



MONEY AND
MENTAL HEALTH
POLICY INSTITUTE

CLOSING THE GAP



The final report of the
Mental Health and Income Commission

Publication notes

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The Mental Health and Income Commission

The Commission was composed of senior leaders from a diverse range of organisations and backgrounds. The Commissioners recognise the need for change and collectively helped to develop the arguments made in this report, but individual Commissioners should not be taken to agree with every finding or recommendation. Commissioners took part in an individual capacity and, as such, this report is not representative of the views of the organisations with which they are affiliated.

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Foreword

Our mental health and money are deeply intertwined. When we are struggling financially, staying well mentally becomes harder, with each missed bill payment or unexpected expense adding to the strain. When our mental health is poor, finding a solution to money worries can be daunting, affecting our decision-making, concentration and mood.

This negative cycle is not inevitable. For example, good collection practices can mitigate some of the mental health impacts of debt, and support to control spending can help us to avoid debt in periods of poor mental health. However, many of the financial issues experienced by people with mental health problems can ultimately be traced back to the difficulty of getting by on a low income.

This drove us at the Money and Mental Health Policy Institute to get to the heart of the connections between income and mental health. In recognition of the complexity of the area and diverse possible solutions, the Mental Health and Income Commission was established. The Commissioners were chosen for their expertise in representing businesses and workers, for their knowledge across mental health, social security and work, and their insights into how to achieve meaningful change, from a political level through to implementation. I have been hugely impressed by the engagement and passion that each of the Commissioners has shown throughout the process and thank them for their time, thoughtfulness and ideas.

While the need for a Commission was already clear, the Covid-19 pandemic has made the matter more urgent. For many of those already coping with mental health and money problems, the added pressures since March 2020 have made a difficult situation worse. And with all of us facing disruption to our daily lives and millions of people being furloughed or at risk of redundancy, the links between mental health and income will be crucial for a huge number of us.

For all the negatives, from early in their discussions the Commissioners sought to identify the opportunities this new era presented. With increased acknowledgement from the public and government of the importance of mental health, and unprecedented action to prop up family budgets and businesses, the timing of the Commission's work felt apt. With government becoming involved in more aspects of our lives and finances, the chance this provides to look again at what is working well and what isn't, and where greater support is needed, is one we believe the government should grasp.

With that support to business comes a responsibility for employers to, in turn, do what they can for their employees. Compared to the previous downturn in 2008, awareness of the importance of mental health is much improved. With tough times ahead, continued commitment from firms to prioritise good mental health at work is more important than ever. Beyond the moral argument, our Commission has been clear that there is a strong business case for action. With

more staff experiencing mental health problems due to the pandemic, employers doing what they can in recruitment, progression and day-to-day management should lead to more engaged, productive employees.

While the pandemic has shone a spotlight on mental health and income, many of the challenges people with mental health problems told us about are longstanding. While discrimination and inequalities will not be ended overnight, our recommendations set out a path to improve the situation for the long run. The sooner this work begins, the sooner the benefits will be felt by people with mental health problems. Alongside this plan for more systemic change, the depth of the current crisis and the size of the mental health income gap calls for emergency steps from both government and employers, which our report sets out.

As a Commission, we believe that the recommendations in this report could help to transform the lives and finances of many people with mental health problems, narrowing the large mental health income gap. But we are also clear that action is needed elsewhere to fully break the link between money worries and mental health problems. While our focus has been on employment and the social security system, improved access to mental health services, a greater emphasis on prevention of mental health problems and fairer treatment of people struggling with debts would help more people to avoid the negative impacts that poor mental health can have on our finances and vice versa.

The past year has been a difficult one, with severe challenges and some parts of society much harder hit than others. But the adaptation, innovation and collaboration in response has been incredible, demonstrating how a concerted effort from committed institutions and individuals can solve major problems. The issues raised in this report are no different, and we hope the evidence presented here and our recommendations contribute to breaking the link between mental health problems and insufficient income.



Chris Pond

**Chair of the Mental Health and
Income Commission**

Executive summary

The Mental Health and Income Commission

- Our income affects much of our lives, from what we can afford on a day-to-day basis to how we cope with an unexpected cost. It is also closely linked to our mental health; lower living standards can make it harder to stay mentally healthy and symptoms of many mental health conditions can lead to difficulties earning or managing money.
- Previous Money and Mental Health Policy Institute research suggested low incomes were a challenge that many people with mental health problems encountered, but the exact scale and sources of the mental health income gap were less clear.
- To assess the size of the problem, its causes and how to narrow the gap, the Mental Health and Income Commission was formed. The Commissioners brought experience from business, trade unions, charities, think-tanks and frontline politics.

