



# Diana, 46

“When I look back now, my work was quite a sanctuary for me that was my safe space”

Diana is 46 years old and grew up in North West London with her parents and siblings. Diana has had three mental health episodes spanning from 2002-2015.

Diana’s first major experience of suffering a downturn in her mental health came when she was 29 and working in a nursery in Ireland. Amongst other things, Diana underwent art therapy and music therapy whilst there and found those things helped immensely.

Diana’s second episode came when she was 35, when she

gave birth to her daughter. She gave birth in Hillingdon hospital. Diana was taken in to the mother and baby unit in Park Royal within the psychiatric department.

Diana had a final episode due to intense pressure at work and had to be hospitalised. Once the school she worked at found out she had been signed off for psychotic episodes the school became very distant and hostile in any interactions or meetings Diana had with them. This was a stark contrast to Diana’s previous experience at the same school, where the previous head had been very supportive after the episode following the birth of her daughter.

Diana now works 2.5 days a week as a Nursery Officer in a college, working with children aged 18 months to four years. She loves her job and has very supportive manager and good relationships with her colleagues.

## Key points



**Diagnosed with Bipolar Disorder**



**Has had both positive and negative experience of support from employers and health services**



**Supported through the CNWL Employment Service - IPS Model**

## Useful services

**GP**

Diana describes the GPs she was supported by as a lifeline

**CNWL**

Accessed CNWL employment support and was assisted in finding employment

**Employer**

When working at the primary school had a very supportive head teacher

## Disappointing services

**Park Royal**

Experienced a poor level of care and unsupportive staff

**Health**

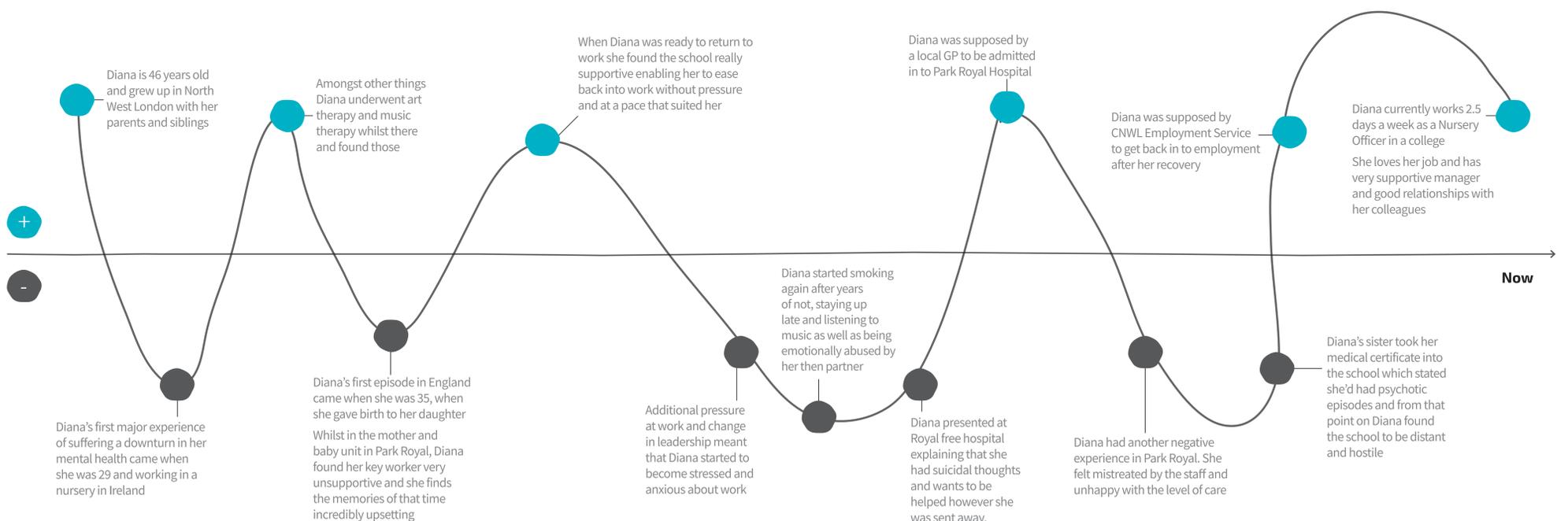
Inconsistent support from various health professionals

