



**THE WORK
FOUNDATION**
PART OF LANCASTER UNIVERSITY

Ready to Work

Meeting the employment & career aspirations of people with MS & Schizophrenia

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The Work Foundation &

Honorary Professor Lancaster University

The Work Foundation

- Focus on improving the quality of working life for people living with chronic conditions
- Have researched the impact of a range of conditions on labour market participation
- Translate research findings into accessible recommendations for doctors, employers, policy-makers and individuals
- Looked at MS in a major study in 2011 (UK) and Schizophrenia in 2013/14 (UK & Germany)



Multiple Sclerosis & Work: The Numbers

37

75

85 in 15

30

44 vs 35

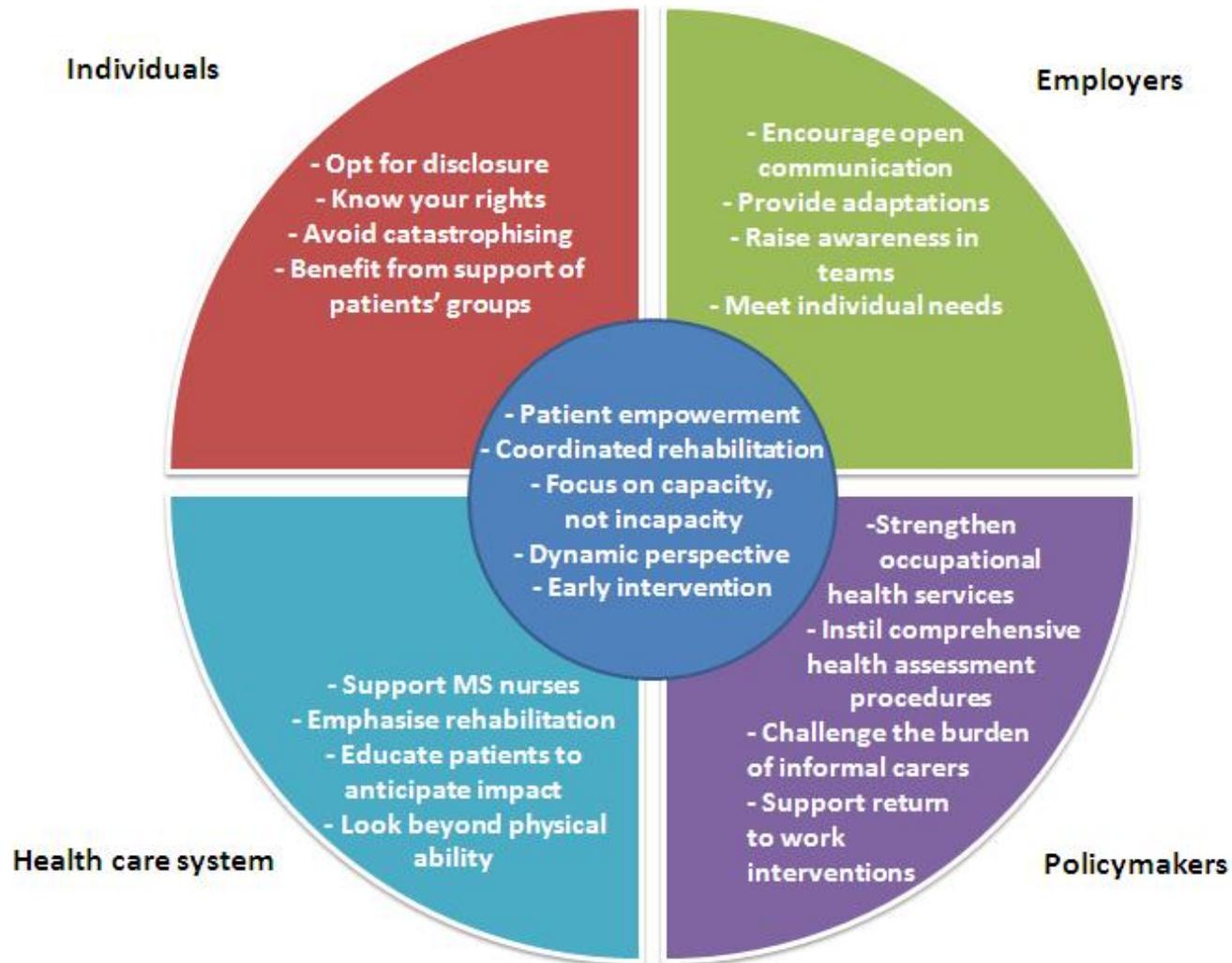
57

18

Interventions

- Traditional treatments
- Fatigue management
- Workplace adjustments
- MS Specialist Nurses
- 'Work' as an outcome of treatment?