The scale of the problem

- Our first two reports for the Commission measured the mental health income gap, identified its drivers and explored the impact that the Covid-19 pandemic has had. We drew upon new analysis of national datasets, polling and the contributions of our Research Community, a group of 5,000 people with lived experience of mental health problems.

- People with common mental disorders like anxiety and depression have typical annual incomes just two-thirds (68%) that of people without those conditions, equivalent to a gap of £8,400 per year. Lower employment rates, weaker wages when in work and the decline in the real-terms value of many benefits are the key drivers of this vast difference.
- Here, in the final report for the Commission, we present new research that shows the mental health income gap is at risk of widening even further without urgent action.

The immediate crisis, longstanding inequalities and the risks ahead

- New polling for this report finds that three in ten (29%) working-age people who have experienced mental health problems have faced a hit to their income since March 2020, versus 26% of those who have not had mental health problems.
- As a result, many of those with mental health problems who have been affected have been forced to take drastic steps, including 29% who have cut back on or gone without essentials like food or heating (compared to 17% of people without mental health problems).
- While the damage this has done to both individuals and the economy will leave scars that last beyond 2021, the prospect of getting 'back to normal' has also brought concerns for many people with mental health problems. The greater flexibility employers

have had to offer due to social distancing has been valuable for people with mental health problems. Looking ahead, more than four in ten (43%) are worried about returning to their workplace on a regular basis once restrictions are lifted (compared to 30% of people without mental health problems).

- The issues people with mental health problems face in the workplace are not new, however. One in five (19%) say they have faced discrimination in the workplace due to their mental health problem. Only a minority (15%) had ever requested a reasonable adjustment related to their mental health problem, and of those who had, two-thirds (68%) said their requests were either rejected or only partly met.
- So far, 7% of working-age people with experience of mental health problems report having been made redundant since March 2020 (compared to 4% of those without mental health problems), though one in three (35%) say they are worried about losing their job (versus 21% of those without mental health problems).
- While assistance is available for those out of work, our Research Community respondents underlined how difficult it can be to get by on unemployment benefits alone, how support for those unable to work due to their health is insufficient and the specific difficulties people with mental health problems can face with getting back into work.
- To protect the incomes of people with mental health problems in the wake of this unprecedented crisis and to tackle deep-rooted inequalities and

discrimination, the Commission has agreed a package of recommendations. If enacted, it would represent the first meaningful attempt to close the huge mental health income gap, with action from both employers and the government needed for lasting progress to be made.

An urgent response to the crisis

- The difficulties and discrimination people with mental health problems face with work are compounded by a weak labour market and the pandemic. Coupled with insufficient support for those not working, this exacerbates mental health problems and delays returns to work.
- To tackle these problems, we recommend that employers should:
 - Support the mental health and incomes of staff while furloughed and when they return, including by signposting to debt and income maximisation advice services, supporting employees to avoid the health and financial consequences of problem debt
 - Provide mental health training to line managers, equipping them with the knowledge and skills to better support employees
 - Offer roles flexibly wherever possible, helping new and existing employees to work in ways suited to their needs.

- We recommend that the government should, for at least the duration of the crisis:
 - Introduce a right to flexible work, enabling more people to work in ways that help them stay healthy and in employment
 - Raise and expand eligibility for Statutory Sick Pay, improving the incomes of people when out of work due to ill-health, a particular concern for people with mental health problems
 - Suspend benefits conditionality for those out of work due to ill-health, including people with mental health problems, supporting the mental health of benefit claimants and providing greater income security at a time of crisis
 - Increase support for the self-employed, including through extending the suspension of the Minimum Income Floor.
- To help narrow the mental health income gap for the long term, we recommend that employers should:
 - Require all managers to have practical mental health training, ensuring fairer recruitment, retention and progression practices
 - Develop a list of reasonable adjustments for employees experiencing mental health problems, and proactively offer them to staff, providing appropriate and timely adjustments to assist people to remain in work where possible
 - Offer secondments, shadowing, volunteering and buddying opportunities, allowing more people with mental health problems to retain jobs, progress at work and increase their incomes.
- We recommend that the government should:
 - Require mandatory mental health pay gap reporting, facilitating transparency and allowing for targeted interventions from both employers and government, with data including a full breakdown by gender and race
 - Improve mental health training for DWP staff, making it easier and less distressing for people with mental health problems to navigate the benefits system
 - Review the level and provision of Employment and Support Allowance to ensure that it adequately supports people experiencing mental health problems
 - Make Employment and Support Allowance awards more long-term with regular support and opportunities offered.

