Money and Mental Health response to Health is everyone's business: Proposals to reduce ill health-related job loss

Introduction

The Money and Mental Health Policy Institute is a research charity established by Martin Lewis to break the vicious cycle of money and mental health problems. We aim to be a world-class centre of expertise developing practical policy solutions, working in partnership with those providing services, those who shape them, and those using them, to find out what really works.

Everything we do is rooted in the lived experience of our Research Community, a group of 5,000 people with personal experience of mental health problems. As part of this consultation response, we carried out an online survey of the Research Community between 20 and 30 September 2019. 285 members of the Research Community participated, sharing details about their experience of requesting reasonable adjustments at work and taking time off when unwell. All quotes in this response are from members of the Community who have participated in our research.

In addition to this response, we recommend that the government reviews our 2018 report "Too ill to work, too broke not to".

Background

- In any given year, one in four people will experience a mental health problem.[1] However, we do not always know when we are unwell, or receive treatment. Over a third (36%) of people with a common mental disorder have never received a diagnosis, and 62% are not currently receiving treatment.[2]
- People with mental health problems are more likely to be living on low incomes, unemployed, in insecure work, struggling to access benefits or at risk of income shocks through periods of sickness absence.[3] The employment rate for people with a mental health problem in 2016 was just 43%, compared to 74% across the population as a whole. [4]

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[1] McManus S et al. Adult psychiatric morbidity in England, 2007. Results of a household survey. NHS Information Centre for Health and Social Care. 2009.

[2] McManus S et al. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. NHS Digital. 2016.

[3] The Mental Health Taskforce. The Five Year Forward View for Mental Health. 2016; Braverman R, Bond N and Evans K. The benefits assault course. Money and Mental Health Policy Institute. 2019; Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018.

[4] Public Health England and the Work Foundation. Health and Work: Spotlight on Mental Health. Public Health England. 2017.

- Poor mental health costs UK employers up to £42 billion a year.[5]
- Sickness absence from the workplace due to mental health problems costs £8 billion.[6]
- In a 2018 survey of people who had taken time off work due to a mental health problem, we found three quarters (76%) had taken more than a month off at least once.[7]
- 300,000 people with a long-term mental health condition lose their job each year, leading to turnover costs for employers of an estimated £8 billion a year.[8]
- Presenteeism – attending work whilst unwell – costs up to £26 billion each year.[9] 94% of the participants in our 2018 survey who had needed time off work for a mental health problem in the last five years had attended work when unwell at least once.[10]
- When income replacement systems work, they work well. However, they are not always flexible enough to meet the needs of people experiencing mental health problems. The low level of replacement incomes combined with the longer periods of leave needed by people experiencing mental health problems can lead to substantial income shocks.
- Among respondents to our 2018 survey who had taken an extended period of sickness absence, three quarters (75%) reported their household income fell, and two thirds of these respondents (66%) saw their income fall by 50% or more. Over half (54%) of these respondents suffered severe detriment during extended sickness absence, falling behind on paying bills, missing housing payments and/or going without essentials such as food and fuel.[11]
- All of this contributes to an increased risk of financial difficulties. People with mental health problems are three and a half times more likely to be in problem debt as those without.
- Mental health and financial problems can form a devastating, self-reinforcing cycle. Over 420,000 people in problem debt consider taking their own life in England each year, and more than 100,000 people in debt actually attempt suicide.[12]

Question 1: Do you agree that, in addition to government support, there is a role for employers to support employees with health conditions, who are not already covered by disability legislation, to support them to stay in work?

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[5] Hampson E et al. Mental health and employers: The case for investment. Deloitte/ Monitor. 2017.
[6] Hampson E et al. Mental health and employers: The case for investment. Deloitte/Monitor. 2017.
[7] Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018.
[8] Stevenson D and Farmer P. Thriving at work. 2017.
[9] Hampson E et al. Mental health and employers: The case for investment. Deloitte/ Monitor. 2017.
[10] Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018.
[11] Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018.
[12] Bond N and Holkar M. A silent killer: Breaking the link between financial difficulty and suicide. Money and Mental Health Policy Institute. 2018.

