
A Consultation regarding Employment, Education and Training

**Commissioned by
The Care Services Improvement Partnership (CSIP)
on behalf of the
South East Regional
Mental Health Employment Partnership**

undertaken by



**Raise Mental Health Ltd
contact@raise.org.uk
www.raise.org.uk
01256 476981**

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Background

The purpose of this consultation is to contribute, by means of a questionnaire completed by individuals who have experienced mental ill health, to a project being undertaken by a regional collaboration of agencies. This partnership, the South East Regional Mental Health Employment Partnership, will subsequently produce an Action Plan to improve employment opportunities for people with mental health problems.

The project is in line with Action 23 of the report 'Reaching Out: An Action Plan on Social Exclusion' (Cabinet Office September 2006) which states; *"building on current guidance and legislation, the Government will develop dedicated regional teams to provide further support for the implementation of good practice around the employment of those with severe mental health problems"*

The scale of the issues is undoubtedly significant; mental health problems are estimated to cost the country over £77 billion a year. The Sainsbury Centre for Mental Health reports that *"At any one time one worker in six will be experiencing depression, anxiety or problems relating to stress."*

"Employment is acknowledged as being central to the lives of most people and it is considered extremely important as a way of both improving and maintaining mental health amongst those who have experienced mental health problems" (CSIP, 2006)

According to the Mental Health and Social Exclusion Report (ODPM 2004), *"adults with long-term mental health problems are one of the most excluded groups in society...Although many want to work, fewer than a quarter actually do – the lowest employment rate for any of the main groups of disabled people."* Social isolation is an important risk factor for deteriorating mental health and suicide. Two-thirds of men under the age of 35 with mental health problems who die by suicide are unemployed.

There are many parts of one's life that contribute to mental health or ill health; The National Social Inclusion Programme* defined nine 'life domains':

- *Employment and training for work*
- *Education*
- *Volunteering*
- *Housing*
- *Arts and cultural activities*
- *Physical exercise and sports activities*
- *Faith-based groups*
- *Finance*
- *Neighbourhoods*

This questionnaire looks directly at three of these domains; Employment and training for work, Education and Volunteering.

*see www.socialinclusion.org.uk

Questionnaire Introduction

Raise was tasked to:

- inform a more effective evidence base to inform a more effective Action Plan
- explore actual work, education and training experiences of people who have experienced mental ill health
- identify cases of good practice as well as blockages

i - Method of data collection

A fifty question survey was used to elicit a broad range of data, the composition was:

- 16 logic questions – e.g. Are you Male or Female?
- 22 free text questions – where the respondent is not bounded in their answer
- 12 Likert Scale¹ questions; - whereby respondents specify a level of agreement or disagreement with a statement; i.e. from Strongly Agree to Strongly Disagree
- A Summary field was also made available for further comments

ii – Completion of the questionnaire was possible via:

- A web form on Raise's web site – www.raise.org.uk
- Email – a Word format was downloadable from Raise's website
- Hardcopy – a PDF version could be printed, completed and returned via a FREEPOST address

iii – Questionnaire Distribution

The questionnaire was made available for use as of 13/11/07. Primary advertising of the questionnaire was undertaken both by CSIP and Raise through their various contacts. Raise, for example, emailed 1497 key contacts across 31 contact types within all sectors of the community. Two subsequent reminder emails were sent to these contacts. A link was placed on Raise's website home page to link to the questionnaire. Questionnaires were also dispatched by post, made prominently available at Raise's offices and were displayed at a stand Raise hosted at a regional conference. The initial deadline for returns was 15th December although this was extended until 15th January to enable as many people as possible to take part.

iv – Quantity of returns

A total of 203 questionnaires were completed; 84 via web form, 41 via email and 78 in hardcopy. 40 individuals registered an interest in receiving a copy of the final report.

v – Notes regarding data

For some questions, respondents may have provided more than one answer and so answers may total over 100%. Unless otherwise stated, percentages are given relative to the total survey size of 203 rather than the number of responses to a particular question. Percentages are rounded to zero decimal places. Quotations, unless referenced, are taken from completed questionnaires.

¹ A Likert Scale is a type of psychometric response scale often used in questionnaires, and is the most widely used scale in questionnaire research. The scale is named after Rensis Likert, who published a report describing its use in 1932.

Executive Summary

Raise Mental Health Ltd was commissioned by CSIP (Care Services Improvement Partnership) to survey individuals who have experienced mental ill health in the South East of England with regard employment, education and training. Raise was tasked to; inform a more effective evidence base, explore actual work, education and training experiences of people who have experienced mental ill health and identify good practice as well as blockages.

The resulting data was to be used to inform an Action Plan developed by the South East Regional Mental Health Employment Partnership. The Action Plan aims to improve within three of the nine Life Domains defined by the National Social Inclusion Programme; Employment and training for work, Education and Volunteering.

This project is in line with Action 23 of the report 'Reaching Out: An Action Plan on Social Exclusion' (Cabinet Office 2006) which states; *"the Government will develop dedicated regional teams to provide further support for the implementation of good practice around the employment of those with severe mental health problems"*

In the survey a total of fifty questions were posed. The questionnaire was published on 13th November 2007 and was available for completion until 15th January 2008. A total of 203 completed questionnaires were returned.

Questions were asked regarding peoples' current situation and their aspirations, the results are displayed in the table below. Significant desires to move away from benefits and into paid employment were evident. In total 35% more respondents wished to gain a wage and almost one third aspired to stop being on benefits:

| Activity | Current situation % | Aspire % | Difference % |
|----------------|---------------------|----------|--------------|
| Full Time Work | 20 | 45 | +25% |
| Part Time Work | 18 | 28 | +10% |
| Unanswered | 4 | 11 | +7% |
| Voluntary | 17 | 8 | -9% |
| Education | 6 | 5 | -1% |
| Benefits | 35 | 3 | -32% |

Indeed an ability and willingness to work was also indicated by data showing that 66% of respondents had managed some work since their diagnosis despite the fact that 70% were not currently receiving any support to attain or retain employment.

One quarter of respondents classed themselves as unemployable predominantly due to their Mental Health. Indeed five people recorded that they deemed themselves unemployable due to the bullying and discrimination of others:

"At one interview I was actually told that I was unemployable"

When asked what the most important factor regarding employment the top two answers were; 'Discrimination' (25%) and 'Ongoing support in the workplace' (16%).

Discrimination in the workplace was the second highest response in the questions regarding the five main practical problems; scoring an average of 11%. The summary section shows two particularly significant perceived needs; ongoing support in employment and Mental Health Awareness training and information for employers. A statistically significant majority of respondents (78%) felt they would benefit from ongoing support once in the workplace compared to just 8% who felt they would not.

The most difficult practicality reported derived from the unpredictability of mental illness with the next three most difficult practicalities concerning symptoms and medication. 10% of respondents to the question regarding what would be the most important practical help mentioned increased flexibility – especially regarding hours. The fact that many of the surveys submitted online were done late at night may indicate a need for flexibility of hours within training and employment.

The desire for alternatives to medication was mentioned with particular reference to psychological therapies including CBT. Loss of self-esteem was repeatedly referred to as a consequence of mental ill health that stood squarely in the way of recovery.

Existing educational qualifications amongst respondents were very high – over a quarter had achieved a Degree or more. However 66% did agree to some degree that training would be useful.

The financial implications of moving from reliance upon benefits to other activities were mentioned throughout, though in low numbers compared to other factors.

The benefits of a 'buddy' or 'champion' remaining as a consistent source of support throughout the employment, education and training journey was muted by several respondents, particularly if that person had first hand experience of mental ill health:

"I would recommend that people who have/have had mental health problems and are now in employment, could be more actively involved in helping others with similar problems to return to employment."

"Support from other people with mental health issues who have made it back into work would be great - they could share experience and help us to overcome barriers and raise our self esteem"

"I was also a Union Rep prior to my diagnosis, since then I have gone on to become a TUC Disability Champion."

"It's hard, but I do have skills and qualities that make me a good employee!"

"Employment would be wonderful.

One of my aims in life is to live independently. To show myself and others I can look after myself and employment would be very helpful."

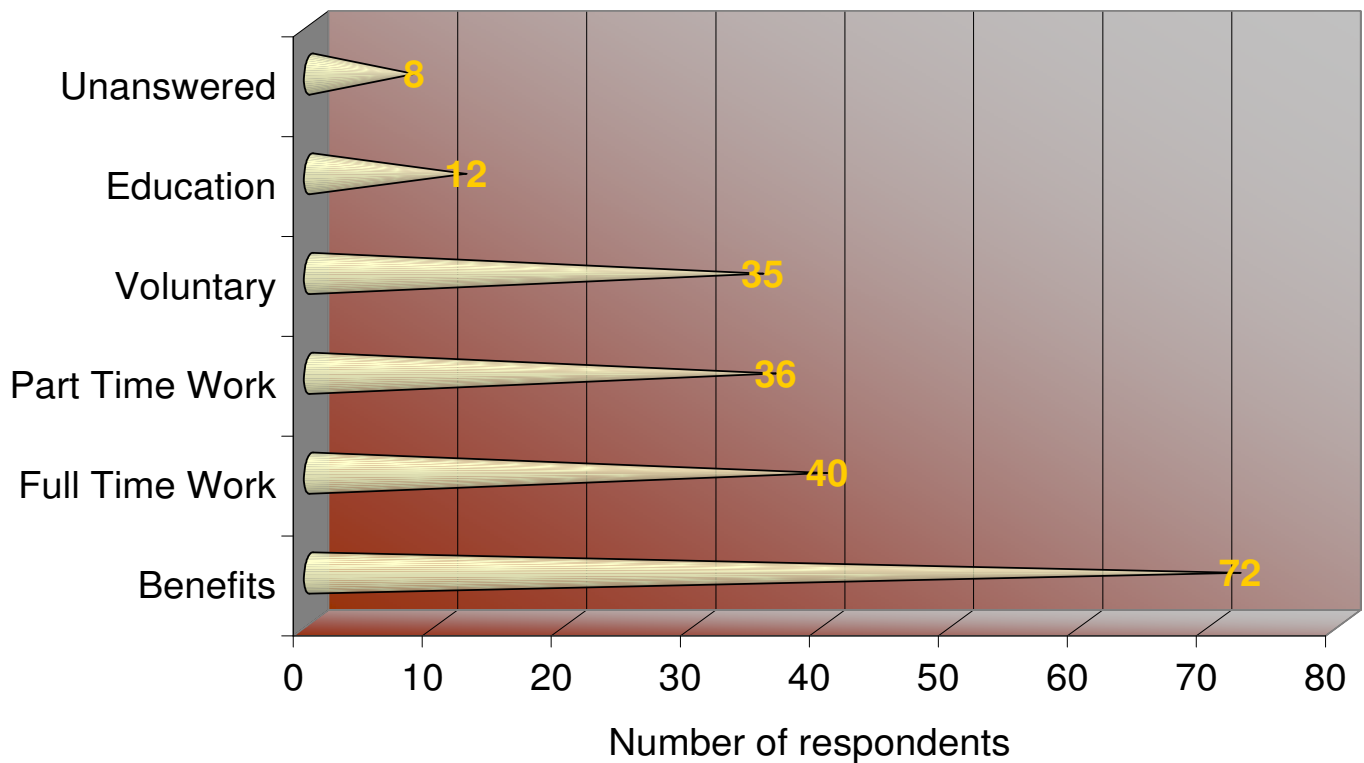
Questionnaire Results

Q1. If, for whatever reason, you are not able to complete this questionnaire, we would be interested if you could tell us why...

Just one person felt that they could not complete the questionnaire; stating "Transsexual person. Services needed from the mental health regime not listed below."

The Aspirations Section

Q2. Which of the following best describes your current situation?



| Activity | Number of respondents | % |
|----------------|-----------------------|----|
| Full Time Work | 40 | 20 |
| Part Time Work | 36 | 18 |
| Unanswered | 8 | 4 |
| Voluntary | 35 | 17 |
| Education | 12 | 6 |
| Benefits | 72 | 35 |

The number of people who reported being currently on benefits was similar to the total number of those in paid employment. Approximately the same numbers of respondents are working voluntarily as are undertaking part time work.

According to the Healthcare Commissions Service User Survey in 2007, 26% of people said they were currently in paid work, compared to the 38% result recorded here.

Q3. If you are working/in education, please say how for many hours a week

An average of these hours was taken:

| Activity | Average hours |
|-----------------|----------------------|
| Full Time | 37 |
| Part Time | 20 |
| Voluntary | 5 |
| Education | 18 |

Combining this data with the 'current situation' data from question 2 provides the following information showing the average hours versus the number of people undertaking a particular activity:

| Activity | No. of people | % of total people | Average hours |
|-----------------|----------------------|--------------------------|----------------------|
| Full Time | 40 | 20 | 37 |
| Part Time | 36 | 18 | 20 |
| Voluntary | 35 | 17 | 5 |
| Education | 12 | 6 | 18 |

One fifth of respondents were working a full 37 hour week on average.

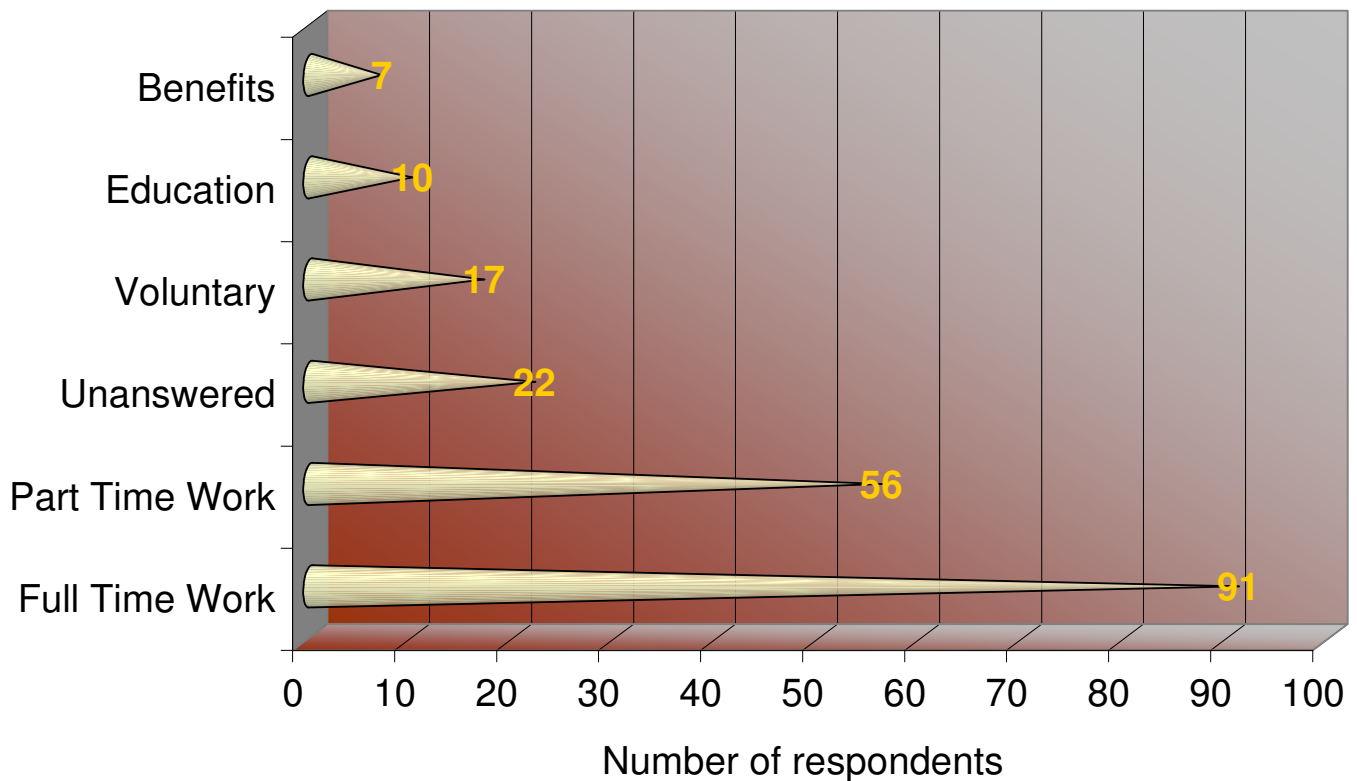
Notably 35 people or approx 1:6 of the total sample reported working voluntarily for an average of 5 hrs per week.

The Healthcare Commission Service User Survey for 2007 reported that across the South East 5% of people said they "work on a casual or voluntary basis", less than one third of the results found in this survey.

However, as can be seen from the data gathered in response to Question 8: 'Where do you live', a high number of respondents came from areas that typically have high rates of employment, whether paid or voluntary, for example Hampshire.

18 percent were working part time for an average of 20 hours – approximating to working for half a day each day or for three full days a week.

Q4. Do you aspire to be...?



| Activity | Number of respondents | % |
|----------------|-----------------------|----|
| Full Time Work | 91 | 45 |
| Part Time Work | 56 | 28 |
| Unanswered | 22 | 11 |
| Voluntary | 17 | 8 |
| Education | 10 | 5 |
| Benefits | 7 | 3 |

In total, approximately 3/4's of respondents aim to be in paid employment with nearly half desiring full time paid employment. Only 3% aspire to be on benefits.

The following table links data from questions two and four regarding current and aspired situations to provide a comparison.

| Activity | Current situation % | Aspire % | Difference % |
|----------------|---------------------|----------|--------------|
| Full Time Work | 20 | 45 | +25% |
| Part Time Work | 18 | 28 | +10% |
| Unanswered | 4 | 11 | +7% |
| Voluntary | 17 | 8 | -9% |
| Education | 6 | 5 | -1% |
| Benefits | 35 | 3 | -32% |

As shown in the final column, there are very significant indications of the desire to change from peoples' current positions with regard to employment, education and training.

Q5. Please say how many hours a week you would like this to be for...

An average of these hours has been taken:

| Activity | Average hours |
|-----------------|----------------------|
| Full Time | 37 |
| Part Time | 18 |
| Voluntary | 10 |
| Education | 18 |

Combining this data with the 'aspire to be' data from question 4 provides the following information:

| Activity | No. of people | % of total people | Average hours |
|-----------------|----------------------|--------------------------|----------------------|
| Full Time | 91 | 45 | 37 |
| Part Time | 56 | 28 | 18 |
| Voluntary | 17 | 8 | 10 |
| Education | 10 | 5 | 18 |

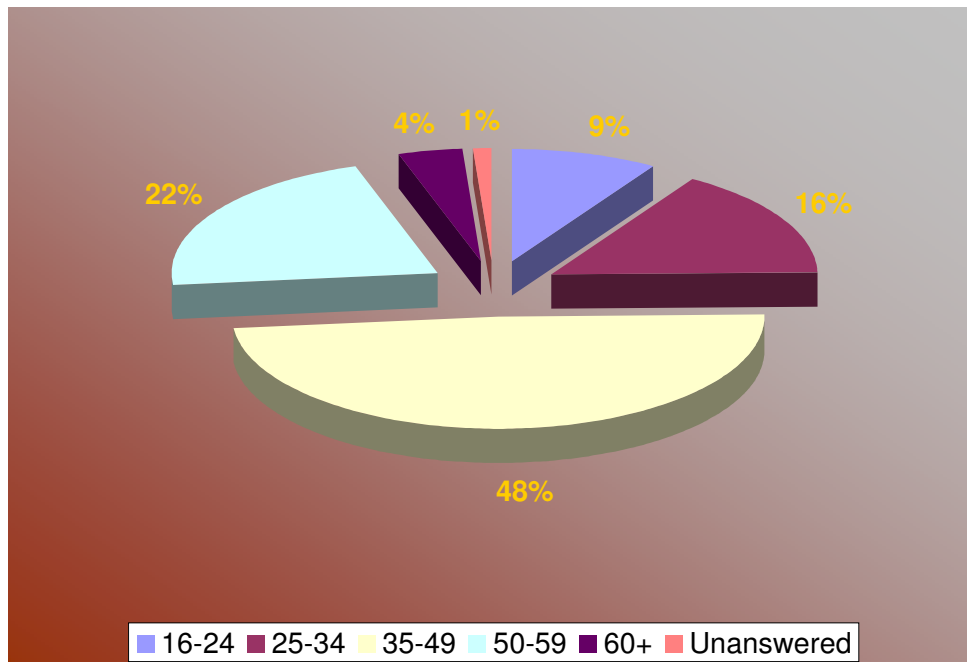
Notably 45% of the total respondents aspire to work a 37 hour week where as only 20% do so currently.