A strategy for systemic change

- A response to the mental health income gap that focuses solely on the immediate crisis, however, would ignore the deep roots of the problem, and the structural change that is required. Stigma, poor understanding and a lack of in-work assistance limit the opportunities of people with mental health problems in workplaces. The social security system provides inadequate support for those with severe mental illness who are likely to be out of work for the long-term.



Typical annual **income** for people with common mental health conditions such as depression is

£8,400

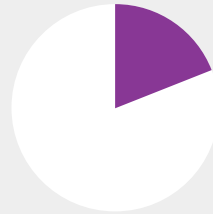
lower than for the rest of the population.

Less than half



of people with a mental health problem in the UK were in **employment** in 2018-19 — compared to **four in five** of those without mental health problems.

One in five



with experience of mental health problems say they have faced **discrimination** in the workplace due to their mental health problem.

Three in ten



of people with experience of mental health problems whose income has dropped during the pandemic say they have cut back on — or gone without — essentials like food or heating.

Summary of immediate recommendations for employers and government

Who	Immediate recommendation	Page
Employers	Support the mental health and incomes of staff while furloughed and when they return by maintaining regular contact during furlough and providing signposting to income maximisation and debt advice services.	29
	Provide mental health training to line managers to help them to better support employees.	30
	Offer roles flexibly by default to maximise opportunities for employees to work in ways that suit their needs.	31
Government	Introduce a right to flexible work during the crisis , placing a duty on employers to facilitate all reasonable adjustment requests.	32
	Monitor outcomes for people with mental health problems by collecting data on employment and redundancy rates, and setting targets to raise employment rates if people with mental health problems appear worse-affected.	32
	Ensure that retraining schemes are accessible and appropriately tailored to people's mental health needs.	33
	Raise and expand eligibility for Statutory Sick Pay for the duration of the crisis , to ensure that existing inequalities between people with and without mental health problems are not exacerbated.	33
	Keep and extend Covid uplift to crucial benefits by making the Universal Credit uplift permanent and extending it to people on legacy benefits.	34
	Suspend conditionality for those out of work due to mental health problems , providing people with greater income security at a time of crisis and a weaker labour market.	35

Summary of systemic change recommendations for employers and government

Who	Systemic change recommendations	Page
Employers	Offer secondments, shadowing, volunteering and buddying opportunities to help people struggling with mental health problems to sustain employment and progress in work.	37
	Require all managers to have practical mental health training as part of an employer plan for mental health.	38
	Develop a list of reasonable adjustments and proactively offer them to employees with mental health problems.	38
Government	Increase the promotion of the Access to Work scheme for people with mental health problems and streamline access to the service.	39
	Increase support for the self-employed by extending the current suspension of the Minimum Income Floor and encouraging the development of supportive technology.	39
	Require mandatory reporting from employers on the mental health pay gap and flexible working requests that are denied and granted.	40
	Embed Individual Placement & Support principles for those with less severe mental health problems and pilot the delivery of employment support to people with mental health problems via specialist mental health Work Coaches.	41
	Improve mental health training for DWP staff and audit how frontline staff apply mandatory mental health training in practice.	41
	Review the level and provision of Employment and Support Allowance to ensure that it adequately supports people experiencing mental health problems.	42
	Make Employment and Support Allowance awards more long-term with regular support and opportunities offered.	42
	Record and report on vulnerability data of UC claimants to allow for more transparency and understanding of the experiences of people with mental health problems when making policy decisions.	42

