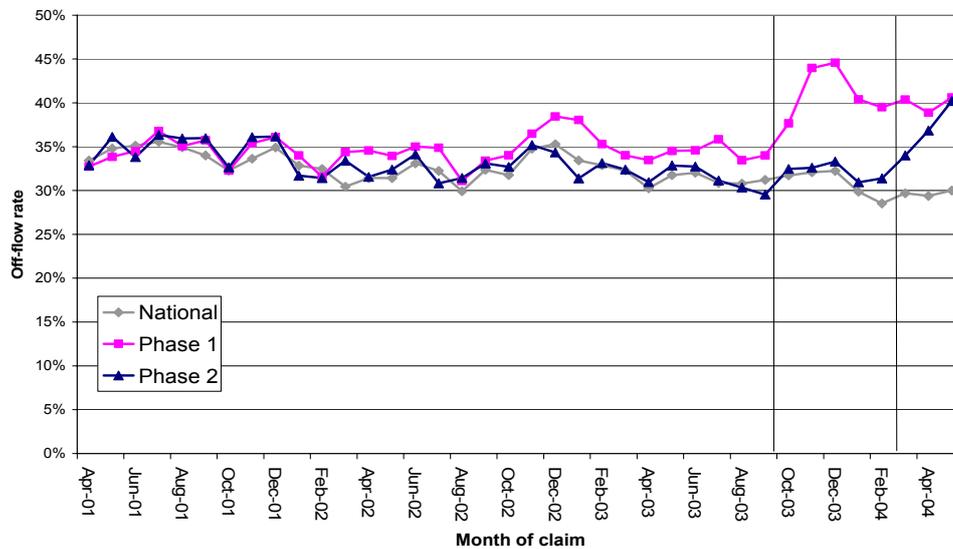
The off-flow rates presented are produced from the Working Age Statistical Database (WASD). WASD does not include a proportion of short-term Incapacity Benefit claims, therefore the off-flows presented will be lower than actual rates. However, trends over time will be consistent.

And we can also see that pathways offices are also getting more people into jobs.
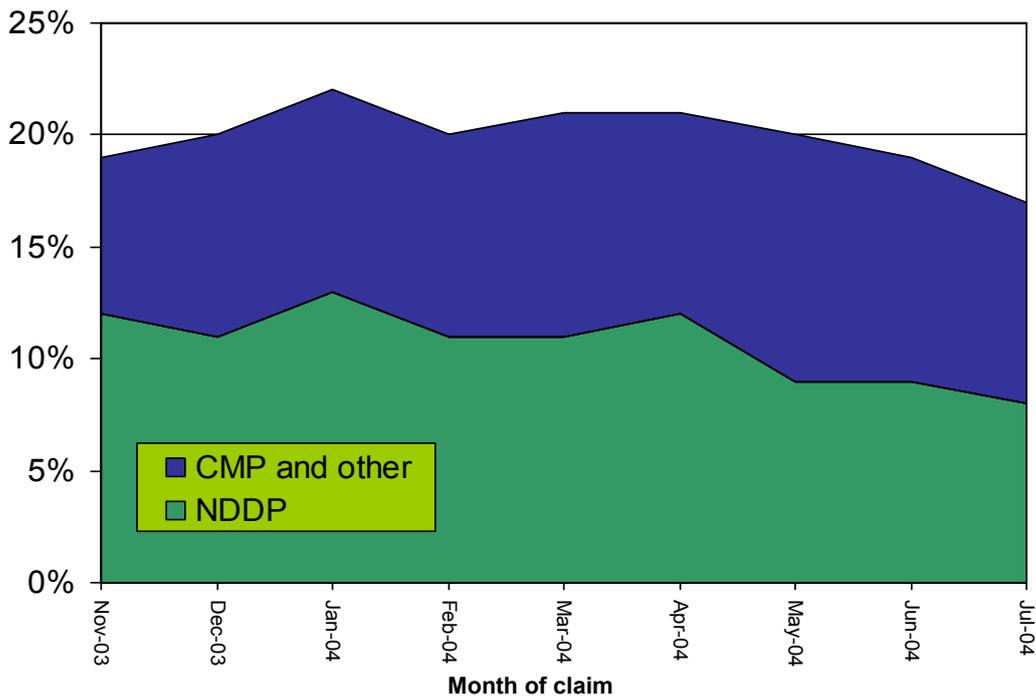
Pathways to Work – early findings