**Employer**

When a new head teacher took over there was a lack of support and a negative reaction to her mental health disorder



## Diana’s Timeline



## Interaction with services

Mental Health Hospital in Ireland

In employment

Royal Free Hospital

GP

CNWL - Employment Service

Park Royal Hospital

Police

Park Royal Hospital

Ambulance staff



# Hari, 40

“Mental health has been more widely and openly talked about which helps me to feel a bit more confident talking about it”

Hari had a fairly good childhood but recalls some bad memories growing up where he often felt fearful and anxious. Hari did not know how to discuss what he was feeling or where to seek help.

After Hari left school he worked in local high street takeaway shops. However, he described these roles as soul destroying.

During his mid-20s, he decided upon a change in career and worked in the retail industry for a while before deciding a few years down the line that he would like to undertake some work in the construction industry. Hari felt his depression and anxiety always affected his working roles.

Hari started misusing alcohol and drugs to combat the problems he was having with his mental health.

Hari went back to college and studied IT for two years as he always had an interest in this area but had not pursued in the past. He successfully worked in IT for many years.

Hari was then diagnosed with borderline personality disorder and emotional instability and this affected his ability to sustain his job. He has been in and out of the ESA support group for the past five years due to his mental health diagnosis and substance and alcohol misuse.

Whilst on ESA benefit, Hari worked a few hours a week helping his friend with their pet care business. Pet care is a passion of Hari's and he one day hopes to own his own pet care business.

Hari was receiving employment support from the Recovery House alongside other vocational courses, however currently Hari does not feel that he is well enough to engage.

## Key points



**Diagnosed with borderline personality disorder and emotional instability.**



**Stopped working five years ago as his depression and anxiety built up.**



**Currently engaging with therapist and receiving therapeutic based treatment.**

## Useful services

### Recovery House Ealing

Has a review with his therapist every three months which can be arranged more frequently if needed.

### Narcotics Anonymous

Supported him to come off substances and meetings provide a daily routine.

### Employer

Supportive and made a referral to a psychiatrist for him.

## Disappointing services

### Job Centre Plus

Found this service re-traumatising.

