Employment and Mental Health: A Briefing Paper

Introduction 3
Mental health and the workplace 5
Policy on mental health and employment 7
Addressing mental health in the workplace...12
Key principles 12
Key issues and solutions 14
Lack of early intervention 14
Young people leaving the labour market 18
Lack of skills or qualifications 199
Fear of losing benefits 211
Anticipated discrimination..21
Experienced discrimination 23
Bullying and harassment from colleagues 244
Lack of reasonable accommodation in the workplace 24
Inadequate supports for transitioning from being off work into work...........27
Structural barriers in the way services are organised.................................28
Conclusion 30
List of recommendations...311

Appendix 1: Irish Models of Employment Support for People with Mental Health Problems 36
Appendix 2: Article 27 of the CRPD on the right to work...............................40
Appendix 3: Key points from the General Comment on the Right to Work 41
Appendix 4: Report from Amnesty's Roundtable on Employment and Mental Health on 7th March 2011...43

Introduction

The right to work and the right to "just and favourable conditions of work" are human rights recognised in Articles 6 and 7 of the International Covenant on Economic, Social and Cultural Rights and Article 27 of the Convention or the Rights of Persons with Disabilities.[1] Work is also a major determinant for good mental health and for recovery from mental health problems. It is thus inextricably linked with the human right to the highest attainable standard of mental health.

Satisfactory work is good for people's mental health and can help people experiencing a mental health problem to recover not only their health, but also their self-confidence and self-esteem. Unemployment not only creates economic disadvantage but also decreases self-esteem and increases isolation and marginalisation.[2] Article 27 of the CRPD sets out a wide range of areas for government action to protect and fulfil the right of persons with disabilities to work on an equal basis with others (see Appendix 2).

All individuals with experience of a mental health problem have the potential to make a valued contribution to their own and the wider community. The reality that many people with this experience are being denied their right to work or are inadequately supported to avail of this right is a loss not only to the Irish economy, but to a society that needs the creative talent and determination of all of its members.

Most people with mental health problems want to work. Most also recover from their mental health difficulty and are able to work. Yet it has been estimated that less than 30 per cent of individuals with a mental health disability are in work. These conditions pose a challenge for Irish policy – to ensure that those people with experience of a mental health problem who want to and are able to work have effective, equal access to the labour market. This challenge is even greater within the current severe economic crisis and dramatic increase in the unemployment rate.

The Government's mental health policy *A Vision for Change* makes two broad recommendations in relation to employment:

- All citizens should be treated equally. Access to employment…for individuals with mental health problems should be on the same basis as every other citizen.

[1] The right to work is not an absolute and unconditional right to obtain employment. Rather it comprises the right to the opportunity to gain a living by work that is freely chosen, as well as the right to just and favourable conditions of work, fair wages and equal remuneration for work of equal value, a decent living, safe and healthy working conditions, and an equal opportunity for promotion in work.

[2] Stuart, H, "Mental illness and employment discrimination", Current Opinion in Psychiatry, 19, 2006, pp.522-526.

- Evidence-based approaches to training and employment for people with mental health problems should be adopted and such programmes should be put in place by the agencies with responsibility in this area.

There is a need to give further detail and clarification to these two broad recommendations, to specify in more detail how Government policy and service provider practice should change to bring about a vision where every person with a mental health problem who wants to work can do so.

This briefing paper sets out a range of key issues regarding employment policy for people with experience of a mental health problem. The briefing paper then suggests solutions for an employment strategy that can facilitate people with experience of a mental health problem to retain and return to work. The analysis and recommendations are rooted in Irish and international evidence as well as the experiences of service users in Ireland.

The focus of this paper is access to and maintaining of employment for people with mental health problems. Beyond these issues, there is a wider need to promote mental health and well-being in the workplace. While mental health promotion will not be addressed in this briefing paper, AI acknowledges that mental health promotion is a part of every individual’s right to the highest possible standard of mental health. Programmes to promote well-being and positive attitudes to mental health in the workplace are also necessary so that everyone can enjoy their right to work in healthy workplaces. Such programmes are part of an effective early intervention strategy. However, consideration of how to develop specific mental health promotion in workplaces demands greater attention than can be provided within this paper.

Mental health and the workplace

Mental health problems are having a major impact on Irish society. The World Health Organisation has reported that four of the 10 leading causes of disability in developed countries are mental disorders and that mental disorders contribute over 30 per cent of all years lived with disability.[3] In Ireland in 2009, one quarter of claimants for Illness Benefit cited a mental health issue as the reason they were unfit for work[4] and a 2008 analysis found that more than 20 per cent of people on Disability Allowance had a mental health problem.[5] The participation rate in employment for people with mental health related disabilities in Ireland in 2006 was at 27 per cent, compared with 63 per cent for the general population.[6] Thus people with mental health problems did not benefit from the economic boom the way that other people did. There is an OECD-wide increase in young people with mental health problems availing of disability benefit.[7] Three-quarters of mental health problems arise before the age of 25, a crucial issue when it's taken into consideration that exit from the labour force can have long-term negative effects in terms of lost earning capacity.[8] This trend requires examination. **It is therefore in the interests of the Government, Irish society more generally and those directly affected by a mental health problem that more people with mental health problems access employment.**

---

[3] World Health Organisation, The World Health Report 2001: Mental Health: New Understanding, New Hope.

[4] The Irish Times, '25 per cent of sick claims cite mental health', Wednesday, January 27, 2010 by Mary Minihan. (Information obtained from the Department of Social and Family Affairs.)

[5] Department of Social Protection, Value for Money Review of the Disability Allowance Scheme, 2010, p.54

[6] Statistics taken from Central Statistics Office, Census 2006 Volume 7 – Principle Economic Status and Industries, Table 4, and Census 2006, Volume 11 – Disability, Carers and Voluntary Activity, Table 11, both available at http;//www.cso.ie/census/Census2006Results.htm

[7] Organisation for Economic Cooperation and Development, Sickness, Disability and Work (Vol. 3): Denmark, Finland, Ireland and the Netherlands, 2008, p.19.

[8] Kessler, RC, Berglund, P, Demler, O, Jin, R, Merikangas, KR and Walters, EE, 'Lifetime Prevalence and Age of Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication', Archives of General Psychiatry Vol. 62, 2005, Issue 6, pp.593-602.

<u>Case study</u>

"I too have lived with a disability for my entire adult life - clinical depression (which, as the WHO writes, is the number one disability worldwide today);

- my disability has never caused me to take a day off work;
- it didn't stop me from getting into the top university in the world in my field;
- it didn't stop me from attaining the highest international professional qualifications in my field;
- it hasn't stopped me from progressing very rapidly to the top of my profession on an international basis;
- it didn't stop me from achieving an excellent track record with personal responsibility for managing a budget of €1 billion;
- it hasn't stopped me from providing strategic business advice on a one-to-one basis to CEOs of the largest publicly-quoted companies across the US and Europe;
- it hasn't stopped me from being an economics advisor to a government minister;
- or from having opinion pieces published in the editorial section of the *Financial Times*;
- or from being a board member of a number of highly prestigious international charitable organisations.

"In fact, my disability has meant that I was unusually motivated, committed and single-mindedly focused.

"Whilst my disability itself has never held me back, the stunning prejudice, stigma and ignorance surrounding my mental health disability has completely blocked me from fully participating and being equally included in society in the most fundamental way – in the employment world."

Catríona Níc Chonsaidín, speaker, AI Hearing 31 May 2011

Policy on mental health and employment

The World Health Organisation (WHO) has stated that collaboration with the employment sector in mental health policy is vital. They cite the following examples as effective strategies for increasing the mental health of employees:

- promotion of mental health in the workplace, including specific actions on job stress and the management of stress;
- protection of mental health in unemployed people by means of social and re-employment programmes;
- recognition of mental disorders in the workplace, including employee assistance programmes with early treatment and reintegration into the work environment;
- anti-discrimination provisions in legislation and the education of employers about the employment of people with mental disabilities; and
- mechanisms for reintegrating people with serious mental disorders into work, including psychosocial rehabilitation, the development of work skills, supported employment and social enterprises.[9]

In addition to *A Vision for Change,* two other Irish policy reports specifically focused on mental health and employment provide important context for the development of a mental health employment strategy.

The National Economic and Social Forum (NESF) published its report *Mental Health & Social Inclusion* in 2007. As a national social partnership body including membership from the Oireachtas, the business community, trade unions, the community and voluntary sector and the Government, the NESF represents the views of stakeholders across Irish society. Its recommendations embody agreement from the breadth of policymakers, service providers and social actors and therefore should have good prospect of implementation.

The NESF stated: "meaningful occupation, whether paid or unpaid, is central to recovery and…full social inclusion and participation in society is the key goal, whether in or outside the labour market. Nevertheless, work remains a key route to social inclusion for many."[10]

The NESF highlights the role that employers play in responding to the mental health needs of their employees. It advocates for employers to develop better policies to respond to their employees' mental health needs.[11]

---

[9] World Health Organisation, Mental Health Policy, Plans and Programmes (updated version 2) (Mental Health Policy and Service Guidance Package) 2005, p.39.
[10] National Economic and Social Forum, Mental Health & Social Inclusion, 2007, pp. 170-171.
[11] Ibid.