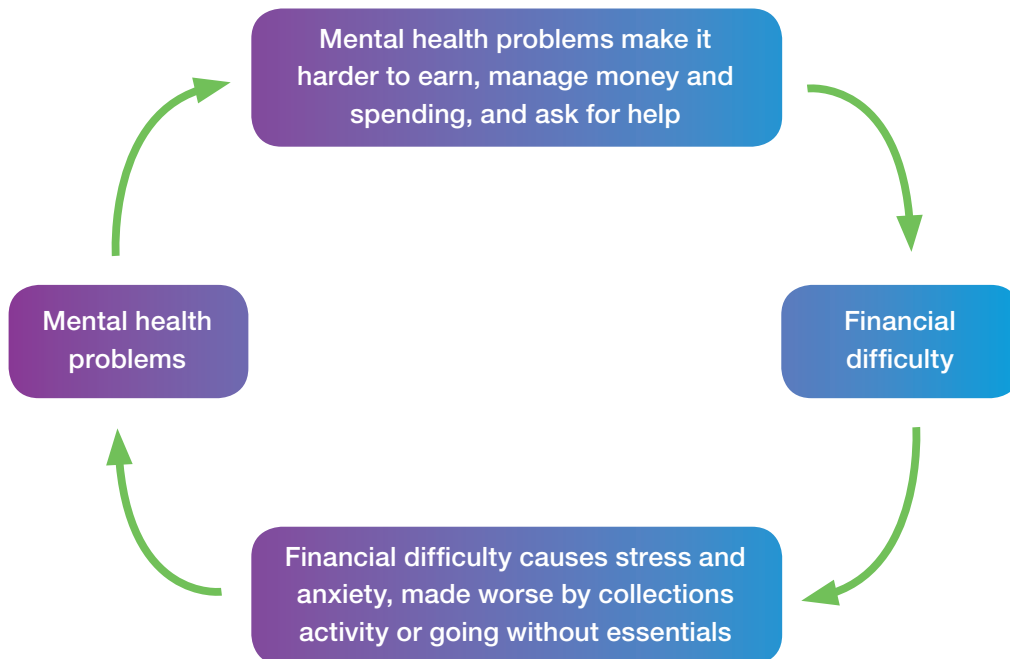
Introduction

The origins and scope of the Mental Health and Income Commission

Since 2016, the Money and Mental Health Policy Institute has explored the deep connections between our personal finances and our mental health. When you are struggling to pay for the essentials or an unexpected expense, stress and anxiety are common reactions, often compounded by aggressive or intimidating debt collections activity. Over time, this can contribute to a mental health problem, or exacerbate existing conditions. But, as Figure 1 illustrates, mental health problems can also make it more difficult to earn and manage money, or to access opportunities and support.

Much of Money and Mental Health's research has focused on 'pain points': moments in the cycle that people with mental health problems raise as being particularly harmful, whether financially or mentally. Improvements on these issues – including the management of problem debt, the provision of mental health services and the accessibility of social security – can make difficult situations more manageable, helping people to recover faster from poor health or money troubles. Box 1 lists key reports published by Money and Mental Health, digging into these aspects of the cycle.

Figure 1: The cycle of money and mental health problems



Box 1: Research on other issues affecting the incomes of people with mental health problems

While this report focuses on how the worlds of employment and social security directly affect the incomes of people with mental health problems, there are many other factors and interactions that can affect living standards. Below we highlight a selection of Money and Mental Health research reports that explore issues like the management of debts, the accessibility of benefits and the provision of mental health services, all of which can influence our incomes.

Challenges managing problem debt

A silent killer

Considers the links between financial difficulties and suicidality*

A little help from my friends

Looks at how people with mental health problems can be better supported with financial decision making

Difficulties navigating the benefits system to access entitlements

The benefits assault course

Explores how the UK benefits system can be made more accessible to people with mental health problems

Problems accessing mental health treatment and support to facilitate recovery and timely return to work

Recovery space

Looks at how services can minimise the financial harm caused by mental health crisis

Information is power

Considers how health services can work to prevent financial difficulties for people with mental health problems

Access to employment

Too ill to work, too broke not to

Considers the cost of sickness absence for people with mental health problems

Overstretched, overdrawn, underserved

Explores financial difficulty and mental health at work

* Suicidality includes suicidal ideation, intent, attempts or completed suicide, as well as self-harm, which is often used as a coping strategy, rather than having lethal intent.

Many of the issues identified in our research in Box 1 are either sparked or fed by the challenge of managing a tight budget. The importance of income has been a theme repeatedly raised by members of the Money and Mental Health Research Community, a group of 5,000 people with lived experience of mental health problems. Their experiences have underlined how a decent income, whether achieved through good jobs or a supportive benefits system, is beneficial for our

health, just as financial difficulty can be detrimental. But despite the increased profile of both mental health and living standards in recent years, many of the basic facts on how the two topics overlap have yet to be well understood.

With so many factors linking income and mental health, and a plethora of potential policy responses, Money and Mental Health established the Mental Health and

Income Commission to explore these questions. The Commission's work began in early 2020 and brought together a group of 10 senior leaders from diverse backgrounds in business, trade unions, politics, charities and think-tanks.¹

Given the complexity of the topic and the short life of the project, the Commission opted to prioritise problems and solutions directly related to the money coming into households. With employment and social security payments the two main sources of income in the UK today, the research that has informed the Commission's work has primarily dealt with the challenges and opportunities they present.

The Commission acknowledged, however, that a host of other considerations – including several of those flagged in Box 1 – contribute to people with mental health problems having lower-than-average living standards. Health services, particularly those with an emphasis on early intervention or preventing mental health problems from developing in the first place, recurred in the Commission's discussions. Without sufficient funding and improved access to effective mental health services, the positive changes our recommendations in the labour market and benefit system will not be as effective as they could be.