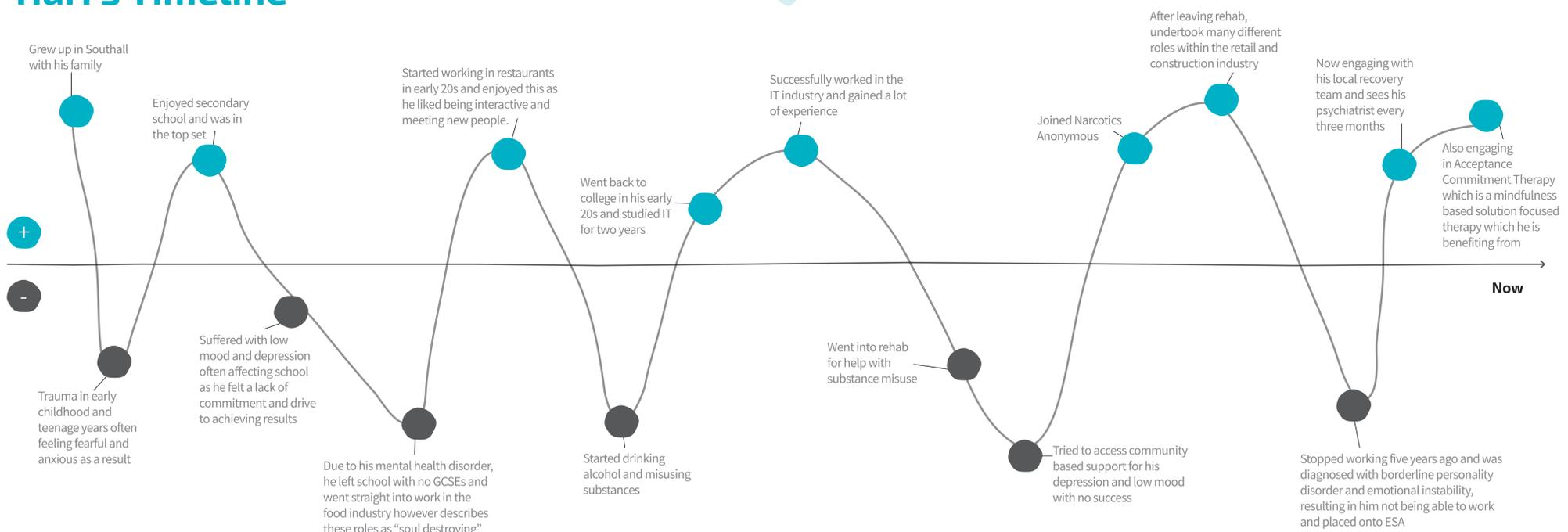
### St Mungo's Housing

Lives in supported accommodation however has little contact with key worker.

“It was nice to have someone to talk to but more importantly someone who also listened”

“Work felt like pressure”

## Hari's Timeline



## Interaction with services

Education

Employers

Rehab clinic

Narcotics Anonymous

Amadeus Recovery House

# GPs

## JCP

**Sickness certificates:** Only contact with JCP is in relation to providing sickness certs

**Drain on resources:** GPs are regularly asked to provide letters of support by patients for benefit claims and appeals

**Don't understand the system:** Little understanding of the benefits and welfare system – and no capacity to gain further insight

**No interaction:** Interaction with services such as the DWP is solely through patients and completing forms on request



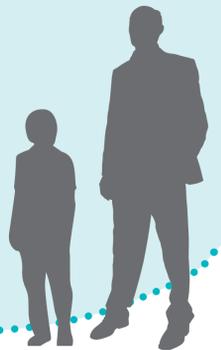
“Some people have permanent mental illness and will never be able to work”

## Referral routes re employment

**Like IAPT:** Regularly refer patients to IAPT and feel they are a good provision

**Unaware of wider support services:** No knowledge of employment support services and ‘google’ services for patients

**Limited secondary provision:** Secondary services have a longer waiting list than IAPT and it is harder for patients to be accepted



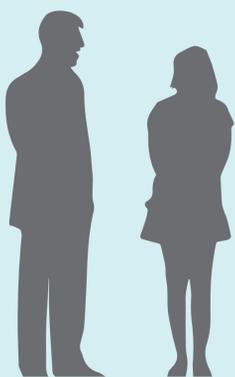
## Medical assessments

**Poor/damaging experience for individuals:** The experience of being assessed and re-assessed is embarrassing for patients and creates stigma

“Occasionally receive phone calls from agencies asking for information without patient consent”

**Inefficient processes:** It appears that most cases are rejected first time and then accepted on appeal – this is a waste of resource

**No GP resource for this work:** GPs don't have resource to assess work capacity



**Potentially traumatic and increase dependency:** Assessment process can be traumatic for vulnerable people. Fear of rejection increases dependency

# Job Centre Plus

## Challenges for Job Coaches

**Client engagement:** Clients not turning up to meetings

**Referral process:** long-winded and complex

**Disconnected system:** lack of joined up conversations between GP, client and job coach

**Employer support:** Lack of support from employers due to stigma around employing someone with a mental health disorder