Currently 18% replied that they are working part time at the moment, though over a quarter (28%) wish to.

Although 17% work voluntarily at this moment less than half this number (8%) wished to do so in the future.

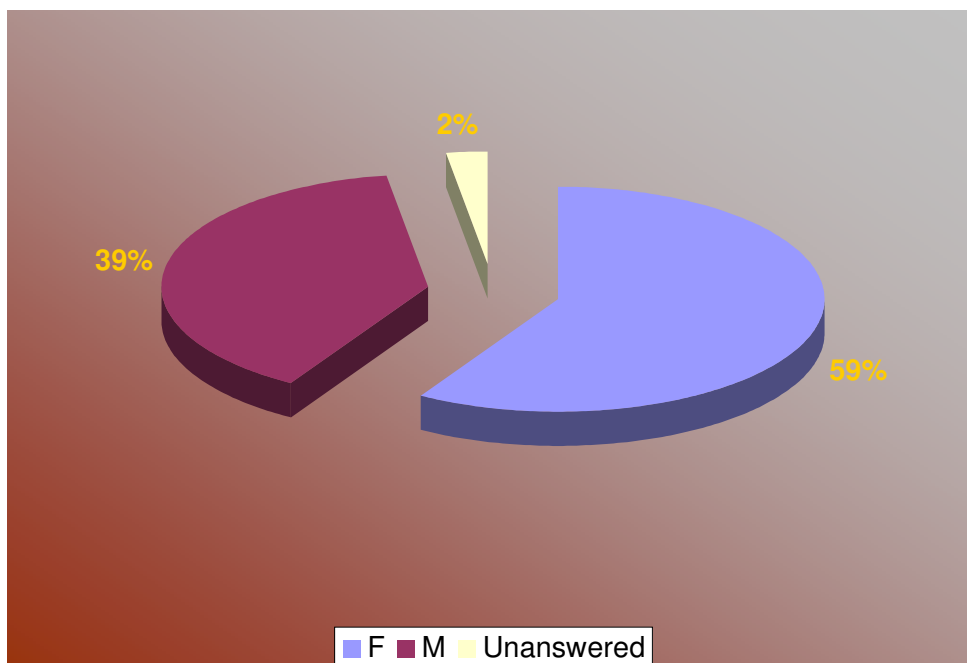
The Demographics or 'Your details' Section

Q6. How old are you?



Approximately half the questionnaires (48%) were returned by those in the 35-49 age group, with nearly another quarter in the 50-59 range.

Q7. Are you Male or Female?



Approximately 6 out of every 10 respondents were female. Please note the answer to question one regarding transsexual people – for the purposes of this survey there were only two options – i.e. male or female.

Q8. Where do you live?

| Location | Total | % |
|---|-------|----|
| Hampshire (excluding Isle of Wight/Portsmouth/Southampton*) | 51 | 25 |
| Sussex | 47 | 23 |
| Kent | 24 | 12 |
| Berkshire | 19 | 9 |
| Surrey | 14 | 7 |
| Portsmouth | 14 | 7 |
| Buckinghamshire | 10 | 5 |
| Oxfordshire | 9 | 4 |
| Unanswered | 8 | 4 |
| Southampton | 4 | 2 |
| IOW | 2 | 1 |
| Berks | 1 | 0 |

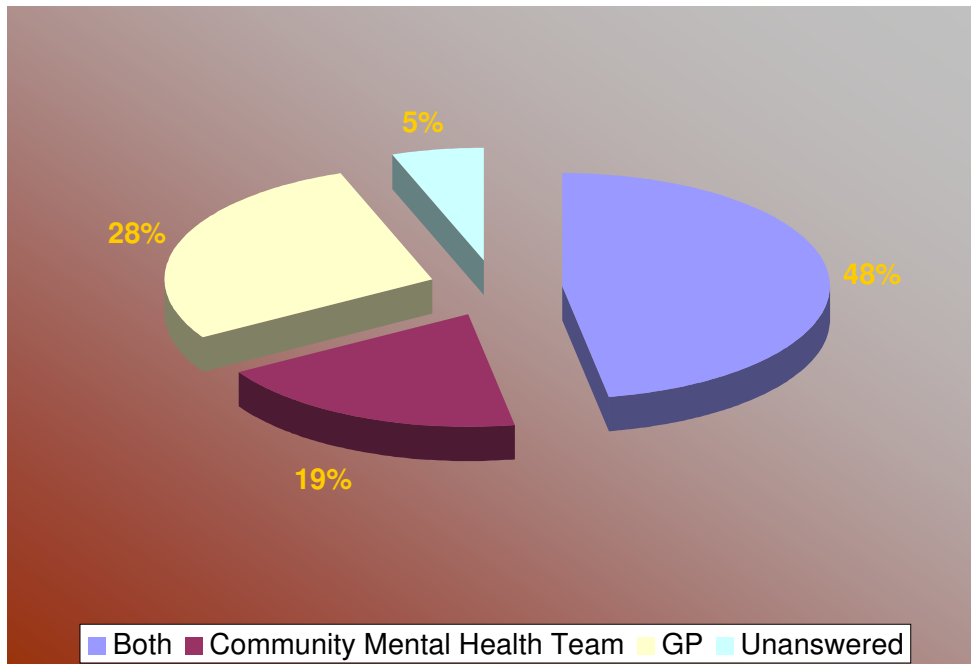
Given that just two counties account for 48% of the total returns and that Portsmouth returned 14 times as many questionnaires as Berkshire, the geographic distribution of the respondents is evidently not representative of actual population dispersal.

According to Labour Force Survey data for 2006, working age adults with mental health problems would, for instance, be 72% more prevalent in Hampshire compared to Berkshire. However, the data above shows a difference in magnitude of 51 times.

For the Labour Force Survey there was an estimated 772 people with mental health problems in Southampton, compared to 994 in Surrey.

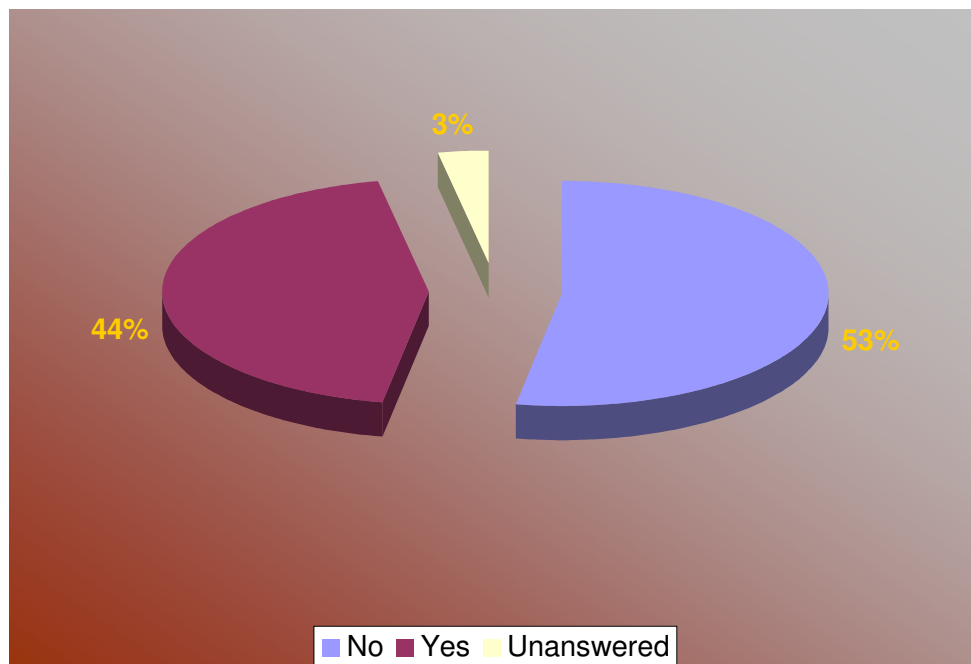
This is in contrast to data above where three and a half times more returns came from Surrey than Southampton.

Q9. For your mental health care, are you under the care of a GP, Community Mental Health Team or both?



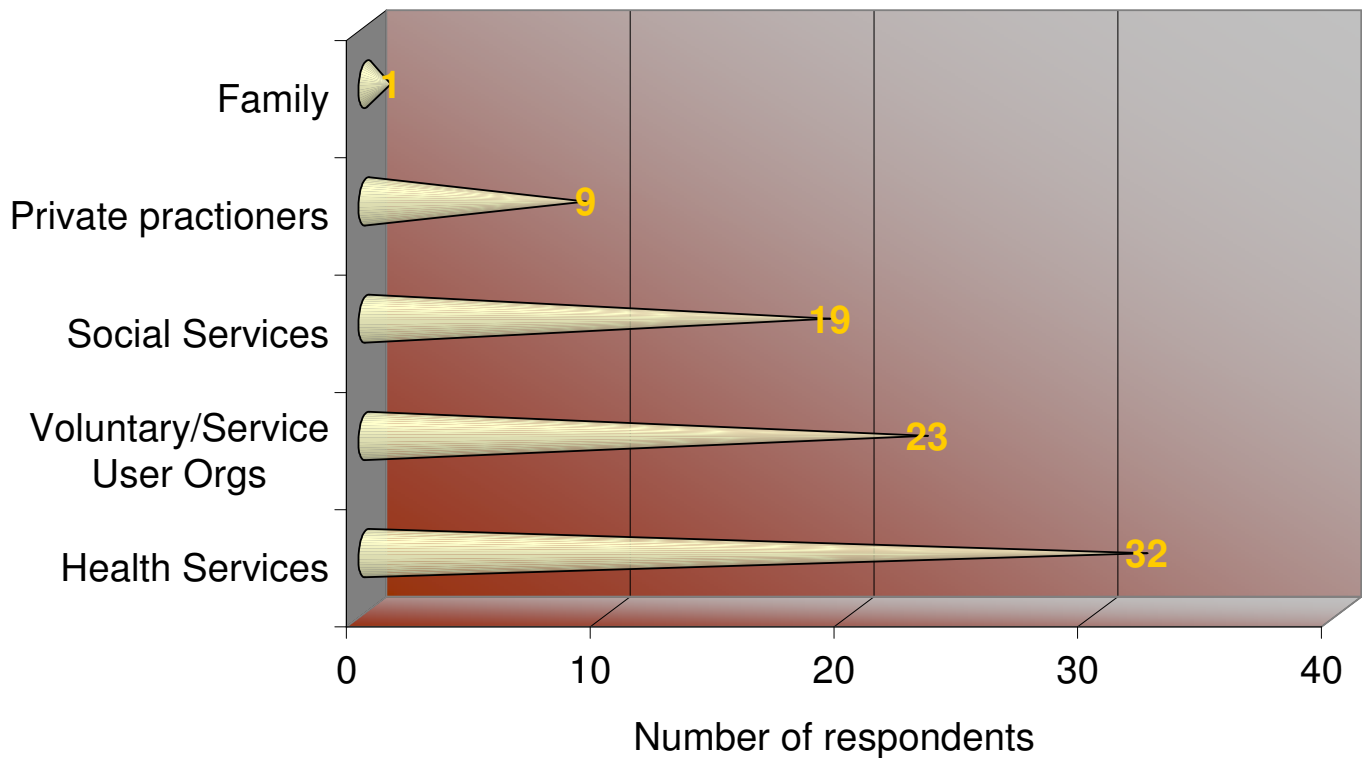
Nearly one half of people reported being under the care of both a CMHT and a GP for their mental health care, compared to approximately one fifth cared for by a CMHT alone. 28 per cent of respondents were under the care of just their GP.

Q10. Do you get other support for your mental health? - e.g. attending a day service or private counsellor



A little over half of respondents did not receive any support for their mental illness other than from their GP or CMHT whereas elsewhere in this survey there are references to the complexity of the issues faced and the subsequent need for multi-disciplinary responses.

Q11. If yes, please give some detail...



| Support type | Number of respondents | % |
|-------------------------------------|-----------------------|----|
| Family | 1 | 1 |
| Private practitioners | 9 | 4 |
| Social Services | 19 | 9 |
| Voluntary/Service User Organisation | 23 | 11 |
| Health | 32 | 16 |

Examples given of other support received:

- Local MIND associations (inc: Vocational Advisors)
- Independent Service User Groups
- Private counsellors, psychotherapists
- Substance Misuse teams
- Day Centers, Day Hospitals and Rehabilitation Teams

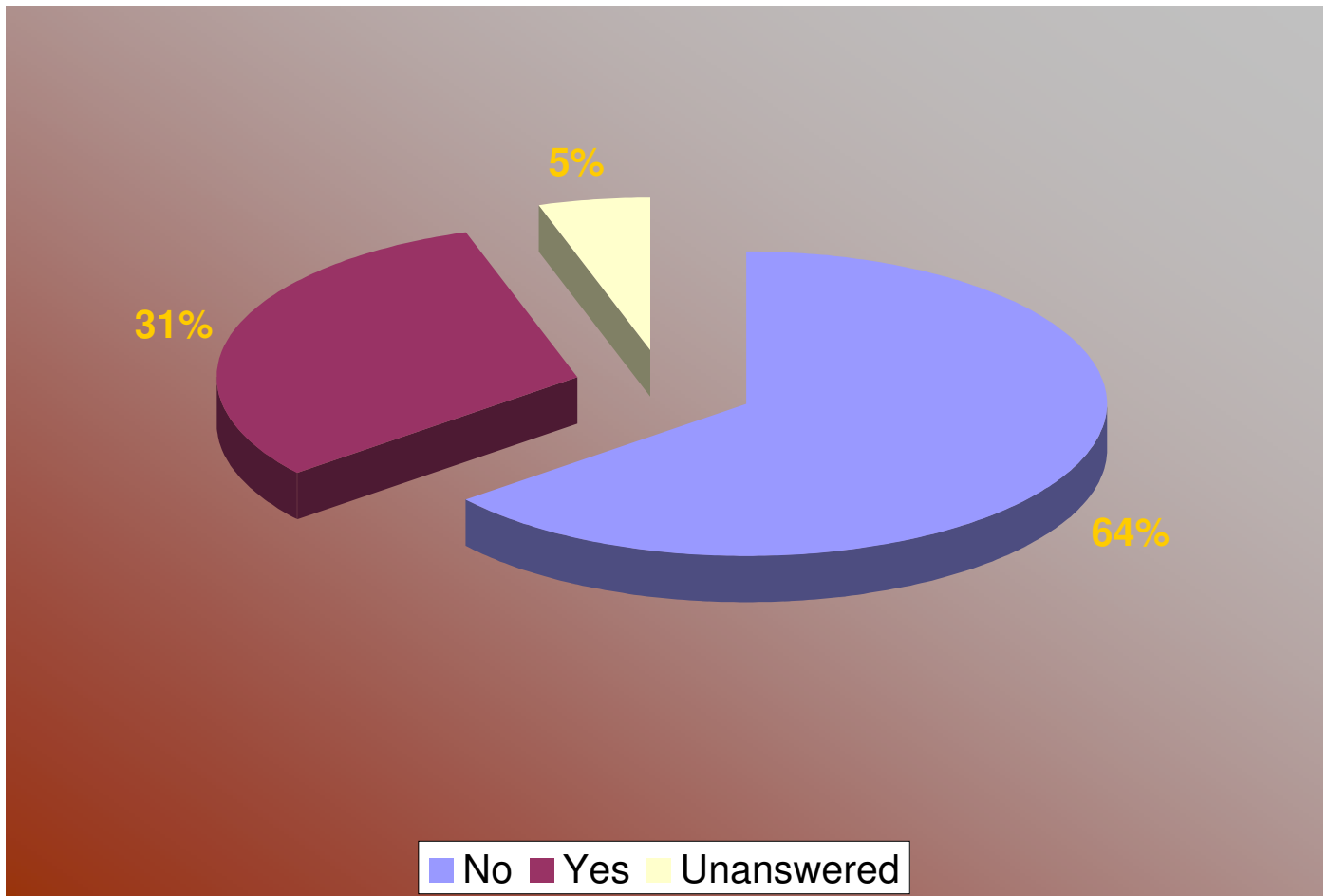
Only 1% of replies mentioned family as a means of support whereas 11% referred to Voluntary sector and Service User organisations.

The following quotations highlight some of the underlying psychological issues linked to employment which imply particular support needs;

"...have no confidence, and I am scared of being out there"

"Out of employment for 8 years now I have zero confidence of any abilities"

Q12. Do you consider yourself to have a disability other than your mental illness?



Almost one third of people reported having a further disability, highlighting the complex nature of this issue and the resultant need for a multi-disciplinary solution.

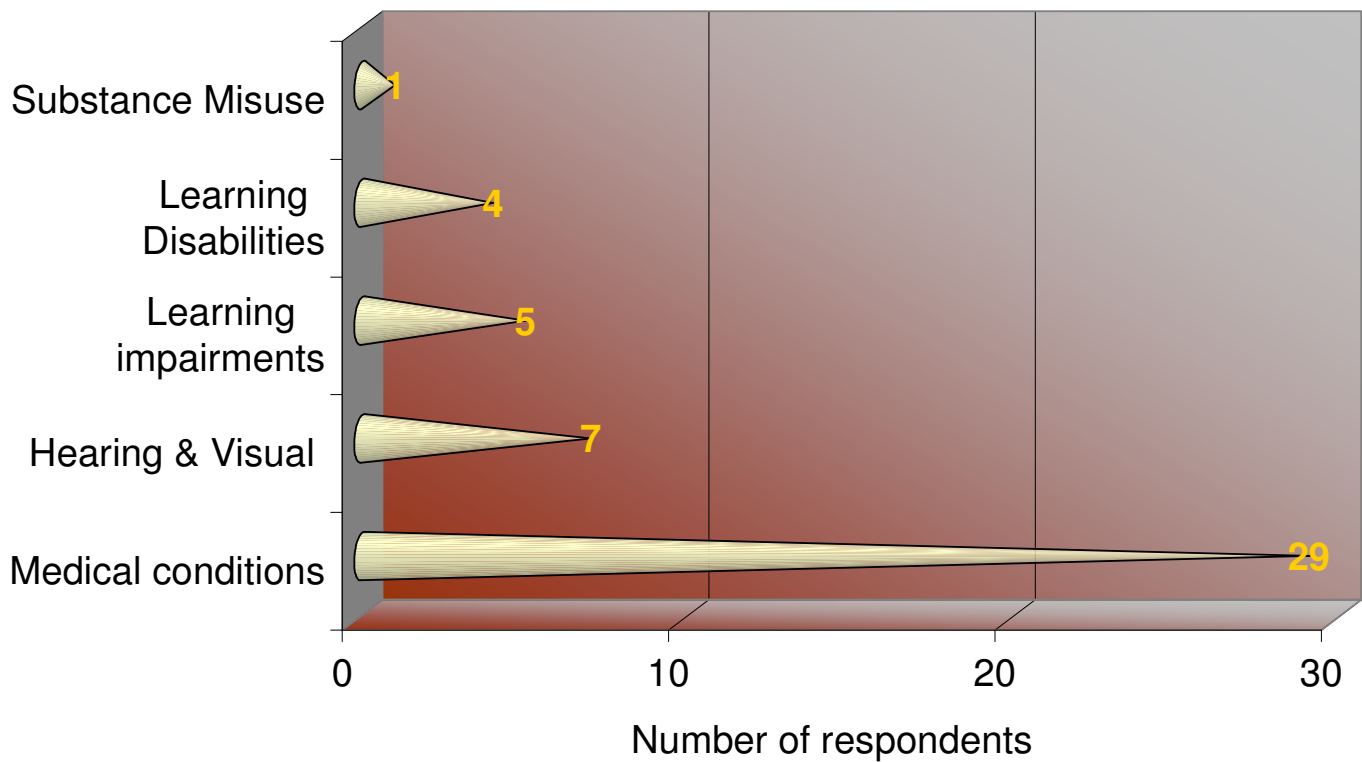
One respondent mentioned the difficulty of:

"anxiety issues and being too long separated from my assistance dog. If the dog could attend work with me, it may be easier"

"Because of my erratic history and criminal record and physical disability and lack of work references"

These two examples serve to highlight the intricate needs of people with multiple disabilities, a population accounting for 31% of the survey sample here.