The challenges are also not experienced in the same way by every person with a mental health problem. People with severe mental illnesses can face an even greater challenge to securing and retaining employment, making reforms to the benefits system or the availability of mental health services a greater priority.² Race and ethnicity is another important factor that can influence how mental health problems affect our incomes, whether that be people facing multiple forms of discrimination in the labour market or when support and interventions are designed without considering or involving people from diverse ethnic backgrounds.

While the Commission has tried to consider people in a variety of situations, the problems and solutions outlined here are not comprehensive but instead represent a targeted exploration of mental health problems and income. Since agreeing that focus, the Money and Mental Health team provided the Commission with research and policy options. That work was built to a large extent on the views of the Research Community, ensuring that both our findings and recommendations are founded upon the lived experience of people with mental health problems.

The structure of this report

This final report is the product of those efforts, covering nearly a year, two interim reports, several blogs and three meetings of the Commissioners. The Commission carried out its work against the backdrop of the Covid-19 pandemic. The Commissioners agreed from their first meeting that this unprecedented crisis and its consequences would be prominent in its diagnosis of both the problems and the solutions. But the Commissioners were also clear that viewing the entire issue through the lens of the pandemic would risk overlooking the long history of difficulties that people with mental health problems have faced in the world of work and in the benefits system.

As such, this report addresses the ongoing crisis and the urgent response it demands, but also seeks to shift embedded practices and norms in the labour market and the social security system.

Part one of this report makes the case for change.

- **Section one** sets out the evidence the Commission has assembled on the nature of the mental health income gap and the challenges people with mental health problems are facing.

1. See p.2 of this report for the list of the Commissioners or <https://www.moneyandmentalhealth.org/income-commission/> for their biographies.

2. Braverman R, Bond N and Alpin K. The benefits assault course: Making the UK benefits system more accessible for people with mental health problems. Money and Mental Health Policy Institute. 2019.

Box 2: The role of the Research Community in our findings and recommendations

To ensure the Commission's understanding of the issues and the responses required emerged from the experience of those directly affected, the Money and Mental Health team engaged with the Research Community in a number of ways for this final report.

- A survey in October 2020, with 384 Research Community members, provided rich details of what people look for when seeking employment and the support they have received with their mental health in the workplace.
- We asked 10 Research Community members to provide us with insights into their life histories, focusing on their careers and interactions with the benefit system. We looked to gather information on and understand their experiences at three different points as the crisis sparked by the Covid-19 pandemic played out in June, August and October 2020. A number of these responses are presented here as case studies, with the names of respondents changed.

Their experiences illustrate how the issues discussed in this report intertwine and how the crisis has affected people over time.

- Two online focus groups with a total of 13 participants, exploring their experiences of receiving incomes through employment and benefits.
- Along with the research conducted specifically for this final report, we also draw upon surveys conducted in the previous two reports published as part of the Commission:
 - Bond N and D'Arcy C. Income in crisis. Money and Mental Health. 2020.
 - Bond N and D'Arcy C. Mind the income gap. Money and Mental Health. 2020.
- Further details of the research methods used in this report are available at www.moneyandmentalhealth.org/closing-the-gap

- **Section two** discusses how the pandemic has interacted with those long standing issues.

Sections one and two draw on a nationally representative poll of 2,000 people aged 18 and over, conducted 4-7 December 2020 by Opinium.³

Part two presents a package of recommendations that respond to the challenges discussed in part one, intended to protect and raise the incomes of people with mental health problems.

- **Section three** outlines the immediate response demanded by the current crisis.

- **Section four** addresses the deep roots of the mental health income gap and the systemic change required to give people with mental health problems better living standards for the long run.

Both parts one and two are informed by the experiences of the Research Community, as detailed in Box 2.

3. Our findings split that population into those respondents who have ever experienced mental health problems (37%) and those who have not (52%) with the remainder responding "don't know" or "prefer not to say"



Part one: The case for change

Section one: The drivers and the challenges

The mental health income gap is driven by employment, wages and benefits

One of the first tasks the Commission addressed was to understand by how much the incomes of people with mental health problems lag behind those of the rest of the population. Quantifying the exact size of the mental health income gap – the difference between the incomes of people with mental health problems and those without – is complicated by data limitations, however. Important gaps in what information is collected, and how often, mean that researchers, employers and the government have only a partial view of the problem.