**Contact:** No regular contact between job coach and clients in support group

## Challenges for clients

**Skills and qualifications:** Lack of functional skills and qualifications

**Financial impact:** Working and losing benefits i.e. housing support

**GPs not referring:** GPs signing clients off and not referring to services

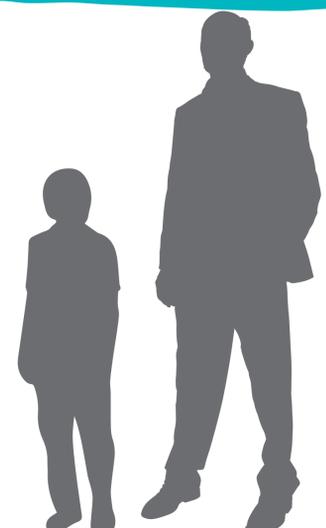
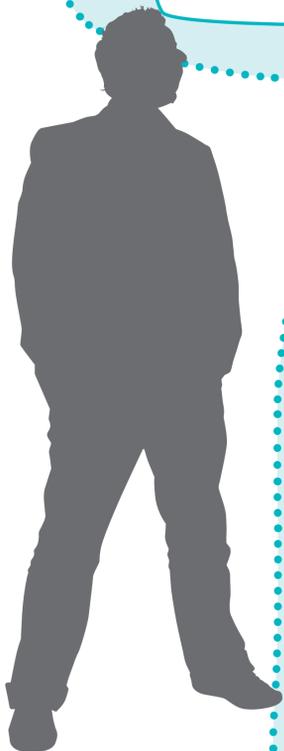
**Support waiting times:** CNWL waiting times quite long

“People’s lives and problems are complex and not just about work skills.”

“Clients don’t know what support is out there.”

“If they want assistance client must make contact.”

“Called support group but there is no support.”



# Medical Assessment Centre

## Not physically seen

40% of cases are cleared without a physical assessment through the client medical questionnaire.

99.9% of severe mental health cases go straight to the support group without a physical assessment.

## Perceived claimant illegitimacy

30% of people ask for their appointment to be moved to a later date so they can stay on the benefit longer.

## Some non-attendance

15% of claimants fail to attend – although this has been halved recently following introduction of reminder calls.

Majority of people that apply want to get into support group.

## Mental health hard to assess

Harder to assess functional skills for a mental health condition.

“After the assessment people are not seen again – no support provided”

## GP Impact

Too many people are going in to the support group based on evidence provided by GPs.

GPs say things to patients without understanding the long term impact.

## Lack of support

When a claimant is placed in the support group they go off the radar and are not supported.



# Professionals: challenges

## Pathways and referrals

Criteria for referrals – different for each service

There's an expectation that clients should be better before a referral can be made.

Can be unclear who to refer to and when

Inappropriate referrals

Referral pathways too slow

## Communication

Different values, beliefs and perceptions across providers

No avenue to impact and influence each other to promote the right behaviours

Lack of understanding of what other services do

Services not speaking to each other



## Education and Skills

Some clients are lacking basic literacy and numeracy skills

Most jobs now require IT skills and not clients are IT literate



## Funding

Lack of funding means clients do not receive the full service they require

Other boroughs are putting more funding in to similar services

## What could be improved

PATHWAYS AND REFERRALS

Having one mental health pathway.

STIGMA

Not advertising services as mental health – wording reinforces the stigma associated with poor mental well-being.

TAILORED APPROACH

Educating clients so they learn to do more for themselves. Develop a holistic curriculum based on need and aspirations.