Key recommendations in the report in relation to work are:

a) Under the aegis of Partnership 2016, the Department of the Taoiseach should arrange for the social partners to draw up and agree a Health and Well-being Framework Strategy for the Workplace…Such a strategy should include:

- *Inter alia*, to overcome employer reluctance in recruitment, stigma, disclosure, stress management, counselling, recovery and more generally to put procedures in place for managing staff with mental health problems;
- A particular focus of this should be on the development of return-to-work strategies in consultation with employers; in addition to better and improved access to education and training packages. Incentive schemes such as the Back-to-Work Scheme should be reviewed to improve their effectiveness, taking into account the special needs and extra costs that people with mental difficulties have to incur;
- The social partners to participate and support campaigns to raise awareness and challenge stigma, along the lines of the present campaign to tackle bullying in the workplace; and
- Guidelines, incentives and programmes to support people with mental health problems to stay in employment through, for example, adapted or flexible work schemes and schedules.

b) The Health and Safety Authority, in consultation with other bodies such as the National Disability Authority, the Health Services Executive, the Mental Health Commission and the Equality Authority, should prepare a code of practice for employers and employees on their statutory obligations and duties of care and procedures in relation to health, safety or welfare.

c) The Project Team recommends that an integrated strategic plan for the delivery of training, work and employment services for people with mental ill-health should be given priority attention by the cross-departmental team, as recommended above. As part of this plan, the Supported Employment Model (placement in competitive employment while offering on the job support) should be adopted where possible in all back-to-work initiatives.

d) FÁS should review the reasons for low take-up of some of its training and employment schemes, in consultation with employers and employees, and on this basis, introduce better targeted and more effective programmes, particularly for people recovering from mental ill-health.

e) With the precedent of the existing three per cent target for employing people with a disability in the public sector, the Project Team recommends that statutory bodies such as the Health Services Executive, the National Disability Authority, the Mental Health Commission and the Equality Authority should lead by example by setting targets for employing people specifically with mental ill-health in their own organisations. The private sector should be encouraged to follow suit, and as mentioned in the report, awards, charters and special incentives can be effective in this regard.

f) More and better training on the specific needs of people with mental ill health is needed for the staff in the above bodies.

g) Employers should be encouraged to undertake training and employment initiatives as part of their corporate social responsibilities (drawing on the experience of the King's Fund in the UK).

h) The pay and working conditions for those in sheltered employment should be reviewed by the HSE in conjunction with the Departments of Health and Children and Enterprise, Trade and Employment.

Taken from National Economic and Social Forum (2007) *Mental Health & Social Inclusion*, pp.170-172.

Unfortunately, four years later few of these recommendations have been fulfilled. While See Change, the National Stigma Reduction Partnership has brought together social partners and other stakeholders to engage in work to reduce prejudice and discrimination, other important recommendations have not received attention. To date there is no national strategy for workplace well-being, nor is there an integrated strategic plan for training, work and employment services for people with mental health problems.

One previous contribution that could inform development of an integrated strategy is the document *A Framework for the Training and Employment of People with Mental Health Difficulties* that was produced by the Mental Health Employment and Training Consultative Forum to FÁS and published in 2007. The objective of this report was to develop a generic framework for the training and employment of people who experience mental health problems, focusing on both existing structures and possible future structures in order to "provide a comprehensive compendium of options for people who experience mental health difficulties; while simultaneously ensuring appropriate supports and facilitating progression."[12] The Forum's recommended framework for service provision includes:

- sheltered occupational services;
- rehabilitation training;
- clubhouses;
- bridging programmes between rehabilitation training and specialist vocational training;
- specialist vocational training;
- bridging programmes between specialist vocational training and mainstream vocational training;
- job clubs; and

[12] Mental Health Employment and Training Consultative Forum, A Framework for the Training and Employment of People with Mental Health Difficulties, July 2007, p.2 available at www.eve.ie/documents/frameworkreport.pdf

- employment services including: transitional employment, Community Employment, the Employment Retention Grant Scheme, Supported Employment and Social Firms.

The Framework contained in this report shows the Health Services Executive (HSE) as the gateway for sheltered occupational services and rehabilitation training, while FÁS would be the gateway for vocational training and employment services.

The *Framework* report includes 46 detailed recommendations to further develop this comprehensive range of services. The Forum advocated innovations to services such as making rehabilitative training more flexible, developing bridging programmes between different levels of service, funding of Clubhouses, Job Clubs, Social Firms and development of other innovative programmes. The Forum advocated exploring 'transitional employment' as a service model and developing a 'work buddy system' for people with mental health problems in workplaces, to be promoted by FÁS.

While FÁS has not adopted the *Framework* report as its policy, the agency's work is informed by its recommendations. In particular, the idea of bridging programmes was due to be progressed through the National Disability Strategy (NDS), however due to the economic downturn, tendering for the pilot of these services has been delayed.

Finally, although it is not a mental health-specific policy, the Work Research Centre's (WRC) *Strategy of Engagement*, published by the National Disability Authority (NDA) is also important to understanding the current context for initiatives on employment and mental health. This policy document was commissioned in order to inform the development of a Comprehensive Employment Strategy for people with disabilities under the NDS. The WRC identified five core pillars of an employment strategy for people with disabilities.

1. Removing disincentives and benefit traps arising from the operation of the welfare system and ensuring that transitions to employment are possible, financially rewarding and sustainable;
2. Enhancing the capacity and effectiveness of the education, training and employment system;
3. Ensuring that both the public and private sectors implement policies to support the recruitment and retention of people with disabilities which are rooted in a knowledge of the capabilities of people with disabilities;
4. Devising and implementing a preventative strategy:
    a. Reducing early school-leaving among young people with disabilities;
    b. Improving retention in employment following the onset of a disability in adult life; and
5. Developing a systematic process of engagement with people with disabilities in order to assist them to articulate and realise their employment aspirations.

Underpinning the above five pillars, WRC recommended ensuring that the volume and overall pattern of provision in programmes of education, training and employment is sufficiently diverse to meet the needs of all people with disabilities, particularly people experiencing severe disabilities.

Quoted from WRC (2008) *A Strategy of Engagement: Towards a Comprehensive Employment Strategy for People with Disabilities*

WRC emphasised that all of these components must be implemented, in an integrated manner, in order to achieve progress in the employment status of people with disabilities.[13]

It is evident that substantial work has been undertaken in Ireland to inform policy around employment in mental health. However, there have been significant environment and evidence developments since 2006 and 2007 when these reports were published. The following recommendations seek to take into account these previous Irish mental health and related policy documents as well as more recent policy and practice developments. The recommendations are also informed by the views of participants at an AI roundtable on employment and mental health held on 7 March 2011 (see Appendix 5 for a report of the roundtable).

[13] WRC Social and Economic Consultants, A Strategy of Engagement: Towards a Comprehensive Employment Strategy for People with Disabilities: Executive Summary, 2006, National Disability Authority, p.6

Addressing mental health in the workplace

The right to work requires states to have specialised services to assist and support individuals in order to enable them to identify and find available work. Importantly in the context of people with mental health problems, discrimination in access to and maintenance of employment is prohibited. States must pursue national policies designed to promote equality of opportunity and treatment in respect of employment and occupation, with a view to eliminating any discrimination in those areas. The right to work also requires states to implement technical and vocational education plans to facilitate access to employment. Even in times of severe resource constraints, disadvantaged and marginalised individuals and groups such as people with mental health problems must be protected by the adoption of relatively low-cost targeted programmes. In essence the human rights framework recognises the important role of employment in ensuring integration into society and in combating social exclusion.

Key principles

Policy on employment and mental health should be underpinned by the principles of equality, recovery, person-centred services, prevention and early intervention, consultation, empowerment, participation in the community and outcomes-focus.

- **Equality** - The NDA's policy document *A Strategy of Engagement*: *Towards a Comprehensive Employment Strategy for People with Disabilities* states that a cornerstone of a strategy for employment should be equality.[14] So too, *A Vision for Change* states that every citizen should have the right to employment on the same basis as other citizens.

- **Recovery** – Recovery is also a principle underpinning *A Vision for Change* that must be incorporated into policy on employment and mental health. With regard to work, every individual with experience of a mental health problem who comes in contact with public services, including health and social services, education, vocational training and social welfare, should be presumed to be capable of working. Services, including mental health services, should focus on the individual's strengths and personal goals and support the individual to fulfil their potential.

- **Person-centred services** – Employment supports should be tailored to the individual's personal goals. The NDA's *A Strategy of Engagement* report recommends that the strategy "if it is to be effective, must not be based on a one-dimensional concept of disability. The responses and options provided by a comprehensive employment strategy must engage with the diversity of circumstances, needs and abilities of all people with disabilities."[15] To be successful,

[14] WRC Social and Economic Consultants, A Strategy of Engagement: Towards a Comprehensive Employment Strategy for People with Disabilities, 2006, National Disability Authority, p.3.
[15] Ibid, p.4.

employment services must also support the individual's employment preferences.[16]

- **Prevention and early intervention** – Early intervention in mental health problems is proven to deliver better recovery outcomes, including better employment outcomes. *A Strategy of Engagement* recommends devising a 'preventative strategy' that reduces early school-leaving and improves retention in employment following the onset of a disability in adult life.[17]

- **Consultation** – *A Strategy of Engagement* states: "consultation, empowerment and integration" are core principles that are important to ensure the strategy is relevant.[18] Being able to participate in decision-making that affects you directly is also a cross-cutting principle of a human rights-based approach.

- **Empowerment** – Autonomy is a cross-cutting principle of human rights. Individuals should be empowered to determine and source the supports that will work for them. Individuals should have choices over which types of supports and training will be suitable for them.

- **Participation in the community** – In line with the Convention on the Rights of Persons with Disabilities, every person with experience of a mental health problem should be supported to participate in their local community.

- **Outcomes-focused** – *A Strategy of Engagement* states that an employment strategy for people with disabilities needs to be 'outcome driven'.[19] Employment and related supports should be measured by their training, education and employment outcomes for participants.

> Case study
> "If you were to get a history of work from most service users it would be, 'unemployment, Disability Benefit, voluntary work, invalidity pension, hospital, occupational therapy', all in a rigamarole. This is the reality for most service users who I have known…My local support group has a regular meeting of about 12-16 men and one woman once a week. All are unemployed. This position has remained unchanged for the last six years and longer."
>
> Louie, contributor to AI's report *The Missing Link: coordinated government action on mental health*

The NDS provides a logical forum within which cross-sectoral issues on mental health and employment can be progressed. There is already a commitment under the NDS to develop a Comprehensive Employment

[16] Perkins, R Farmer, P and Litchfield, P, Realising ambitions: Better employment support for people with a mental health condition, 2009, London: The Stationery Office Ltd., p.63.
[17] WRC, 2006, p.6.
[18] Ibid., p.5.
[19] Ibid., p.15.