JCP Job Entries
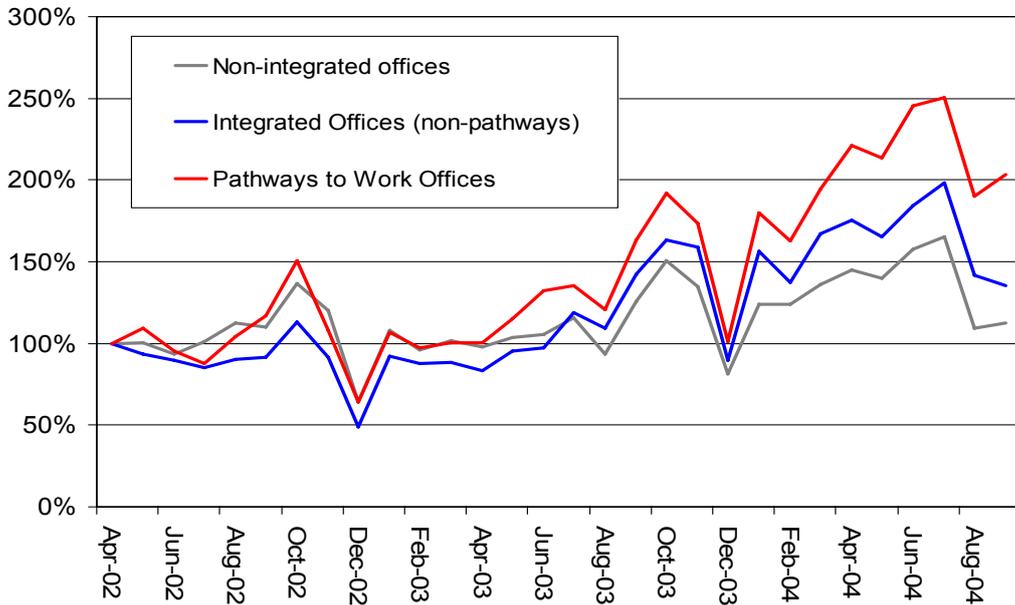
For those not quite ready there has been a good take up of add-on programmes such as New Deal for Disabled People (NDDP) and Condition Management Programmes (CMP).

Pathways to Work – early findings

Choices Take-up

Pathways will be rolled out to a third of the country by October 2006, the areas being selected having the highest rates of IB receipt. There is a strong likelihood that certainly interviews will be extended to those currently claiming IB. As the learning develops, the findings may well influence current Jobcentre provision, frequency of interviews, and action plans.

IB strategy forms a key and arguably central tenet of the Department of Work and Pensions Five Year Plan published in February 2005. It is quite clear that this will form the heart of the welfare reform for the short to medium term at least. There is cross-party consensus about the need to do something with IB.

For me personally this is primarily a social justice and not a benefit management issue, but IB is the single biggest problem for the welfare state. This is not about cutting benefit, scrounging claimants, false sickies or all of the other agenda that is bandied about by the press. This is about enabling people to fulfil their ambitions.

It is also about more resources to do this, better tailored help around better personal, employment and health support that will enable people to overcome their barriers, a simpler system, less risks and better outcomes for having a go at getting into work. For those who simply can't work, the strategy is to offer greater financial support. The ambition is to have a good look at IB and set up a welfare benefit system that is fit for the 21st century.

In a simplified form it might look something like this.

