1. This response will address:
   - The low numbers of people with mental health problems supported by Access to Work
   - Reforming the system to allow for an agreement of support before someone secures a job
   - The effectiveness of communications and marketing of Access to Work

2. Numbers of people with mental health supported by Access to Work
   2.1. Access to Work’s Workplace Mental Health Support Service (WMHSS) has since its inception in December 2011 supported just 2,580 people with mental health problems in England, Scotland and Wales. Considering “mental illnesses have become the major driver for labour market exclusion”\(^1\) and the prevalence of mental health problems within the workplace:
      - One in six workers will experience mental ill health at some point in their working life\(^2\)
      - Stress and mental health problems are the second biggest cause of work absence\(^3\)
      - Between 2011-2012 employers saw a 44 per cent increase in reported mental health problems\(^4\)

   2.2. This number is far below what it should be. The programme’s effectiveness is ultimately poor if it cannot improve this number. Funding for this programme also sits at less than 2% of the total annual Access to Work budget\(^5\), unrepresentative of the number of people with mental health problems within the workforce and applying for employment. For a scheme that has had such great performance results (90% retention rates) and praise from employers and employees alike, it is something that we would like to see more people with mental health problems have access to.

3. Reforming the system to allow for an agreement of support before someone secures a job
   3.1. We are calling for significant reform of the Access to Work system, so that assessments and agreement of funding can take place before someone secures a job. This would mean that people could go to an interview with an expected level of support from Access to Work in place. We are also calling for packages of support to be portable – an employment “dowry” that travels with the person from job to job.

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\(^1\) OECD, Mental Health and Work: United Kingdom, 2014
\(^2\) The Centre for Mental Health, Mental Health at Work; Developing the Business Case, 2007.
\(^3\) Ibid.
3.2. At present people with physical problems can discuss the support they may receive before getting an interview with an employer, yet this is not the case for mental health. For people with mental health problems it appears the focus is on job retention, rather than also enabling all people with mental health problems (whether they are out of, or in employment) to manage to move into work. While some mental health problems are fluctuating and it may be difficult to decide upon the type of support required (i.e. the same support may not be needed a couple of months later), complexity should not deter this from happening if the outcome is more employment for people with mental health problems.

3.3. Whilst an applicant can receive an ‘Access to Work eligibility letter’ which states the holder is “likely to be entitled to help’, the help is not outlined nor promised. This may not provide such assurances to the jobseeker that they feel confident in applying for a position.

3.4. It is for this reason we believe this reform is needed, because people with mental health problems may feel anxious or unable to apply for a role not knowing whether or not they will receive support from Access to Work. Whilst it may not be appropriate to define the exact elements of support, for a jobseeker to have the confidence they will be supported and at least some idea of what form this support takes would be extremely beneficial.

3.5. Remploy’s website details case studies that showcase the support that could be available, yet these elements are not promoted elsewhere. Having this commitment from Access to Work would not only be useful to the prospective employee but would give confidence to the employer as to what support they can receive if they were to employ the applicant.

3.6. Having the guarantee of support before going to interview may also tackle the fear of stigma faced by many with mental health problems. For many, the thought of having to disclose a mental health condition to an employer is distressing and difficult. To do so, with the ability to definitively explain to the employer that there is support available (or knowing that they could raise this once in position) could help address this distress.

4. Inadequate communication and marketing

4.1. As already highlighted, one of the major problems regarding Access to Work and people with mental health problems is the inadequate communication about, or information on, what support would be available to applicants with a mental health problem. At present, although highlighting that Access to Work is available for people with mental health problems, it is extremely unclear what that means in practice. For physical illnesses or problems the idea of support with transport or equipment is comprehensible, but the suggestion that someone with a mental health problem could have “a support worker to help you do your job” is much more vague. This lack of clarity may deter people who are already anxious due to their mental health problem to apply in the first place. To see clear examples of where people with mental health problems have been supported by Access to Work may be more appealing and instil confidence in the process. For example, it may be helpful to explain that a support worker can help to develop coping strategies with the employer/jobseeker, help to identify workplace triggers, and work with the employer and employee to create a wellness and recovery action plan.
4.2. Remploy offer much more detailed advice about Access to Work on their website. This advice better describes and informs the applicant of what support they could receive, compared to the information available on the Department for Work and Pensions website. It offers examples of what has worked in the past, which referring to our previous point, instils confidence in the process. Whilst an Access to Work advisor may direct someone with mental health problems to this website or Remploy, it should be promoted on the website also to give people the incentive to call in the first place. Advisors or call handlers should be advised to promote this extremely useful resource. It shows to the person with a mental health problem that Access to Work is not purely about travel and equipment costs, but can also support them.

4.3. Access to Work call handlers should receive greater training on mental health problems and the services offered by Remploy in England, Scotland and Wales so that they can signpost the service at every opportunity. To be told about this service at this initial stage would again promote to the jobseeker that there is support for them that may help them to secure/maintain their employment.

4.4. The final issue to raise regarding communication is the “telephone gateway” that applicants must go through to gain support. As mentioned above, training for the call handlers on mental health problems is crucial, but also is the acknowledgement that many people with mental health problems may find this step difficult, in terms of opening up about their mental health problem to an unknown person on the end of a phone. Not only this, but the person will then have to talk to different people throughout the process, adding further stress and anxiety. To talk to one person throughout the process would provide stability for the jobseeker and make them feel safer and that their needs are understood.