Strongly agree (closed question)

Question 2: Why do you think employers might not provide support to employees with health conditions not already covered by disability legislation to help them stay in work?

Nearly two-thirds (64%) of participants in our survey of people with lived experience of mental health problems said they had asked for changes to their hours, role or other 'reasonable adjustments' to help manage their mental health problems.[13] However in many cases, they did not succeed in accessing the help they needed. Only half (49%) of respondents to our survey who had taken time off work for a mental health problem reported that their hours or job had changed in any way on their return to work following a mental health problem.[14] Barriers to better support to help employees with mental health problems stay in work include:

- Stigma which discourages employees from disclosing mental health problems to employers
- A lack of understanding about what support employers could and should offer to employees experiencing mental health problems
- Challenges in the process of requesting support
- Policy-practice gaps in workplaces mean that where support is offered formally, it is not embedded in practice.

Many employees worry about telling their employer about their mental health problems. Despite powerful campaigns by organisations like Time to Change, mental health problems remain the subject of significant social stigma. Many Research Community members tell us that they were reluctant to tell their employer about their mental health condition. If their illness affects their ability to work, this can sometimes lead to a decline in performance, which in the absence of information about a health condition, employers usually deal with as a capability issue. At this point, people can face a difficult choice: trying to improve performance may further damage their mental health, but disclosing a mental health problem may also lead to judgement about their capabilities.

"I was watched and scrutinised and made to feel like I couldn't do my job. I worked early and stayed late to make sure I didn't miss anything or give them a reason to sack me" - Expert by experience

Many research participants report that after disclosing a mental health problem colleagues make inaccurate or patronising assessments of their capabilities, block routes to promotion, or engage in other behaviours like bullying.

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[13] Money and Mental Health survey of 284 people with lived experience of mental health problems. Base for this question: 277 people.
[14] Money and Mental Health survey of 284 people with lived experience of mental health problems. Base for this question: 215 people who had returned to work after taking time off due to a mental health problem.

Research participants also reported struggling to know what support they could ask for. A lack of openness about mental health problems can mean it is harder to know what employers could do to help. For common physical health conditions, like back problems, there is a common understanding that support might include reduced duties around lifting heavy objects, adjustable seating, appropriate footrests etc. By contrast, both employers and employees seem to be relatively unaware of the potential adjustments that could help people experiencing mental health problems.

"At first I had no idea what to request, partly because I didn't think they would accept it but mainly because I was in a state already and "What do you want us to do?" was absurdly difficult to answer." - Expert by experience

The process of making a request and this being considered can also be stressful for employees, which may make them less likely to request additional support.

"They take my requests into consideration and accept them but I have had to have meetings and lengthy discussions beforehand making me feel inadequate for even asking or being outspoken about my mental health." - Expert by experience

Some also encountered gaps between policies in their workplace and the practice of individual managers. Research Community members report that employers are often willing to make changes in the first instance, but that these tend to be eroded over time.

"I found after a few weeks people kind of stopped making adjustments for me, for example pace and deadlines. My colleagues were fantastic. My line manager not so great, despite having very strong policies in [employer] they were not enacted in spirit." - Expert by experience

"They couldn't do enough for me at first, but got more fed up over time until I was made redundant." - Expert by experience

Question 3: Do you agree that a new 'right to request work(place) modifications' on health grounds could be an effective way to help employees to receive adjustments to help them stay in work?