5 Year Strategy
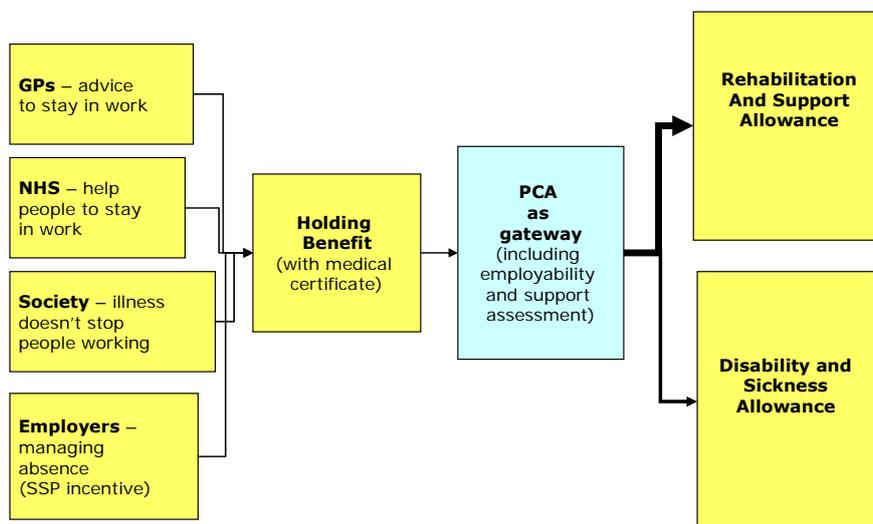
PCA = Personal Capability Assessment

Clearly there is some potential for controversy, and of course more needs to be done, especially on the detail but hopefully this gives you some insight into current thinking on the future of IB.

What we have then will then be more investment, and greater personal, employment and health support. We will re-formulate the system to deliver and direct people towards their own aspirations to get back to work. We will make it easier for them by simplifying current complexities, reducing risks of trying work, and there will also be greater financial support for all particularly those with most severe functional limitations

Finally, I'd like to leave you with a thought from Virgil, who wrote "They are able because they think they are able"

Appendices

Appendix A Speaker Biographies

Appendix B Programme for 'Work for Health?' Study Day, London, 7 June 2005

Appendix C The SPN Tree

Appendix D About SPN

Appendix A

SPEAKER BIOGRAPHIES

SPN Study Day - Work for Health?
7 June 2005

Stewart Hendry, SPN Co-Chair

Stewart is a survivor and is co chair of SPN. He feels committed to SPN because of its emphasis on looking holistically at the life events which can lead to mental ill health. He is also co-ordinator of a recovery training group called Moving On, which provides recovery training, values, communication skills, hearing voices workshops and assertiveness skills for service users in Birmingham. Participating in such work has increased his self confidence and self esteem.

He is also engaged in a service user and academics education group called Suresearch which is based at Birmingham University and undertakes research and joint training. Suresearch also helps develop university programmes on how to involve service users and carers in the whole process of selecting students, preparing training material, providing training, evaluating training and marking portfolios. Stewart enjoys life and has a particular passion for football.

David Morris, NIMHE Lead on Social Exclusion

David Morris is Programme Director of the cross-government National Social Inclusion Programme at the National Institute for Mental Health in England, which is responsible for leading implementation of *Mental Health and Social Exclusion,* the report of the Social Exclusion Unit. He is also Principal Lecturer, Social Inclusion and Community engagement at the Centre for Ethnicity and Health, University of Central Lancashire where he has responsibility for a Masters programme on Community Engagement.

From January 2001 to July 2002 he was Senior Policy Advisor at the Sainsbury Centre for Mental Health, where he designed and headed the national Citizenship and Community in Mental Health Programme, a policy programme for promoting the social inclusion of citizens engaged with mental health services.

He recently completed his PhD research programme and thesis: 'Community Engagement and Social Inclusion in Mental Health; the Development of Policy and the Role of Primary Care in Inclusive Practice'. Between 1994 and 2001, David was Head of Mental Health at South Thames Regional Health Authority and subsequently the NHS Executive South East Region.

David has a professional background in social work, has managed mental health social work teams and has led the development and delivery of community and user based mental health projects and services across age groups in both rural and urban settings.

Raza Griffiths, SPN Joint Network Co-ordinator

Raza has been "surviving" for 15 years. He is one of the two SPN National Network Co-ordinators and has responsibility for building up the SPN network in the eastern half of England, as well as developing the SPN website.

He was Media Skills Training Officer for a survivor-led project called *Media Bureau* which trained over 250 survivors in media skills. His trainees got their voices heard in local and national media in order to challenge stigmatising coverage of mental health.

As a freelance journalist writing on a range of issues including spirituality, ethnicity, sexuality and mental health, he has written for a range of publications including Big Issue, Mental Health Today and Gay Times. He was one of the interviewers on the survivor-led Mind Project "Coping with Coming off" looking at the factors which impact people's ability to successfully come off psychiatric medication.