Q13. If yes, please give some details...



| Type of disability | Number of respondents | % |
|-----------------------|-----------------------|----|
| Medical conditions | 29 | 14 |
| Hearing & Visual | 7 | 3 |
| Learning impairments | 5 | 2 |
| Learning Disabilities | 4 | 2 |
| Substance Misuse | 1 | 0 |

Examples given of other disabilities:

- Autistic Spectrum Disorders
- Chronic physical conditions inc: epilepsy, diabetes, arthritis, asthma etc
- Back or Spinal Injuries
- Hearing & Visual Impairments
- Amputation of lower limbs
- Dyslexia, cognitive learning and literacy problems

By far the highest number of returns indicated the disability being of a physical nature, showing a significantly larger response than all the other four categories put together.

The high incidence of mental health issues with other disabilities across a wide range underlines the importance of joint working between mental health services and other teams.

Q14. Which of the following best describes your ethnic origin?

In response to this question, the following options were available:

| | | |
|---|---|--|
| 1. White | 2. Mixed | 3. Asian & Asian British |
| <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Another White background <i>Please write below:</i> | <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Another mixed background <i>Please write below:</i> | <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Another Asian background <i>Please write below:</i> |
| 4. Black or Black British | 5. Chinese or Other Ethnic Group | 6. Not stated |
| <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <i>Please write below:</i> | <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <i>Please write below:</i> | Not stated |

These categories are in line with those used by the Office of National Statistics for employment, and other, research projects.

The responses were:

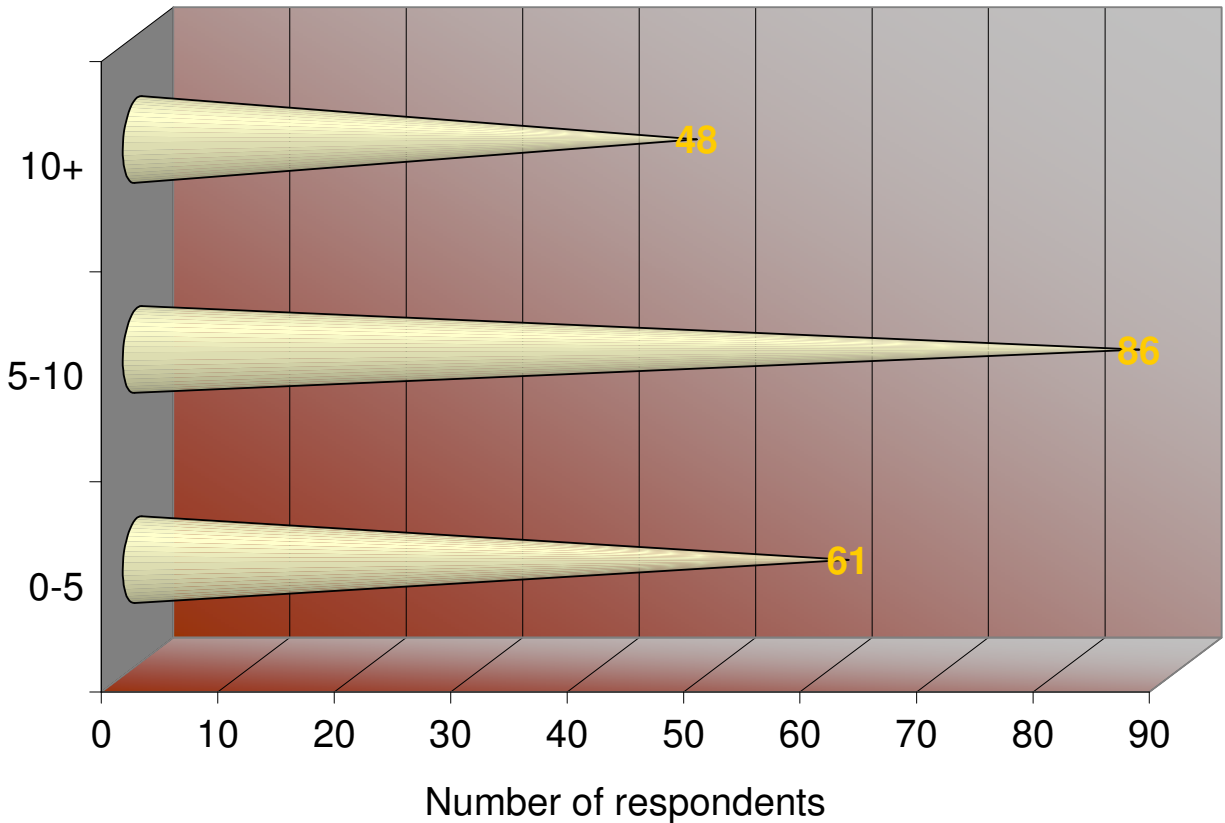
| Ethnic Origin | Number of respondents |
|-----------------------|-----------------------|
| White British | 168 |
| Not stated | 6 |
| White Irish | 6 |
| White and Asian | 4 |
| Caribbean | 3 |
| Other white | 3 |
| Pakistani | 3 |
| Indian | 2 |
| White & Black African | 2 |
| African | 2 |
| British Asian | 1 |
| Other Asian | 1 |
| Romany | 1 |
| Unanswered | 1 |

83% of respondents classified themselves as 'White British', with the next largest category, White Irish, being chosen by approximately 3% of respondents.

The low number of non-white British respondents may be an indication of more general low levels of involvement between BME (Black Minority Ethnic) communities and mental health services.

The Employment Section

Q15. How many jobs have you ever had?

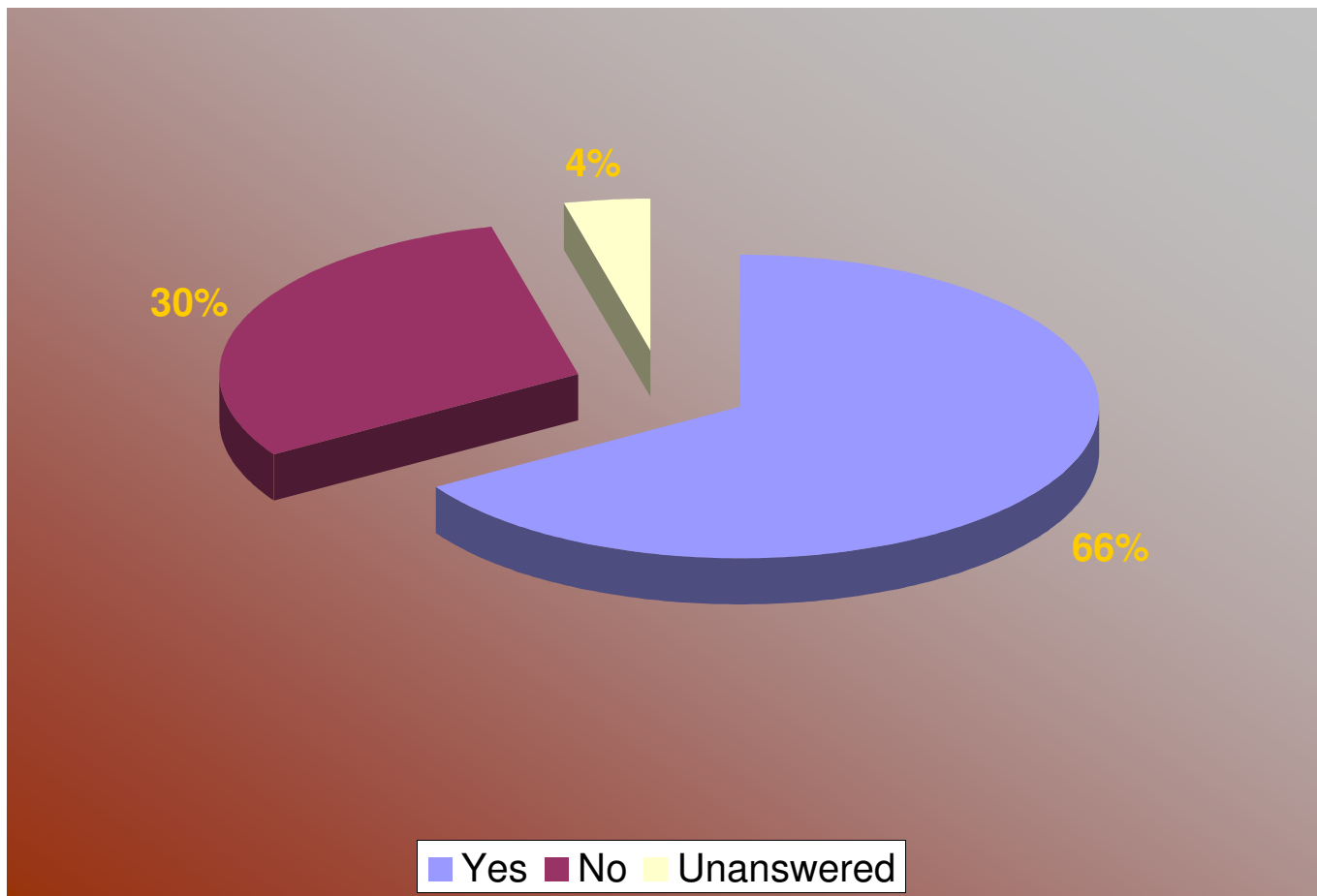


| Number of jobs | Number of respondents | % |
|----------------|-----------------------|----|
| 10+ | 48 | 24 |
| 6 to 10 | 86 | 42 |
| 0 to 5 | 61 | 30 |

Nearly a quarter stated that they had had ten or more jobs even though the age data from question 6 shows that 25% were under 35 years old and 73% were under 50.

30% answered that they had held 5 or less jobs and the replies for question 16 indicate that the same percentage have never worked since receiving their diagnosis.

Q16. Have you worked since receiving your mental health diagnosis?



A significant majority, 66% of respondents, had managed to undertake some work since their diagnosis.

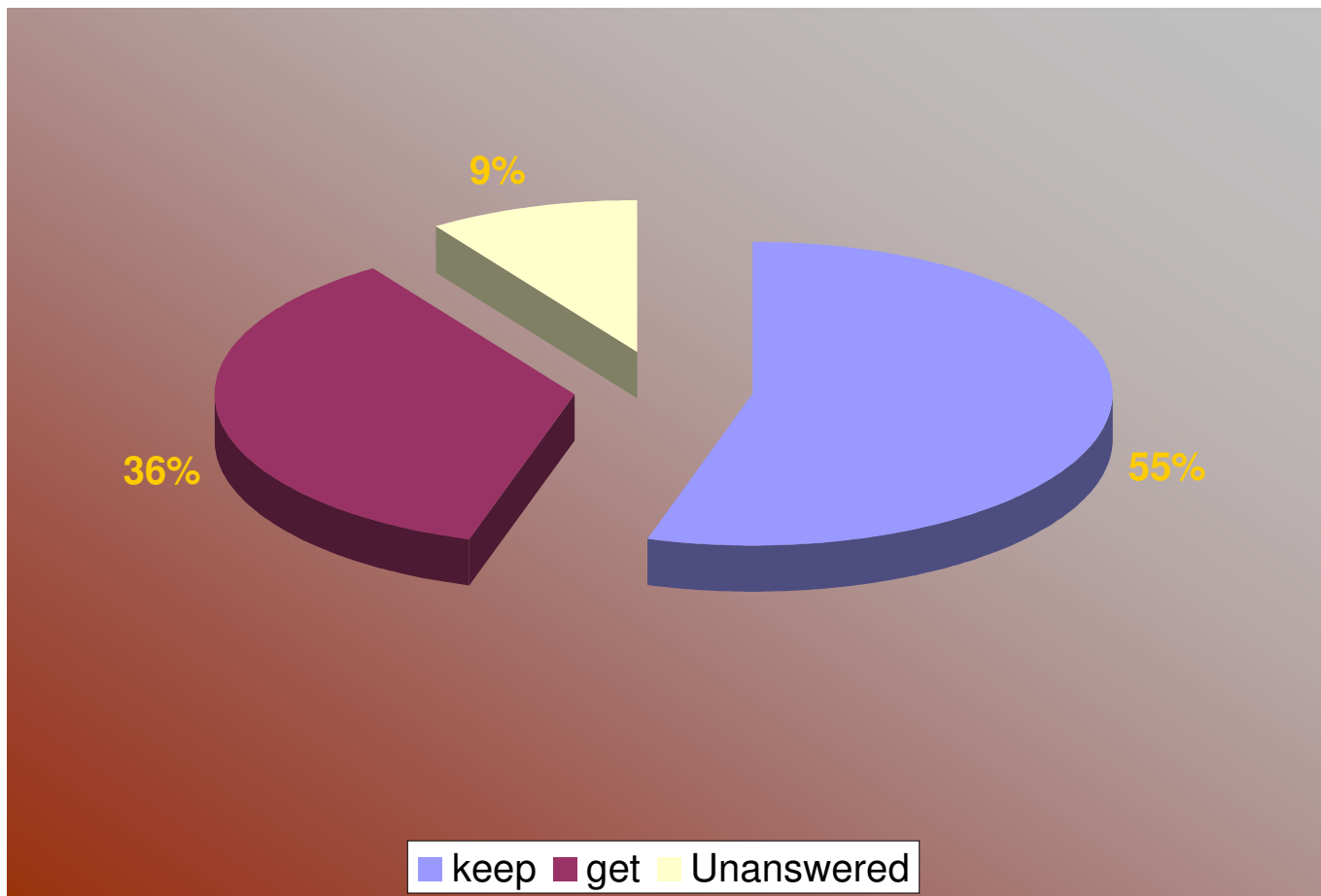
Three in ten people had not worked but, as mentioned earlier, approximately three quarters aspire to paid employment, with a further 8% desiring voluntary work.

Combined with the aspirations data from question four, this would seem to indicate both a desire and an ability to work at least at some points.

Whilst commenting upon why some people are successful in the field of employment despite their mental health problems, the following was said:

“If they believe they can do it, if they have support, if they really want to do the job, if they have found a way to manage their symptoms.”

Q17. Which do you feel is the easiest; getting a job or keeping a job?



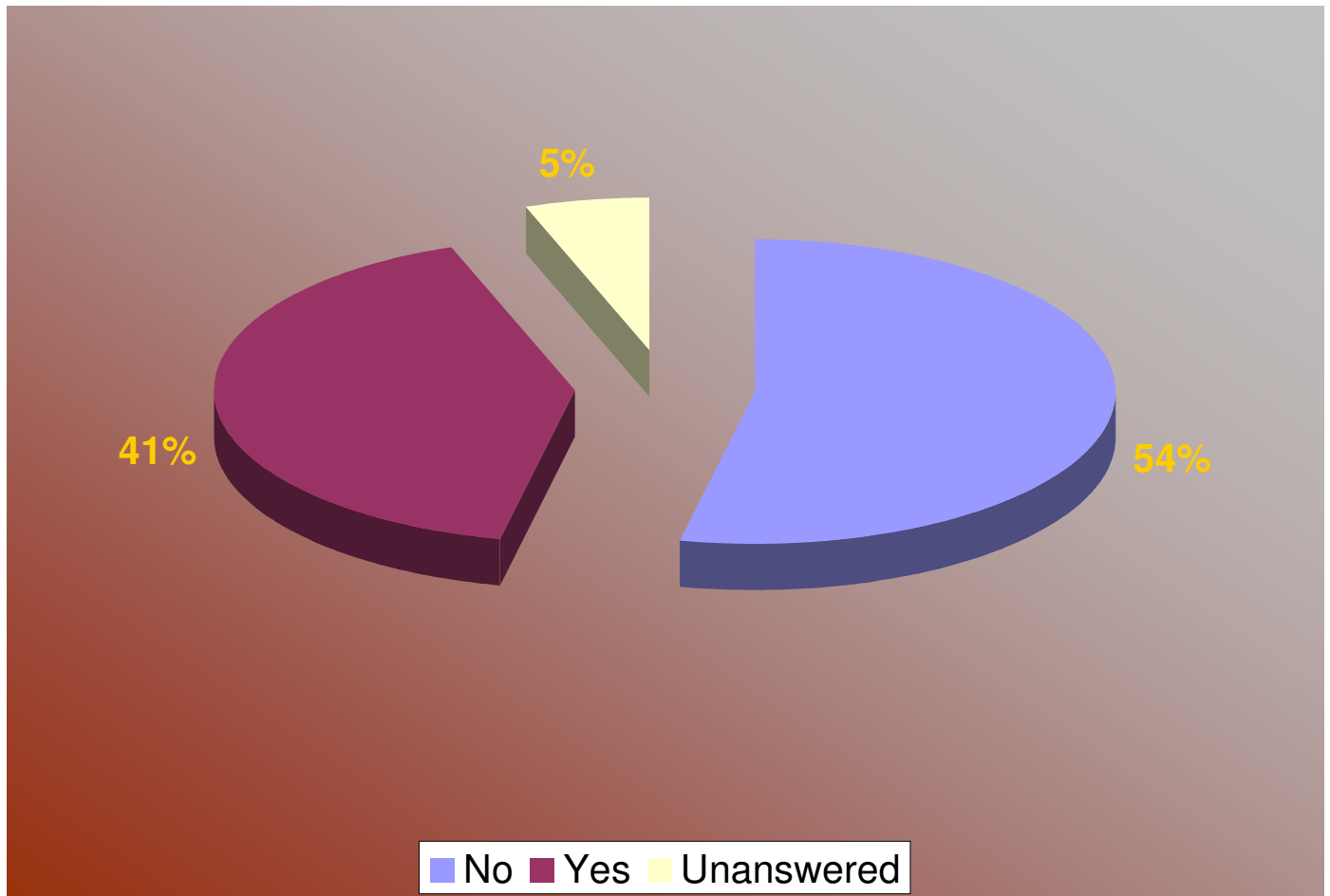
In terms of the allocation of resources to address the employment prospects of people who have experience of mental ill health, it is interesting to note that over one third of people felt it was easier gaining employment compared to over half who felt it was easier maintaining it.

Interestingly, the data from question nineteen shows that 70% of respondents are not receiving support to find or retain employment.

The following quote attests to the 'enforced motivation' felt by some people in a job:

"...finding a new one could be tough and the benefit system is a minefield"

Q18. Do you feel you can be honest about your Mental Health diagnosis when applying for jobs?



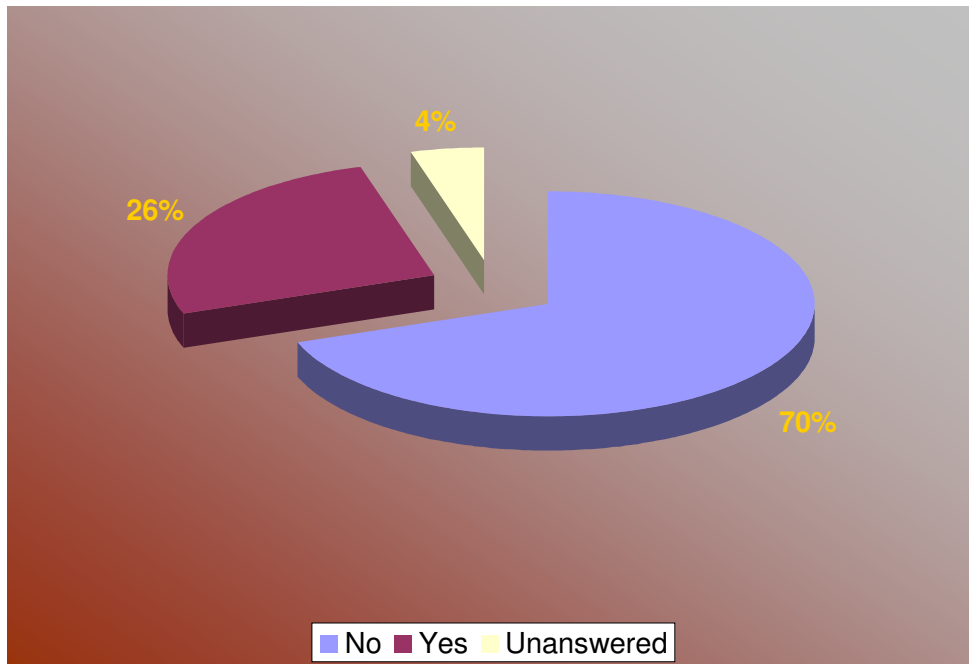
108 out of the total sample of 203 people felt unable to disclose details of their mental health during the application stage for employment.

The job applicants own sense of self as well as the perceived attitude of the prospective employer are important issues here. When answering the question regarding what makes someone successful at gaining employment the comment was made that:

"When they have good, solid self-esteem & sense of self worth"

"When applying for new jobs I am anxious about whether to disclose my mental health illness and also anxious about how gaps in employment will be received"

Q19. Are you receiving any support in finding or retaining employment?