What Should the Stakeholders Do?



Working with Schizophrenia

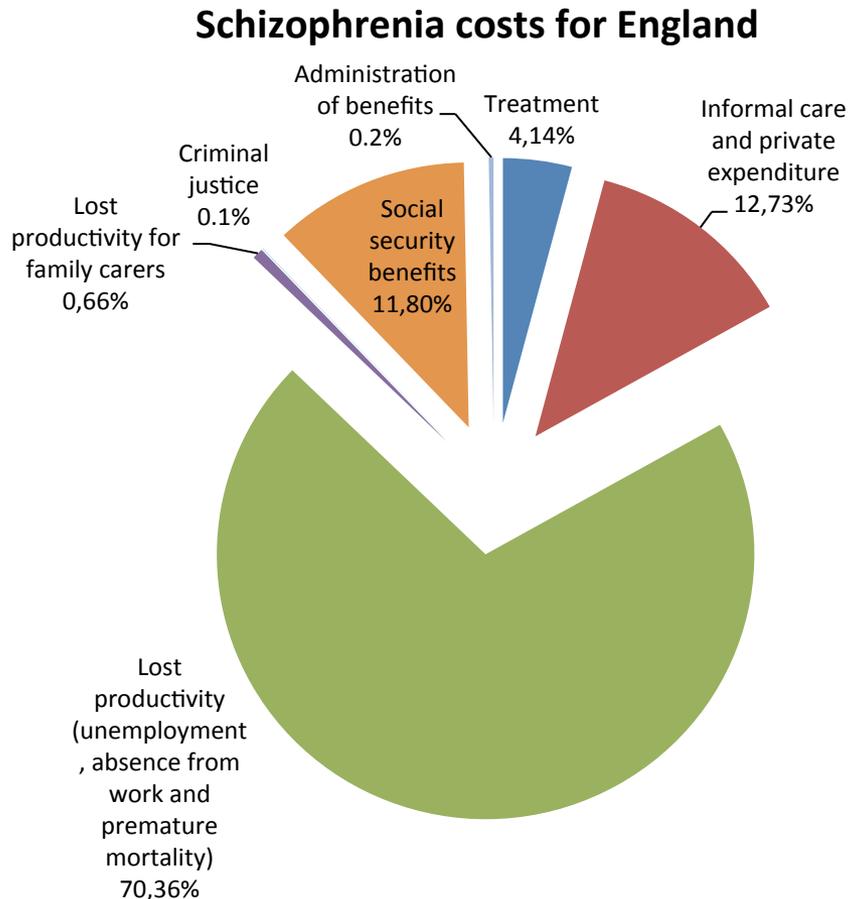
Schizophrenia and Employment

- About one in a hundred people in the UK have schizophrenia
- Only 8% of people with schizophrenia are in employment, compared to 71% of the general population
- Being diagnosed with schizophrenia at an early age impedes effective transition between education and the labour market
- Periods of absence lead to poor job retention and hamper career prospects
- Benefits of work* include financial gain and improved general and mental health and wellbeing
- Those in paid employment are over five times more likely to achieve functional remission than those who are unemployed or in unpaid employment¹

*Work can include paid employment, self-employment, work in the home, volunteering etc



Economic Implications of Schizophrenia (England)