Yes (closed question)

Please give reasons for your answer

Appropriate modifications can make all the difference for people experiencing mental health problems, allowing people to stay in work where it would otherwise be impossible for them to do so. The right to request work(place) modifications on health grounds could be a powerful tool, particularly for people with fluctuating conditions or those expected to last fewer than 12 months, who are not covered by the Equality Act. As the consultation document sets out, the modifications people with mental health problems most value are not necessarily difficult or expensive to implement. Modifications that people experiencing mental health problems find helpful include:

Changes to working times, patterns and hours Some medications used to treat mental health problems can cause tiredness and lethargy. Later starts, and frequent breaks can be helpful in allowing people to manage this fatigue while remaining in work. Where working hours are reduced to support a person experiencing mental health problems, it is important that tasks are also reduced proportionately. Research Community members noted that where this was not the case, the 'support' could actually cause further problems.

"Allowing me to work at home and start later if I needed to was helpful as sometimes my medication made me feel groggy in the morning." - Expert by experience

Changes in working environment Some people experiencing mental health problems find it more difficult than usual to concentrate. A quieter working space can make it easier to concentrate on and complete tasks. For other people, commuting, especially on public transport or for a long period of time, can be problematic when unwell. Allowing employees in this situation to work from home, where practical, can be very beneficial.

Changes to tasks or the organisation of tasks Difficulties concentrating and short-term memory problems can make it difficult for a person experiencing a mental health problem to juggle several tasks concurrently. Sometimes challenges digesting complex information may also make some tasks more difficult, or mean they take more time. Clearer communication and support managing task lists can help people experiencing mental health problems to overcome these challenges.

However, the effectiveness of the right to request work(place) modifications on health grounds is only likely to be effective in helping employees to receive support to stay in work if it is backed up with appropriate information and enforcement mechanisms. Many Research Community members reported that their requests for modifications were rejected on business grounds, which would be permitted under the proposed rules. Significant efforts will be needed to educate businesses about the value of making modifications and retaining employees, or we fear many requests would simply be refused. Employees would also need to be educated about their right to request modifications and what this might mean in practice, so they are able to articulate their needs. While employees

may have the right to take their employer to a tribunal if a request is rejected, if this policy is implemented in line with the right to flexible working, this is unlikely to provide a sufficient counterweight to employer interests to ensure the policy's effectiveness. The tribunal system is difficult for employees to navigate at the best of times, and can be impossible for a person experiencing a mental health problem which may affect self-confidence, unless significant support is available.

Time out of the workplace can be detrimental to self-worth and efficacy. Many people report experiencing reduced confidence in their abilities upon their return to work. Often participants in our research report that if better support had been offered by their employer initially, they could have avoided taking time off work. To maximise the benefit of a right to request work(place) modifications and unlock preventative benefits, this should be available to anyone who can demonstrate the need (especially if they have a short-term or fluctuating mental health condition), rather than those returning from a period of absence, to unlock preventative benefits. As with the right to request flexible working, this would ensure the policy reaches more of the people who need it, and reduces stigma. Given that most of the modifications expected are low or no cost to business this should not cause significant cost issues.

Question 4: If the government were to implement this new right to request work(place) modifications, who should be eligible?

Any employee who is able to demonstrate a need for work(place) modification on health grounds. (closed question)

Question 8: The government thinks there is a case for strengthened statutory guidance that prompts employers to demonstrate that they have taken early, sustained and proportionate action to support employees' return to work. Do you agree?

Yes (closed question)

Question 16: Do you think the current SSP system works to prompt employers to support an employee's return to work?

No (closed question)

Please give reasons for your answer

The current SSP system places very limited obligations on employers to support employees who take time off work due to ill health. Many research participants report being unclear about how much sick pay they were entitled to, and receiving very limited communications from their employer while off work. The lack of flexibility in SSP means that employers do not do enough to proactively support staff experiencing mental health problems to reduce the likelihood of a prolonged, full time absence, or to support people returning to work after a period of illness.

Question 18: Would the removal of rules requiring identification of specific qualifying days help simplify SSP eligibility?