As a diversity trainer, Raza has delivered training to teachers, police and mental health workers around black and minority ethnic as well as lesbian, gay, bisexual and transgender (LGBT) issues. Raza was lead researcher for Medway and Swale Primary Care Trusts' *Many Voices* community consultation looking at well-being issues faced by LGBT communities. His interest in media representations of mental health continues through being a survivor consultant on the NIMHE SHIFT anti-stigma campaign.

Don Boyle, Day Services and Employment Co-ordinator, Oxleas NHS Trust

Don is a qualified Social Worker with more than 11 years experience as a manager of mental health services in local government, the NHS and the voluntary sector. He is Day Services and Employment Co-ordinator with Oxleas NHS Trust. He is also a management coach and Director of Doing-it Personal and Corporate Coaching which specializes in coaching applications in mental health. He has provided coaching input to people from many walks of life including business, education, health care, sports, art, theatre and cinema.

Mina Sassoon, Independent service user trainer

Mina Sassoon has a background in Drama for Community Development and is returning to work after a period of stress and contemplation. She has worked as a mental health trainer for many years and worked in NHS, survivor group and community settings around equality and empowerment issues.

Laura Lea, Survivor trainer

Laura is a member of CAPITAL, a West Sussex service user group. She also coordinates a local service user group. As someone who has to actively manage her mental health she is familiar with both the ups and downs of recovery and the difficulties of gaining and sustaining employment.

Richard Frost, Liaison & Development Advisor for WorkWAYS in Exeter and Associate Consultant for NIMHE South West

Richard has over 25 years' experience in helping people find and remain in employment and has specialised in mental health and other health issues in that time.

Sheila Barrett, Practice Development Manager at the Social Care Institute for Excellence

Sheila works on the theme of people management and leadership. She has a background in social work and organisational psychology.

Stephen Robinson, Area Manager North London, Richmond Fellowship Employment and Training

Since graduating (Psychology Bsc (Hons)) Stephen has worked in the mental health field for the last 12 years, initially working on various acute psychiatric wards in and around London. Nine years ago Stephen started working in residential rehabilitation for people recovering from mental health, which accumulated in him managing a 23 bed short to medium stay rehabilitation project in Islington (2000-2004). Last September Stephen started working for Richmond Fellowship Employment and Training as the Area Manager.

Ros Hatt, Service Manager Waltham Forest, Richmond Fellowship Employment and Training

Ros has been with RFET Waltham Forest since its inception in 1996. A graduate in Education and Psychology and a qualified Careers Adviser (Dip. Careers Guidance, NVQ Level 4, MA Careers & Management) with a wide range experience of working with adults and children with special needs and mental health issues.

Judy Foster, SPN Co-Chair

Judy spent the major part of her career in an inner city social services department in practice, management and staff development. She gained experience of all aspects of social care and in depth knowledge of creating a learning environment. At CCETSW (the Central Council for Education and Training in Social Work) she worked on the development and implementation of NVQs across the country, on partnership working with service users and carers and on mentoring skills. Her time as national officer for mental health training in Topss England sowed the seeds for the launch of SPN. Developing occupational standards in mental health, creating the STR worker and belonging to the Department of Health's Care Group Workforce Team convinced Judy that social care needed both to assert its particular contribution to mental health services and to join forces with others to maintain and develop best practice. She is now completing a doctorate in social work at the Tavistock Clinic.

Conny, Service user

Conny is a piano and Chinese watercolour painting teacher, and also a semi-professional concert pianist. Originally from the USA, she has lived in Cambridge for the past 10 years.

Simon Francis, Department of Work and Pensions, Secondee to the National Institute for Mental Health

Until recently Simon has been a policy advisor on disability employment strategy in the Department for Work and Pensions. He was project manager for the framework for Vocational Rehabilitation which was launched by Minister of State for Work on 27th October.

Simon's current role is as a secondee to the National Institute for Mental Health with responsibility for taking forward the employment and benefit recommendations from the Social Exclusion report on Mental Health and Exclusion.