COMMUNICATION

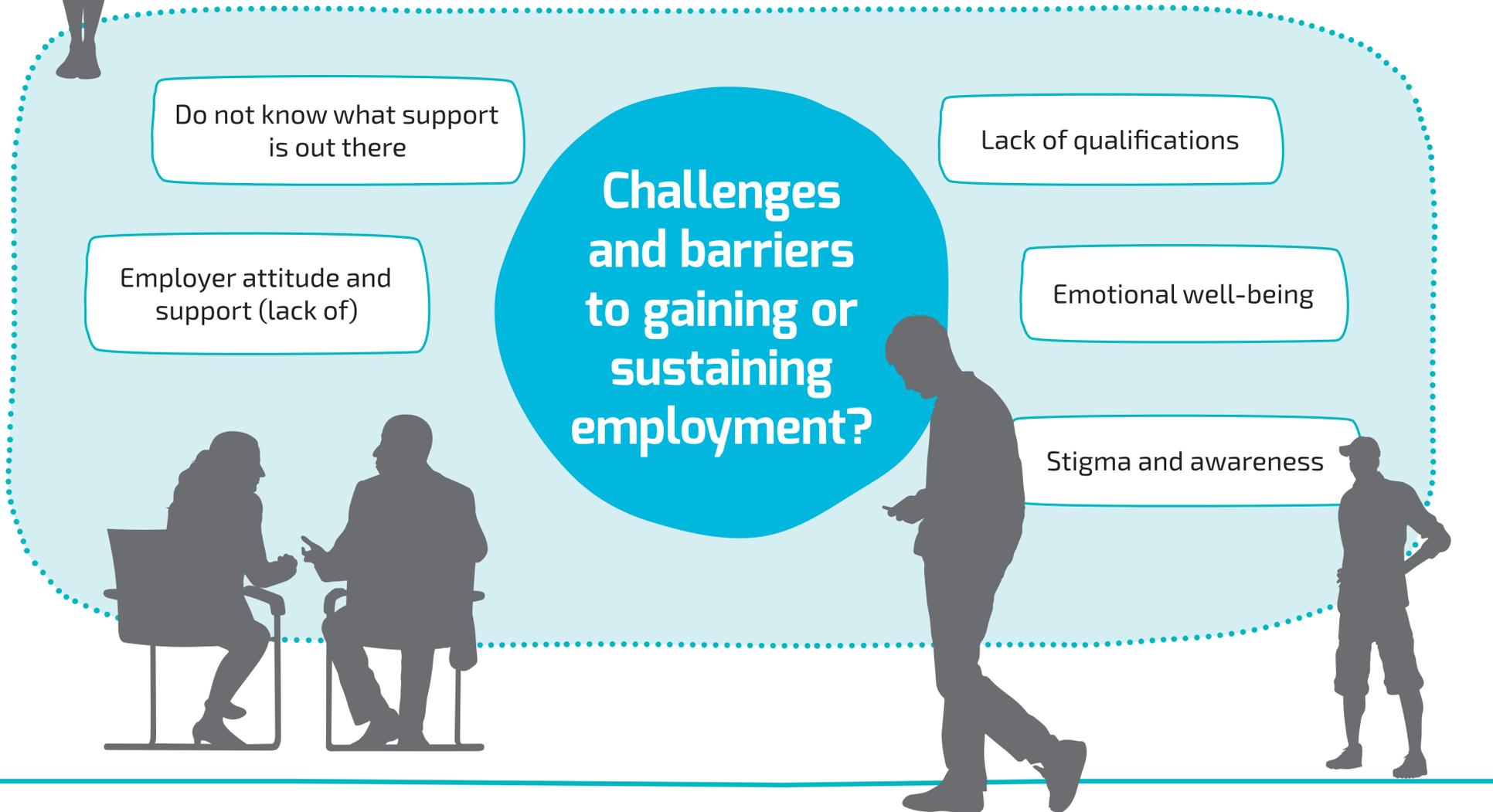