Strategy for people with disabilities. Given the substantial proportion of people with a mental health condition who are in receipt of illness and disability benefits, the distinctive nature of prejudice and discrimination against people with a mental health history, as well as the specific challenges for such individuals in seeking to maintain employment, it makes sense to ensure that there is a mental health focus within the Comprehensive Employment Strategy. The NESF's previous recommendation for an integrated strategic plan for the delivery of training, work and employment services for people with mental health conditions could be implemented in this way.

Recommendation

- As recommended by the NESF, an integrated strategic plan for the delivery of training, work and employment services for people with mental health conditions should be developed as part of the Comprehensive Employment Strategy for people with disabilities.

Key issues and solutions

Lack of early intervention

In Ireland there is no early, systematic engagement with individuals who develop a mental health problem to assist with their vocational and employment needs despite the evidence that employment is positive for mental health.[20] The WRC report *A Strategy of Engagement* recommended developing a "systematic process of engagement with people with disabilities in order to assist them articulate and realise their employment aspirations".[21]

Employment should become a valued outcome of recovery-orientated mental health services and mental health services should be measured on their achievement in supporting individuals to retain or gain employment. In line with international good practice, AI has previously recommended that employment status is monitored as an indicator of mental health service outcomes.[22]

Such an approach has precedent in the UK, where Government policy is that Individual Placement and Support (IPS) services are facilitated via the placement of an employment specialist on every secondary mental healthcare team. IPS is a form of supported employment for which the assessment of a person's vocational skills and preferences occurs relatively quickly upon coming into contact with mental health services. Rapid job searching is a key feature with an 'employment first' approach. Also there is no eligibility criteria based on 'job readiness'; rather any person with a mental health problem who

[20] Department of Work and Pensions/Department of Health, Working our way to better mental health: a framework for action, London: The Stationery Office Ltd., p.13.
[21] WRC 2006, p.34.
[22] Indecon International Economic Consultants, Accountability in the Delivery of A Vision for Change: A Performance Assessment Framework for the Mental Health Services, 2010, Dublin: Amnesty International Ireland.

wants to work is eligible for this supported employment programme. The person may then enter the workforce in a setting that is suitable for them, thus allowing them to develop their skills within the work environment while receiving ongoing support. IPS involves seven essential principles:

1. Competitive employment is the primary goal;
2. Everyone is eligible – there is no ‘eligibility criteria’;
3. Job search is consistent with individual preferences;
4. Job search is rapid, normally within one month;
5. Employment specialists and clinical teams should be integrated and co-located;
6. Support is time-unlimited and individualised to both the employer and the employee; and
7. Welfare benefits counselling supports the person through the transition from benefits to work.[23]

While there is no time limit on the support provided, experience has shown that the need for supports reduces over time.[24] It can be seen that this model of IPS differs from the type of Supported Employment currently offered by FÁS, the latter having a requirement that participants are ‘job-ready’ and time-limited support.

Substantial international evidence shows that IPS achieves better employment outcomes than traditional vocational training and rehabilitation approaches. Perkins, Farmer and Litchfield report that:

> “Sixteen randomised controlled trials have now demonstrated that Individual Placement and Support achieves far superior outcomes across varying social, political, economic and welfare contexts. These show that 61 per cent of people with serious mental health conditions can gain open competitive employment using Individual Placement and Support as compared with 23 per cent for vocational rehabilitation.”[25]

Furthermore, the evidence shows that where individuals gain employment, their mental health service usage and costs decrease.[26] A cost benefit analysis carried out for their report showed that for every pound invested in the ‘model of more support’ there is an expected saving of £1.51.[27] However, Perkins, Farmer and Litchfield emphasise that IPS’s efficacy depends on fidelity to all seven principles of the approach.

Although IPS has been shown to offer the best outcomes in terms of employment, it should be noted that success will not be achieved for all

[23] Summarised from Perkins, et al. 2009, pp.63-64.
[24] Notes from Amnesty’s roundtable on employment and mental health, Rachel Perkins Q&A (see Appendix 5 of this briefing paper).
[25] Perkins, et al., 2009, p.60.
[26] Ibid., p.60.
[27] Ibid., 75.

cases. This is an assertion echoed in *Vision and Progress*.[28] This recent report by the National Social Inclusion programme on work carried out by the National Institute for Mental Health in England, acknowledges the effectiveness of the IPS model, but also recognises the need for a range of other supports for those suffering from mental health problems.

Equally important, intervention should occur early in the benefits system in order to support vocational and employment outcomes. The research conducted for the then Department of Enterprise, Trade and Employment on acquired disability recommended that a specific early intervention programme be developed for people with a mental health condition who are long-term on Illness Benefit.[29] Similarly, the Department of Social Protection has recognised the need for better assessment of disability welfare claimants. The review of the Disability Allowance Scheme recommended identifying the capacity of disability welfare claimants and 'segmentation' to better match services to individual claimants' needs. The Department's Statement of Strategy 2008-13 also commits to making activation a core part of its business along with service delivery and control.[30] However, in order for this new approach to be empowering for people with experience of a mental health problem it is important that welfare services are tailored to their individual needs and aspirations. It must recognise both their abilities and their disabilities.

Recommendations

- For individuals who are not able to access mainstream employment and training services without support, the Government should provide the Individual Placement and Support model of employment support as the first option. This must include indefinite support for individuals according to their needs. This could be achieved either by re-structuring the existing FÁS-funded Supported Employment Programme or by re-allocating existing rehabilitative and vocational training funding to an IPS-model programme. Either approach would result in improved employment outcomes for service users and therefore reduced costs to the Exchequer. In the UK, it has been estimated that by implementing a comprehensive IPS model, for every pound invested there are expected fiscal savings of £1.51. In terms of health costs, a UK calculation estimated a savings of £6,000 per person over an 18-month period in inpatient costs alone.[31]

[28] National Social Inclusion Programme, Vision and Progress. Social Inclusion and Mental Health, 2009, available at www.socialinclusion.org.uk, p.15.
[29] WRC Social and Economic Consultants, 'Research Report on Acquired Disability and Employment', November, 2008, Dublin: Department of Enterprise, Trade and Employment, p.111.
[30] Presentation by Eoin O'Seaghdha, Department of Social Protection to Amnesty International Ireland's Roundtable on Employment and Mental Health, 7 March 2011.
[31] Sainsbury Centre for Mental Health, Doing what works: Individual placement and support into employment, 2009, cited in Perkins, et al. 2009, p.110.

- A designated employment lead should be in place on each Community Mental Health Team. This lead should have the skills to support individuals to retain or gain employment, and should:
  - ensure that vocational training and employment needs are incorporated into the recovery plan for each service user;
  - provide a key contact point for liaison with vocational, education and employment service providers; and
  - provide or source support needed for the individual to retain or gain and sustain employment.
- Mental health services should report regularly, on an aggregate basis, on the vocational training, education and employment outcomes of their service users.
- Ensure that when people with a disclosed mental health problem apply for income support:
  - Their vocational, occupational and employment support needs are identified in line with their strengths, abilities and vocational aspirations and an 'individualised employment entry/re-entry plan' is developed[32] in accordance with their mental health recovery plan. (In this regard, it is vital that income support assessments accurately reflect the capabilities and incapacities of applicants with a mental health problem. This has been a significant problem in the UK.);[33]
  - Effective liaison occurs between income support assessment officers and the individual's mental health support provider (when and if the individual gives permission) in order to determine how vocational training and/or employment fits with their recovery plan;
  - Effective liaison occurs between the income support assessment officer and the individual's education service provider or employer (if and when the individual gives permission) in order to ensure that adequate supports are in place for the individual;
  - Where employment supports are required, they are provided for however long they are needed, tailored to the individual's needs;
  - FÁS should determine what proportion of its mainstream training and employment scheme participants have a mental health problem and if it is found to be a relatively low proportion, take steps to increase participation of people with mental health problems; and
  - FÁS should develop a specific disclosure leaflet on mental health for its service users, in consultation with people with

[32] WRC, 2006, p.23.
[33] Mind, 'Welfare reform anxiety making people ill', posted Sunday, 3 April 2011 and available at http://www.mind.org.uk/news/show/4811

mental health problems and similar to its leaflet on disclosure for people with disabilities.

Young people leaving the labour market

A preventive approach includes addressing the educational needs of young people before they develop a long-term distance from the labour market.

Recommendation

- The Government should ensure that young people being treated for a mental health problem are supported to complete education to at least Leaving Certificate level or Level 5 of the National Qualifications Framework by:
    - State provision of accessible education and vocational training programmes to meet assessed needs of young people with a mental health problem;[34] and
    - Ensuring that GPs and mental health professionals providing care for a young person with a mental health problem liaise effectively with local vocational support agencies and education providers.

[34] This recommendation is broadly based on that in the report *A Strategy of Engagement* by the Work Research Centre, 2006.

Lack of skills or qualifications

In the increasingly competitive Irish economy, it is more important than ever to have adequate skills and qualifications. Yet research persistently shows lower educational attainment among people with mental health problems. Among participants in the National Disability Survey, more than half (53 per cent) of people whose mental health disability arose before completing their full time education, stopped education due to their disability and this is significantly higher than any other disability.[35]

> "I thought the [FÁS] Connect course would be much better than the other courses as it was supposed to be flexible and meet the individual's needs, but instead I found it disempowering, and a humiliating, degrading and sometimes intimidating environment…
>
> My experience was one of emotional upset. The Connect course couldn't be described as a caring environment and if this course was being delivered as part of a mainstream education participants would not accept such ill treatment. This course was supposed to be for people with disabilities and yet they showed little understanding of mental health…
>
> The whole experience was really traumatic, which is such a shame because at this stage what I really want to do is be in the position to help other people. I am trying to educate myself because don't want to be in the background any longer, I want to do something constructive."
>
> Breda Malone, Speaker, AI Hearing 31 May 2011

It is vital that people with mental health problems have effective access to vocational and educational opportunities. It is equally important that where they avail of specialist services, these result in real skills gains and employment opportunities that suit the individuals concerned.