Other work has involved looking at the dynamics of economic activity in deprived areas, where he is on the steering group for the Working Neighbourhoods Evaluation, the psychosocial influences on unemployment and has recently completed some work for the Health Development Agency on the relationship between employment and health.

Simon chairs a cross Government group on the National Minimum Wage, Permitted work and Supported Employment. Simon is currently studying for a PhD at the University of Sheffield on the future of work in post industrial society.

Appendix B

Programme

Work for health Study Day Tuesday 7 June 2005

Canonbury Academy
London N1 2NQ

9.30   Registration

10.00   Coffee and Market Place (regional and voluntary activity that recognises the socially inclusive nature of employment – a chance to talk, discuss and ask each other questions)

10.30   News from the around the country + SPN's activities in 2004 / 2005 and plans for 2005 / 2006 (and election of SPN's Exec Committee)

11.00   David Morris – National Lead on Social Inclusion
'The importance of employment in social inclusion and recovery'

11.15   Raza Griffiths – joint project co-ordinator SPN
'A survivor's account'

11.30   Workshops (6 different participative workshops to try out your ideas and thinking in more depth)

12.45   Lunch

1.45   An experiential interlude – Conny

2.30   Simon Francis – from Department Work and Pensions 'The dilemmas and solutions around us'

2.50   Workshops (repeated)

4.00   Branching out into the future

4.15   Study day ends

4.30   Book launch and reception: "Social Perspectives in Mental Health services2 edited by Jerry Tew.

Appendix C

The SPN Tree

For the Study Day, Raza painted a giant tree representing SPN.

Delegates then stuck feedback, in the form of 'leaves' and 'manure' (post-it notes), onto the branches (one for each workshop) and roots of the tree (one root each for what's good, what's bad and what could be improved).

The symbolism of this, as was explained on the day, was that in nature, a tree is dependent on its leaves to photosynthesise sunlight from the sun to convert it into nourishment; and the roots need manure to convert into growth energy.

This wonderful tree gathers the energy from its leaves and from its roots to produce an acorn. In a similar manner, SPN is dependent on its members for feedback, and it is their collective energy, enthusiasm, knowledge, experience and insight that gives nourishment to SPN's own 'acorns' – the Study Day Papers...

From little acorns mighty oaks do grow...

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SPN Paper 8 'Work for Health?' Study Day notes

Appendix D

About SPN

The Social Perspectives Network is an independent organisation which is open to anyone interested in looking at mental distress in terms of people's social experience - how social factors may both contribute to people becoming distressed, and play a crucial part in promoting people's recovery. Social Perspectives Network is open to practitioners of all disciplines, service users / survivors, carers, policy makers, academics, educators, service managers and others who may be interested in these issues.

SPN seeks to be inclusive. There is no assumption that there is one single social model, or that one social perspective is more valid than another. Instead different perspectives may all be seen as pieces of a 'jigsaw' that may gradually come together. SPN seeks to operate in a non-hierarchical way, so that everyone's experience, knowledge and skills are valued.

SPN receives funding and support from the National Institute for Mental Health in England (NIMHE) and the Social Care Institute for Excellence (SCIE).
SPN has a central administrative base in London at the Social Care Institute for Excellence. From here, national initiatives are co-ordinated which focus on areas such as research, policy development, or more specialist areas of interest such as child and adolescent mental health. Alongside this, in order to influence policy and practice locally, SPN has local networks in nine English regions, working closely with each of the NIMHE Regional Development Centres.

SPN aims to:
> ➤ Develop and pull together the knowledge base - what we already know or may need to research - concerning mental distress from a social perspective what works in terms of service responses, self-help strategies etc...
> ➤ Support practitioners, users and carers in putting social perspectives into practice
> ➤ Influence the development of mental health policy from a social perspective

SPN has four main functions:
> ➤ It brings together service users, carers, practitioners, educators, policy makers and researchers to share experience, knowledge, ideas and perspectives
> ➤ It promotes the development of new ways of thinking (social models) and their application into policy and practice
> ➤ It collates, publishes and disseminates knowledge, experience, research and practice guidance, which is made accessible to all
> ➤ It facilitates regional and national discussion on mental health issues to present collective views to policy makers, service commissioners and providers

If you want more information, would like to become actively involved in any aspect of our work, or would like to become a member please visit our website, or email.

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