Using the best available data,⁴ we estimate that the annual median individual income for people with common mental disorders like anxiety or depression is just over two-thirds (68%) that of people without those conditions. In 2020 prices, that is equivalent to a difference of £8,400, or £18,200 versus £26,600.⁵ Similar-sized gaps also apply to people with more severe conditions or who report feeling suicidal or having attempted to end their own lives.

Given the size of the gap and the diversity of people it covers, there is no one factor that explains it, and no single lever to pull to close it. But our analysis points to three systemic problems that drive the mental health income gap:

- people with mental health problems' low employment rates
- their lower wages when in work
- an ineffective benefits system.

Employment – challenges finding and retaining work

The employment gap

Employment rates vary by mental health problem, with those with milder symptoms more likely to be in work than those with more severe conditions. Those with mild anxiety or depression, for example, were more likely to be in employment than those with severe anxiety or depression (68% and 46% in employment respectively in 2014, compared to 74% among the population as a whole).⁶

While a stronger labour market appears to also benefit people with mental health problems, nonetheless over 2018 and 2019, with record high employment rates, just under half (48%) of people with a mental health problem were in work, compared to four in five (79%) of those without mental health problems.⁷

Poor health will affect whether or not people with mental health problems can take on paid employment. But our Research Community respondents pointed to other hurdles they ran into in the labour market that contributed to the large employment gap.

4. NHS Digital's Adult Psychiatric Morbidity Survey provides the most detailed picture of the mental health of the English adult population. It is conducted every seven years with the most recent data collected in 2014.

5. NatCen analysis of NHS Digital, Adult Psychiatric Morbidity Survey, 2014. Because the APMS was last conducted in 2014, we adjust these figures in line with CPI inflation to estimate the gap in 2020 prices. For further detail on our methodological approach to the findings in this section, see <https://www.moneyandmentalhealth.org/wp-content/uploads/2020/09/Mind-the-income-gap-methodology.pdf>

6. Money and Mental Health analysis of ONS, Labour Force Survey, Q1 2018 - Q4 2019.

7. Ibid.

Discrimination and bias

Our research with people with experience of mental health problems has pointed to the important role still played by conscious and unconscious discrimination in the labour market. Despite the success of high-profile stigma-busting campaigns such as Time to Change, discrimination against people with mental health problems persists. In national polling conducted for this report, one in five (19%) working-age people with a mental health problem report having been discriminated against in work due to their mental health.⁸

Discrimination can be felt directly, such as being sacked or overlooked for promotion. But the awareness of how widespread bias is can have other, more complex impacts. One in three employees with mental health problems do not share details of their difficulties with their employer,⁹ with only 29% of Research Community respondents sharing details of their mental health problems with a prospective employer before appointment to a role.¹⁰

Disclosing mental health problems can be the first step to accessing support from an employer, either in the form of a reasonable adjustment or more informal support. Both can be crucial to help a person remain in employment. Given the prevalence of negative attitudes towards people with mental health problems, however, it is little surprise that many people do not disclose their condition.

Inflexible workplaces

Despite people with mental health problems having a legal right to reasonable adjustments in the workplace, employers vary in their willingness to consider and implement these requests. Our national

polling found that one in six (17%) working-age people with recent experience of mental health problems have asked for a reasonable adjustment in the workplace to support them with their mental health problems.¹¹ Of those, only 29% had their request fully implemented with the remaining two-thirds (68%) made up of those who had adjustments partially implemented (48%) or rejected (19%).¹²

The variation in responses from employers, between those willing to meaningfully consider adjustments and those who reject adjustment, may stem from outright discriminatory attitudes or a lack of understanding of what adjustments might be suitable for a person with mental health problems. When appropriate adjustments are made, they can be a lifeline in supporting people to enter or remain in employment, and allowing them to make a fully productive contribution in the workplace. On the other hand, where reasonable adjustments cannot or will not be facilitated, the consequences can be devastating.

“I asked to reduce my hours at work and was told that my job required full time hours and it would be difficult to recruit someone else to part time hours. Unfortunately, my mental health deteriorated significantly and I was hospitalised. I had nine months off sick and I was dismissed at a hearing because I couldn't confirm a return to work date. If they had been more reasonable I think I could have returned to work but now seven years later I'm not working.”

Expert by experience

8. Money and Mental Health analysis of Opinium online survey of 1,547 working-age people, carried out 4-7 December 2020.

9. Business in the Community. Mental Health at Work 2020: building back responsibly. 2020.

10. Money and Mental Health survey. Base for this question: 373.

11. Money and Mental Health analysis of Opinium online survey of 1,547 working-age people, carried out 4-7 December 2020.