FÁS has developed a Protocol for Supporting Learners with Mental Health Issues (May 2009) that is a welcome step in ensuring that people with mental health problems have equal access to FÁS-funded training programmes. However unfortunately it does not appear that people with mental health problems were consulted with directly on the development of this protocol. This gap should be rectified and FÁS should consult with people with mental health problems and their representative organisations (such as the National Service User Executive) on the protocol. The protocol also states that it depends on the provision of specific training in mental health to Employment Service Officers, Community Services Officers and Training Services Instructors as an interim measure in the absence of the proposed Access and

[35] Central Statistics Office, National Disability Survey 2006: Volume 2, Dublin: CSO, p.75.

Learning Support Service (ALSS). Given the likely high proportion of people with a mental health problem among training service users it is important that this training be implemented for all relevant staff as a matter of priority. The FÁS protocol also recommends that a dedicated psychological referral service be established nationwide to provide support to learners with a mental health problem and that support for people with a mental health problem should be made integral to the ALSS service when it is established.

Recommendation

In addition to the early intervention recommendations above:

- FÁS should ensure that all Employment Service Officers, Community Service Officers and Training Services Instructors have received training in responding to trainees with a mental health problem in the short-term in order to ensure that trainees in mainstream FÁS training receive appropriate support and reasonable accommodation if they have a mental health problem that impacts on their learning.
- FÁS should consider the feasibility of providing a psychological referral service for its training services.
- Support for people experiencing a mental health problem should be made integral to the ALSS service if and when it is established.
- Include in rehabilitation and training providers' Service Level Agreements with the HSE and FÁS performance indicators that measure participants' improved skills and qualifications.
- Include a requirement in specialist rehabilitation and training service providers' Service Level Agreements that their services are geared towards supporting individuals to avail of mainstream training opportunities over specialist provision, in the context of person-centred plans.
- Consult with mental health service users of specialist rehabilitation and training services about the effectiveness of these services in meeting their needs.

Fear of losing benefits

For people receiving long-term treatment of a mental health problem, the loss of their medical card upon returning to work acts as a deterrent, including the loss of free medication. So too, the loss of rent allowance can deter individuals from seeking employment. While recent changes to the Disability Allowance Scheme intended to encourage people with disabilities to return to work, the Disability Allowance review suggests that it has not worked effectively for all people with a disability. The reality is that even for individuals recovered from a mental health problem, the fear of losing their medical card cover to get early, low-level treatment or free medication through primary care, is a barrier to their taking up employment. Similarly, due to the unpredictable, episodic nature of mental health problems, concerns may arise for people with mental health problems about being able to easily return to benefit if their difficulty recurs or they lose their job.

Recommendations

- As part of the Government's plan to provide universal free access to primary care, ensure as a matter of priority that all individuals who are receiving long-term mental health treatment and qualify for a medical card can retain their medical card, regardless of their income or employment status;

- For individuals on Illness Benefit or Disability Allowance who wish to return to work, ensure they can automatically revert to benefits if they lose their job, with an appropriate income support assessment to follow after reinstatement of benefits; and

- The Department of Social Protection should consult with their customers with a mental health problem who are on rent allowance in order to determine how the rent allowance scheme can be improved so that it does not act as a deterrent to taking up employment.

Anticipated discrimination

People with a mental health problem may anticipate that they will experience bullying, harassment and/or discrimination in the workplace. In a See Change public attitudes survey in 2010, 47 per cent of respondents agreed that a diagnosis of a mental health problem would have a negative effect on their job and career prospects and 37 per cent said it would have a negative effect on their relationship with their work colleagues.[36] In a study commissioned by AI and undertaken by DCU School of Nursing more than 300 people with experience of a mental health problem were asked about their experience of unfair treatment because of it. The research found 66 per cent of participants

[36] Millward Brown Lansdowne, 'Public Attitudes towards Mental Illness: A Benchmark Study for See Change' (unpublished).

had stopped themselves from working due to how they thought others might respond to their mental health problem.[37]

Such fear is well justified by the documented prevalence of negative attitudes towards people with mental health problems. A survey carried out for the NESF in 2006 found that almost a quarter of employers would be reluctant to employ someone with a history of mental health difficulties, while more than half of employees (52 per cent) thought that negative attitudes from co-workers was a major barrier to employing people with mental health difficulties.[38] Public attitudes research carried out for the See Change campaign documents the complexity of these attitudes. In general, attitudes towards people with depression, anxiety and eating disorders are more positive than those towards people with schizophrenia. For example, 38 per cent of the public felt uncomfortable working with a person diagnosed with schizophrenia, compared to 13 per cent for someone with depression and just eight per cent for someone with an eating disorder.[39]

Recommendations

- The Government should commit to prolonged participation in and funding for the See Change campaign, while also adopting a long-term public education strategy with appropriate resources, targets and indicators for improving attitudes and behaviours towards people with mental health problems.
- The Government should ensure that people with mental health problems are involved in the design, delivery and monitoring of anti-discrimination measures.
- The Government should conduct regular research within civil society and state agencies into attitudes towards people with mental health problems. Research cycles should be designed so that attitudinal change over time can be measured and programmes to reduce prejudice and improve attitudes can be evaluated for their effectiveness.
- The Department of Education and Skills should ensure that education on mental health that includes discussion about prejudice and discrimination is provided to young people within school settings.

[37] MacGabhann, L, Lakeman, R, McGowan, P, Parkinson, M., Redmond, M, Sibitz, I, Stevenson, C, Walsh, J, (School of Nursing, Dublin City University), Hear my voice: The experience of discrimination by people with mental health problems, 2010, Dublin: Amnesty International Ireland, p.63.
[38] Millward Brown IMS, Mental Health in the Workplace, October, 2007, Dublin: National Economic and Social Forum.
[39] Millward Brown Lansdowne, 'Public Attitudes towards Mental Illness: A Benchmark Study for See Change' (unpublished).

Experienced discrimination

The Employment Equality Acts 1998-2008 expressly prohibit discrimination by employers of people with a mental health problem, in terms of access to, or conditions of, employment in Ireland. Employers also have a duty under that legislation to make reasonable accommodation for employees with mental health problems. However in the DCU study on average four out of 10 participants reported unfair treatment in relation to employment (36 per cent finding a job; 43 per cent keeping a job). One participant gave this example: "I did an interview which went very well and I got the job, I was asked what was the nature of my disability and when I told her it was schizophrenia she never got in touch with me after that." Another said:

> "I can't get a job, I've tried and tried and tried. And you can get interviews, you fill in the application form, you send it away and you get to an interview and everything is going grand in the interview and there might be a gap in your employment record or whatever. They'll say well where have you been? And I'll say well I was in a psychiatric hospital and you can see the look and it's all downhill afterwards and you never hear from them again."[40]

Also of concern are the apparent low levels of people with mental health problems who avail of Ireland's equality redress mechanism as well as their low awareness of public agencies that could assist in instances of perceived discrimination.[41]

Recommendations

- The Equality Authority should identify and eliminate the barriers experienced by people with mental health problems in achieving equality and equal opportunity, and exercising their rights under Irish equality legislation to challenge discrimination and seek redress.
- The Equality Authority should collect, analyse and disseminate information on the prevalence and nature of discrimination against people with mental health problems. It should advise state agencies that all data-gathering and monitoring on discrimination against people with disabilities should be further disaggregated on the basis of mental health status or disability.
- The Department of Community, Equality and Gaeltacht Affairs should support and resource the Equality Authority in the implementation of the above recommendations.
- When providing employment assistance and support, FÁS, social welfare and other employment support providers should routinely advise service users about their rights under Ireland's employment equality legislation and the avenues for redress if they feel they have been discriminated against.

---

[40] MacGabhann, et al., 2010, p.26.
[41] Ibid., p.69.

Bullying and harassment from colleagues

People who are known to have been through a mental health problem may experience bullying or harassment in work. Harassment is a form of discrimination prohibited by Ireland's equality legislation. Yet among 30 participants who took part in in-depth interviews for the DCU study, many described being shunned, avoided or bullied by others in the workplace. For those who had disclosed their mental health difficulty to colleagues, managers or human resource personnel, they sometimes received unhelpful responses or were the victims of pranks because of their mental health problem.

> "…they're kind of mean jokes and they're not meant in a bad way and I admit that and I know that, but when somebody does something like deliberately put their fan facing you for the whole day and they know you're cold, that's not a joke. Even when you told him not to, then that's not a joke." [42]

Recommendation

- When providing employment assistance and support, FÁS, social welfare and other employment support providers should routinely advise service users about their right to protection from harassment under Ireland's employment equality legislation and the avenues for redress if they feel they have been harassed.

Lack of reasonable accommodation in the workplace

Mental health conditions account for a significant proportion of those off work due to a disability. A survey of long-term Illness Benefit recipients found that for one third, their primary condition concerned mental health. Importantly, among these, one third said that their mental health condition was work-related.[43]

Ireland's Employment Equality Acts 1998-2008 require employers to provide 'reasonable accommodation' to an employee with a disability.[44] In the case of a person with a mental health problem, such reasonable accommodation could include flexible work hours or time off for mental health-related appointments, for example. People with mental health problems in employment also face the difficult question of whether or not to disclose their

[42] MacGabhann, et al., 2010, p.26.

[43] WRC Social and Economic Consultants, 'Research Report on Acquired Disability and Employment', November, 2008, Dublin: Department of Enterprise, Trade and Employment, p. 62.