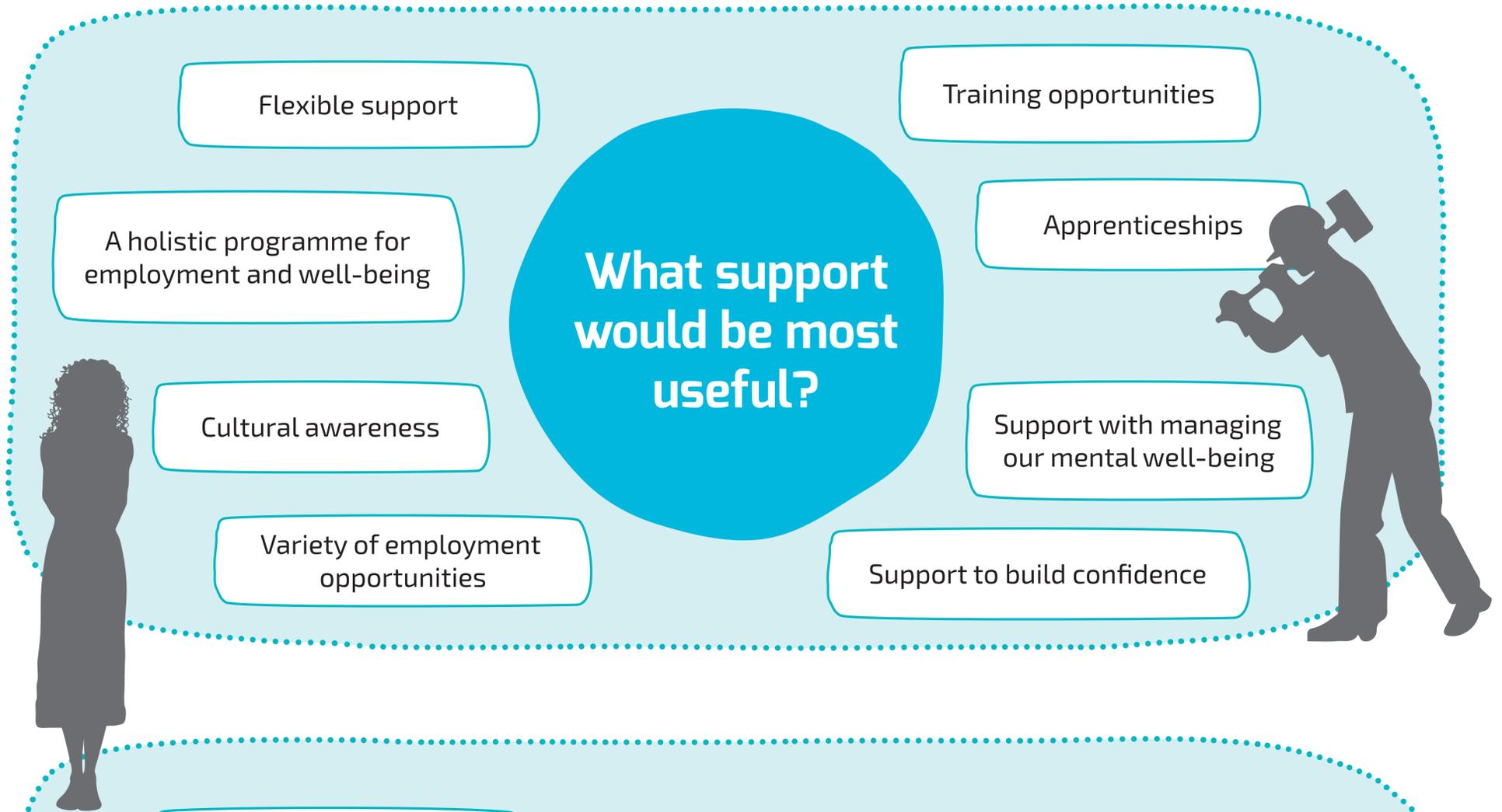
Introduction to key workers across all services.