12. Ibid. Totals do not sum due to rounding.

When adjustments are beyond the remit of what is considered 'reasonable' under the Equality Act, the government, through the Access to Work scheme can provide funding to assist people. This might include special aids or equipment, support workers or mental health support services to enable people with mental health problems to start and stay in work. However, this service is underutilised for people with mental health problems, with only 4% of the total Access to Work spending on people with a primary condition of mental health problems.¹³

Wages – challenges accessing quality roles

Wage differences

When people are in work, the wages they earn are usually the key determinant of their income. Wages are the product of how many hours you work and the rate you are paid, with both factors affecting the earnings of people with mental health problems. More than one in three (37%) people with experience of mental health problems who are employed work part-time, compared to one in four (24%) of those who do not have such conditions.¹⁴ This gap was even more pronounced among the self-employed: 45% of self-employed people with a mental health problem work on a part-time basis, compared to 25% of those without a mental health problem.¹⁵

Turning to pay rates, we find that people with mental health problems are overrepresented in lower-paying roles. More than one in three (37%) of those in work who have a mental health problem are in the three lowest-paid occupational groups, each of which had a typical

hourly wage of less than £10 in April 2019.¹⁶ In contrast, one in four (26%) of those who have not had mental health problems were in the same types of roles.¹⁷

As well as affecting whether we are in employment, our health can influence the type of work we are able to perform, with knock-on impacts on wages. Once again, however, members of the Research Community highlighted how bias against people with mental health problems and a rigid approach to designing jobs left them with fewer opportunities.

Promotions denied

As with entering and retaining employment, progressing into higher-paying roles was made challenging by the stigmatising attitudes of colleagues and managers. A combination of factors, including traditional measures of 'what a good employee looks like', gaps in work histories due to ill-health and conscious or unconscious discrimination again can all mean that people with mental health problems are overlooked for training or promotion.

Limited decent opportunities

For those who struggle with full-time roles due to their mental health, part-time work can be ideal, allowing them to better manage their finances and health. This is likely to be an important reason behind the higher rates of part-time working among people with mental health problems. But a dearth of good quality part-time roles can mean this need for fewer hours makes lower-paying occupations the main options available to many.¹⁸ A negative cycle can be reinforced, as low pay leads to money problems, which can exacerbate mental health issues.

13. Department for Work and Pensions. Access to Work Statistics: April 2007 to March 2020. 2020. (Accessed: 12/01/21) Year 2019/20. Table 13. <https://www.gov.uk/government/statistics/access-to-work-statistics-april-2007-to-march-2020>

14. Money and Mental Health analysis of ONS, Labour Force Survey, Q1 2018 - Q4 2019.

15. Ibid.

16. Ibid.

17. Ibid.

18. For further discussion of this issue and previous research on the topic see Bond N and D'Arcy C. Mind the income gap. Money and Mental Health Policy Institute. 2020.

Benefits – challenges getting appropriate, sufficient support

The importance of the benefits system

Given low employment rates and low wages, the social security system is particularly vital for people with mental health problems. People with more severe conditions were much more likely to be in receipt of Employment and Support Allowance (ESA), with it being claimed by more than one in five people with severe anxiety or depression (21%), post-traumatic stress disorder (PTSD) (22%), bipolar disorder (21%) or who had attempted suicide in the past year (23%), compared to 4% of the population overall.¹⁹ Analysis suggests people with mental health problems are also more likely to be receiving non-health-related payments. People who reported having a mental health problem were more likely than the rest of the population to be claiming Universal Credit (UC) (8% compared to 2%) or receiving tax credits (12% versus 6%).²⁰

Low benefit levels

This greater reliance on benefits has a direct impact on incomes. The level at which many payments are set is low, compared to both the earnings of people in work and their value in the recent past. Using the most recent comparative data published by the DWP, up to April 2019, both Jobseeker's Allowance (JSA) and ESA were equivalent to just 12.5% of typical (median) weekly earnings. As of February 2021, both benefits are paid at £74.70 per week.²¹

Many working-age benefits have also become less generous over time. Between 2007 and 2019, the state pension rose 12% in real-terms while the value of JSA and ESA had *dropped* by 6% over the same period. The four-year freeze on working-age benefits introduced in 2015/16 has played an important role.

Had ESA risen in line with the State Pension over that period, it would have been worth £87.55 in April 2019, equivalent to an additional £750 over a year.

"Now I am only receiving benefits, for the first time in my life, and it's a huge struggle. [The] income is not secure [and is] absolutely not sufficient! [I] never realised after paying all my working life into the system, that when I needed the support, the benefits were so inadequate."