[44] "Reasonable accommodation" is defined by the CRPD as "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms" (Article 2).

mental health problem in order to seek reasonable accommodation. International evidence shows that individuals with experience of a mental health problem can encounter demotion or lack of promotion, increased stress and anxiety, work place bullying, loss of confidence, lack of understanding by employers, and difficulty returning to work after a period of mental health-related absence.[45] People with a mental health condition in receipt of Illness Benefit have also been found to be among workers less likely to be retained by employers:

> "It is among recipients reporting mental health related conditions - which account for the largest single group of IB [Illness Benefit] recipients - that the smallest proportion stating that their job is still available is found. This finding highlights the particular vulnerability of people experiencing mental health problems to loss of employment following long-term absence from work."[46]

In Ireland, a significant minority of employers are not sufficiently aware of how to respond appropriately to mental health issues in the workplace. The NESF found that 31 per cent of employers did not think that managers in their organisation had a good understanding of mental health issues, while 75 per cent did not know enough about the law on mental health in the workplace.[47] Only one in five employers had a written policy on mental health in the workplace in 2006, while 94 per cent of employers thought training would be helpful and 97 per cent thought practical guidelines for managers would be helpful.[48] It is important to reach managers who have significant one-to-one contact with their employees and are in a position to try to resolve issues early. The National Learning Network currently provides employer training. It is also important to provide support to businesses when they experience difficulty.

Case study
"After a series of suicides in a large company in Galway, the local Rehabcare care service contacted the company's human resource manager and advised the company about available skills training and support."
Comment from participant in AI's roundtable on employment and mental health, 7 March 2011

There is also a knowledge gap in terms of the economic aspects of mental health in the workplace such as the extent and costs of absenteeism due to a

[45] Stuart, H, 'Mental illness and employment discrimination', Current Opinion in Psychiatry, 19, 2006, pp. 522-526.
[46] WRC Social and Economic Consultants, 'Research Report on Acquired Disability and Employment', November, 2008, Dublin: Department of Enterprise, Trade and Employment, p.70.
[47] Millward Brown IMS, 'Mental Health in the Workplace' October, 2007, Dublin: National Economic and Social Forum, pp.14-15.
[48] Ibid., p.21.

mental health problem. It would be useful to have published Irish data that could inform the development of better workplace policy.

The NESF's qualitative research found that employees would be uncomfortable and uncertain how to behave around a work colleague, while employers said that if they became aware a potential employee had such difficulties, they would be unwilling to take them on, thereby curtailing the career advancement opportunities of an existing employee. Meanwhile as of 2007 the Health and Safety Authority had just one psychologist available to offer guidance on best practice on developing safe work and organisational culture around mental health related issues (NESF, 2007).

> "I know the head of [human resources] just did not know where to start dealing with me. He was kind of 'Oh you have mental health problems and how do we know that you're fixed and how do we know you're not going to break again?' And questions like that …if I had broken my leg I wouldn't have been asked."[49]

Some of the types of accommodation that were suggested at AI's roundtable on employment and mental health were:

- flexible working;
- time off to attend medical appointments;
- time-out periods during the working day;
- mentoring within the workplace;
- employee assistance programmes;
- peer support within workplaces; and
- taking an approach that promotes positive mental health and de-stigmatises mental health problems.

Small to medium-sized employers require a strategy that is suited to them. For example, many will not have dedicated human resources personnel and so may not have as much internal expertise as larger businesses. One avenue that may be useful for extending supports available to small to medium size employers is Enterprise Ireland's Workplace Innovation Fund. The Government in the UK has recently launched a Challenge Fund to promote the management of mental well-being within small businesses, rewarding innovative measures taken by businesses to address such issues. A similar fund operates in Australia where an innovation fund is used to eliminate barriers to employment for those experiencing barriers to employment, including mental health problems. The rationale for extending Enterprise Ireland's fund to include a social inclusion agenda lies in the fact that activities currently considered eligible for funding include worker well-being, provision of greater levels of flexibility and, crucially, staff retention.

[49] MacGabhann, et al., 2010, p. 20.

Recommendations

- Data should be gathered and analysed to develop the economic case for workplace mental health and well-being programmes.

- Detailed guidance for employers should be developed in partnership with employers' bodies and trade unions on how to support people with a mental health problem in the workplace, building on the *Just Ask* leaflet and along the lines of that previously recommended by the NESF. This guidance should include a template mental health policy for employers.

- FÁS should develop an employer helpline to offer guidance to employers on how to respond appropriately to people with mental health problems.

- The Health and Safety Authority should further develop its guidance for employers on promoting mental health and well-being in the workplace.

- Advice should be developed for people with a mental health problem on the benefits and risks of disclosure to their employers, informed by the experiences of people with a mental health problem. FÁS, social welfare and other employment support providers should routinely advise service users about disclosure to their employer or potential employer when providing employment assistance.

- Enterprise Ireland should develop a scheme through its Workplace Innovation Fund to reward innovative measures taken by businesses to promote mental health and well-being in the workplace.

Inadequate supports for transitioning from being off work into work

Returning to work after a period out of work can be a stressful experience. People who have experienced a mental health problem are more likely to have both reduced self-confidence and particular concern about avoiding stress that may aggravate their mental health. In Ireland, services continue to be funded on a block grant basis rather than according to the individual needs of service users. This results in support services that are not fit for purpose. Furthermore, a day centre that is providing the same service for individuals with mental health problems as for those with autism or intellectual disabilities is not likely to be serving any of these individuals well. Evidence shows that people get the best work outcomes when they receive coordinated support that works towards their employment goals.[50]

[50] Department of Work and Pensions/Department of Health, 'Working our Way to Better Mental Health in the Workplace', 2009, p.41.

Preliminary outcomes from the HSE's review of adult day services have already incorporated a recognition that day services must radically change to be oriented towards the needs of individual service users. The *New Directions* report advocates a personal budget approach to commissioning day services. In this new approach, each individual service user would be given their own budget with which to commission the day support services they require.

Recommendations

- The Government should continue to provide funding (on a personal budget basis as described below) for a range of day services to individuals where these options are the best way to meet their support needs.
- Individuals in need of rehabilitative training or support to enter education or employment should be given control over their own service budget (a 'personal budget') with which to commission the services they need. These individuals should be provided with independent support, i.e. advocacy and assistance with administration, in order to select and commission the services that most need their needs.
- The Government should fund the extension of the Willing Able Mentoring programme operated by Ahead to ensure that all graduates with a mental health problem who are suitable for the programme can avail of it.

Structural barriers in the way services are organised

The integration of services through cooperation between departments is key to successfully implementing the recommendations of *A Vision for Change*.

As discussed above, the Mental Health Employment and Training Consultative Forum's *Framework Report on Training and Employment for People with Mental Health Difficulties* provides a detailed integrated framework, which contains both multiple points of entry and bridging mechanisms between services. This model has various vocational and rehabilitative options requiring the involvement of the HSE and FÁS. Agencies are to be linked via a series of bridging mechanisms allowing transition between services.

An integrated service, which bridges FÁS and the HSE is a priority. Such an integrated approach fits in with the person-centred approach promoted in Irish policy. Such a framework must be driven by the needs of the service user and therefore could be incentivised via the personal budget system described earlier. In the context of the transfer of FÁS's employment services to the Department of Social Protection there is a new opportunity to ensure the integration of employment, education, welfare and health services on the front line as well as at management and policy levels. It is important that staff of all agencies receive adequate training that goes beyond mental health

awareness to instilling skills in solutions-focused advising and job coaching. It is also important to provide a suitable environment for providing services to people with a mental health problem. Given the challenge for individuals disclosing that they have a mental health problem, it is important that all agencies be able to provide private spaces for one-to-one interaction between clients with a mental health problem and service staff.

Crucial to the development of an integrated inter-departmental approach, is the development of a series of bridging programmes to coordinate the work of the different agencies involved in service provision. This is going to be one of the most challenging aspects to implement, as both implementation and funding will need to be provided by all departments involved. Generally this should occur between FÁS and the HSE, in order to ensure vocational and rehabilitative programmes are coordinated. This will also aid fluid transition between programmes.

There is a need for programmes between all levels of training and employment progression (called 'bridging programmes'). The Mental Health Employment and Training Consultative Forum have highlighted the lack of service provision currently available in this format. It recommends the development of a flexible range of bridging programmes that offer access to, progression within, or enable people to up-skill within education, training or employment. In line with the needs of people with mental health problems, these services should be offered in both individual blocks and as more flexible support modules, which may be taken alongside vocational and rehabilitative programmes.

The Forum also suggest many of the bridging programmes take the form of courses. As a result, Fetac Accreditation, as recommended within the DSP's sectoral plan, and also within the Forum's outline for the further development of rehabilitative training models, may offer one way of ensuring appropriate progress between levels could occur.

The Enable project based in Shropshire in the UK, offers another example of a bridging programme suitable for people with mental health problems. It acts as a bridge between health and social care clinical teams, and Jobcentre Plus allowing the clinical teams to continue to offer support for a longer duration than standard disability support services. This includes a job retention service, which offers a mediation service between employers and employees with mental health problems. Enable is currently funded through the Jobcentre Plus *Work-Step* programme.

Recommendation

- Bridging programmes should be developed to ensure an effective transition between health, vocational training and employment programmes.

In addition to these bridging programmes, there is a need for a link between the different departments and agencies involved in service provision. A recent

report on mental health and employment in the UK recommended the creation of a mental health coordinator role within Jobcentre Plus.[51] The Government has since responded by committing to the introduction of a network of these coordinators in each Jobcentre Plus district.[52] The networks they build will be used to help ensure consistency of message between work and health services.

Recommendation

- A mental health coordinator should operate within the Local Employment Service and FÁS training centre and should support coordination of vocational, employment and health services to individuals with experience of a mental health problem.

Conclusion

AI urges the current Government to consider the recommendations contained in this briefing paper with a view to implementing them at the earliest opportunity. AI encourages the Government to work with the mental health sector, including people with a mental health condition, their families, and supporting non-governmental organisations, to make these recommendations a reality. AI hopes that this briefing paper will be a valuable resource to both the Government and the mental health sector in finding solutions to the employment challenge for people with a mental health condition.

