

Supporting people with mental health conditions to return to work

Integrating employment support programmes into general practices - an overview of findings from a formative evaluation

Key messages

- It is feasible to integrate employment support services into general practices to effectively support people with mental health conditions to return to work.
- The service is valued by GPs, enhances the work-focused health consultation and provides an evidence-based intervention as an alternative to signing people off work.
- Employment and mental health is a whole-of-government issue. To implement these employment support programmes dedicated funding from both health and welfare is needed.
- Cross-agency and cross-sector partnerships can address the inequalities that people with mental health conditions face in relation to returning to as well as staying in employment.

Overview

People with mental health conditions fall out of work at twice the rate than people with other health conditions following the onset of symptoms (Burchardt, 2003) and make up 40 per cent of new and existing benefits claimants (Beynon and Tucker, 2006; OECD, 2003). Furthermore, once a person has been out of work for more than six months, their risk of developing a mental health condition increases (Waddell and Aylward, 2010).

Returning to work can reverse the harmful health effects of worklessness (Waddell & Burton, 2006) and there is rigorous evidence showing how to combine mental health treatment and employment support to enable people to return to work and sustain careers (Drake et al, 2012).

This employment support programme involves the integration of employment consultants (ECs) with three general practices in Hamilton¹ to support people who are experiencing a mental health condition to return to work. All the practices are part of Midlands Health Network (MHN) and the ECs are employed by the non-government organisation (NGO), Workwise.

The rationale behind integrating the employment programme is based on:

- the evidence of the effectiveness of this approach in secondary mental health services²
- an interest in understanding how this evidence would apply to general practice
- the increasing importance placed on the role of health organisations and professionals in

¹ Since the formative evaluation was conducted this has increased to five practices.

² For a summary of evidence on Individual Placement and Support/evidence based supported employment:

http://www.centreformentalhealth.org.uk/pdfs/briefing37_Doing_what_works.pdf

addressing the social determinants of health, particularly chronic unemployment³.

The formative evaluation sought to provide evidence on the design, implementation and early outcomes from employment support programmes as part of general practice.

Data was gathered via interviews with key stakeholders, including GPs, the ECs and senior managers from Workwise, Work and Income and MHN and routine data collected on programme referrals and outcomes.

Findings

The evaluation found that it is feasible to integrate employment support programmes into general practices within a six-month period, as evidenced by good working relationships between the ECs and the general practice teams and a regular flow of referrals.

Programme partners are receptive to the principle of integrating employment support services into the practices. GPs interviewed described the programme as meeting patient needs which they could not otherwise fully respond to or support. This was particularly for patients who have been out of work for some time or who are at risk of losing their job due to a mental health condition.

Furthermore, the expansion of the employment support programme to other sites and a relaxing of the eligibility criteria was in part a result of direct pressure from GPs to increase access to the programme.

“It’s not just people who haven’t been working for donkey’s years. Even if somebody hasn’t been employed for the last few weeks, I’m a big believer that work is good for people. Anybody who is not employed who has the potential to be employed; I think do whatever it takes to get them into a job.”

GP, Midlands Health Network

Achieving integration

Several factors were identified as supporting the integration of employment support into general practice, although not all factors were present at each practice. These factors are:

- a general practice culture that facilitates a coordinated, cross-disciplinary approach to patient care
- the physical presence of ECs on site, including their participation in practice meetings.
- ECs who have a track record of providing integrated employment programmes and experience of general practice settings
- a sufficient level of patients eligible for the programme enrolled within the practice (particularly a high proportion of patients in receipt of sickness benefits)
- the stakeholder groups (i.e. health, welfare and NGOs) working collaboratively and identifying shared objectives
- ongoing support from senior leadership within all key stakeholder organisations.

Initial programme impacts

The programme has raised stakeholder awareness regarding the role of employment in improving health and promoting recovery, and increased the frequency of employment-related conversations in the GP practices.

³ Institute for Health Equity report: Working for Health Equity: the role of health professionals (2013) Available at: <http://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals>

“Prior to this pilot we have suggested that people take time off work. Maybe this hasn’t been the best thing to advise, but it’s the only option we’ve had. Now that an employment consultant is part of our team we can shoulder tap them and it will be more collegial.”

GP, Midlands Health Network

The findings indicate that this awareness-raising function of the programme is supported by:

- the ECs having an ongoing physical presence in the practices which acted as a prompt to bring the relationship between work and health more to the forefront
- the availability and provision of employment support in parallel with pharmacological and psychological treatments
- GPs seeing the programme as addressing an unmet need, and providing an evidence-based alternative to the potential default position of signing a patient off from work through a medical certificate.