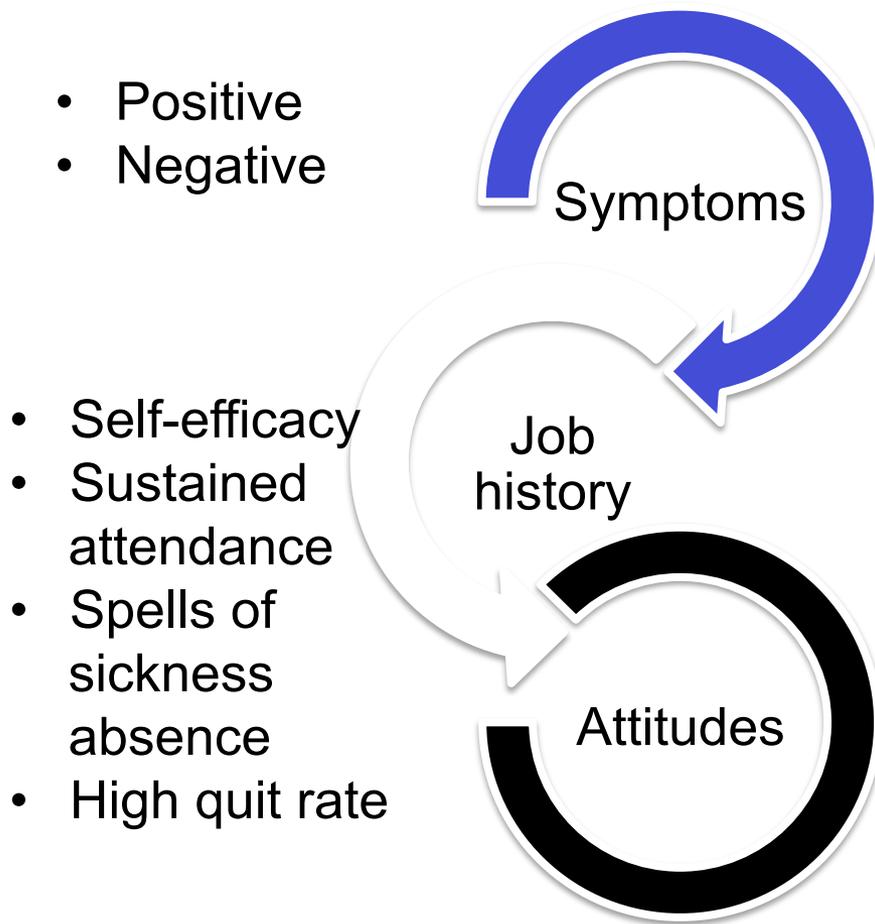


- Average annual cost of schizophrenia per person estimated at £55,000
- Estimated total societal costs for schizophrenia in England was £6.7 billion in 2004–2005
- Over 70% of costs attributable to lost productivity

Research Questions

- What are the barriers to employment and remaining in work for people living with schizophrenia?
- What are the most important factors that influence the ability to work or remain in work for people living with schizophrenia?
- What interventions help people living with schizophrenia enter or remain in (competitive) employment?
- What can policy makers and key stakeholders do to reduce the barriers to employment for people living with schizophrenia?

What factors influence the ability to work?



Other factors:

- Housing
- Co-morbid health conditions
- Alcohol/drug use

Self-stigma + public stigma related to negative attitudes of:

- Clinicians
- Family members
- Employers
- Society

What kind of employment?

- Voluntary?
- Sheltered?
- Supported?
- Competitive?

There is good evidence that traditional step-wise structured rehabilitation, sort of Boston model, doesn't get them into work. So to some extent the idea that people with schizophrenia learn the tasks and then cope with sheltered work and then go into open employment, I think the evidence is fairly strongly against it.

Academic

Psychiatrist

Stigma, Self Stigma and Low Expectations

“I’ve come across people who have low expectations of themselves because they’ve been told ‘you’ll never work’ or ‘you’re going to have a life of taking medication and you’re not going to be able to live life to the full’. So I think there are low expectations on people by others as well as by themselves.”