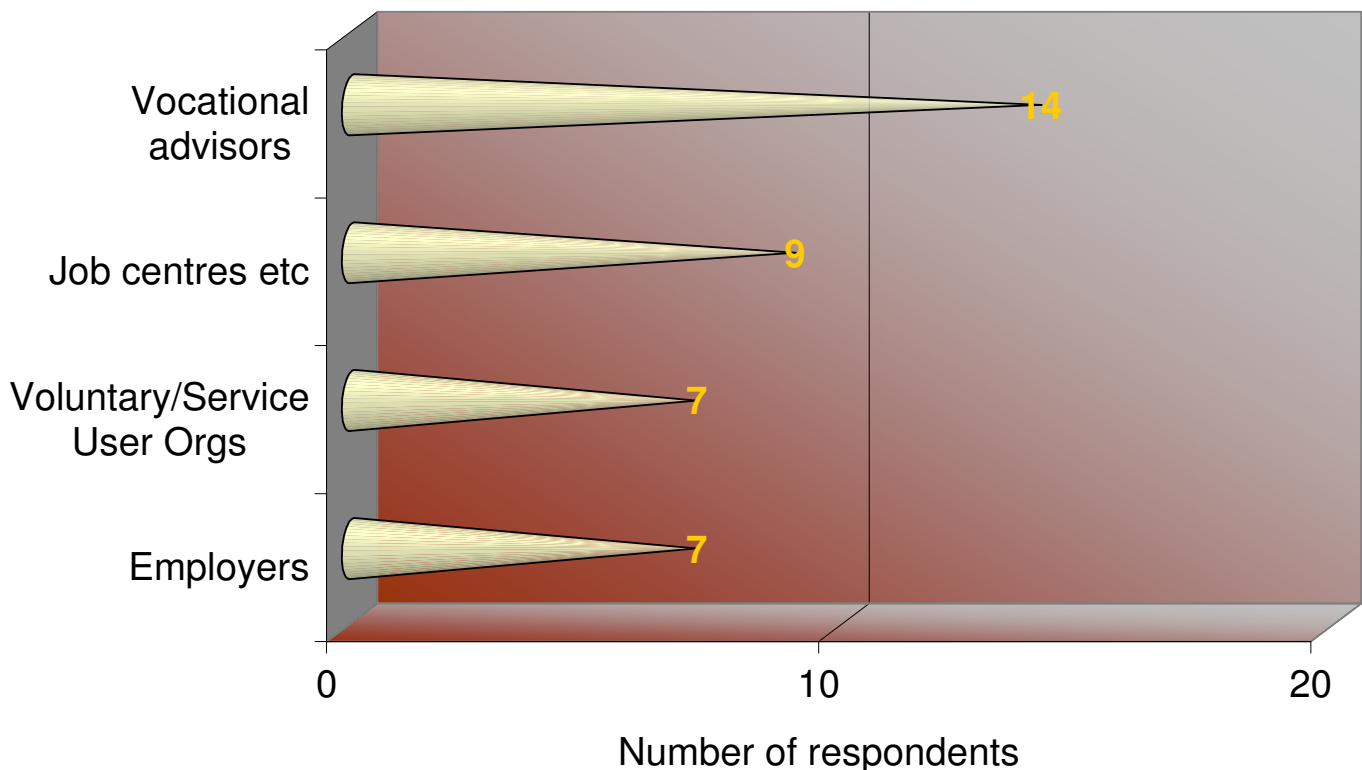
Although data from question 4 showed that 73% aspired to be in paid employment, 70% are not currently receiving support to achieve this aim.

The Healthcare Commission Survey in 2007 asked the question "In the last 12 months have you received help with finding work?" Across the South East, an average of 8% answered yes as opposed to the 26% response here. This difference may be at least partially explained by the fact that 25% of respondents to the Raise survey live in Hampshire where many mentioned receiving valuable support from Vocational Advisors.

"Give them more help, don't push them and treat them as the same as others"

"The time between interview & job is PAINFULLY awful. Full of big-time fear and massive panic attacks."

Q20. If yes, please say who is providing that support...



| Support providers | Number of respondents | % |
|-----------------------------|-----------------------|---|
| Vocational advisors | 14 | 7 |
| Job centres etc | 9 | 4 |
| Voluntary/Service User Orgs | 7 | 3 |
| Employers | 7 | 3 |

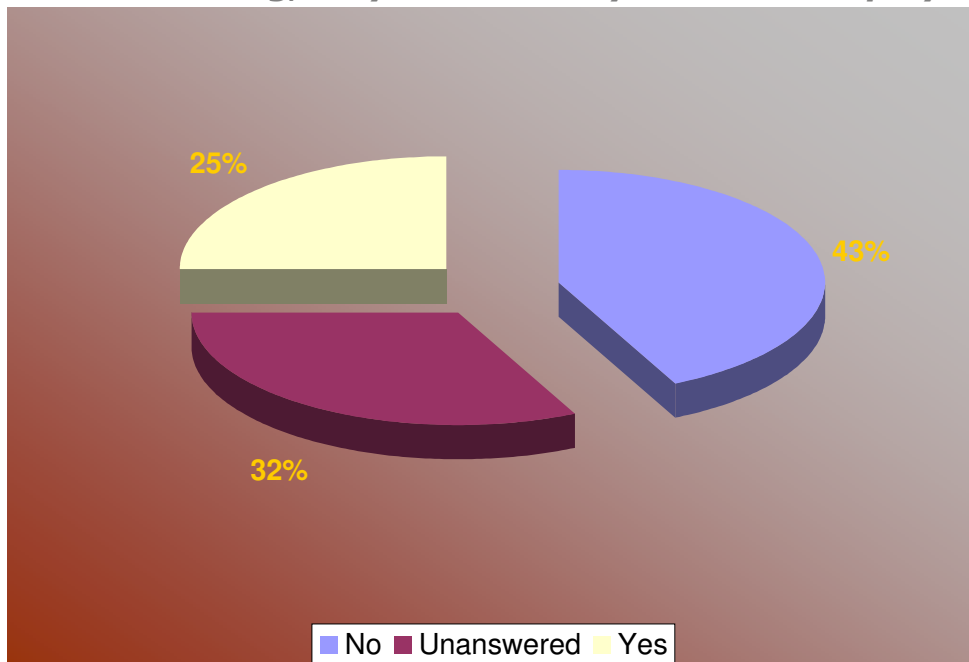
Examples given of support include:

- Support from current employers, management & colleagues
- MIND vocational Advisors & vocational services accessed through CMHT's
- Job Brokers, e.g. accessed through SCOPE
- Workability, Pathfinders & Local Job Centre Plus
- Occupational Health

"I get support from an employment service. They visit me at Asda every 6 months to see how I am doing"

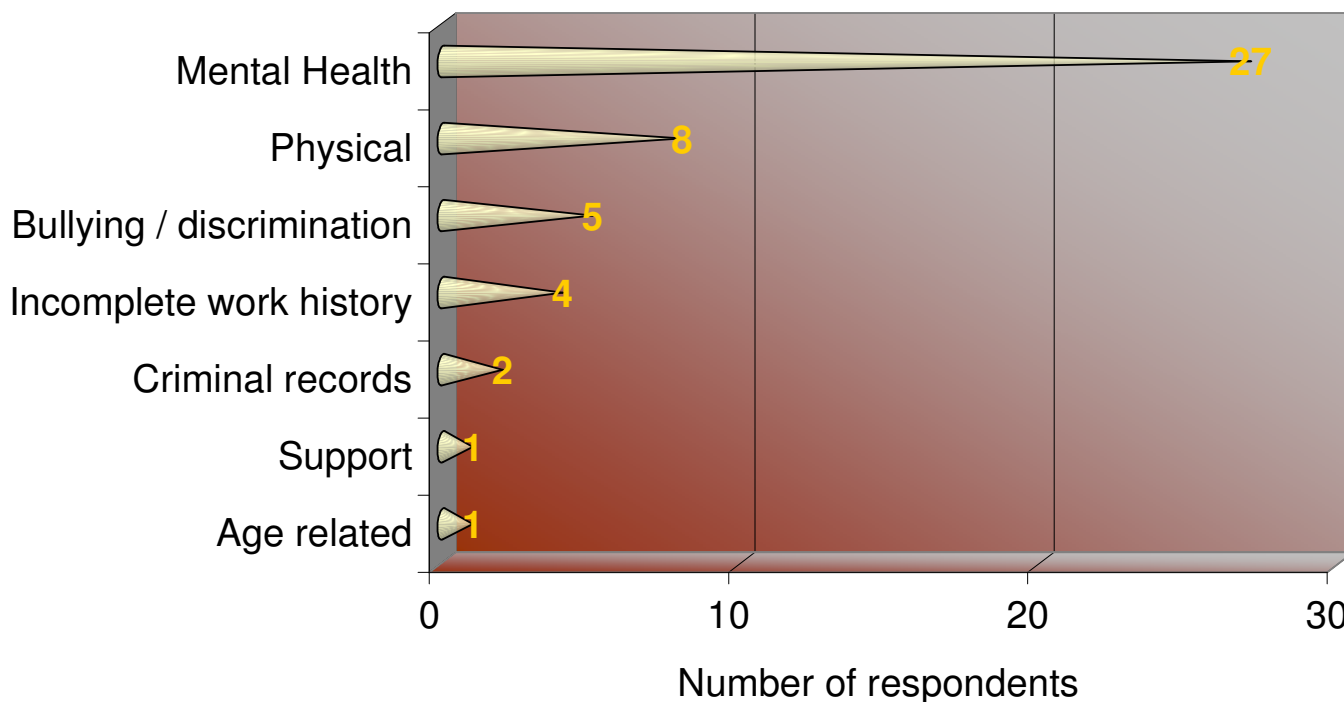
This quote highlights a recurring theme throughout all sections of this data set – i.e. the benefits of continuous support that doesn't end at any point in the process of moving towards and remaining in employment, education or training.

Q21. If you are not working, do you consider yourself unemployable?



One quarter of respondents consider themselves to be unemployable. The Healthcare Commission Service User Survey for 2005, 2006 and 2007 across the South East found that approximately one half of people said "I am unable to work because of my mental health problem".

Q22. If yes, please say why...



continued overleaf...

| Reasons | Number of respondents | % |
|---------------------------|-----------------------|----|
| Mental Health | 27 | 13 |
| Physical illnesses | 8 | 4 |
| Bullying / discrimination | 5 | 2 |
| Incomplete work history | 4 | 2 |
| Criminal records | 2 | 1 |
| Support needs | 1 | 0 |
| Age related | 1 | 0 |

Approximately 1:8 respondents felt their mental health deemed them unemployable.

The responses above mentioning physical illnesses link to the answers to question twelve; "Do you consider yourself to have a disability other than your mental illness". 29 people considered themselves to have a physical disability but only 8 consider themselves to be unemployable due to physical illness.

Five people recorded that they deemed themselves unemployable due to the bullying and discrimination of others.

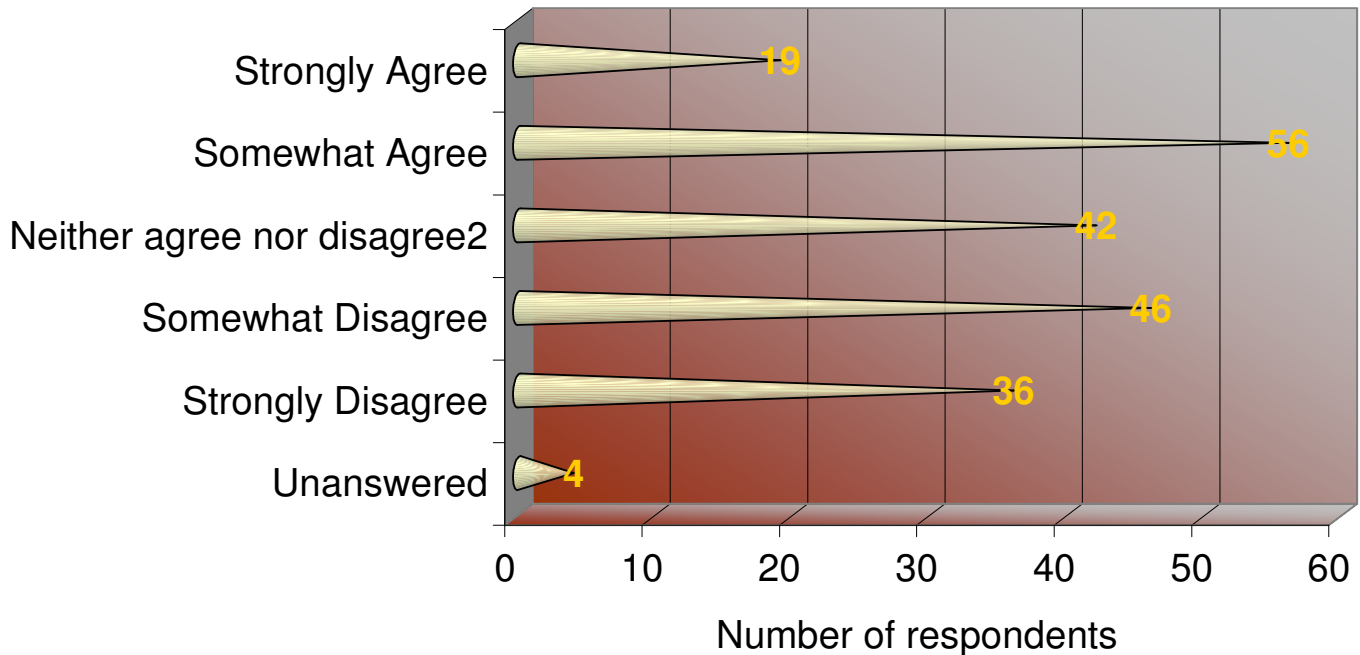
Examples given why someone feels themselves to be unemployable:

- Lack of work history and references
- Unpredictability of Mental Illness
- Poor Physical Health
- Public perception of Mental Ill Health
- Criminal records
- Age related issues
- Lack of confidence, inabilities to deal with stress and pressure

"At one interview I was actually told that I was unemployable"

"I was retired on Ill-Health after 20 years continuous employment and it is a requirement of my Private Pension NOT to seek further employment"

Q23. (Likert Scale) There is a wide enough range of jobs available to suit me



| | Number of respondents | % |
|----------------------------|-----------------------|----|
| Strongly Agree | 19 | 9 |
| Somewhat Agree | 56 | 28 |
| Neither agree nor disagree | 42 | 21 |
| Somewhat Disagree | 46 | 23 |
| Strongly Disagree | 36 | 18 |

The percentage of those who, in total, agreed with this statement (37%) is similar to those who, in total, disagree (41%).

Other parts of the survey referred to restrictions such as insufficient employment with working hours that are flexible to the nature of peoples' illnesses and the side effects of medication. The availability of transport and childcare was also highlighted.

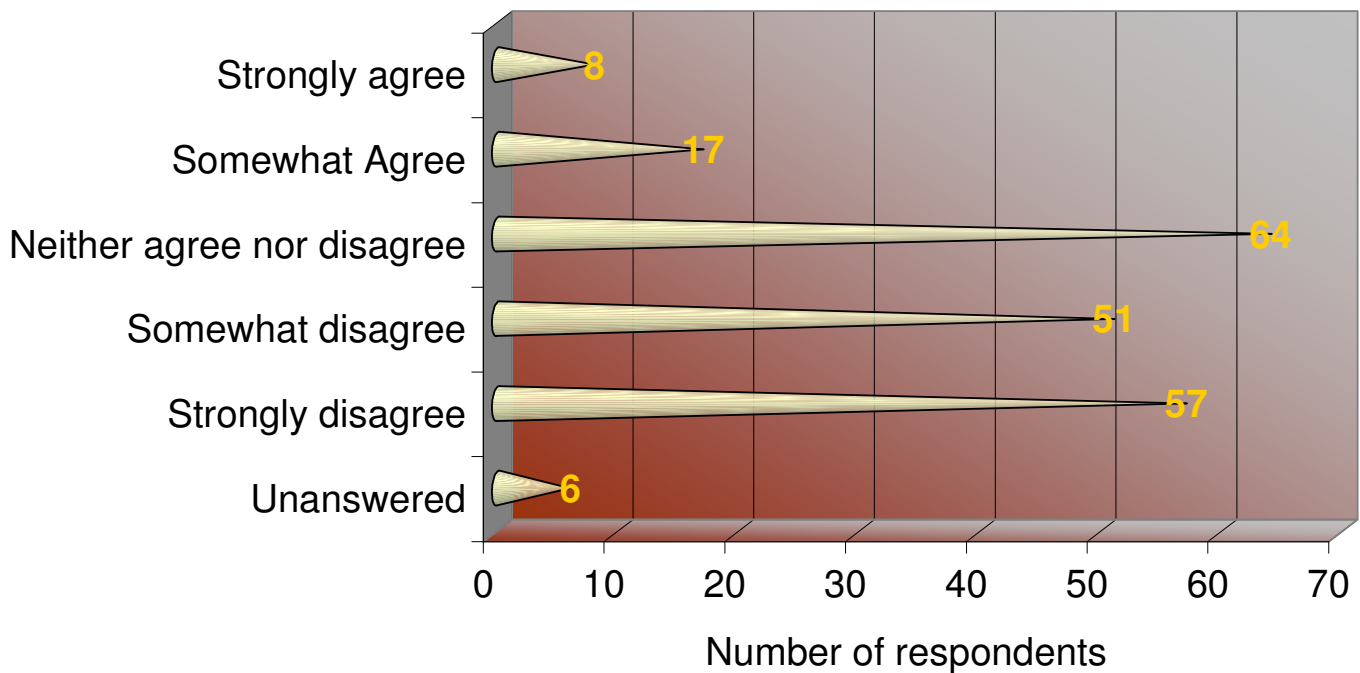
One reply noted that he/she would -

"want a job that I enjoy, gives training and can move up the ladder"

With reference to the effect unsuitable employment can have upon someone's mental health, one respondent stated -

"Boring, repetitive, dull and badly paid jobs only make things worse."

Q24. (Likert Scale) Potential employers are sympathetic to gaps in my work history



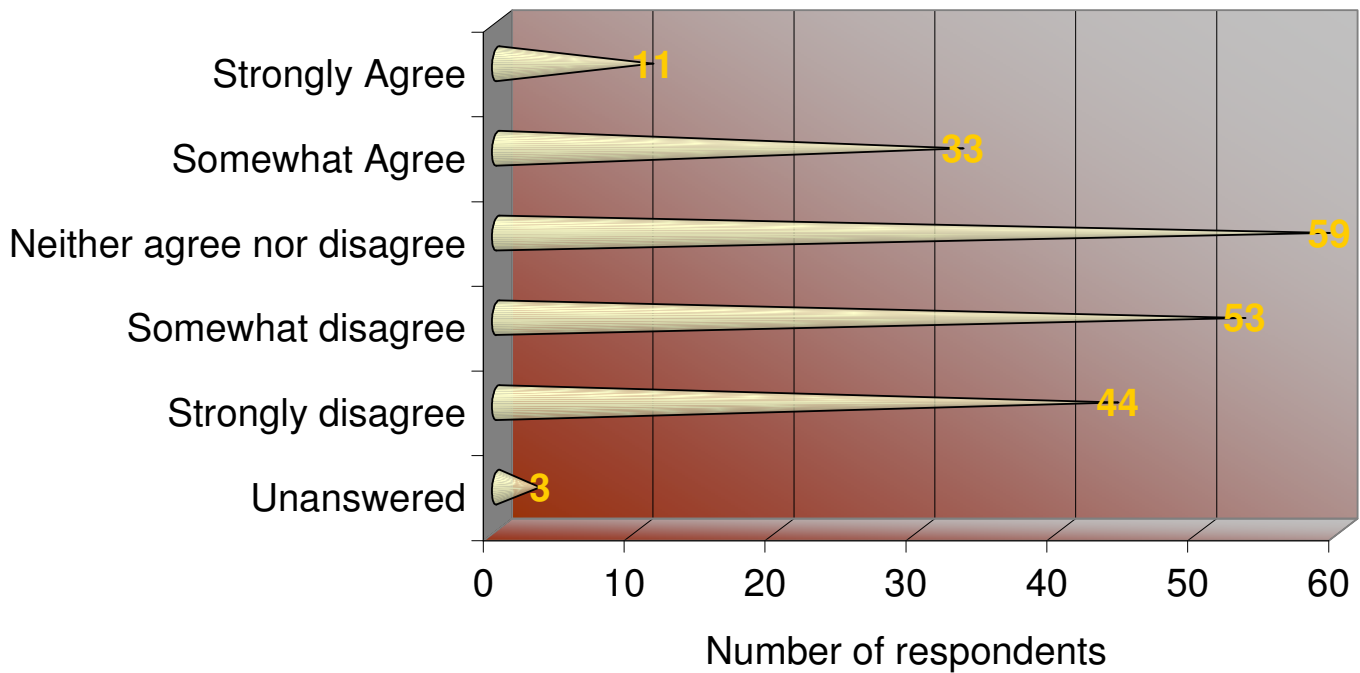
| | Number of respondents | % |
|----------------------------|-----------------------|----|
| Strongly Agree | 8 | 4 |
| Somewhat Agree | 17 | 8 |
| Neither agree nor disagree | 64 | 32 |
| Somewhat Disagree | 51 | 25 |
| Strongly Disagree | 57 | 28 |

Whilst 12% in total agreed with the statement “Potential employers are sympathetic to gaps in my work history”, over half disagreed. The highest of the five possible responses showed no strong feelings in favour or against.