In the current economic crisis, Ireland cannot afford to exclude people with a mental health condition from the workforce, nor consign this group to long-term welfare support. But constrained resources require creative thinking in how to enable people with a mental health condition to access and retain work. This paper has drawn on experience in Ireland and the UK to suggest a variety of solutions, many cost neutral. The first of these is to start with a change in attitudes – to make employment an expected outcome of recovery from a mental health crisis. Such a change in attitudes on the part of both people with a mental health condition and those who support them could stimulate not only better quality mental health services but also more effective vocational training, education and employment services; thereby making better use of our scarce resources. But people with a mental health condition must also be effectively protected from discrimination and abuse within the workplace; they must be fully informed of their rights under Irish equality legislation and this information must form an essential component of employment access and support programmes.

It is also important not to be ‘penny wise and pound foolish’. Rather than a narrow focus on budget cuts, we need to invest now to save in the medium and long-term. In the UK it has been estimated that every £1 spent on an Individual Placement and Support Service will save the exchequer £1.51, and

[51] Perkins, et al., 2009.
[52] Department of Work and Pensions/Department of Health, Working our way to better Mental Health: A framework for action, 2009, The Stationary Office UK, p.43.

this does not include proven savings in mental health care. Rather than continuing to spend on welfare benefits for individuals who want to work, would it not be more prudent to invest in supporting individuals into work?

Helping people with a mental health condition into employment is not only good for Ireland's economy; it is also good for our society as a whole. Getting people with a mental health condition into work will improve their social inclusion, quality of life and mental health. Implementing the recommendations contained in this report will also help the Irish Government to fulfil its obligations under international human rights law. Everyone in Ireland benefits when people with a mental health condition can be full citizens in Irish society. It's not just the prudent thing to do; it's what's right.

Full list of recommendations

- Policy on employment and mental health should be underpinned by the principles of equality, recovery, person-centred services, prevention and early intervention, consultation, empowerment, participation in the community and outcomes-focus.

- As recommended by the NESF, an integrated strategic plan for the delivery of training, work and employment services for people with mental health conditions should be developed as part of the Comprehensive Employment Strategy for people with disabilities.

- For individuals who are not able to access mainstream employment and training services without support, the Government should provide the Individual Placement and Support model of employment support as the first option. This must include indefinite support for individuals according to their needs. This could be achieved either by re-structuring the existing FÁS-funded Supported Employment Programme or by re-allocating existing rehabilitative and vocational training funding to an IPS-model programme. Either approach would result in improved employment outcomes for service users and therefore reduced costs to the Exchequer.

  In the UK, it has been estimated that by implementing a comprehensive IPS model, for every pound invested there are expected fiscal savings of £1.51. In terms of health costs, a UK calculation estimated a savings of £6,000 per person over an 18-month period in inpatient costs alone.[53]

- A designated employment lead should be in place on each Community Mental Health Team. This lead should have the skills to support individuals to retain or gain employment, and should:
  - ensure that vocational training and employment needs are incorporated into the recovery plan for each service user;

[53] Sainsbury Centre for Mental Health, Doing what works: Individual placement and support into employment, 2009, cited in Perkins, et al. 2009, p.110.

  - o provide a key contact point for liaison with vocational, education and employment service providers; and
  - o provide or source support needed for the individual to retain or gain and sustain employment.

- Mental health services should report regularly, on an aggregate basis, on the vocational training, education and employment outcomes of their service users.

- Ensure that when people with a disclosed mental health problem apply for income support:

  - o Their vocational, occupational and employment support needs are identified in line with their strengths, abilities and vocational aspirations and an 'individualised employment entry/re-entry plan' is developed[54] in accordance with their mental health recovery plan. (In this regard, it is vital that income support assessments accurately reflect the capabilities and incapacities of applicants with a mental health problem. This has been a significant problem in the UK.);[55]
  - o Effective liaison occurs between income support assessment officers and the individual's mental health support provider (when and if the individual gives permission) in order to determine how vocational training and/or employment fits with their recovery plan;
  - o Effective liaison occurs between the income support assessment officer and the individual's education service provider or employer (if and when the individual gives permission) in order to ensure that adequate supports are in place for the individual;
  - o Where employment supports are required, they are provided for however long they are needed, tailored to the individual's needs;
  - o FÁS should determine what proportion of its mainstream training and employment scheme participants have a mental health problem and if it is found to be a relatively low proportion, take steps to increase participation of people with mental health problems; and

- FÁS should develop a specific disclosure leaflet on mental health for its service users, in consultation with people with mental health problems and similar to its leaflet on disclosure for people with disabilities.
- The Government should ensure that young people being treated for a mental health problem are supported to complete education to at least

[54] WRC, 2006, p.23.
[55] Mind, 'Welfare reform anxiety making people ill', posted Sunday, 3 April 2011 and available at http://www.mind.org.uk/news/show/4811

Leaving Certificate level or Level 5 of the National Qualifications Framework by:

  - State provision of accessible education and vocational training programmes to meet assessed needs of young people with a mental health problem;[56] and
  - Ensuring that GPs and mental health professionals providing care for a young person with a mental health problem liaise effectively with local vocational support agencies and education providers.

- FÁS should ensure that all Employment Service Officers, Community Service Officers and Training Services Instructors have received training in responding to trainees with a mental health problem in the short-term in order to ensure that trainees in mainstream FÁS training receive appropriate support and reasonable accommodation if they have a mental health problem that impacts on their learning.
- FÁS should consider the feasibility of providing a psychological referral service for its training services.
- Support for people experiencing a mental health problem should be made integral to the ALSS service if and when it is established.
- Include in rehabilitation and training providers' Service Level Agreements with the HSE and FÁS performance indicators that measure participants' improved skills and qualifications.
- Include a requirement in specialist rehabilitation and training service providers' Service Level Agreements that their services are geared towards supporting individuals to avail of mainstream training opportunities over specialist provision, in the context of person-centred plans.
- Consult with mental health service users of specialist rehabilitation and training services about the effectiveness of these services in meeting their needs.
- As part of the Government's plan to provide universal free access to primary care, ensure as a matter of priority that all individuals who are receiving long-term mental health treatment and qualify for a medical card can retain their medical card, regardless of their income or employment status;

- For individuals on Illness Benefit or Disability Allowance who wish to return to work, ensure they can automatically revert to benefits if they lose their job, with an appropriate income support assessment to follow after reinstatement of benefits; and

- The Department of Social Protection should consult with their customers with a mental health problem who are on rent allowance in

[56] This recommendation is broadly based on that in the report *A Strategy of Engagement* by the Work Research Centre, 2006.

order to determine how the rent allowance scheme can be improved so that it does not act as a deterrent to taking up employment.

- The Government should commit to prolonged participation in and funding for the See Change campaign, while also adopting a long-term public education strategy with appropriate resources, targets and indicators for improving attitudes and behaviours towards people with mental health problems.
- The Government should ensure that people with mental health problems are involved in the design, delivery and monitoring of anti-discrimination measures.
- The Government should conduct regular research within civil society and state agencies into attitudes towards people with mental health problems. Research cycles should be designed so that attitudinal change over time can be measured and programmes to reduce prejudice and improve attitudes can be evaluated for their effectiveness.
- The Department of Education and Skills should ensure that education on mental health that includes discussion about prejudice and discrimination is provided to young people within school settings.
- The Equality Authority should identify and eliminate the barriers experienced by people with mental health problems in achieving equality and equal opportunity, and exercising their rights under Irish equality legislation to challenge discrimination and seek redress.
- The Equality Authority should collect, analyse and disseminate information on the prevalence and nature of discrimination against people with mental health problems. It should advise state agencies that all data-gathering and monitoring on discrimination against people with disabilities should be further disaggregated on the basis of mental health status or disability.
- The Department of Community, Equality and Gaeltacht Affairs should support and resource the Equality Authority in the implementation of the above recommendations.
- When providing employment assistance and support, FÁS, social welfare and other employment support providers should routinely advise service users about their right to protection from harassment under Ireland's employment equality legislation and the avenues for redress if they feel they have been harassed.
- Data should be gathered and analysed to develop the economic case for workplace mental health and well-being programmes.
- Detailed guidance for employers should be developed in partnership with employers' bodies and trade unions on how to support people with a mental health problem in the workplace, building on the *Just Ask* leaflet and along the lines of that previously recommended by the

NESF. This guidance should include a template mental health policy for employers.

- FÁS should develop an employer helpline to offer guidance to employers on how to respond appropriately to people with mental health problems.

- The Health and Safety Authority should further develop its guidance for employers on promoting mental health and well-being in the workplace.

- Advice should be developed for people with a mental health problem on the benefits and risks of disclosure to their employers, informed by the experiences of people with a mental health problem. FÁS, social welfare and other employment support providers should routinely advise service users about disclosure to their employer or potential employer when providing employment assistance.

- Enterprise Ireland should develop a scheme through its Workplace Innovation Fund to reward innovative measures taken by businesses to promote mental health and well-being in the workplace.

- The Government should continue to provide funding (on a personal budget basis as described below) for a range of day services to individuals where these options are the best way to meet their support needs.
- Individuals in need of rehabilitative training or support to enter education or employment should be given control over their own service budget (a 'personal budget') with which to commission the services they need. These individuals should be provided with independent support, i.e. advocacy and assistance with administration, in order to select and commission the services that most need their needs.
- The Government should fund the extension of the Willing Able Mentoring programme operated by Ahead to ensure that all graduates with a mental health problem who are suitable for the programme can avail of it.
- Bridging programmes should be developed to ensure an effective transition between health, vocational training and employment programmes.

- A mental health coordinator should operate within the Local Employment Service and FÁS training centre and should support coordination of vocational, employment and health services to individuals with experience of a mental health problem.

Appendix 1: Irish Models of Employment Support for People with Mental Health Problems

In order to implement a successful strategy, a range of services must be offered. Outlined below are a number of services, which may serve to act as the basis for future service delivery for training and employment services for people with mental health problems. Some of these services are currently available in Ireland, while others have poor presence, or are not yet available.

- **Vocational training** (Mainstream)

FÁS provides a range of mainstream vocational training services in their own and other community training centres. These mainstream services are open to people with mental health conditions, though often people with a mental health condition do not disclose their condition to mainstream training providers. In cases where the 'employment first' approach is not successful for an individual, or where training is required to complement their entry into employment, mainstream training should be considered before resorting to specialist training provision.