“Do employers know enough about the reasonable adjustments they could make to employ more vulnerable people?”

“There is poor communication between services.”

“Not everyone wants to be on the payroll – how do we provide support to residents to set up their own business?”

# Service Users



“When you have problems and the mind and body can’t cope, then it all breaks down.”

“Finding a job is not the problem – I just haven’t got the strength mentally and physically to sustain one at the moment.”

“We need a service that caters to our specific needs”

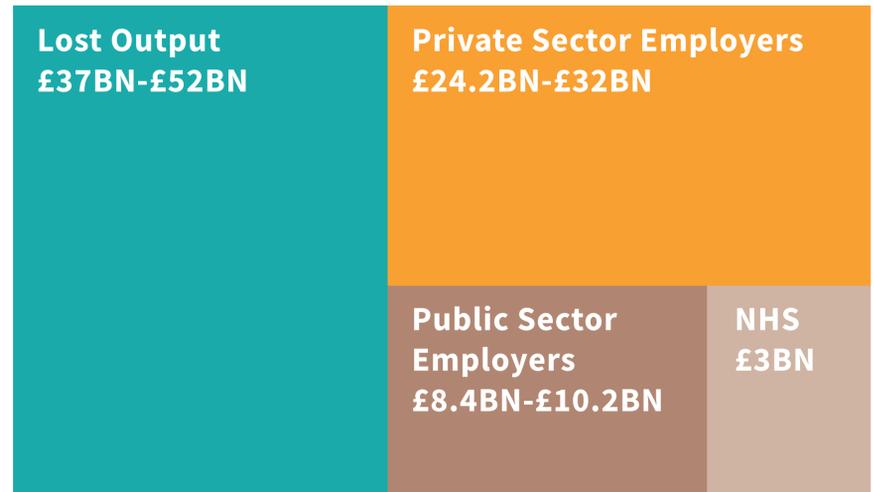
# ECONOMY AND EMPLOYMENT

## National Costs of Mental Health

Cost of Poor Mental Health to Government (£24bn-£27bn)



Cost of Poor Mental Health to the UK Economy (£74bn-£99bn)



Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers.

## Local Economy and Employment

**£9 bn**



In 2018, there were around 15,030 businesses based in Brent – a **rise of 47%** since 2010. Businesses in Brent produce around £9bn per year in economic output ('gross value added').

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



The majority of businesses (92%) are **'micro' businesses** that employ less than ten people. Levels of self-employment are high in Brent: 23% of workers are self-employed.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



Business growth is beginning to **slow during 2016-17**. The number of new businesses formed in Brent fell while the number of closures increased – this mirrors national trends.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



In 2018, 72% of the working age population were in employment. Brent's **employment rate has been rising** since 2011, though it remains slightly below the London average (74%).

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



Brent workers are relatively low paid: almost one third of residents (31%) **earned less** than the London Living Wage – the second worst rate in London.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



Rates of pay are lowest among those working **part-time** who earn an average of £9.54 an hour £5 less than full-time workers (£14.54). One in three women workers are employed part-time.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



The employment rate has been rising across all age groups, but older workers have seen the biggest rise. **73% of those aged 50-64, and 16% of the over 65s, are now in employment.**

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



**Well qualified** residents are twice as likely as those with no qualifications to be in work. The percentage of highly qualified residents has been rising but remains below the London average (42% vs. 52%).

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



Certain groups face significant disadvantage in the labour market. **Disabled people, Black, Asian and Minority Ethnic residents, and women, all have employment rates well below the average.**

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



Brent residents are less likely than other Londoners to work in professional occupations (**40% vs. 56%**), and more likely to work in elementary and routine jobs (24% vs. 14%).

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



Since the last recession, unemployment levels have fallen both locally and nationally. In Brent, the **unemployment rate halved** between 2011 and 2018 from 10.8% to 5.3%.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers



While residents have been moving into work, many still require in-work **welfare support**. The number of people in work who receive Housing Benefit has more than doubled since 2009.

Source: Thriving at Work: the Stevenson/Farmer review of mental health and employers

# MENTAL HEALTH

## The National Picture



One adult in six has a **common mental disorder** about one woman in five and one man in eight

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014



One person in three with CMD reports current use of **mental health treatment** in 2014, an increase from the one in four who reported this in 2000 and 2007

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014



The gap in rates of CMD symptoms between young men and women appears to have grown. In 2014, CMD symptoms were about **three times more common** in women of that age (26.0%) than men (9.1%)

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014



Claimants of **Employment and Support Allowance** (ESA) experienced particularly high rates of all the mental health disorders assessed

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014



**Working-age people** were around twice as likely to have symptoms of CMD as those aged 65 and over

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014

## Brent

JSNA 2015



An average of 3.4% of the population aged 18 and over had **depression** in 2012/13. This was below the England average which was 5.8%



Estimates suggest that 16% of the population aged 16-74 had a **CMD**. This was slightly higher than the England average of 15.6%