Four respondents, to question twenty two, actually deemed themselves unemployable because of gaps in their work history.

“Employers look very negatively if you have large gaps on your CV and are not interested even if you are well”

Q25. (Likert Scale) Personnel Departments and Occupational Health Departments are understanding of mental health issues



| | Number of respondents | % |
|----------------------------|-----------------------|----|
| Strongly Agree | 11 | 5 |
| Somewhat Agree | 33 | 16 |
| Neither agree nor disagree | 59 | 29 |
| Somewhat Disagree | 53 | 26 |
| Strongly Disagree | 44 | 22 |

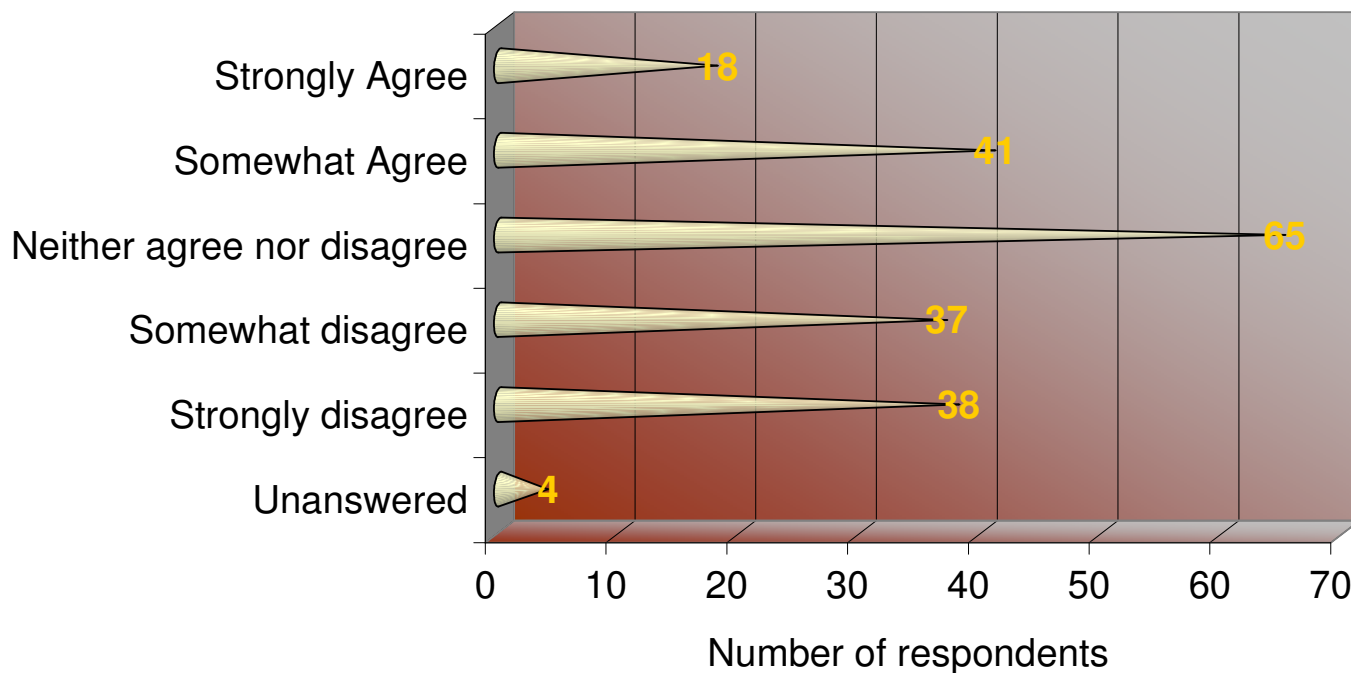
Only 5% of respondents strongly agreed with this statement while nearly half, 48%, disagreed to some degree.

Respondents suggested:

"Some form of enforcing occupational health departments to contact relevant care professionals rather than relying upon an outline GP's report and an occupational health doctor's own opinions"

"Employers and Occupational Health departments not understanding mental health issues and making assumptions about what I can and cannot do, my reliability etc. Also Doctors thinking they know best and not listening."

Q26. (Likert Scale) There is sufficient support available before and during interviews should I want it



| | Number of respondents | % |
|----------------------------|-----------------------|----|
| Strongly Agree | 18 | 9 |
| Somewhat Agree | 41 | 20 |
| Neither agree nor disagree | 65 | 32 |
| Somewhat Disagree | 37 | 18 |
| Strongly Disagree | 38 | 19 |

More than twice as many people strongly disagreed with this statement compared to those who strongly agreed.

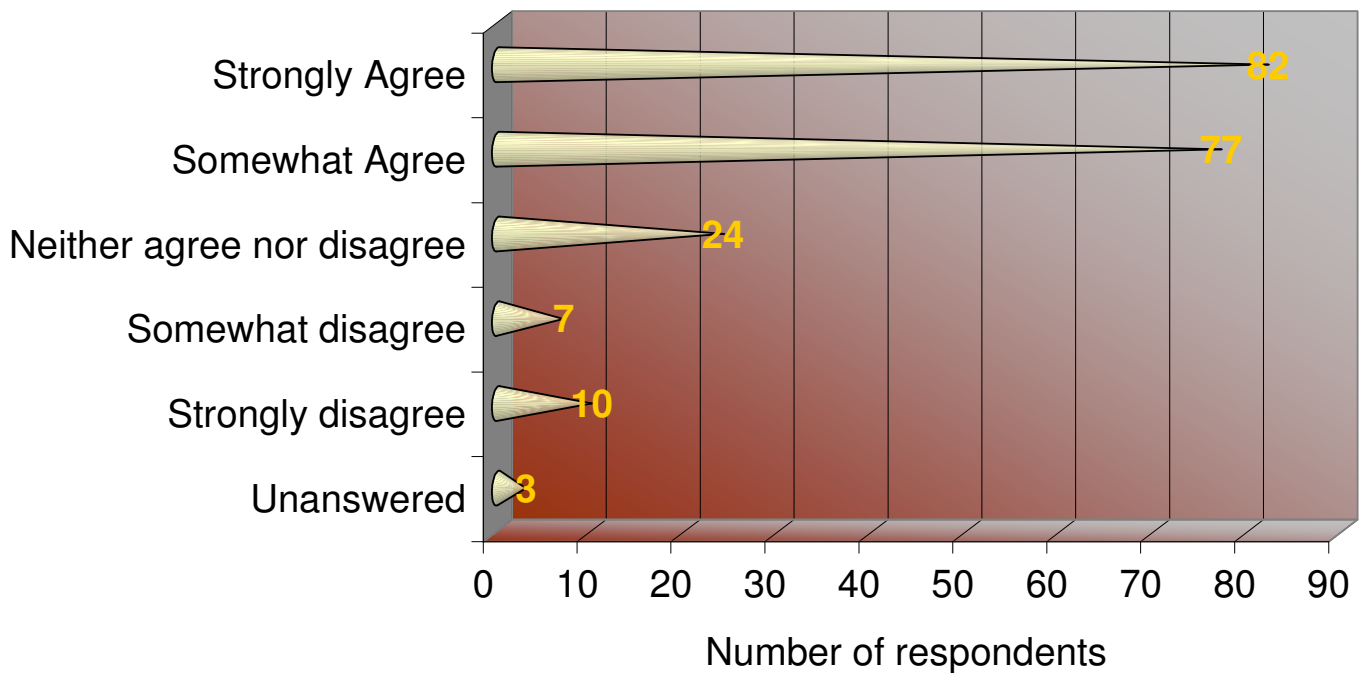
The following difficulties were noted by one respondent:

“Over anxiety before, during and after interviews.”

And this comment may suggest the need for a form of advocate support in interviews:

“At one interview I was actually told that I was unemployable”

Q27. (Likert Scale) I would benefit from ongoing support once working



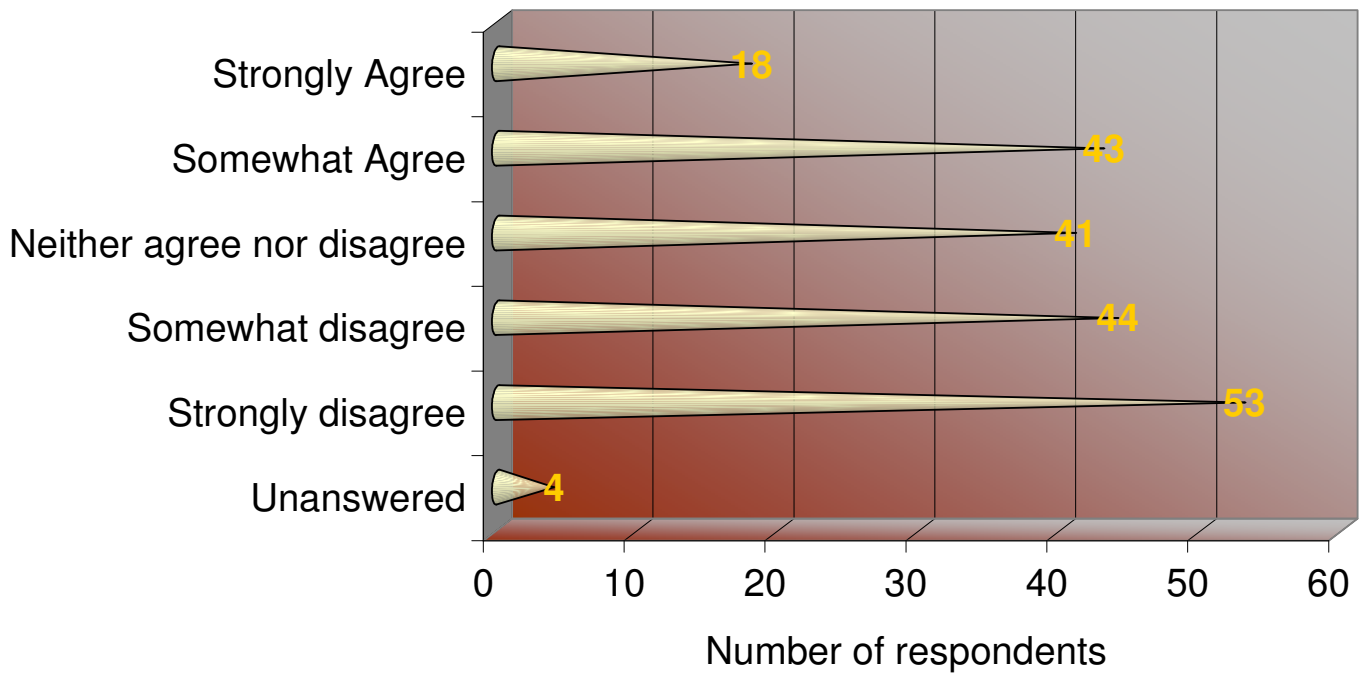
| | Number of respondents | % |
|----------------------------|-----------------------|----|
| Strongly Agree | 82 | 40 |
| Somewhat Agree | 77 | 38 |
| Neither agree nor disagree | 24 | 12 |
| Somewhat Disagree | 7 | 3 |
| Strongly Disagree | 10 | 5 |

A statistically significant majority of respondents (78%) felt they would benefit from ongoing support once in the workplace compared to just 8% who felt they would not.

"Having colleagues who know enough to give support when things are difficult without my problems being common knowledge"

"there must be full support when in work and flexibility tailored to the employees needs. There needs to be an understanding from the employer if somebody with mental health problems take sick leave, he/she will not be disciplined or face dismissal"

Q28. (Likert Scale) Discrimination against my mental illness isn't an issue in the workplace



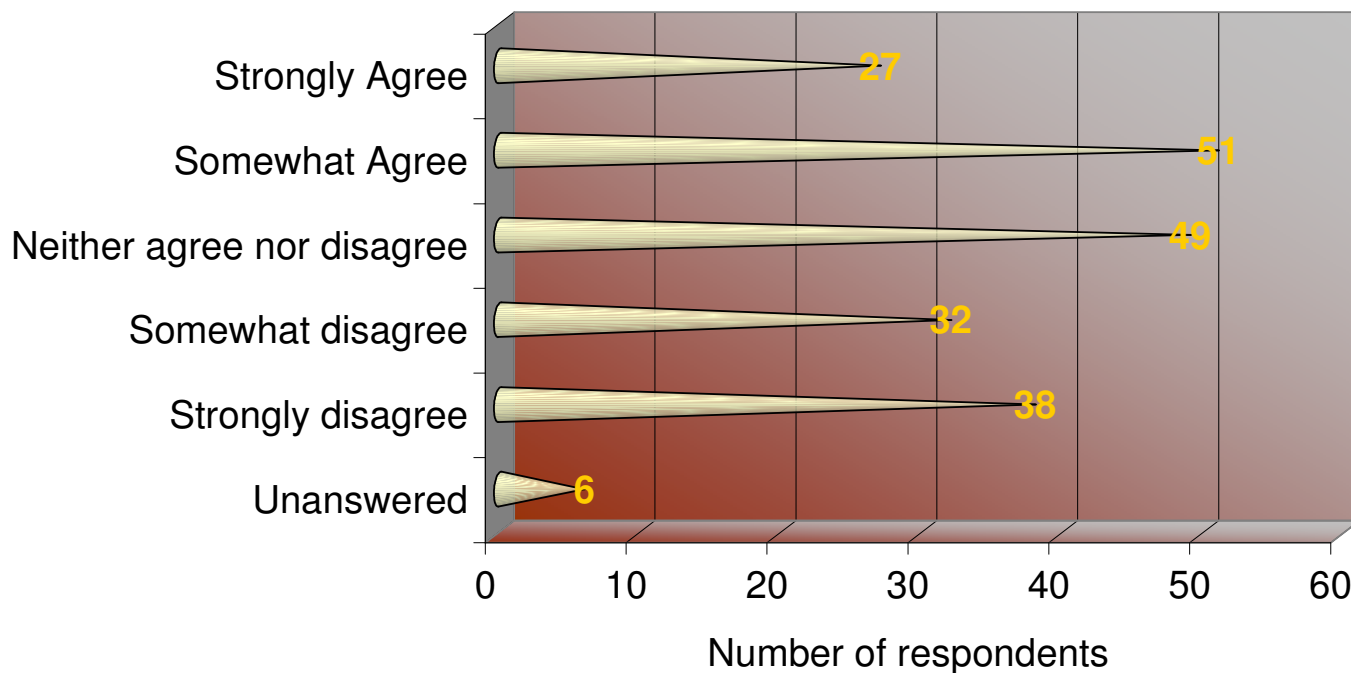
| | Number of respondents | % |
|----------------------------|-----------------------|----|
| Strongly Agree | 18 | 9 |
| Somewhat Agree | 43 | 21 |
| Neither agree nor disagree | 41 | 20 |
| Somewhat Disagree | 44 | 22 |
| Strongly Disagree | 53 | 26 |

Approximately half felt to some degree that discrimination was an issue in the workplace.

"To remain in work: I would need the stigma and discrimination relating to depression to be addressed by work colleagues."

"For companies to monitor & prevent bullying, harassment and discrimination by using outside independent people & ACT upon the findings."

Q29. (Likert Scale) There is flexibility of working hours, to fit around doctors appointments etc



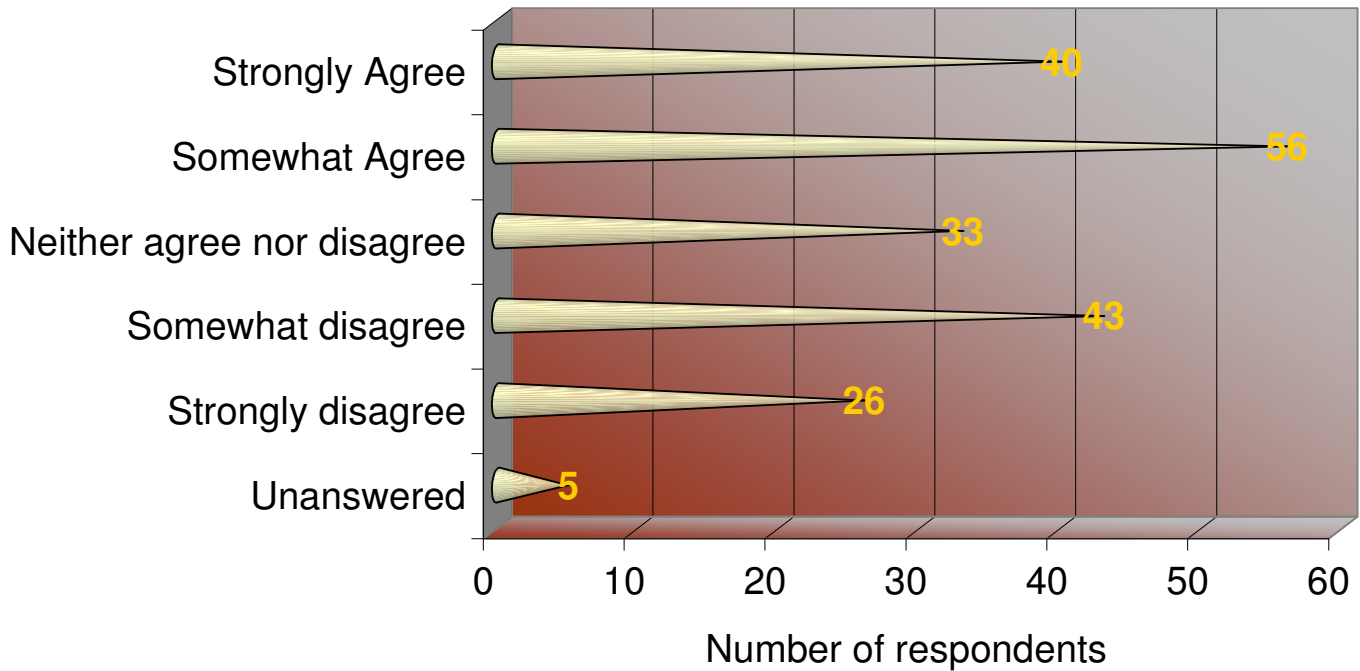
| | Number of respondents | % |
|----------------------------|-----------------------|----|
| Strongly Agree | 27 | 13 |
| Somewhat Agree | 51 | 25 |
| Neither agree nor disagree | 49 | 24 |
| Somewhat Disagree | 32 | 16 |
| Strongly Disagree | 38 | 19 |

There was little statistical difference between the total who agreed with the statement "There is flexibility of working hours, to fit around doctors appointments etc" and the total who disagreed with this comment; a variance of 3%.

"More flexibility in terms of working hours, and the ability to work from home etc."

"Flexibility of hours to accommodate mood fluctuations. I cannot expect all employers to be able to sustain flexible working if I am being relied on for targets etc."

Q30. (Likert Scale) I have a good awareness of my employee rights, e.g. the Disability Discrimination Act etc



| | Number of respondents | % |
|----------------------------|-----------------------|----|
| Strongly Agree | 40 | 20 |
| Somewhat Agree | 56 | 28 |
| Neither agree nor disagree | 33 | 16 |
| Somewhat Disagree | 43 | 21 |
| Strongly Disagree | 26 | 13 |

In total nearly one half (48%) of replies indicated people had a good awareness of their rights, many quoting knowledge of the Disability Discrimination Act.