These findings suggest there would be value in instituting more consistent protocols and practices across general practices in relation to integrating employment support. These protocols may include examining:

- how GPs initiate employment conversations with patients
- the information and processes used by GPs and patients to examine employment support as an option
- the process of issuing and reviewing a medical certification
- how to measure the level of integration needed for maximum programme effectiveness
- the provision of employment support in coordination with Work and Income.

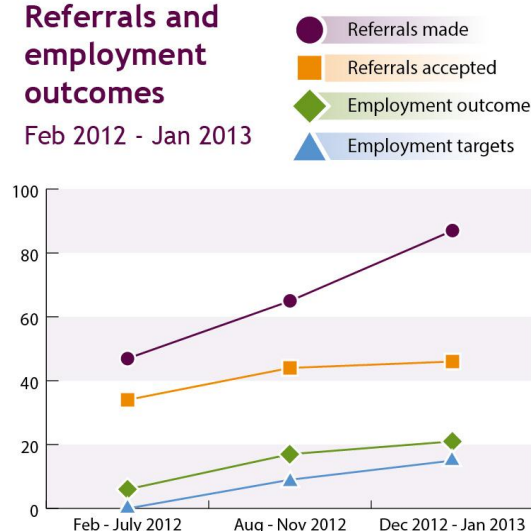
Referrals and employment outcomes

During the first six months of the programme to 31 July 2012, the GPs from all sites referred 47 patients to the EC services, of which 34 (73 per cent) were accepted. Over the next six months to 31 January 2013, 40 referrals were made, of which 29 (73 per cent) were accepted or pending review. This shows a consistent referral pattern across the sites for the second six-month period.

At the end of the first six-months five employment outcomes had been achieved and by the end of January 2013, this had increased to 20, well above targets as presented in the graph below.

Referrals and employment outcomes

Feb 2012 - Jan 2013



Wider implementation

Dedicated funding is required for the provision of integrated employment support in primary care settings. Several options are available which include:

- investment from DHBs via primary health organisations as part of addressing health inequalities and reducing health risk factors.
- investment from the Ministry of Social Development as part of Welfare Reform

- private investment either directly from employers or insurers, to support an earlier return to work.

The evaluation findings point to the feasibility and value of integrated employment support programmes in general practice. They highlight the importance of cross-agency partnerships in the establishment, on-going development and sustainability of employment support programmes for people with mental health conditions.

Employment and mental health is a whole-of-government issue, and needs cross-agency and cross-sector partnerships in order to address the inequalities that people with mental health conditions face returning to and staying in employment. Furthermore, integrated employment support programmes have the potential to increase the quality of the working relationship between general practice and Work and Income.

“Encourage your patients and the public to take an interest in their health and to take action to improve and maintain their health. Depending on the circumstances, this may include encouraging patients to stay in, or return to, work or engage in other purposeful activities”

Medical Council of New Zealand (2013)

The evaluation was led by Te Pou, the National Centre of Mental Health Research, Information and Workforce Development in partnership with the Centre for Social Research and Evaluation at MSD. The full report can be downloaded from the Te Pou website: <http://www.tepou.co.nz/improving-services/ebse>.

Declaration of conflicts of interest

Te Pou and Workwise are separate legal entities which are part of the Wise Group.

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References

- Beynon. P. and Tucker. S. (2006). Ill health, disability, benefit and work: A summary of recent research. *Social Policy Journal of NZ*. 29.
- Burchardt, T. (2003) *Employment Retention and the Onset of Sickness or Disability. Evidence from the Labour Force Survey Longitudinal Datasets* (In-house Report 109). UK Department for Work and Pensions.
- Drake, R.E., Bond, G.R. and Becker, D.R. (2012). Individual Placement and Support: an Evidence-Based Approach to Supported Employment. New York: Oxford University Press.
- MCNZ Medical Council of New Zealand (2013). *Good Medical Practice*. #30. Wellington: MCNZ.
- OECD Organisation for Economic Cooperation and Development (2003). *Transforming Disability into Ability: Policies to Promote Work and Income Security for Disabled People*. Paris: OECD.
- Waddell G and Burton K. (2006). *Is work good for your health and wellbeing*. London: TSO.
- Waddell. G, and Aylward, M. (2010). *Models of Sickness and Disability - applied to common health problems*. The Royal Society of Medicine Press Limited.

For further information on the evaluation

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