Source: Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014



Estimates of self-reported **daily anxiety** show that 18.8% of Brent residents surveyed consider themselves to have high levels of daily anxiety compared to the England average of 20% in 2013/14



Take-up of **talking therapies** is lower in Brent in terms of the numbers of referrals who enter treatment: 53% in Brent compared to 60% in England



The prevalence of **severe and enduring mental health** in Brent affects 1.1% of the population, which is above both the London (1%) and England (0.8%) averages. These long-term illnesses include schizophrenia, personality disorders and bi-polar disorder

# IN THE WORK PLACE

## Employers



Only 11% of the Top 100 companies in Great Britain **have disclosed information** about their initiatives to support their employees' mental health

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.



Only 24% of managers have received some form of training on **mental health** at work

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.



Overall, only around 4 in 10 organisations (39%) have policies or systems in place to support **employees with common mental health conditions**

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.



8 in 10 employers report **no cases of employees** disclosing a mental health condition

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.



12.7% of all **sickness absence days** in the UK can be attributed to mental health conditions

Source: Mental Health Foundation, 2016.

## Employees



There are 1.5m individuals with a diagnosed **long term mental health condition** in work in the UK

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.



Those with a long-term mental health condition **lose their jobs** every year at around double the rate of those without a mental health condition

Source: Thriving at Work: The Stevenson/Farmer review of mental health and employers.



1 in 6.8 people are experiencing **mental health problems** in the workplace

Source: Mental Health Foundation, 2016.



**60% of people** who have had a mental health problem said they would always go to work when experiencing poor mental health compared to 27% when experiencing poor physical health

Source: Mind's Workplace Wellbeing Index 2017/18.



**Only 44%** say that the culture in their organisation makes it possible to speak openly about mental health

Source: Mind's Workplace Wellbeing Index 2017/18.



38% of Brits fear revealing a **mental health problem** at work would jeopardise their career

Source: Mental Health Foundation, 2016.

# WELFARE BENEFITS

## General



**21% (47,896)**  
of Brent's working age residents were in receipt in some form of DWP Benefit in May 2018 (DWP, 2018)  
10,840 Brent residents are in receipt of Employment Supportive Allowance (ESA) (DWP, 2018)



3,542  
Brent residents are in receipt of **Job Seekers Allowance**



**5.1%** of Brent residents are in receipt of ESA vs 4.8% in London



64% of those in receipt of ESA are also in receipt of **Housing Benefit**



58% of those in receipt of ESA are also in receipt of **Disability Living Allowance or Personal Independence Payments**



Although the number of ESA recipients has declined since 2016 the proportion of those with a **mental health condition** has increased



2013-2018: Prevalence of Mental Health Conditions for those with ESA has **risen by 7% to 47%** in Brent vs a 5% rise in London to 50%

Source: DWP, 2018

Source: Nomis, Local Authority Profile

Source: DWP, 2018

Source: DWP, 2018

Source: DWP, 2018

Source: DWP, 2018

## Employment Support Allowance (ESA) Support Group in Brent



70% of ESA recipients are in the Support Group which is **lower than the London average** at 75%

Source: DWP, 2018



50% of ESA Support Group claimants have a **mental health condition**

Source: DWP, 2018



**74% of all ESA customers** with mental health conditions are in the ESA Support Group

Source: DWP, 2018



**Age is a factor**  
61% of ESA Support Group claimants in the 18-44 age range have Mental Health Condition vs 44% of those aged 44+

Source: DWP, 2018



84% of people have been in the **ESA Support Group** for more than two years

Source: DWP, 2018

## Employment Support Allowance (ESA) Work Related Activity Group in Brent



15% of ESA recipients are in the **work related activity group**

Source: DWP, 2018



**48%** of ESA work related activity group claimants have a mental health condition

Source: DWP, 2018



**Age is a factor**  
63% of ESA work related activity group claimants in the 18-44 age range have mental health condition vs 41% of those aged 44+

Source: DWP, 2018



69% of claims in the ESA Support Group have been in **payment** for more than 2 years

Source: DWP, 2018