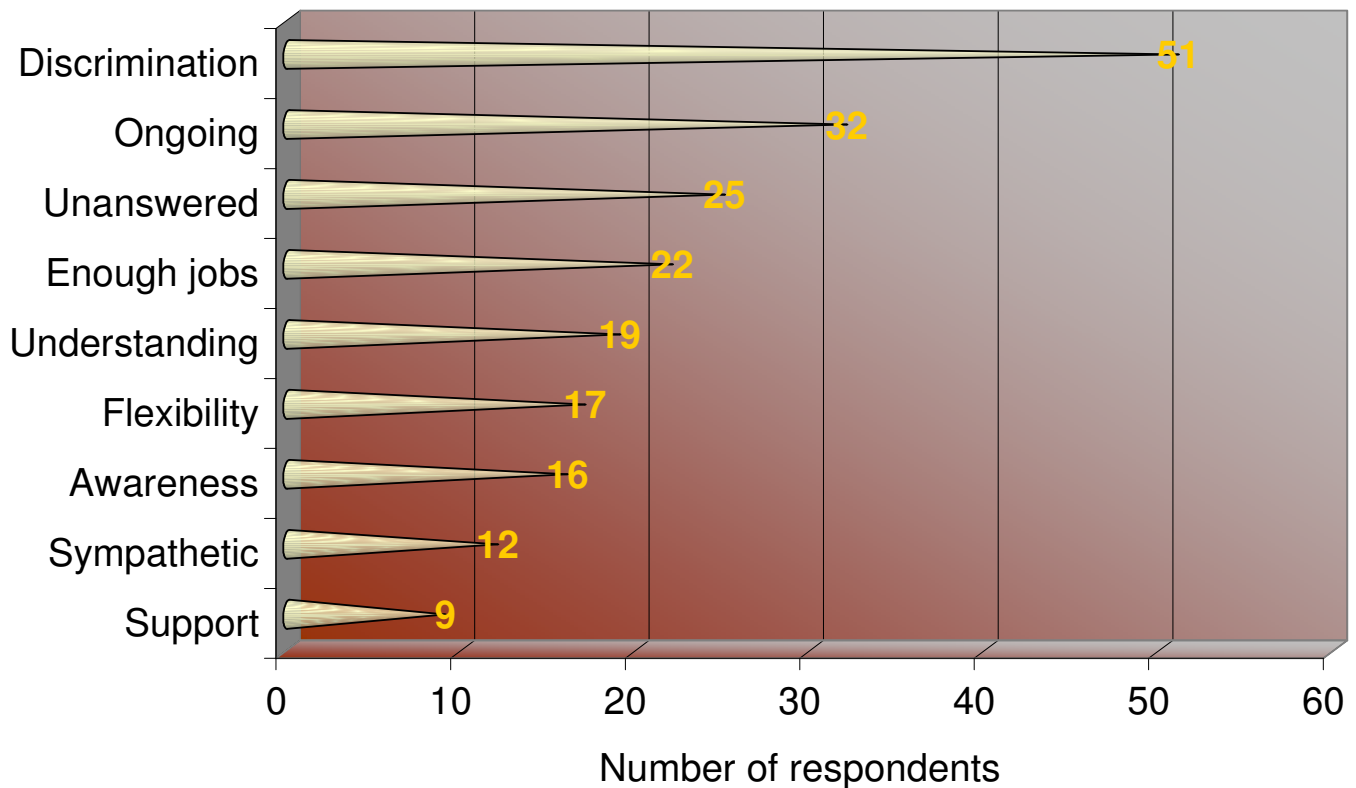
However, gaps in knowledge were mentioned regarding fundamental issues. A need was expressed for:

"Advice about filling in application forms - specifically knowing the law about whether or not mental health illnesses have to be declared"

Though some indicate a perceived greater knowledge than their employers:

"I was badly bullied by the management. They refused to listen when I advised them that they were breaking the law and should have taken specific actions."

Q31. Which of these, from Q23 to 30, is the most important factor for you regarding employment?



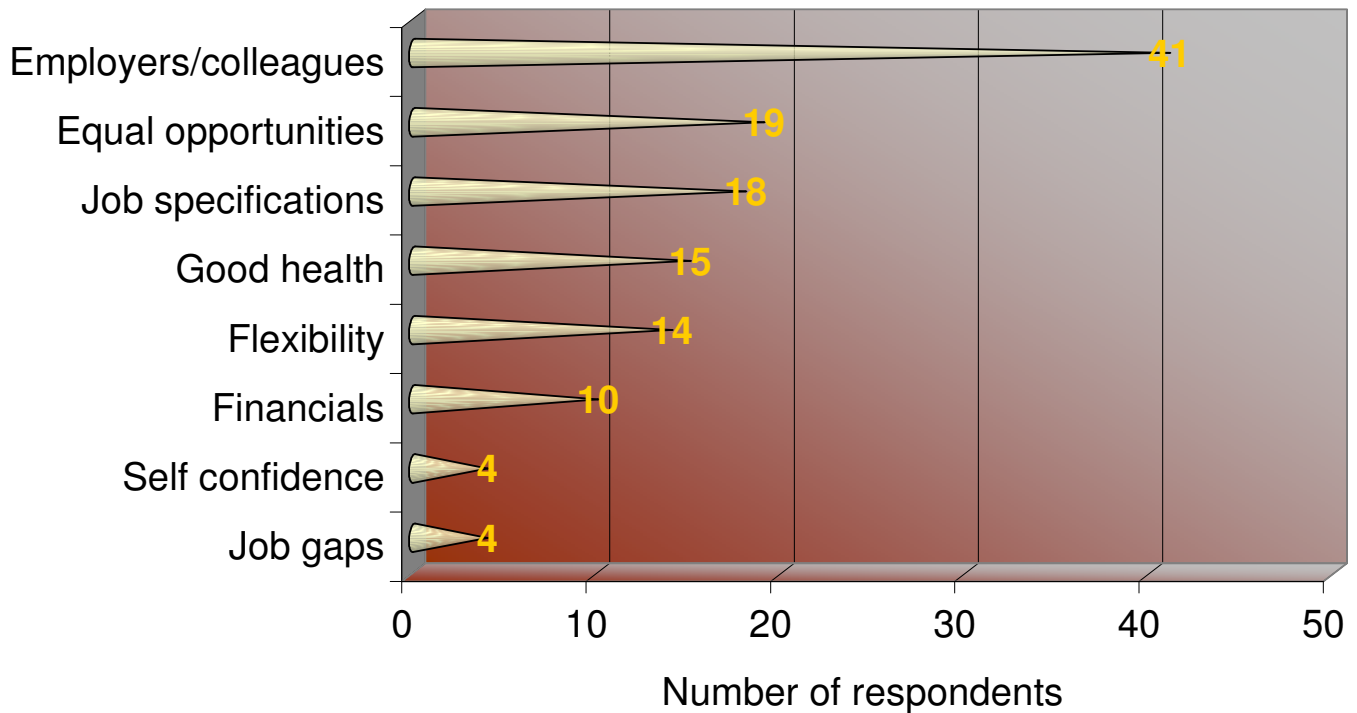
| | No. of respondents | % |
|--|--------------------|----|
| Discrimination and being treated equally | 51 | 25 |
| Ongoing support in workplace | 32 | 16 |
| Enough jobs | 22 | 11 |
| Understanding from Personnel and Occupational Health | 19 | 9 |
| Flexibility of working hours | 17 | 8 |
| Awareness of rights | 16 | 8 |
| Employers sympathetic to gaps in work history | 12 | 6 |
| Support during job applications | 9 | 4 |

Out of eight categories, one quarter choose discrimination as their biggest issue regarding employment.

"As a psychiatric nurse I have found Mental Health services in general reluctant to employ me since I have been unwell. My current job in a university has been a much more positive experience."

"The most important thing is my manager's attitude and his ability to discuss any problems that come up and help me work out how to deal with them."

Q32. Please say any other factors that are important to you regarding employment



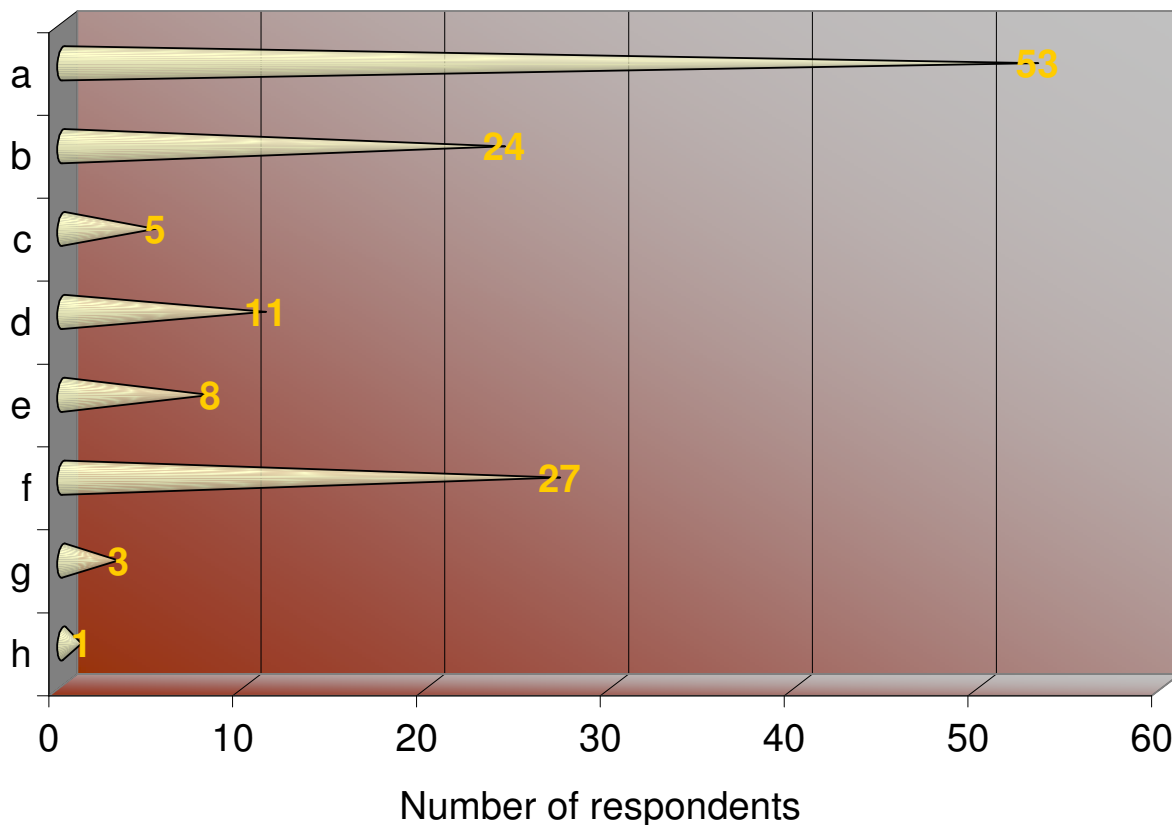
| | No. of respondents | % |
|---|--------------------|----|
| Employers and colleagues attitudes | 41 | 20 |
| Equal opportunities | 19 | 9 |
| Suitable job specifications | 18 | 9 |
| Good physical health | 15 | 7 |
| Flexibility of jobs to accommodate times of illness | 14 | 7 |
| Financials – especially benefits | 10 | 5 |
| Self confidence | 4 | 2 |
| Job gaps | 4 | 2 |

The factor mentioned twice more than any other pertains to the attitudes of others, this could be viewed as again relating to discrimination.

"Confidentiality as disclosure of my mental illness to colleagues would alter their perception of me I am a health care professional now academic"

"Openness and honesty with line managers and colleagues. Colleagues can assist in spotting potential signs and symptoms, which in turn enables me to manage the situation and take action. Having an understanding manager is also invaluable"

Q33. Please say the main reasons why you think someone with a mental illness is successful at maintaining a job...



| Response | Number of respondents | % |
|----------|-----------------------|----|
| a | 53 | 26 |
| b | 24 | 12 |
| c | 5 | 2 |
| d | 11 | 5 |
| e | 8 | 4 |
| f | 27 | 13 |
| g | 3 | 1 |
| h | 1 | 0 |

Key:

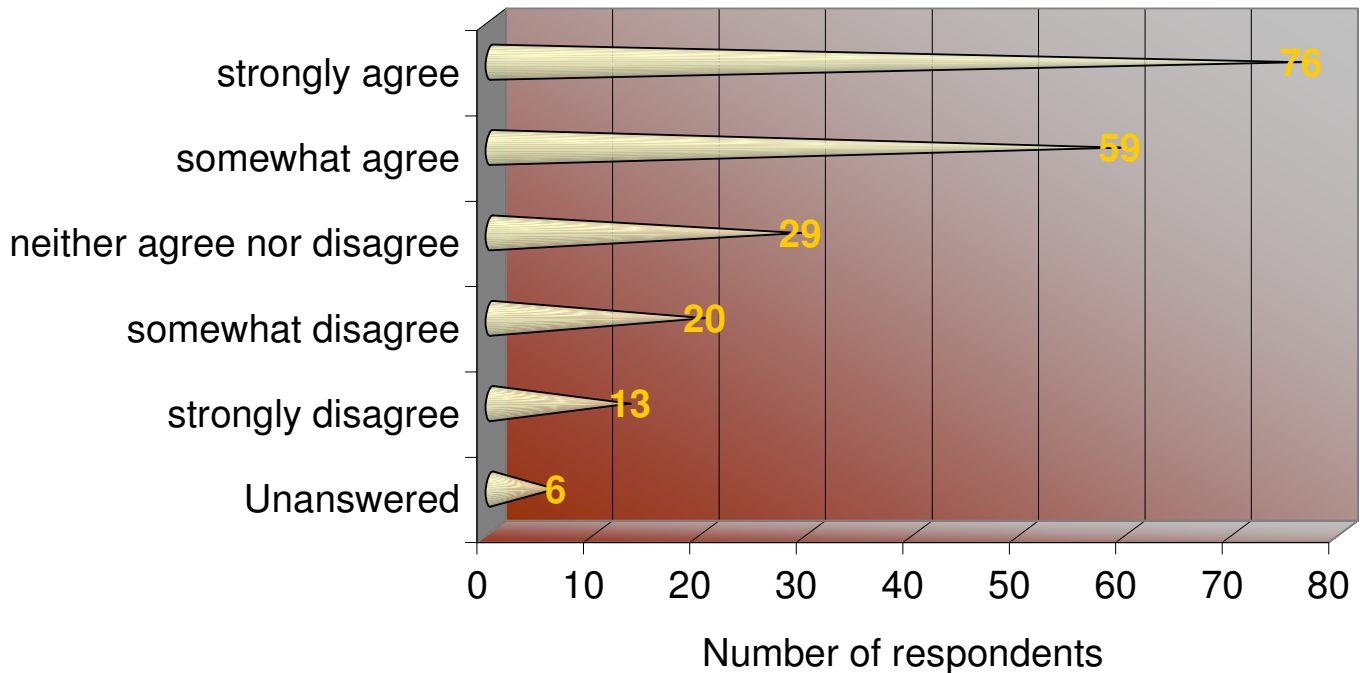
- a. Continued support and understanding of Mental Health issues from employers
- b. Good interpersonal skills and personal attributes
- c. Social interaction
- d. Work-life balance
- e. Meaningful employment
- f. Severity of illness, self confidence and self worth
- g. Side effects of illness and medication
- h. Not admitting to illness

Again the importance of the attitude and support of employers is mentioned most frequently (26%).

"Reassurance, guidance and support from colleagues and family/friends."

The Work-Related Training Section

Q34. (Likert Scale) Undertaking work-related training would help me to get and or keep a job



| | Number of respondents | % |
|----------------------------|-----------------------|----|
| strongly agree | 76 | 37 |
| somewhat agree | 59 | 29 |
| neither agree nor disagree | 29 | 14 |
| somewhat disagree | 20 | 10 |
| strongly disagree | 13 | 6 |

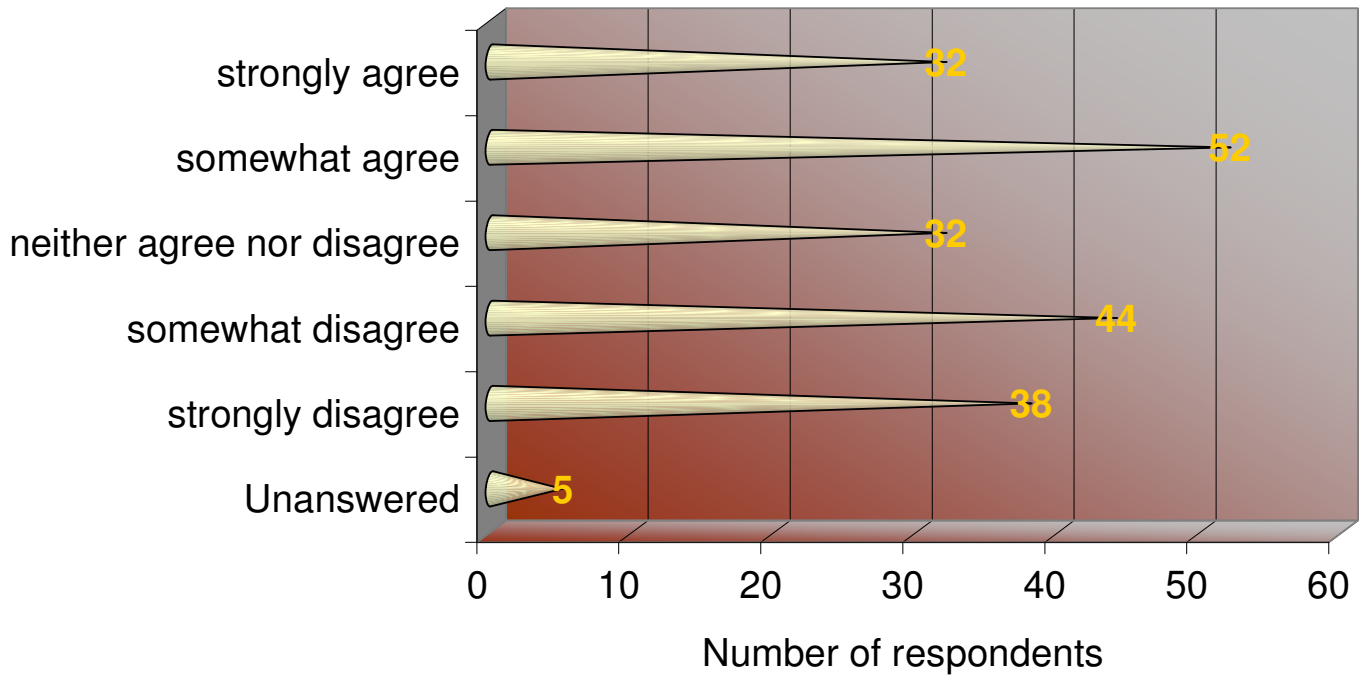
Two thirds of respondents agreed to some extent that vocational training would help their work prospects and their likelihood of retaining employment:

"Time from the coalface to do some more training and understand better the various aspects of my role at work"

However, several respondents felt that training was not the way forward for them:

"I don't want training. I want paid work appropriate to my skills."

Q35. (Likert Scale) I'm aware of what work-related training there is in my area

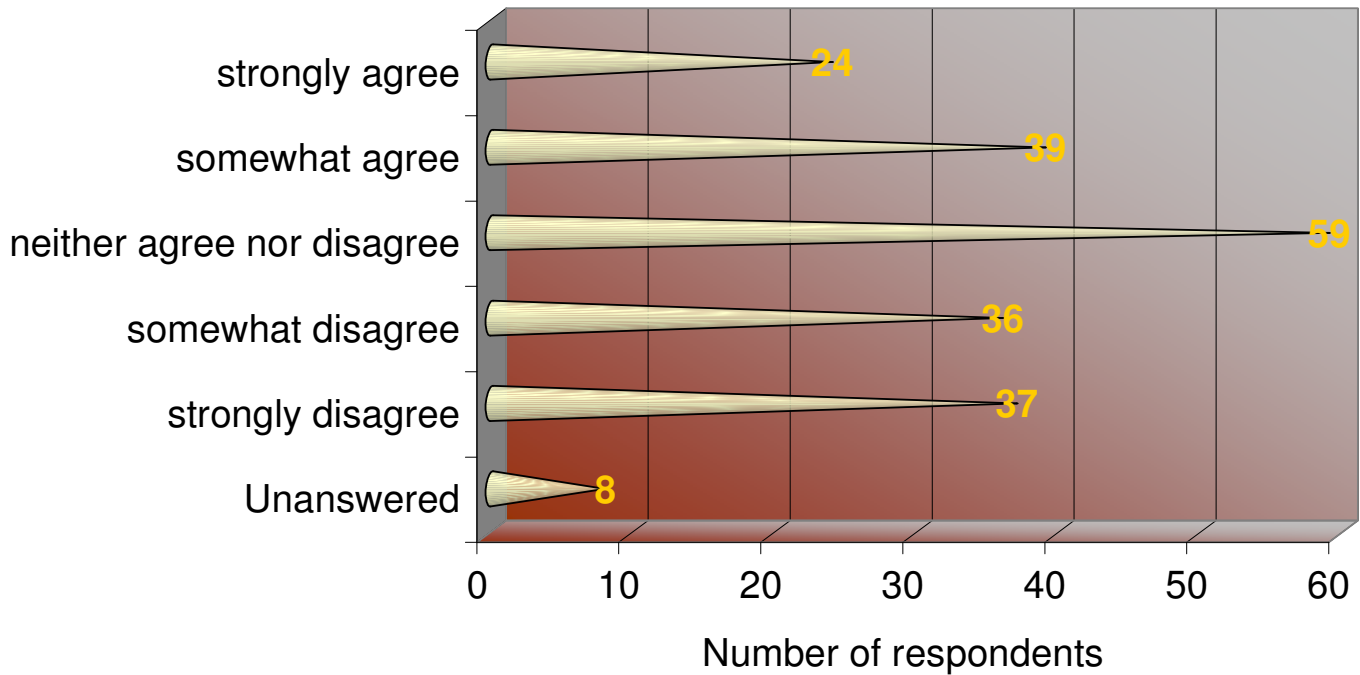


| | Number of respondents | % |
|----------------------------|-----------------------|----|
| strongly agree | 32 | 16 |
| somewhat agree | 52 | 26 |
| neither agree nor disagree | 32 | 16 |
| somewhat disagree | 44 | 22 |
| strongly disagree | 38 | 19 |

There was a generally even distribution of responses over the Likert Scale indicating no dominant feeling regarding the statement "I'm aware of what work-related training there is in my area".

