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Recruitment and Mental Health

Employers' Forum on Disability and Sainsbury Centre for Mental Health

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Recruitment and Mental Health

Abstract

[Excerpt] Large numbers of people in the UK have mild to moderate and severe mental health conditions. Mental ill health is common and can affect anyone of any age, gender, ethnicity or social group. Three in ten employees will experience mental health problems during a year. The most prevalent mental health problems for people of working age are: anxiety, depression, phobic anxiety disorders and obsessive compulsive disorders. Depression will rank second only to heart disease as the leading cause of disability worldwide by the year 2020. The majority of people with mental health problems are willing and able to work. Despite this, an estimated one million people are out of work. While businesses are beginning to get better at employing individuals with a history of mental ill health, there remain significant barriers for both individuals and employers. This report describes what employers and government could do differently that would make it easier to recruit people with mental health problems.

Keywords

disability, mental health, United Kingdom, employment, recruitment, accommodation

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employers'
forum on
disability



The Sainsbury Centre
for Mental Health

Recruitment and mental health

A report by Employers' Forum on Disability and Sainsbury Centre for Mental Health

Large numbers of people in the UK have mild to moderate and severe mental health conditions. Mental ill health is common and can affect anyone of any age, gender, ethnicity or social group. Three in ten employees will experience mental health problems during a year. The most prevalent mental health problems for people of working age are: anxiety, depression, phobic anxiety disorders and obsessive compulsive disorders. Depression will rank second only to heart disease as the leading cause of disability worldwide by the year 2020.¹

The majority of people with mental health problems are willing and able to work. Despite this, an estimated one million people are out of work. While businesses are beginning to get better at employing individuals with a history of mental ill health, there remain significant barriers for both individuals and employers. This report describes what employers and government could do differently that would make it easier to recruit people with mental health problems.

Mental health and employment in the UK

Mental health problems account for one third of sickness absence, costing approximately £4 billion a year. Beyond this, the cost to the economy of people with mental health problems being out of work is close to £10 billion.² The total 'business cost' of mental ill health is estimated at over £23 billion in England alone.

A combination of unemployment and mental ill health creates a high risk of exacerbated ill health, debt, and of mortgage or rent arrears.³ None of this is necessary. Tackling the high level of unemployment among people with mental health problems is good for the people concerned, their families and the economy.

Barriers in the system

The most frequently required 'adjustments' in the workplace for someone with a mental health problem are flexibility and the need for an open mind i.e. not making assumptions about someone's potential based on their 'label' or history.

Employers, and the carers and families of people with mental ill health, tend to hold deep-rooted negative assumptions regarding the employability of people with mental health problems. These assumptions are reinforced by a widespread lack of understanding of the impact of mental ill health on employment and the practical adjustments employers could implement.

Employers and service providers need better information and practical support, not just during the recruitment phase but while the new employee is settling in to the workplace and on an ongoing basis. Both employee and employer need a reliable recruitment partner or intermediary expert in how to support both the person and the employer.

Many people worry about the impact a return to work may have on their future entitlement to state benefits and are unclear about the hours they are permitted to work. Frequently people fear that if they have to leave employment they will be left on a lower income or temporarily without one. The Welfare Reform Act tackles some of these concerns but how this operates in practice will be crucial.

Intermediaries and recruitment partners

Positioned between employers and disabled job seekers are a range of support organisations known as intermediaries. Many intermediaries have public funding to place disabled and disadvantaged people in employment. As employers work with both mainstream recruitment partners and intermediaries, it is vital that both these service providers understand the needs of the individual with mental ill health and the recruitment needs of the employer in order to be effective.

The term 'job ready' is not particularly helpful, as the definition differs from job to job, from employer to employer and from candidate to candidate. A large employer is often better able to offer work-preparation training and support to disadvantaged job seekers than an SME for example.

Intermediaries and recruitment partners need to:

- attract individuals with mental health conditions
- understand mental health in the workplace

- have the skills and experience to provide job coaching
- support employees in building confidence and overcoming their barriers
- give support during the induction period and advice on reasonable adjustments in the recruitment process and in work
- provide ongoing in-work coaching to ensure sustained employment.

We need a systematic approach that enables employers to help intermediaries to better meet their needs and expectations as employers, so that more people with mental health problems get work. EFD has a Service Level Agreement that facilitates the process and encourages the intermediary to spend time on the employers' premises getting to know the needs of the business from within.

