

Psychological Wellbeing and Work

Improving outcomes for people with common mental health problems

Common mental health problems include anxiety and panic disorders, obsessive-compulsive disorder and depression. They affect a significant proportion of the working-age population in England and incur increasing costs to individuals, employers, and government.

At any point in time, one in six people in England has a mental health problem. Furthermore, about 18 per cent of the working-age population may have diagnosed or undiagnosed common mental health disorders. Some estimates suggest that the cost of mental health problems to the economy is £30–40 bn, arising from lost production from people with mental health problems, the costs of informal care, and NHS costs.¹

What is the issue for policymaking?

It is well established that appropriate work can improve individual health and wellbeing. Employment is also associated with lower healthcare utilisation, benefit savings and income tax gains for the UK Government. Therefore, assisting people with common mental health problems to maintain or gain employment could ease the financial burden for the Government and add to the positive effects of work on people's health and wellbeing.

RAND Europe was commissioned to provide external policy advice to the Government on how to improve employment outcomes for those with common mental health problems.

What are the findings?

There are some challenges with provision of public services for people with mental health problems:

- The assessment of employment and health needs is difficult, and there are low rates of diagnosis or referral to specialist health and employment support;
- The services often work separately and tackle either the mental health or the employment need as unconnected issues;
- Service provision is often delayed and both health and employment problems can worsen as a result;
- The interaction between mental health and employment is complex and unlikely to lend itself to a 'one size fits all' solution.

Recommendations

RAND Europe recommended four options for testing, all of which are currently being piloted by the UK Government

1. Embed vocational support based on the Individual Placement and Support model in the Improving Access to Psychological Therapies programme.
2. Use the JOBS II model of group-work to build resilience to setbacks that benefit claimants face when job-seeking.
3. Provide access to online mental health and work assessments and support.
4. Combine telephone-based psychological and employment-related support.

To address these challenges, the study has developed policy options for the Government to consider. These options have slightly different objectives and target groups, but in all cases they seek interventions that incorporate both mental health and employment support. They cover a range of different areas, including workplace interventions; influencing the behaviour of service gatekeepers; improving employment and wellbeing assessments of people with mental health problems in the benefit system; and building capacity in primary care settings for employment advice. In addition, the study examines innovative interventions that have not been used in the UK before, at least not in the setting suggested. Some of the options are complementary and hence adopting them in a package could increase their effectiveness and coverage.

Four options were recommended to the Government to test, and thereby contribute to a better evidence base for action on ways to improve the support for people with common mental health problems. These options combine different approaches, and they have different estimated costs per participant, but for most the benefits to Government are estimated to exceed the costs, providing a case for investment. The Government has committed to piloting these policy options.

¹ Her Majesty's Government. 2009. *Working our Way to Better Mental Health: A Framework for Action*.

The four proposed policy options

Option 1. Embed vocational support based on the Individual Placement and Support (IPS) model in primary care settings. IPS is a fidelity model that has been tested in secondary care settings for people with severe mental illness. We propose to offer it to people with common mental health problems through the Improving Access to Psychological Therapies programme.

Option 2. Use a group-work approach based on the JOBS II model to build self-efficacy and resilience to the setbacks that benefit claimants face when job seeking. JOBS II inoculates participants against disappointments and delays in the job-searching process and improves their health outcomes, as evidenced in a number of countries, but it has not been tested in the UK. The intervention could be offered to unemployed benefit claimants through Jobcentre Plus.

Option 3. Provide access to online mental health and work assessments and support. This option would build on computerised Cognitive Behavioural Therapy models that have been tested, but it would include a vocational element in the design. The platform could combine assessment of common mental health problems and employment needs with signposting, as well as treatment and support options. The service could be open to the general population.

Option 4. Jobcentre Plus Districts procure third-party telephone-based psychological and employment-related support. Similar to Employee Assistance Programmes, this intervention would offer a combination of telephone-based psychological wellbeing and employment-related support to people who are out of work with common mental health problems. Jobcentres would assess claimants and refer them to the outsourced service.

The client group of each option is likely to be slightly different. The aims of each option and intensity of treatment and support they propose are also different. As a result, costs per person and effectiveness of the interventions vary between the options. However, in at least three of the four policy options the estimated benefits to the Government exceed the costs of running the service, making the case for investment more compelling.

	Option 1	Option 2	Option 3	Option 4
Benefit-cost ratio	1.41	1.07	?	1.12

Source: RAND Europe calculations

A note on study methods

This study was commissioned by the UK Department for Work and Pensions and the Department of Health through the Contestable Policy Fund. We used targeted literature reviews, key informant interviews and stakeholder consultations. This is the first report commissioned in this process that is publicly available and adds to the transparency of policymaking by the UK Government.

RAND Europe researchers were supported by partners: Jan Hutchinson, The Centre for Mental Health; Professor Felicia Huppert, The Well-Being Institute at the University of Cambridge; Professor Stephen Bevan, The Work Foundation; and John Mallalieu, Turning Point. The team worked along with and was guided by civil servants and senior policymakers at the Department for Work and Pensions and the Department of Health to explore possible improvements (quick wins) and identify long-term solutions (new interventions).

This brief summarises research commissioned by the UK Department for Work and Pensions and Department of Health and documented in *Psychological Wellbeing and Work: Improving Service Provision and Outcomes* by Christian van Stolk, Joanna Hofman, Marco Hafner, and Barbara Janta, RR-407-DWP, 2014 (available at www.rand.org/t/RR407 and www.gov.uk/government/publications/psychological-wellbeing-and-work-improving-service-provision-and-outcomes). To view this brief online, visit www.rand.org/t/RB9793. RAND Europe is a not-for-profit research institute whose mission is to help improve policy and decisionmaking through research and analysis. RAND Europe's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.

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