Yes (closed question)

Please give reasons for your answer

Confusion about qualifying days does not just make it harder for employers to comply with SSP rules, but can also make it harder for employees to understand what they are entitled to and self-advocate. This may be particularly difficult for people experiencing mental health problems which can affect cognitive processing, memory and ability to understand complex information.[15] Simplifying the system would reduce complexity making it easier for employers to comply and employees to understand their entitlements.

Question 19: Do you agree that SSP should be extended to include employees earning below the LEL?

Yes (closed question)

Please give reasons for your answer

People with mental health problems are overrepresented in high-turnover, low pay and part-time and temporary work.[16] Sometimes this is a positive choice; working part-time or variable hours can be a helpful way for people to balance their mental health needs with work. However this group are more likely to earn below the current £118 a week threshold for SSP and often do not receive any sick pay at all. Although this group are able to claim Universal Credit if their absence is extended, the delay in receiving UC, the fact that payments each month are based on the previous month's hours and the challenges involved in making a claim[17] mean this is not a source of timely

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[15] Holkar M. Seeing through the fog. Money and Mental Health Policy Institute. 2017.
[16] Mental Health Taskforce to the NHS in England. The Five Year Forward View on Mental Health. NHS England. 2016.
[17] Braverman R, Bond N and Evans K. The benefits assault course. Money and Mental Health Policy Institute. 2019.

substitute income. This gap can leave people in serious financial difficulty, particularly given very low levels of savings across the British population —four in ten working age adults have less than £100 of savings available to them at any one time.[18]

Extending SSP to this group is vital to prevent illness from causing significant financial difficulty, which can in turn cause or aggravate mental health problems.

Question 21: Do you agree that rights to SSP should be accrued over time?

No (closed question)

Question 24: Do you support the SSP1 form being given to employees four weeks before the end of SSP to help inform them of their options?

Yes (closed question)

Please give reasons for your answer

Money and Mental Health's research with people who have experienced mental health problems shows that the end of SSP can be a stressful time for people, especially if they are still not well enough to return to work. At this point, employees may need to apply for welfare benefits to sustain their income. Many people are unsure about how this process works and what benefits they may be eligible for. By providing the SSP1 form four weeks before the end of SSP, employers could help people who are unwell to understand their options and to find alternative support in a timely way. This contact could also provide an opportunity for employers to signposting employees towards local and national advice charities, such as Citizens Advice, Mental Health & Money Advice and Turn2Us, helping to establish a norm of help-seeking in these situations, and prevent the escalation of debt and financial difficulty that can result when SSP ceases.

Question 26: At this stage, there are no plans to change the rate or length of SSP. The government is interested in views on the impact of the rate and length of SSP on employer and employee behaviour and decisions.

The low rate of SSP means that people without contractual sick pay often experience a significant income shock if they need to take time off work. With levels of savings across the UK working-age population very low,[19] this can quickly leave people in financial difficulty. Participants in Money and

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[18] Money Advice Service. The Savings Challenge – Is the UK prepared for a rainy day? Money Advice Service. 2016.
[19] Money Advice Service. The Savings Challenge – Is the UK prepared for a rainy day? Money Advice Service. 2016.

Mental Health research report relying on overdrafts and other forms of credit to make ends meet while off work sick.

"[I] ended up in my overdraft and borrowing money due to the huge difference between my normal monthly pay and SSP I was receiving." - Expert by experience.

In a 2018 survey of people who had taken time off work due to a mental health problem, we found that half of respondents (54%) had suffered severe financial detriment during this period. Three in ten (35%) fell behind on paying bills, 16% missed rent or mortgage payments, and 42% went without essentials such as food, gas or electricity.[20] This hardship, and the additional distress associated with financial difficulty and problem debt, delays recovery and in some cases worsens mental health problems. Some research participants reported that concerns about money during periods of sickness absence led to a more acute mental health crisis, suicidal ideation or periods of hospitalisation.