Clinician

The Disclosure Conundrum

- Benefits and risks of disclosure to employers and co-workers
- Perverse consequences of non-disclosure
- Employers can do more here to create cultures where disclosure and support are more possible than now
- “People living with schizophrenia often suffer more from the diagnosis than from the symptoms of the illness”

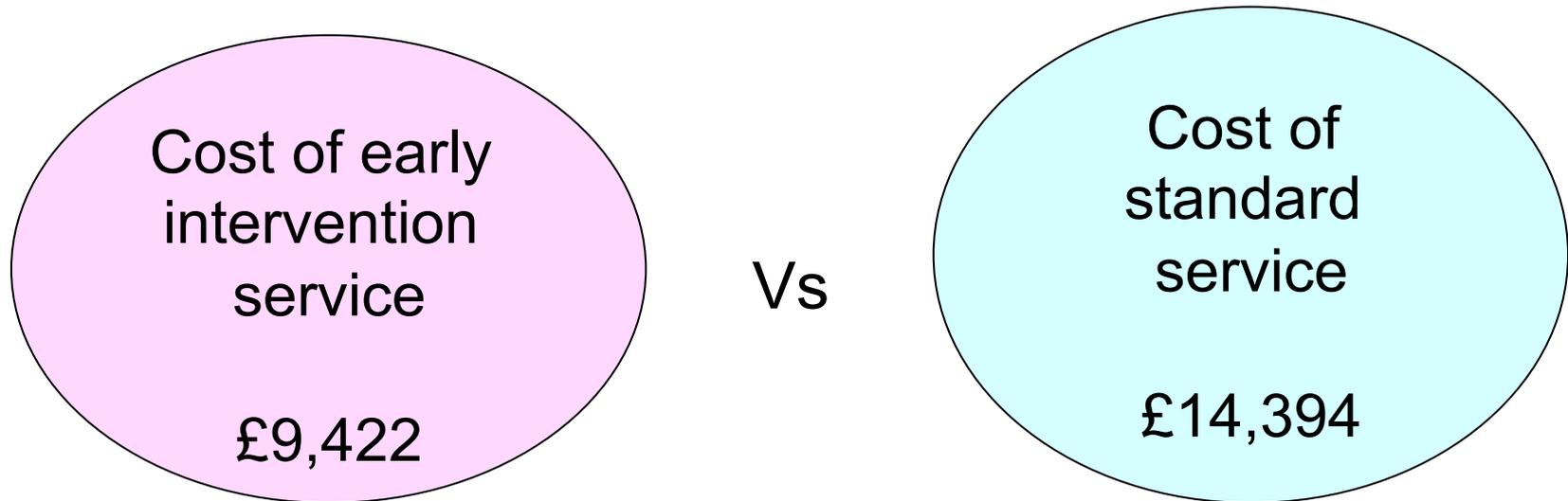
What Interventions Work?

- Pharmaceutical (in the form of antipsychotics)
- Psychotherapeutic (e.g. CBT, family therapy)
- Early Intervention Teams (first episode of psychosis)
- Vocational Support (IPS – ‘Place then Train’)
- Anti-stigma campaigns (early evidence of cost effectiveness)

CBT, cognitive behavioural therapy; IPS, Individual Placement and Support

S Bevan, personal communication

Cost savings of early intervention



- Early intervention services (EIS) found to have potential cost saving of 35%
- Difference maintained for 3 years
- Mainly due to lower hospital readmission rate for EIS

Challenges for Policy and Practice

Implications for policy and practice

- Healthcare professionals
 - Should focus also on personal goals including work not only on symptom reduction
 - Ensure staff have the appropriate competencies to deliver interventions and are provided with good supervision
 - Include Peer Support workers in teams
- Policymakers
 - Invest in supported employment so it is accessible to all
 - Continue to invest in early intervention
 - Make employment a clinical outcome

Implications for policy and practice

- Employers
 - Make reasonable adjustments for people at work
 - The big companies need to focus on job retention and return to work
 - Try to see what an individual can offer rather than what they can't
- Individuals with schizophrenia
 - Learn how to manage condition
 - Use the support networks available to you
 - Learn how to recognise early warning signs of becoming ill



Prioritising Work as a Clinical Outcome

- Educating and incentivising Primary Care physicians – new CCG Outcome Indicator
- Investing in early intervention teams
- Investing in Vocational Rehabilitation programmes
- Delivering the IPS model with more joined-up resources
- Increase employment rate to 25% within a decade

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