1. Introduction
Disabled people being supported in employment include a small but significant number with severe and enduring mental health problems. These include highly motivated individuals who would qualify for expensive benefits whilst their talents and skills would be wasted. Recent changes in the way support is provided via Access to Work risks denying some of these people the opportunity to continue in work.

2. Background
One of the main objectives in the government’s mental health strategy published in February 2011 was to achieve ‘better employment rates’ for people with experience of mental health problems. The government pledged to make available ‘high-quality employment support geared towards meeting individuals’ employment needs’.

3. These policy statements were followed up in February 2014 with the publication of ‘Closing the Gap: priorities for essential change in mental health’. The government said it would help employers to help more people with mental health problems remain in work.

4. People with severe and enduring mental health conditions are often actively discouraged from seeking or remaining in work even though the evidence is that there is little relationship between employment outcomes and the individual’s diagnosis or symptoms (Bond et al, 2001; MacDonald-Wilson et al, 2001) A survey in one London borough (Rinaldi & Hill 2000) found that 44% of people with a severe mental health problem and in employment had been advised by their mental health professionals to leave work.
5. Mental health services and work
If people persist and are able to find employment this often means that their mental health support is reduced if not entirely removed. Community mental health services are becoming increasingly stretched and need to prioritise the help they provide. Being employed is often seen as a sign that support can be reduced. Recently a man reported that he had been discharged by his mental health team and by his psychiatrist who said “If you are well enough to work you don’t need me!” There are also practical reasons why services tend to evaporate when a person becomes employed. Those that might be appropriate generally operate only during working hours. In my experience very few people employed for any length of time are able to access services they previously benefitted from.

6. The National Institute for Health and Care Excellence (NICE) recommends mental health services offer supported employment programmes to people with severe and enduring mental health problems including those who have experienced the symptoms of psychosis.

7. In 2009 the government report ‘Realising ambitions: better employment support for people with a mental health condition’ recommended introducing ‘Individual placement and support’ (IPS) a model that had been tested in America and found to increase people’s chances of getting a job.

8. There is a strong evidence base for IPS and work carried out at the Centres of Excellence championed by the Centre for Mental Health have added to this. However, the ‘place and train’ method is resource intensive and very difficult for cash strapped Trusts to properly implement.

9. A randomised controlled trial (Macias et al 2006) comparing different approaches to mental health employment support suggested that a community based ‘clubhouse’ model maintained people in employment most effectively.

10. A Service at Risk
Moodswings Network is a community mental health recovery project similar to the clubhouse model. The Charity has over fifteen years experience in delivering specialist support services aimed at maintaining people with severe and enduring mental health problems in employment. An example of the service in action is;

11. The University of Manchester Project
Moodswings provides support for staff members whose needs are beyond the resources of the University. Working closely with the Disability Support Office, Occupational Health and HR, the project supports a number of employees who require specialized help to continue in employment. The project has close links
with local mental health community support services including GPs. Alongside work with individuals the project is available to offer advice and training to colleagues and managers. The service is local and readily accessible with contact possible at all times.

12. Until recently staff members referred to the project received funding through Access to Work. A decision has now been taken by the DWP that mental health support can now only be provided by their Workplace Mental Health Support Service and staff referred to Moodswings will not receive funding.

13. The support model on which the WMHSS contract is based will provide a valuable service for the majority of people referred who will have acute stress-related anxiety disorders and depression. This model cannot be flexible or responsive enough to support the people most disabled by mental health and most vulnerable to losing their employment. An effective service for this group would need to be locally based, pro-active when required and available at all times.

14. Changes to provide a cost-effective solution
   The people referred to mental health support are the only severely disabled group not able to choose the kind of employment support they feel they need. They deserve the option of choosing a service they are familiar with and trust.

15. People in employment with a diagnosis of severe and enduring mental health conditions could, in line with other groups of severely disabled employees, be regarded as qualifying for ‘Specialist Support’ funded by Access to Work and outside the WMHSS scheme. This would enable those people who need a comprehensive mental health support system to be in place to maintain them in employment to receive it. The cost of losing these people from the workplace would be significantly greater than any savings made by including them in the general support service now being provided. The DWP could instruct Access to Work to exercise discretion in granting funding to this especially vulnerable group.

16. “Disabled people should have choice and control over the support we need to work. Resources and power should be allocated to individuals who, where they wish, have the right to control that resource to achieve agreed outcomes.”
   The Sayce review 2011
17. Case Study

After graduating from Oxford with a double first, Helen, an outstanding mathematician, was given a scholarship to Harvard where she gained her doctorate and began an academic career as a medical statistician. Whilst still in America, she experienced a severe breakdown in her mental health which resulted in her being hospitalized. She returned to the care of her family in England but her psychotic symptoms continued. She spent several further periods in hospital and was awarded DLA. Against advice from her mental health team, she took a part-time job in a café near her home. She found this extremely stressful and left after a few weeks. Encouraged by her family, she successfully applied for a short contract post as a junior in the Statistics Department at a University. Within weeks, Helen felt overwhelmed and unable to continue. Helen and her family and her line manager were all of the opinion that Helen would not be able to cope with her job. However, with the support of Moodswings, Helen has thrived. She no longer claims DLA and has had her contract extended on four occasions. She is responsible for 5 important clinical studies and is highly thought of at the university. Helen has worked hard to achieve this but she also accepts that she can only maintain her position with specialist support from an organisation which understands her mental health issues and has a good understanding of her professional role. If Helen were to leave her position, it would not only be a loss to her but a real loss both financially and socially to the University and the wider society.