Often, financial difficulties mean people return to work before they are really ready to do so. Three quarters of survey respondents reported that their financial situation affected their decision to return to work after a period of sickness absence. 73% felt they returned to work too soon, and the same proportion said that they would have take more time off if they have been able to afford it.[21]

"I found it very difficult to return to work as [I] wasn't ready but had to for financial reasons. I was in bad arrears with rent, council tax, TV licence and my other bills." - Expert by experience

"I could not afford to live on SSP so it actually made me go back to work quicker than I was comfortable with." - Expert by experience.

Some participants recognised that this had caused a cycle of repeated absences, as returning to work before fully well worsened their health condition. This led to difficulties in relationships with managers and stigma, difficulty completing work tasks as required, and lost confidence and self-esteem. This can leave people stuck in a loop, until worsening performance leads employers to take formal performance management action. Ultimately, this can lead to people being dismissed, resigning or taking early retirement on health grounds.

"Had to return too early in several instances due to reduction of pay and living alone with a mortgage. This probably contributed to the failed phased returns and the frequent absences." - Expert by experience

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[20] Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018.

[21] Bond N and Braverman R. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018.

"I eventually suffered a mental breakdown and took months off work. I then returned to work too quickly and subsequently suffered another breakdown so severe that I have not returned in over a year and am now mutually terminating my contract." - Expert by experience

The government should consider increasing the rate of SSP to enable people to take the time they need to properly recover from mental health problems, avoiding situations where people return too early due to financial difficulties and ultimately encounter further challenges which undermine their self-esteem and leave them even further from the labour market.

Question 56: Do you think this overall package of measures being explored in this consultation provides the right balance between supporting employees who are managing a health condition or disability, or on sickness absence, and setting appropriate expectations and support for employers?

No (closed question)

Please give reasons for you answer

The government's consultation notes that SSP does not reflect modern working practices, such as increased use of part time and temporary work (paragraph 34, p150). These types of work, and flexibility of hours and roles, are often particularly important for people experiencing mental health problems, and there is evidence that the system is not working well for this group. We suggest that the government should make the following additional changes to SSP to ensure it meets the needs of people experiencing mental health problems:

1. Increase flexibility of SSP
The government's focus is on supporting people with mental health problems to remain in work. However, current systems present workplace sickness as a dichotomy: people are either well enough to work, or they are not. In practice, many people are too unwell to work but cannot afford to take time off, while others may be well enough to do some work, but not to work the hours their role currently demands. Our rigid approach to sickness absence drives presenteeism, which can delay recovery and costs employers £17-26 billion per year.[22]

Some people may benefit from reducing the number of hours they work to help them manage their mental health condition, allowing them to avoid a longer term absence. However, people often do not have the financial reserves to allow them to take a voluntary reduction in pay.

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[22] Hampson E et al. Mental health and employers: The case for investment. Deloitte/ Monitor. 2017.

Alongside the changes proposed in the consultation to allow employees to receive part wage and part SSP pro rata during a phased return to work, the government should explore offering similar flexibility around the ability to mix sick pay and wages as a preventative measure. Such an approach is widely used across Europe[23] and could help people to avoid the destructive cycles of presenteeism, sickness absence and financial difficulty identified in our research.

"I just got progressively worse… If I cut my hours earlier that may have helped. My employers were very understanding but the nature of the business and contract meant I could not get sick pay."
Expert by experience

2. Remove waiting days

Waiting days can be problematic for people experiencing mental health problems which necessitate frequent short absences for work. Waiting days can mean that people receive no pay at all for these days. In some cases, we have heard of people choosing not to take time off despite being ill because of the financial consequences. In others, people use annual leave rather than taking time off sick, reducing their ability to take appropriate rest breaks through the rest of the year which may aggravate mental health problems.

3. Increase the rate of SSP

Please see response to Q26.

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[23] Andren D. Does part time sick leave help individuals with mental disorders recover lost work capacity? Journal of Occupational Rehabilitation 24(2):
344-60. 2014.