- **Job clubs**

Specialist mental health job clubs have developed as safe and encouraging spaces within which people with experience of a mental health condition can be supported and support each other to access work. In addition to assisting with job searching, clubs provide job-search and work skills training. In the context of a social environment where prejudice and discrimination are common, people with a mental health condition benefit from the peer support available in job clubs not only in gaining work but also in coping with the workplace over the long-term. Job clubs thus provide a valuable, supportive environment for people with a mental health condition both inside and on the verge of entering the labour market.

- **Supported employment**

Currently, the FÁS supported employment service is open to all people with disabilities who are "job ready". FÁS describes a person who is job ready as "a person who has the necessary training, education, motivation and ability to pursue work/career in the open labour market and if needed, has the transport to get to and from work". The current supported employment scheme does not fully meet the Individual Placement and Support model of service delivery recommended above.

The FÁS Supported Employment programme may be suitable for individuals who do not require the intensive support of the IPS model. An example of the Supported Employment programme is Employability West Cork. Eighty per cent of this service's clients have mental health problems. In keeping with the Supported Employment structure, Employability West Cork provides support for up to 18 months into a person's employment, though individuals can return

to the programme if they experience a difficulty after that date. One of the strengths of the West Cork service is its close liaison with local mental health services

- **Vocational training programmes by specialist providers**

Vocational training programmes such as those supported and supplied by the NLN provide an example of an approach currently used in Ireland that offers a service that is tailored to the individuals needs via a team of experienced professionals who draw up an Individual Action Plan for each service user. This approach ensures each individual may access the training programme most suitable to his or her needs. Such programmes are person centred thus ensuring the appropriate steps are taken to address each individuals needs.

In order to maximise community integration of people with a mental health condition it is important that specialist support services are geared towards supporting participants to avail of mainstream employment and vocational training. Thus specialist training services should be a last resort option for those for whom the employment first approach and mainstream vocational training have not been successful, or for whom these are clearly not appropriate.

- **Clubhouses (and pre-vocational training)**

The International Centre for Clubhouse Development (ICCD) describes clubhouses as:

- "A place where people with serious mental illness [sic] – who are known as "members" – participate in their own recovery process by working and socialising together in a safe and welcoming environment.
- An organisation that operates on proven standards coordinated by ICCD and effective in over 300 Clubhouses worldwide since 1989.
- A community-based approach that complements available psychiatric treatment."[57]

Clubhouses are thus separate services for people with a mental health condition, located in dedicated premises, in which the service users are involved in planning service activities and may be involved in service provision.

Though evidential support for pre-vocational training as a stand-alone approach is limited in terms of employment outcomes, it has been shown to reduce re-admissions to hospital for people with mental health problems. Furthermore, when linked together with other approaches, it has been shown to be more effective. Improved employment rates have been recorded when linked up with psychological interventions. Perhaps more importantly, it has

[57] Quoted from http://www.iccd.org/how.html

been shown to result in higher employment outcomes and higher participation rates when some form of payment was provided.[58]

Similarly to specialist job clubs, clubhouses offer a safe and supportive environment for participants. Like job clubs, clubhouses can provide valuable peer support for individuals both inside and on the verge of entering the labour market. As with other specialist vocational training services, it is important that clubhouses facilitate members to participate in mainstream vocational training services wherever possible.

- **Sheltered workshops**

Sheltered workshops are segregated workplaces for people with disabilities, including people with a mental health problem. Sheltered workshops continue to operate in Ireland. Concerns about the workshops include the lack of regulation over this activity, the lack of employment rights for participants and their segregated nature that contradicts the right of persons with disabilities to be included in their local communities. The NDA has recommended development of a 'policy framework' to transition to ending sheltered employment in Ireland.[59] Progress on transitioning participants to open supported employment in their local communities or, where this is not possible, to person-centred day services needs to occur as a matter of urgency.

- **Social firms**

A social firm is a business that trades and makes a profit, in order to achieve a social objective, rather than solely to make a profit. Such enterprises have been pioneers in integrating excluded people into the labour market and offer an innovative approach to helping people with mental health problems enter, or return to the work force. A structure is created that protects employees from undue stresses and difficulties that may give rise to relapses and loss of employment opportunities, yet the business engages with the open market. This approach has been shown in European initiatives (EQUAL), to be viable in meeting economic and social objectives for people with mental health problems.[60]

Infrastructure for the development of this approach is already in place through the European Social Fund (ESF), using a model called "social franchising" where suitable business niches are identified in which social enterprises may

---

[58] Crowther R. et al, 'Vocational Rehabilitation for people with severe mental illness' (Cochrane Review), The Cochrane Library, 2004, Issue 1.

[59] See NDA 'From Sheltered to Open Employment for People with Disabilities in Ireland' available at http://www.nda.ie/CntMgmtNew.nsf/DCC524B4546ADB3080256C700071B049/35B752678B255AEA8025787F004789BD/$File/Policy_Advice_Paper_on_Sheltered_Employment_Services.htm

[60] Mental Health Employment and Training Consultative Forum, A Framework for the Training and Employment of People with Mental Health Difficulties HSE, 2007, available at www.eve.ie/documents/frameworkreport.pdf

potentially prosper.[61] Similar franchises are already in place across Europe. Through procedures put in place through the EQUAL initiative, and currently through ESF's "trans-national and inter-regional cooperation", co-operation between projects in different Member States continues to be supported by the ESF. Proven social franchising models from throughout Europe may therefore be consulted before setting up social firms in Ireland. This information is made available to 'social entrepreneurs' either at a cost (through intellectual property transfer), or sometimes, free of charge.

In general, income comes directly from that earned by the firms on the open market, and subsidised by funding from the public sector. The potential of this approach has previously been recognised by the HSE in the Mental Health Employment and Training Consultative Forum's Framework report cited above, which recommended the creation of a funding stream under the umbrella of social economy.[62]

ESF's Human Capital Investment Operational Programme (HCI OP) for Ireland currently contains no provision for social firms, but it does maintain support for trans-national and interregional cooperation, which can occur on a cross-programme basis. As such, the HCI OP could still potentially offer a funding stream and access to resources for the social firm model.

[61] EQUAL Community Initiative, 'Handling Social Exclusion through Social Firms', 2007, available at http://ec.europa.eu/employment_social/equal/policy-briefs/etg2-soc-firms-he_en.cfm

[62] Mental Health Employment and Training Consultative Forum, A Framework for the Training and Employment of People with Mental Health Difficulties, 2007, available at www.eve.ie/documents/frameworkreport.pdf

Appendix 2: Article 27 of the CRPD on the right to work

1. States Parties recognise the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realisation of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, *inter alia*:

a. Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
b. Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
c. Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
d. Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
e. Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
f. Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;
g. Employ persons with disabilities in the public sector;
h. Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
i. Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;
j. Promote the acquisition by persons with disabilities of work experience in the open labour market;
k. Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

Appendix 3: Key points from the General Comment on the Right to Work

(General Comment No. 18 of the UN Committee on Economic, Social and Cultural Rights)

Work as specified in article 6 of the Covenant must be *decent work*. This is work that respects the fundamental rights of the human person as well as the rights of workers in terms of conditions of work safety and remuneration. It also provides an income allowing workers to support themselves and their families as highlighted in article 7 of the Covenant. These fundamental rights also include respect for the physical and mental integrity of the worker in the exercise of his/her employment.

The exercise of work in all its forms and at all levels requires the existence of the following interdependent and essential elements, implementation of which will depend on the conditions present in each State party:

(a) *Availability*. States parties must have specialised services to assist and support individuals in order to enable them to identify and find available employment;

(b) *Accessibility*. The labour market must be open to everyone under the jurisdiction of States parties. Accessibility comprises three dimensions:

i. Under its article 2, paragraph 2, and article 3, the Covenant prohibits any discrimination in access to and maintenance of employment on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation, or civil, political, social or other status, which has the intention or effect of impairing or nullifying exercise of the right to work on a basis of equality. According to article 2 of ILO Convention No. 111, States parties should "declare and pursue a national policy designed to promote, by methods appropriate to national conditions and practice, equality of opportunity and treatment in respect of employment and occupation, with a view to eliminating any discrimination in respect thereof". Many measures, such as most strategies and programmes designed to eliminate employment-related discrimination, as emphasized in paragraph 18 of general comment No. 14 (2000) on the right to the highest attainable standard of health, can be pursued with minimum resource implications through the adoption, modification or abrogation of legislation or the dissemination of information. The Committee recalls that, even in times of severe resource constraints, disadvantaged and marginalized individuals and groups

must be protected by the adoption of relatively low cost targeted programmes;

ii. Physical accessibility is one dimension of accessibility to employment as explained in paragraph 22 of general comment No. 5 on persons with disabilities;

iii. Accessibility includes the right to seek, obtain and impart information on the means of gaining access to employment through the establishment of data networks on the employment market at the local, regional, national and international levels;

(c) *Acceptability and quality*. Protection of the right to work has several components, notably the right of the worker to just and favourable conditions of work, in particular to safe working conditions, the right to form trade unions and the right freely to choose and accept work.

The Committee recalls the principle of non-discrimination in access to employment by persons with disabilities enunciated in its general comment No. 5 (1994) on persons with disabilities. “The ‘right of everyone to the opportunity to gain his living by work which he freely chooses or accepts’ is not realized where the only real opportunity open to disabled workers is to work in so-called ‘sheltered’ facilities under substandard conditions.”
States parties must take measures enabling persons with disabilities to secure and retain appropriate employment and to progress in their occupational field, thus facilitating their integration or reintegration into society.

Appendix 4: Report from Amnesty's Roundtable on Employment and Mental Health on 7th March 2011

AI held a roundtable on employment and mental health at its own offices in March, 2011. The objective of the roundtable was to inform this briefing paper. Through the roundtable, AI also sought to bring together a wide range of perspectives on the issue, including those of senior public officials, service users and trade union, business and mental health sector representatives to share knowledge on good practice in employment and mental health. Thirty people participated in the roundtable, with representatives from the Department of Health, Department of Social Protection, FAS and the HSE as well as service provider organisations and service users. The event was chaired by Marion Wilkinson of the National Disability Authority.