Many people however expressed concern about how they would be kept up to date regarding training opportunities and weren't aware of any one central listing.

Q36. (Likert Scale) There is relevant training available to me to get the type of job I want



| | Number of respondents | % |
|----------------------------|------------------------------|----------|
| strongly agree | 24 | 12 |
| somewhat agree | 39 | 19 |
| neither agree nor disagree | 59 | 29 |
| somewhat disagree | 36 | 18 |
| strongly disagree | 37 | 18 |

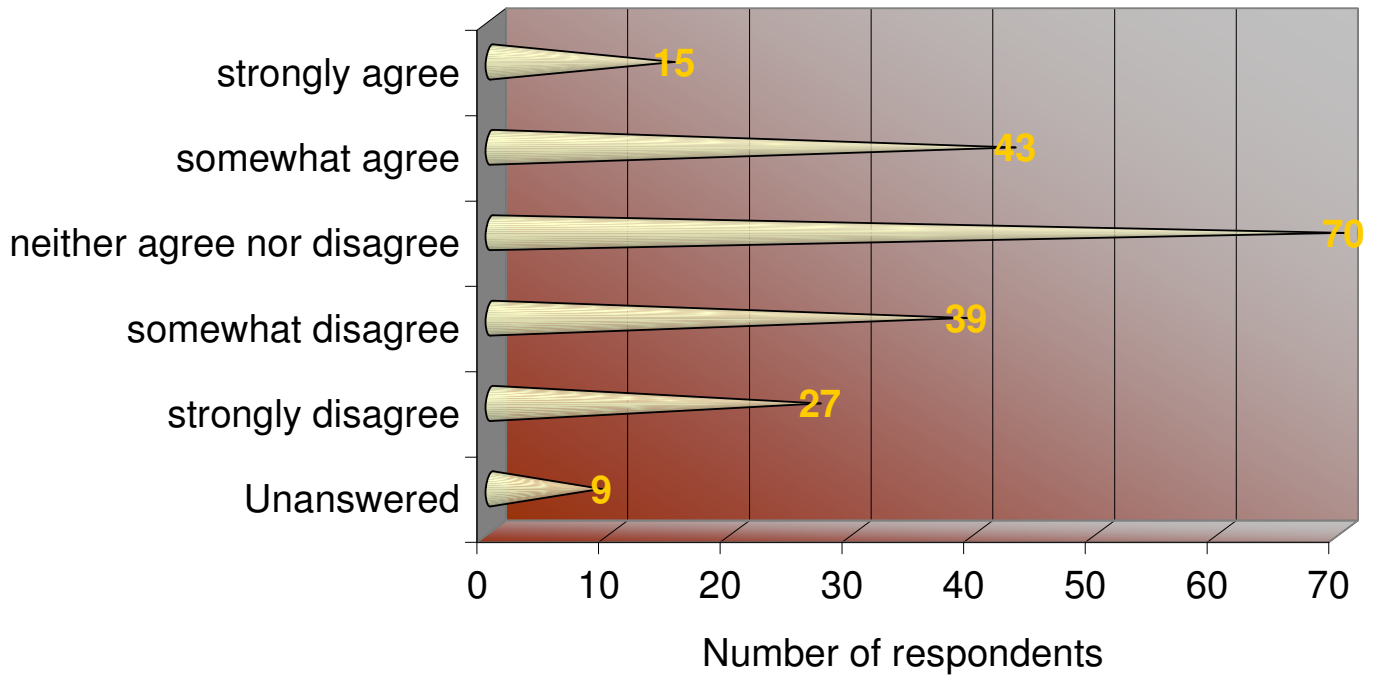
The greatest number of responses (29%) indicated no strong feelings on this subject.

Further, the 'agrees' and the 'disagrees' were only 5% different in total.

Concern was expressed as to whether 'pre-training courses' might be available – i.e. a Capacity Building course leading to the vocational training.

“Time to build up confidence to put in more applications for relevant training”

Q37. (Likert Scale) There is enough flexibility of hours to access training which fits in with my illness



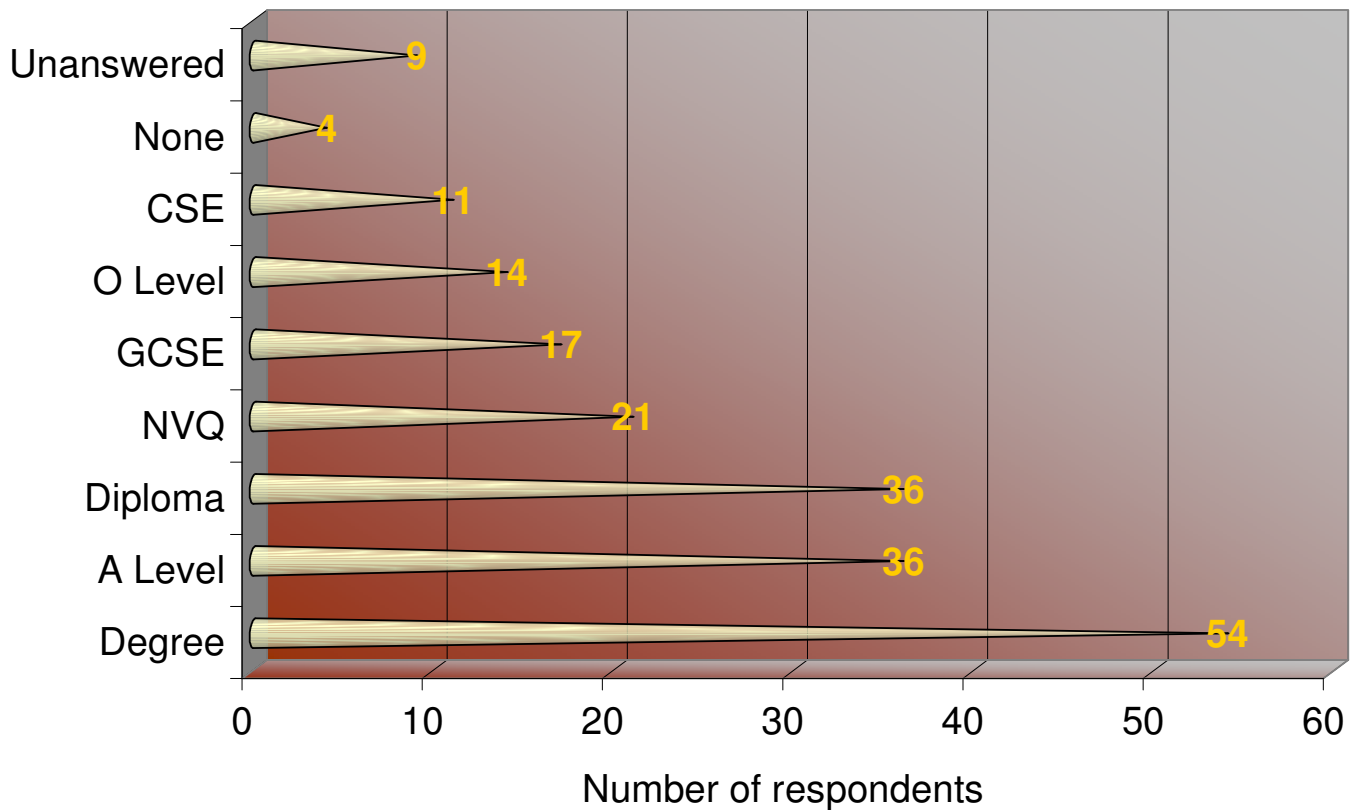
| | Number of respondents | % |
|----------------------------|-----------------------|----|
| strongly agree | 15 | 7 |
| somewhat agree | 43 | 21 |
| neither agree nor disagree | 70 | 34 |
| somewhat disagree | 39 | 19 |
| strongly disagree | 27 | 13 |

The responses divided approximately equally between the 'agrees' (28%) the 'neithers' (34%) and the 'disagrees' (32%).

Indeed the most popular reply, by some 13%, was 'neither agree nor disagree'.

"Flexibility to work around periods of illness. I have in the past had to wait a whole year to redo 1 exam paper to pass a course."

Q38. What is your highest educational qualification e.g. C.S.E., O Level, G.C.S.E., A-Level, Diploma, NVQ, Degree



| Qualification | Number of respondents | % |
|------------------|-----------------------|----|
| Degree or higher | 54 | 27 |
| A Level | 36 | 18 |
| Diploma | 36 | 18 |
| NVQ | 21 | 10 |
| GCSE | 17 | 8 |
| O Level | 14 | 7 |
| CSE | 11 | 5 |
| None | 4 | 2 |

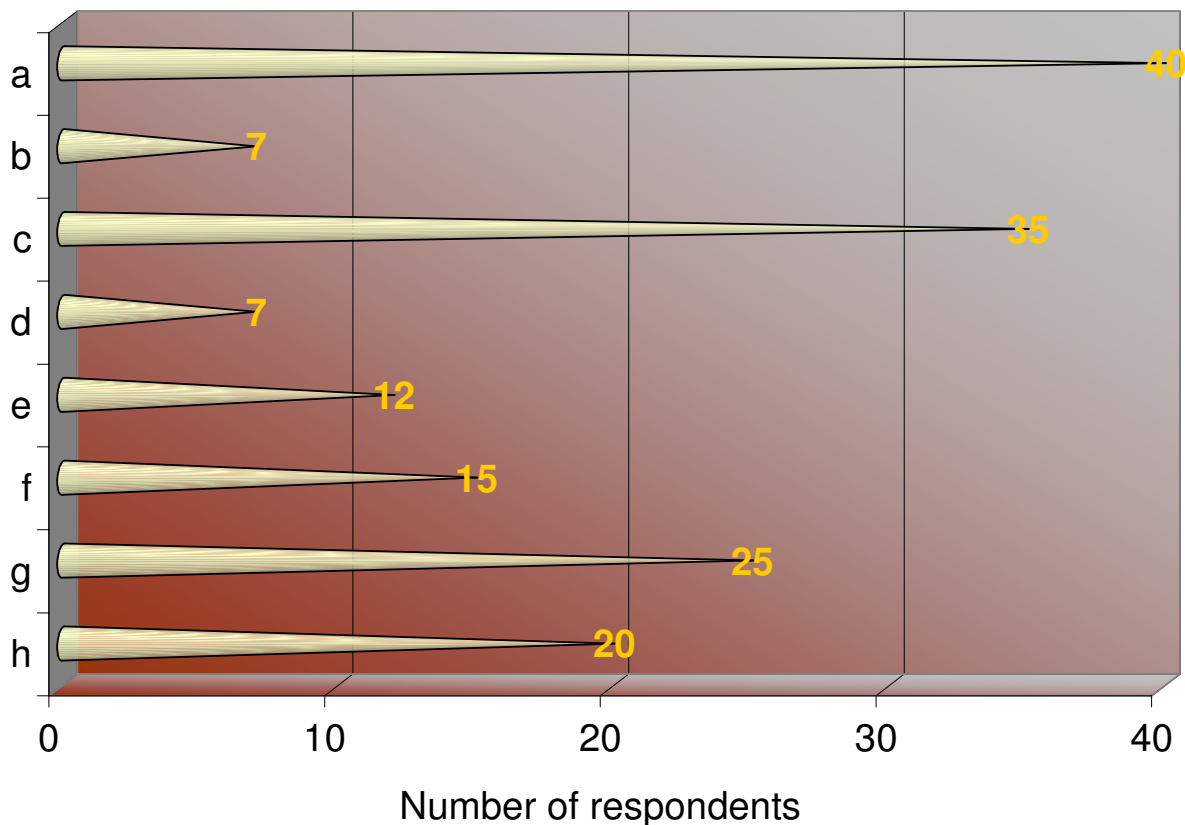
Over one quarter reported having gained a Degree – many noting Masters and PhD’s.

The following data, though not directly comparable, is included for the purposes of comparison. According to the Governments Labour Force Survey 2006, across the South East, the level of qualifications of working age adults with mental health problems was:

| No qualifications | Lower than NVQ Level 2 | NVQ 2 or above |
|-------------------|------------------------|----------------|
| 24% | 25% | 51% |

The proportion of people with no qualifications was substantially different between the two surveys – 2% versus 24%. Even with the inconsistency of categorisation, there is clearer a high level of academic achievement on average in the respondents to this questionnaire.

Q39. What is the most important factor for you regarding work-related training?



| | Number of respondents | % |
|---|-----------------------|----|
| a | 40 | 20 |
| b | 7 | 3 |
| c | 35 | 17 |
| d | 7 | 3 |
| e | 12 | 6 |
| f | 15 | 7 |
| g | 25 | 12 |
| h | 20 | 10 |

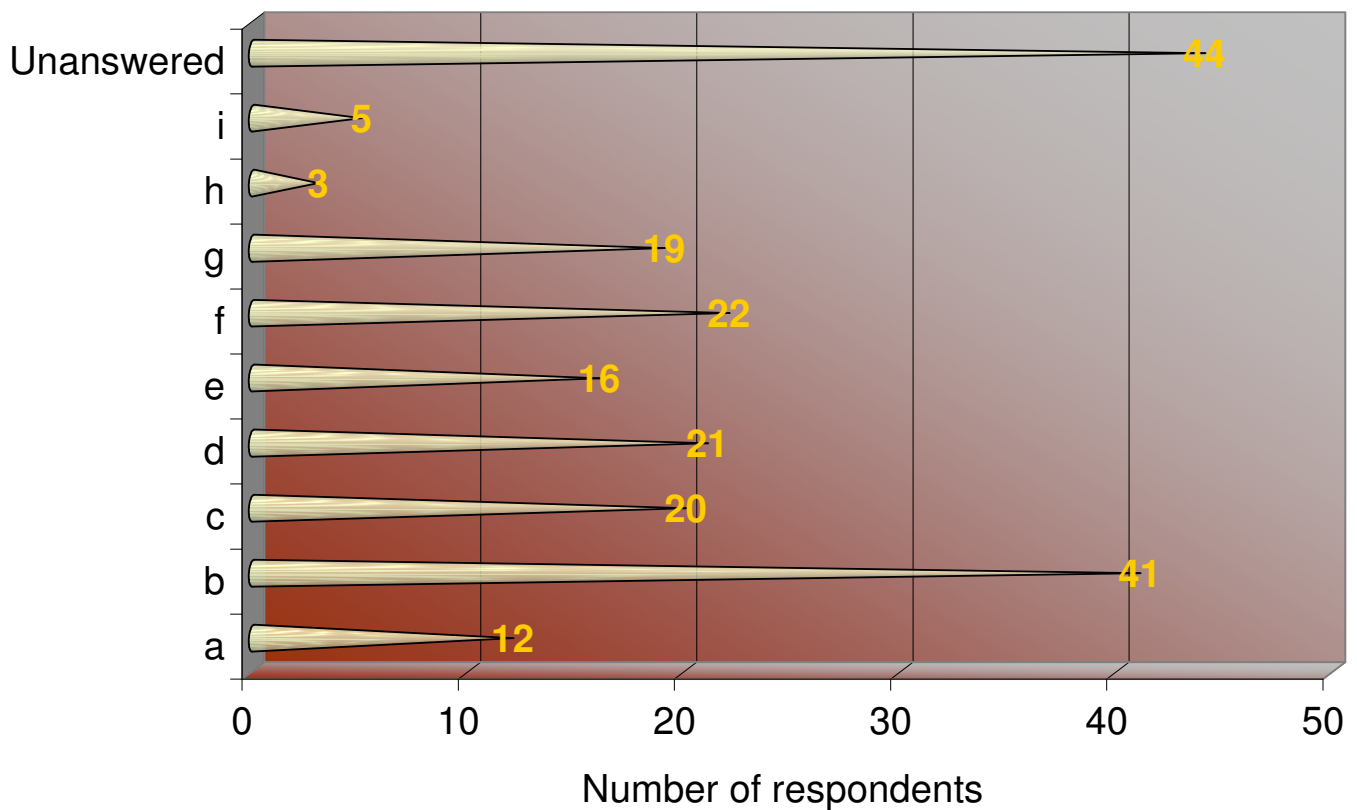
Key:

- a. Availability and accessibility due to transport
- b. A sound knowledge of what is available
- c. Flexibility and convenience – especially times of courses
- d. A non-discriminatory training environment
- e. Financial implications – especially regarding Benefits
- f. Physical and mental health
- g. Understanding and supportive trainers – ideally on a 1-2-1 basis
- h. Personal gain - particularly regarding improving job prospects

One fifth focused upon transport issues and approximately 1:6 highlighted flexibility as being the key issue for them.

"Employment at the end of training instead of going on/doing a training scheme after training scheme etc"

Q40. What would help you to access and remain in training



| | Number of respondents | % |
|---|-----------------------|----|
| a | 12 | 6 |
| b | 41 | 20 |
| c | 20 | 10 |
| d | 21 | 10 |
| e | 16 | 8 |
| f | 22 | 11 |
| g | 19 | 9 |
| h | 3 | 1 |
| i | 5 | 2 |

Key:

- a. Availability and relevance of courses
- b. Understanding and supportive trainers – ideally on a 1-2-1 basis
- c. Flexibility and convenience – especially times of courses
- d. Financial implications – especially regarding Benefits
- e. Quality of training and materials
- f. Physical and mental health
- g. Knowledge of what is available
- h. Declared no interest in training
- i. Practicalities - childcare and transport

The attitude of trainers was mentioned the most frequently – 41 times (20%).