The role of employers

Employers need to make significant changes to the way they handle mental health in the workplace. By taking a positive approach, employers will create a more productive working environment for current staff while also reaching out to a wider talent pool.

All employers are obliged to make reasonable adjustments under the Disability Discrimination Act (DDA). Large employers can often do more for an individual in terms of training and support than a small employer. On the other hand smaller employers are often very good at employing people with mental ill health because they see and interact with the person every day.

When a person with a history of mental ill health is recruited, the employer and the employee should know what support is available. Employers striving for best practice should have a policy that specifically covers the recruitment and retention of people with mental health conditions. Mental health awareness should be an integral part of in-house training for line managers.

Case study

Albert McCondochie (45 yrs) has a history of severe depression and has dyslexia. For years he cared for his disabled parents and following the death of his mother he started to look for a job. Albert found that many employers were discouraged by his disabilities, lack of qualifications and experience. Jobcentre Plus referred Albert to Remploy and his prospects changed. He attended a vocational development programme where he worked on interview techniques and confidence building. Albert also attended a store familiarisation visit to experience the working environment and roles available at Asda. Within two weeks of being referred to Remploy he was offered a customer service role in the dairy department of Asda's superstore at Linwood. "I was very sceptical at first, but Remploy provided practical advice that I could actively use. I also met other people in the same position as me so I didn't feel so isolated and alone".⁴



Employers should be encouraged to make reasonable adjustments for people with mental ill health to enable them to work and discouraged from suggesting they take sick leave. After six months absence from work there is only a 50% chance of a return to work, after 12 months this decreases to 25% and after two years it is practically nil. Given the growing number of workers with mental ill health leaving the workforce and becoming Incapacity Benefit claimants, it is clear that existing services are helping neither the individual nor the employer.

What can Government do?

The Government's aim is to move to a position by 2025 where 80% of working age adults are in employment. This transformation cannot be achieved unless we recognise that an efficient welfare-to-work process has the character of an integrated and streamlined 'supply chain' of the kind found in the private sector.

Policy-makers need to make it easier for employers to say 'yes' to employing people

disabled through mental ill health by streamlining the supply chain that delivers disadvantaged job seekers to employers. Before being awarded welfare-to-work contracts, intermediaries should be required to better understand and meet their needs and expectations as employers.

Government should treat employers as 'customers' of the welfare-to-work supply-chain. Support for employers on recruiting and retaining people with mental ill health should come in a range of tailored services and products.

The DWP announced the Local Employer Partnerships with major employers on 18 July 2007. The aim is to get a quarter of a million people on benefits into jobs within three years. Commitment from employers needs to be backed up by the delivery of the right job seeker for the right opportunity. EFD's approach to targeted recruitment, 'Recruitment that works' enables the employer and intermediary to work in a structured manner and ensures significantly more people move into good job matches.

Crosscutting solutions

Government awareness campaigns, such as 'employ ability' launched by DWP on 6 September 2007, need to include mental health awareness and be linked into tangible recruitment services for employers with access to practical support and guidance.

The health and employment systems need to work more closely together. Condition management programmes that include employment opportunities should become standard. Mental health service providers need to be rewarded for helping their patients to keep their jobs.

Training should be provided for all Jobcentre Plus staff on how mental ill health affects people in the workplace and what employers can do to make adjustments. Welfare monies saved when Jobcentre Plus helps someone with a mental health condition into work should be re-invested into improving work and NHS related services for this group.

Although there are examples of positive employer tools such as EFD guidance and

briefings and the Mindful Employer website, there is no central source of advice for an employer to go to and, as yet, no way for them to assess which tools are effective except through trial and error. The Sainsbury Centre is working with Shift, the Department of Health anti-stigma programme, and EFD to identify the best advice available to employers, but the Commission for Equality and Human Rights (CEHR) will need to provide guidance that is meaningful and useful in the eyes of employers.

Public sector employers leading by example

The public sector employs one in five of all workers in the UK. As a major employer it has the opportunity to lead on employing people who have experienced mental ill health. Employers are more receptive to messages from a business-to-business perspective. The public sector can engage effectively with private sector employers if it speaks as an employer with experience employing from this population and can demonstrate the business case for taking a positive approach to mental health at work.

¹ The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors. Cambridge, M.A., Murray, C.J.L., & Lopez, A.D. (Eds.) (1996).

² The Economic and Social Costs of Mental Illness, Sainsbury Centre for Mental Health, London 2003.

³ SEU 2004, Social Exclusion and Mental Health, London: Cabinet Office.

⁴ Reproduced with Remploy's permission.

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