The keynote speaker was Rachel Perkins, OBE, former Director of Quality Assurance and User Experience at South West London and St. George's Mental Health NHS Trust, UK, and co-author of the report *Realising ambitions: Better employment support for people with a mental health condition,* a review submitted to the UK's Department of Work and Pensions in 2009.

Ms. Perkins' presentation highlighted the 'conspiracy of prejudice and low expectations' that hinders people with a mental health condition getting into employment. The evidence shows that with the right kind of support, most people with mental health conditions can work. Barriers to employment are prejudice/discrimination, fear and lack of support or accommodation. She identified distinctive issues for people with a mental health condition in relation to work, such as that their condition fluctuates, can affect the person's ability to 'negotiate the social', is not obvious and engenders fear, and that the types of support and accommodations needed are not always understood. She described the Individual Placement and Support model and explained that international evidence shows it works better than the traditional approaches. Ms. Perkins concluded by emphasising that we must raise our expectations about the potential for people with a mental health condition to work and must not underestimate the benefits that work brings to individuals' lives.

Issues from the floor raised during a question and answer session were:

- A question about where employers can go for support outside of their own resources to help deal with the unexpected.
- A question about the resource implications of accommodations like one-to-one shadowing. Ms. Perkins advised that she had never seen an individual who needed persistent one-to-one shadowing; resources were more likely to take the form of being able to avail of a phone conversation with an employment support worker for an hour a week.
- A question about whether employment specialists should be embedded in community mental health teams or within employment services. Ms. Perkins said that in neither case is it necessary to advertise to the

employer that the specialist is coming from a mental health background.

- A question about what can be done during an economic crisis. Ms. Perkins said that crisis times can create opportunities. She cited the example of situations where she was able to offset cuts to sheltered employment schemes and re-direct some money to adding employment specialists that are more efficient.

Eoin O'Seaghdha, Assistant Principal Officer at the Department of Social Protection gave a presentation on developments within this department. He explained recent policy recommendations from the OECD. He then explained the findings of the department's review of the Disability Allowance Scheme. Claimants for this scheme have risen in recent years and the needs of claimants are very diverse. He outlined current welfare supports available. He then briefly set out the new Partial Capacity Benefit Scheme which is planned for introduction in 2011. The purpose of the Scheme is to address a gap in the current system which fails to reflect individuals' varying capacities for work. The aim of the system is to maximise the capacity of people on Invalidity Pension and Illness Benefit to take up work.

Roundtable discussions took place and the following issues were raised:

Lack of supports:

- Lack of awareness of supports on the part of people with a mental health condition and the need for better promotion of FÁS services to people with a mental health condition.
- People with a mental health condition do want to work but the supports are not sufficient. The 'job readiness' criterion for the Supported Employment programme is restrictive and subjective.
- There is an issue with people's confidence about getting into work and not knowing who will support them when they are in work.
- The need for individualised personal support such as described by Ms. Perkins. There is a strong need for an employment coach or specialist on community mental health teams.
- The "exit strategy" of 18 months in the Supported Employment programme was seen as unhelpful. People with mental health conditions may need ongoing support beyond that time limit, while others may not need support for the full time.
- Most services are working in the traditional model and the service itself can be a barrier to people. People spend a long time in a supported environment and become dependent. There is a need to change the service from within; teams must become more recovery-focused rather than overly focusing on the 'care model'.
- Supported employment should be about getting the job you want and then additional support to sustain the job.
- Employment with no supports can be stigmatising.
- The lack of properly thought out social supports for people with mental health problems, particularly in contrast to support for people with

physical disabilities. People are diverse and therefore interventions need to be individualised.

- Employers need support and were often looking for where to turn to. See Change (the national stigma-reduction partnership) is working with IBEC and its membership of 5,000 companies. There is a need for an ongoing support structure for employers. One option is to make the current Employer Assistance Programme more specialised.
- The new Citizens Information's National Advocacy service will be critical to helping people into employment.
- There is a need to take risks and change the conversation to one of workplace well-being.

Issues with the quality of training and vocational support:

- Current vocational training and rehabilitative training courses are not well-linked with the needs of the workplace.
- The Work Research Centre's research and evaluation of effectiveness of the Supported Employment programme was suggested as a resource. They recommended two models of working and showed that 39 per cent of people with individualised care plans get employment. They also have a linkage strategy with their job coordinators to community mental health teams.
- Concern was expressed that Ireland is pouring money into programmes with no evidence that they work.
- The norm is not to hear from FAS in a community mental health setting.
- There had been individual experience of a poor education standard of training schemes. Many people spent three years training with little hope of gaining employment afterwards.

Welfare dependency:

- Loss of benefits is a deterrent for people seeking employment, in particular loss of rent allowance and medication support.
- It was suggested that the aim should be to ensure early intervention happens so that people don't become welfare dependent.
- There is also a need to work with the majority of service users who are welfare dependent.
- Concern was expressed that the new system for disability benefits will target people with mental health difficulties because they may be seen as "just having a bit of stress" ore being more able than others to go to work.
- There is a difficulty in that a person with a mental health difficulty might be assessed on a good day as being fit for work, but that person may only be fit for work 70 per cent of the time.
- It was pointed out that there is no evidence to substantiate the idea that there is more fraud among people on Disability Allowance than in other areas of social welfare.

Other barriers:

- Stigma – from employers, co-workers and individuals themselves – is the key barrier.
- Motivation on the part of the individual can also be a problem; sometimes this is linked to the effects of medication.
- The over-emphasis on a bio-medical approach to mental health care can be a barrier.
- It is important to get the message out that equality protections exist and discrimination is illegal, but this is not clearly understood and used in the case of mental health. There are also limits to the legislation in that it requires the individual to take a case rather than putting positive obligations on the employer to promote equality as in the UK.
- It was pointed out that such commitments to promoting equality must exist in practice and not just on paper. If this is done legalistically, rather than through education/ attitude changing, it may only elicit a legalistic/ lowest common denominator response.

Workplace issues:

- There was an extended conversation about disclosure. Issues raised included whether it was a positive or negative to disclose, when it should happen and whether there was an obligation to disclose.
- It was suggested that guidance on when and how to disclose would be a good idea, especially given evidence from studies on epilepsy for instance that disclosure of a condition in a CV left people two and a half times less likely to be employed.
- Questions were raised about the legal implication of disclosing/ not disclosing a mental health problem for the redress mechanisms available to people should difficulties arise with employers.
- HR staffing and training was seen as important. HR staff should be given greater training on mental health, equality and training. This was a concern where it came to smaller businesses that did not have a HR capacity and there was suggestion that some kind of outside supports/ advice for employers in these circumstances should be considered.
- It was also seen as necessary that advice be tailored and not one-dimensional. The difficulties for a young person with a history of mental health problems seeking to enter employment are very different from an older person experiencing a mental health problem while in employment.
- A range of supports/ accommodations were suggested including flexible working/ time off for medical appointments, 'time-out' periods during the working day, mentors and using employment assistance programmes.
- A suggestion was made based on an LGBT initiative, for peer-support within workplaces, with people being able to share experiences and offer advice and support based on their own previous experience. Likewise, people receiving support now could become mentors in future. It was argued that where such networks exist they can help to normalise mental health in the workplace.

- It was suggested that workplace programmes link to the wider stress management literature. Promoting positive mental health broadly was seen as a possible strategy, as this would be more inclusive and could de-stigmatise. It would show there was a continuum of needs in all staff and not just locate a problem in the few.
- Middle management was suggested as a key target for training as they do most one-to-one dealing with people and are themselves under pressure. This is a relationship where problems can emerge but equally where they can be identified and resolved effectively.
- There is a need to develop the economic case for employers, including gathering evidence. An economic analysis would be useful for the sector.
- There is fear of the unknown that is a key barrier to employers taking on people with mental health difficulties.

The following good practice examples were highlighted:

- The DETECT pilot programme which provides early intervention. Recently it has established an employment specialist role within their community mental health team.
- Employability West Cork is a Supported Employment service. Eighty per cent of its service users have mental health problems. The service is FÁS funded and provides support up to 18 months into a person's employment. Individuals can come back into the programme if they experience difficulty after that date.
- The *Just Ask* booklet that provides information to employers has worked very well.
- The Clubhouse model addresses needs and provides a range of supports, essentially taking recovery and capturing it in a service model. They provide transitional employment and training. Peer support is a very important part of the Clubhouse model.
- BT in the UK has a good protocol on mental health.
- The Johnson & Johnson company in the US has adapted a good model as part of their social corporate model.
- Rehab has provided skills training and support to local business on foot of a cluster of suicides in Galway.
- The National Learning Network provides employer training.
- Rehab Enterprises has a number of social firms initiatives that provide employment for people with a mental health condition.
- Mental health first aid, like the ASIST model may be a useful approach to mainstreaming and normalising mental health in employment settings.

Recommendations from the Plenary Discussion:

The following recommendations were made during the final plenary discussion:

- It would be useful to map all the actors in the mental health/ employment sector (individuals/ employers/ colleagues/ mental health services/ state agencies) and identify their responsibilities/ roles.
- The five pillars of the Work Research Centre's *Strategy of Engagement* policy paper should be included in the strategy.
- Consider setting employment targets and ring fencing posts for people in supported employment.
- There needs to be better communication between Government departments.
- Mental health services need to put more emphasis and resources into employment. Partnerships with employment services need to be better developed.
- The NESF recommendations should be re-emphasised.
- The issue of employment should be looked at alongside education, housing and other rights.
- The issue of helping people with a mental health condition into work should be linked up with a broader wellness in the workplace agenda.
- Money spent on medications should be freed up to provide support.
- The relationship between the employee and the employer is at the heart of any policy on mental health and employment and attention should be paid to this relationship.
- The strategy needs to be part of a wider shifting of attitudes and a holistic approach.