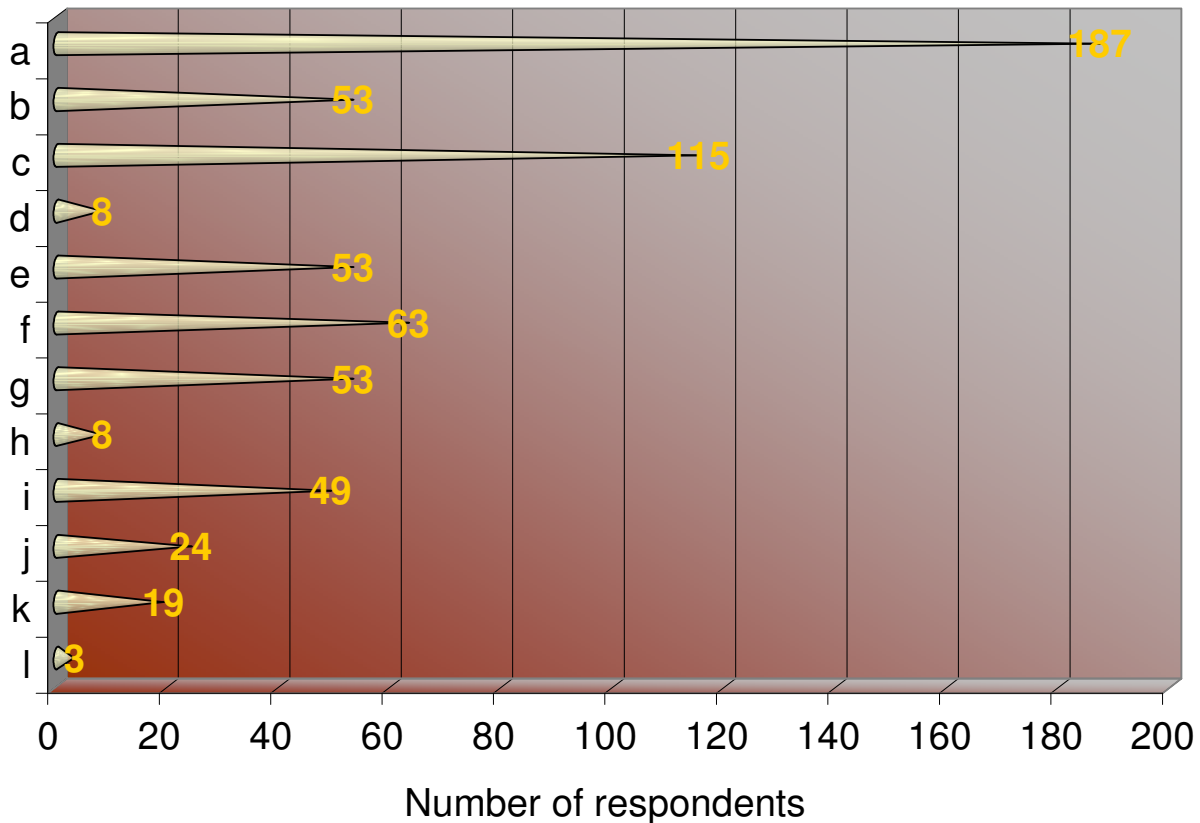
"On going support and encouragement from a tutor with an understanding of mental health issues."

The Practicalities Section

Questions 41 to 45. The Five Main Practical Problems: *Please list the five main practical problems you might face in starting/remaining in employment, education or training.*

A note regarding data analysis:

The following data derives from aggregates of responses across the five questions – question numbers 41 to 45 as mentioned above giving a total number of possible responses is 1,015. Percentage values quoted relate to this figure.



Key:

- a. Unpredictability of mental illness - particularly leading to a lack of confidence
- b. Inflexibility of employers – particularly with regard to workload
- c. Discrimination and bullying
- d. Gaps in employment history
- e. Financial implications – especially regarding benefits
- f. Barriers to attendance – especially childcare and transport
- g. Trying to maintain a healthy Work-Life Balance
- h. Physical health needs
- i. Ongoing support and understanding in the workplace
- j. Perceived inability to disclose mental health issues
- k. Lack of relevant employment or training
- l. Age related issues

continued overleaf...

| | Number of respondents | % |
|---|-----------------------|----|
| a | 187 | 18 |
| b | 53 | 5 |
| c | 115 | 11 |
| d | 8 | 1 |
| e | 53 | 5 |
| f | 63 | 6 |
| g | 53 | 5 |
| h | 8 | 1 |
| i | 49 | 5 |
| j | 24 | 2 |
| k | 19 | 2 |
| l | 3 | 0 |

One issue is clearly mentioned far more frequently than any other, i.e. the unpredictability of mental illness – particularly leading to a lack of confidence. This response was given 50% more than the next most popular answer – i.e. discrimination and bullying. These two factors combined account for almost half of the responses made.

Question 33 asked - Please say the main reasons why you think someone with a mental illness is successful at maintaining a job.... The second most popular reply involved problems with self confidence.

"Someone once said it is easier to get a job having been in prison than with mental health as you do not know how you will be day-to-day"

Data from question 28, a Likert Scale question, shows that approximately half the respondents felt to some degree that discrimination was an issue in the workplace.

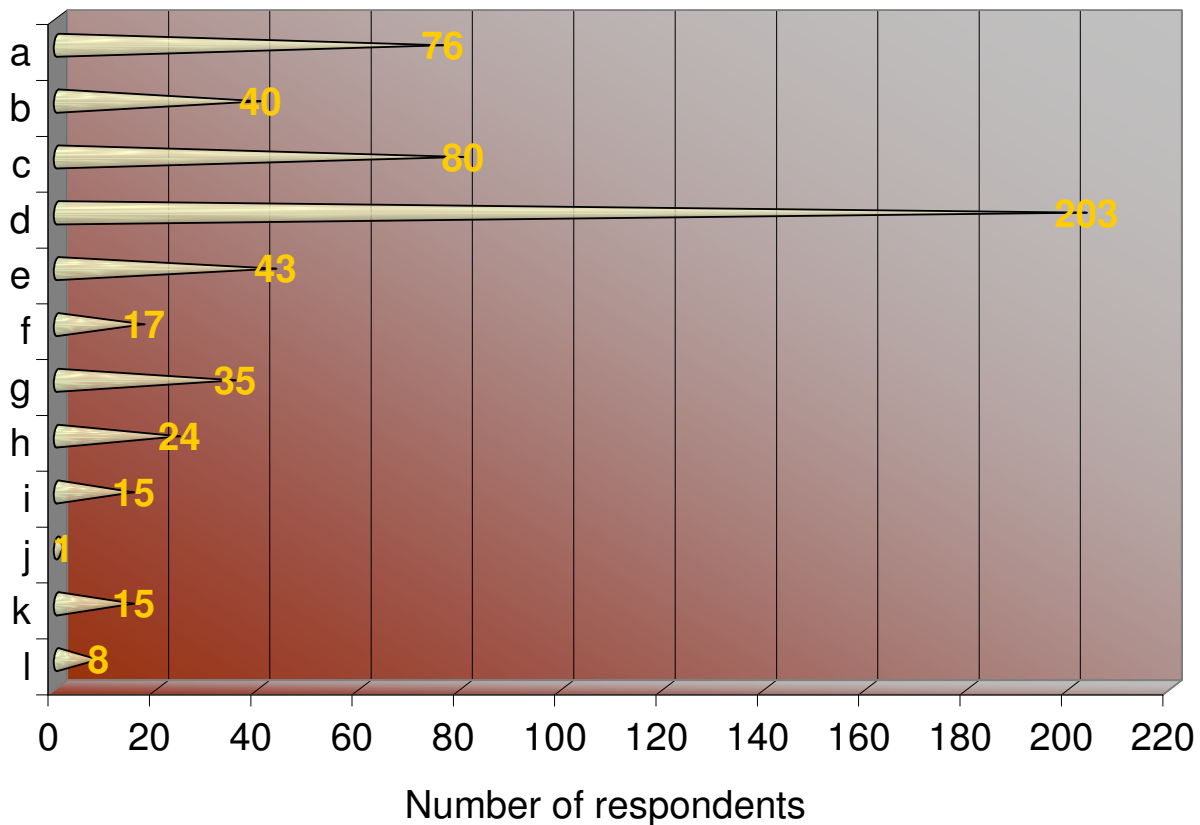
Elsewhere in this survey, five people deemed themselves unemployable due to the attitudes of others.

Questions 46 to 50. The Five Main Practical Helps

Please list the five practical things that would help you in overcoming the above problems i.e. those mentioned in questions 41 to 45

A note regarding data analysis:

The following data derives from aggregates of responses across the five questions – question numbers 41 to 45 as mentioned above. Therefore, the total number of possible responses is 1,015 – i.e. 203 times 5 and the percentages quoted relate to this figure.



Key:

- a. Increased flexibility – especially regarding timings of employment or training
- b. Simplification of the benefits system
- c. Vocational advice and signposting – knowing what is available
- d. Mental Health Awareness Training for employers
- e. Increased access to psychological therapies
- f. Government initiatives to tackle awareness of individuals' rights
- g. Improvements in mental health and reductions in the side effects of medication
- h. Increased access to appropriate training
- i. Increased access to transport
- j. Improvements in physical health
- k. Advice regarding housing
- l. Assistance with childcare

continued overleaf...

| | Number of respondents | % |
|---|-----------------------|----|
| a | 76 | 7 |
| b | 40 | 4 |
| c | 80 | 8 |
| d | 203 | 20 |
| e | 43 | 4 |
| f | 17 | 2 |
| g | 35 | 3 |
| h | 24 | 2 |
| i | 15 | 1 |
| j | 1 | 0 |
| k | 15 | 0 |
| l | 8 | 1 |

The desire to have more informed employers was a clearly dominant response; with a greater number than the second, third and fourth answers combined – namely vocational advice, flexibility and psychological therapies.

The theme regarding awareness training for, and the information needs of, employers runs throughout the responses to this questionnaire; coming second in the summary section replies

Even though the second most prevalent response concerns vocational advice, 70% are not currently receiving support to attain and retain employment.

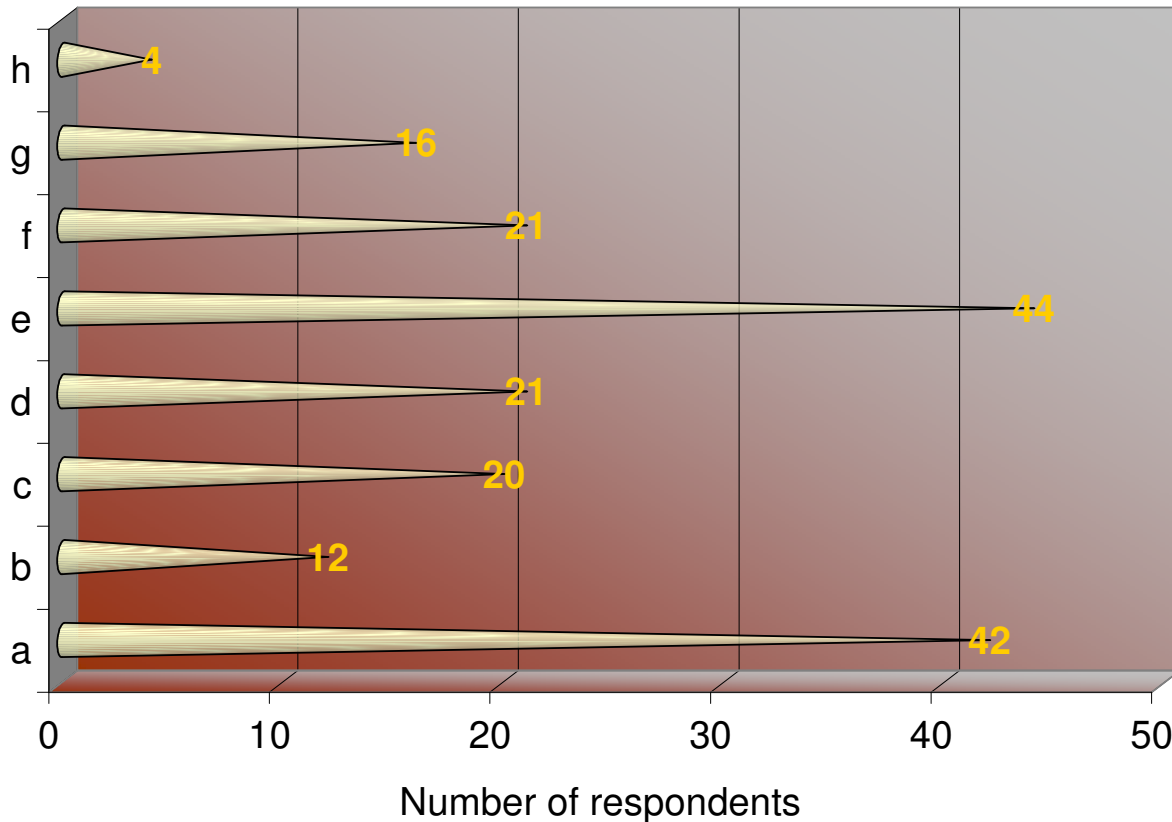
"Give them more help, don't push them and treat them as the same as others"

The third most popular reply revolved around flexibility, particularly regarding hours. The fact that many of the questionnaires submitted online were done late at night or in the early hours may indicate a need for flexibility of hours within training courses and the workplace.

"More flexibility in terms of working hours, and the ability to work from home etc."

The Summary Section

Do you have any other comments or ideas you would like to be considered for the Action Plan?



| | Number of respondents | % |
|---|-----------------------|----|
| a | 42 | 21 |
| b | 12 | 6 |
| c | 20 | 10 |
| d | 21 | 10 |
| e | 44 | 22 |
| f | 21 | 10 |
| g | 16 | 8 |
| h | 4 | 2 |

Key:

- a. Mental Health Awareness training for employers
- b. Incentives and fines for employers to abide by the law
- c. Simplification of the benefits system
- d. Increased variety of employment opportunities
- e. Ongoing support in employment – including having a nominated 'buddy'
- f. Activities to raise self esteem
- g. Reducing discrimination so able to disclose illness
- h. Practical issues such as travel and disability aids

The summaries submitted by respondents show two particularly significant perceived needs; Ongoing support in employment (22%) and Mental Health Awareness training for employers (21%). The three next highest factors scored 10% each.

Conclusions

| Activity | Current situation % | Aspire % | Difference % |
|----------------|---------------------|----------|--------------|
| Full Time Work | 20 | 45 | +25% |
| Part Time Work | 18 | 28 | +10% |
| Unanswered | 4 | 11 | +7% |
| Voluntary | 17 | 8 | -9% |
| Education | 6 | 5 | -1% |
| Benefits | 35 | 3 | -32% |

The above indicates the willingness and desire of people with experience of mental ill health to change; indeed all bar 3%, approximately one twelfth of the current level, wish to move away from receiving benefits:

"Employment would be wonderful. One of my aims in life is to live independently. To show myself and others I can look after myself and employment would be very helpful".

"Most of us who have been off work as a result of a mental illness will do anything to stay at work!"

When asked what the most important factor regarding employment the top three answers were; 'Discrimination' (25%), 'Ongoing support in the workplace' (16%) and 'Availability of enough suitable jobs' (11%).

When then asked why someone with a mental illness is successful at maintaining a job the top three answers were; 'Continued support and understanding from employers' (26%), 'Severity of illness, self confidence and self worth' (13%) and 'Good interpersonal skills and personal attributes' (12%):

"Awareness of own situation, communication of this to employer, flexibility of hours, clear requirements of job from employer, no undue demands without discussion first."

66% of people had worked since receiving their diagnosis despite the fact that 70% were not currently receiving any support to attain or retain employment. In question 27, a statistically significant majority of respondents (78%) felt they would benefit from ongoing support once in the workplace.

"We are all individuals with varying needs and the best help I have had in getting back to work has been personal help from my managers, reviewing anything I am struggling with and looking at ways of dealing with it. My employers encourage everybody to have regular meetings with their manager but I have also been lucky that my managers have been particularly helpful and made extra time for me. They have done more than I could reasonably have expected."

One quarter of respondents characterised themselves as unemployable predominantly due to their Mental Health – this was three times as more prominent a response than the next most prevalent i.e. their physical health. Five people recorded that they deemed themselves unemployable due to the bullying and discrimination of others.

According to the Sainsbury's Centre for Mental Health "Only about 20% of people with severe mental health problems are employed, compared to 65% of people with physical health problems and 75% for the whole adult population."

Existing educational qualifications amongst respondents were very high – over a quarter had achieved a Degree or more. However, only 16% of questionnaires indicated disagreement with the statement "Undertaking work-related training would help me to get and or keep a job". Indeed 66% agreed to some degree; suggesting a need for this type of opportunity to aid people in their recovery.

There was no dominant feeling about whether the respondent was aware of work related training and the most popular response to the question "There is relevant training available to me to get the type of job I want." was 'neither agree nor disagree'. However, reference was made to the need for support and understanding within training courses, just as with employment.

"That the trainers have been trained themselves in mental illness".

According to Andrews et al in 1992; "Compared to other forms of disability, psychiatric disorders have had the lowest success rates for vocational rehabilitation."

The most difficult practicality to overcome derived from the unpredictability of mental illness:

"Someone once said it is easier to get a job having been in prison than with mental health as you do not know how you will be day-to-day"

The second, third and fourth most difficult practicalities concerned symptoms and the side effects of medication.

Discrimination in the workplace continually figured highly in the questions regarding the five main practical problems – recording 11% of all comments made.

There were 203 mentions of the need for Mental Health Awareness training and/or more information for employers in the practical help section. This equated to two and a half times the next most popular answer. Some respondents work in the public sector and described negative experiences in their work place due to others attitude to their illness:

"Despite working in a mental health trust, I still feel there is significant stigma around work colleagues with mental health problems. I am gay and while there is an LGBT network to provide support, there is no network for employees with mental health problems."

Conversely others suggested that public sector employers should be examples to other employers as part of a wider political assault upon Social Exclusion. There were felt to be some existing examples of good practice but often they are reliant upon individuals rather than organisational culture to dispel stigma:

"I now work for the NHS and can be very honest with my line manager about my situation and she is very supportive. I do not feel able to share my diagnosis with other work colleagues at present however."

"Working with people who have daily battles with their mental health has shown me how long it takes for someone to reach the point that they are employable. Then comes the battle to overcome prejudice from both the general public and employers generally, which while you are still relatively vulnerable and have a low level of confidence, can become very high mountains to climb."

Across many questions there was repeated mention of the importance of interpersonal relationships in accessing and maintaining education, training and employment which entailed the need for increased confidence.

The fact that many of the questionnaires submitted online were done late at night or in the early hours may indicate a need for flexibility of hours within training courses and the workplace. 10% of respondents to the question regarding what would be the first practical help mentioned increased flexibility – especially regarding hours. Many respondents referred to medication causing disturbed sleep patterns and excessive tiredness.

Alternatives to medication were mentioned with particular reference to psychological therapies including CBT, as discussed in Lord Layard's paper regarding CBT Centres. Loss of self-esteem was repeatedly referred to as a consequence of mental ill health that stood squarely in the path of recovery.

The financial implications of moving from reliance upon benefits to other activities were mentioned throughout, though in low numbers compared to other factors.

"The need for a gradual return to work if unemployed for a length of time – makes it difficult if you are on benefits. Financial insecurity is a big factor which ultimately affects my mental health!"

The summary section of the questionnaire highlighted two by now familiar factors, namely 'Ongoing support in the workplace' (22%) and 'Mental Health Awareness training for employers' (21%). Three other comments each figured in 10% of responses; 'Simplification of the benefits system', 'Increased variety of job opportunities' and 'Activities to raise self-esteem'.

The benefits of a 'guide', 'buddy' or 'champion' who remained as a consistent source of support throughout the journey of recovery was muted by several respondents particularly if that person had first hand experience of mental ill health:

"I would recommend that people who have/have had mental health problems and are now in employment, could be more actively involved in helping others with similar problems to return to employment."

"Support from other people with mental health issues who have made it back into work would be great - they could share experience and help us to overcome barriers and raise our self esteem"

"Extra support at university with counselling, disability advisor and a mentor"

"I would like to have a person within the organisation who knew my condition and could give support if needed."

"I currently work for xxxxxxxx City Council and have recently used the independent and confidential Counselling services offered by my employer. I feel this is a very valuable service."

In response to the question to question 33 "why you think someone with a mental illness is successful at maintaining a job" one person stated:

"If the individual has support of a mentor and is able to have continued care and assessment"

"I was also a Union Rep prior to my diagnosis, since then I have gone on to become a TUC Disability Champion."

This report is available at www.raise.org.uk along with a copy of the original survey.

We sincerely hope that this report has been of benefit to you; should you have any comments please contact Mike Duff - Raise's Operations Manager, or Tracey Butler - Raise's Managing Director via contact@raise.org.uk or call 01256 476981.

Raise - A Nationally Unique Company

Raise! is a training and consultancy organisation which exclusively employs people with a diagnosed mental illness - from the Board of Directors to our cleaners. As such we 100% Service User Managed.

Our trainers, being Service Users themselves, are able to deliver training courses based upon **both** theory and personal insight.

We are a distinctive venture demonstrating that Service Users can run a successful commercial business. Through our courses we aim to educate all sectors of the community regarding Mental Health and to challenge misconceptions surrounding mental illness.

The services we offer include:

- Training courses delivered to an extensive range of organisations and individuals - Service Users, Carers as well as professionals from the Statutory, Non-Statutory and Voluntary sectors. A full list of our courses is available on our website - www.raise.org.uk
- Consultancy support to other bodies such as the Approved Social Worker Course as well as City and County Council Mental Health strategies.
- Consultancy support to other Service User organisations which can draw on our experiences. We offer help from the conceptual stage, through design and development to implementation and on-going support.

We would very much welcome any enquiries, please email contact@raise.org.uk or call 01256 476981 or visit our website www.raise.org.uk