Expert by experience

People whose mental health problems mean they are unable to work but are deemed able to prepare for work are placed in the "work-related activity group" (WRAG) of ESA. The benefit paid to this group is significantly lower than that received by those who are not required to prepare for work, raising the risk of financial precarity for those in the WRAG.

For those who are temporarily too unwell to work and in receipt of Statutory Sick Pay (SSP) – currently paid at £95.85 per week - replacement incomes are often insufficient to live on.²² This can drive financial precarity for people with mental health problems. The issue can be even more acute for those who earn less than the threshold to be entitled to SSP, a particular issue for people with mental health problems due to their lower wages.

"Due to long term sickness with mental health issues I was only paid SSP which didn't cover my bills each month so I had to get credit cards to pay bills and buy food. I've got about £4,500 on credit cards which is a massive worry."

Expert by experience

19. NatCen analysis of NHS Digital, Adult Psychiatric Morbidity Survey, 2014.

20. Money and Mental Health analysis of ONS, Labour Force Survey, Q1 2018 - Q4 2019.

21. Department for Work and Pensions. Benefit and pension rates 2021 to 2022. 2020. (Accessed: 15 January 2021) <https://www.gov.uk/government/publications/benefit-and-pension-rates-2021-to-2022/benefit-and-pension-rates-2021-to-2022>.

22. Bond N and Braverman R. Too ill to work, too broke not to: The cost of sickness absence for people with mental health problems. Money and Mental Health Policy Institute. 2018.

Ineffective support

Employment support and in-work support models, delivered by the DWP through Work Coaches, are intended to be tailored to people's holistic needs. However, people with mental health problems report that employment and in-work support services often take little account of their mental health needs, or how they interact with their ability to apply for, retain or progress in employment.

"Unless I can give a certificate proving my difficulties they are not interested in making a concession. They seem totally disinterested and uninformed about mental illness or its effect on working or other basic skills."

Expert by experience

In some respects, this arises from a clash between how support operates and the needs of people with mental health problems. Conditionality and a 'job first' approach can compound the challenges people with mental health problems face and contribute to employment and in-work support provision not being experienced as supportive.

"Was given a job coach but wasn't very helpful. Just wanted to get me in any job to get me off the books."

Expert by experience

Beyond the principles of the system, people also face inconsistent attitudes to mental health problems from DWP. A lack of knowledge, understanding or empathy from Work Coaches can make engagement with the Jobcentre difficult. At best, this lack of mental health awareness makes it harder to navigate

the benefits system and employment support services. At worst, it makes it impossible for people to engage, and they do not receive the level of income to which they are entitled.²³

"My mental health issues were ignored and I was told what I can and cannot do by an adviser who didn't care less. I felt uncomfortable and ignored."

Expert by experience

People in receipt of ESA can face frequent work capability re-assessments at intervals of 3, 6,12,18 or 24 months.²⁴ This assesses whether they are capable of working or preparing for work, and ultimately what level of benefit they receive. For people with mental health problems the practicalities of the reassessment as well as the uncertainty it entails can cause anxiety and negatively affect people's mental health.²⁵

²³ Braverman R, Bond N and Alpin K. The benefits assault course: Making the UK benefits system more accessible for people with mental health problems. Money and Mental Health Policy Institute. 2019.

²⁴ Department for Work and Pensions. Background information: ESA outcomes of Work Capability Assessments: March 2020. 2021. <https://www.gov.uk/government/publications/esa-outcomes-of-work-capability-assessment-policies-and-statements/employment-and-support-allowance-outcomes-of-work-capability-assessments-great-britain-background-information>.

²⁵ Braverman R, Bond N and Alpin K. The benefits assault course: Making the UK benefits system more accessible for people with mental health problems. Money and Mental Health Policy Institute. 2019.

Summary

- The mental health income gap is large, standing at £8,400 a year for people with anxiety and depression compared to people without those conditions.
- Low employment rates are one driver of the gap. While some of the difference is due to the limiting effect health issues can have on our ability to work, people with mental health problems report that discrimination and a lack of flexibility from employers contribute too.
- Low wages are another driver of the gap, with people with mental health problems overrepresented in part-time work and lower-paying occupations. People with mental health problems told us that while part-time work can help them manage their health, too few part-time roles offered decent pay.
- The benefits system is also a driver of the mental health income gap. People with mental health problems are more likely to rely on benefits but their low value and inadequate support while in receipt of them or seeking to find work can negatively affect people's conditions.

Section two: The impact of the pandemic

The pandemic's income effect on people with mental health problems

The Covid-19 pandemic has affected all of our lives. People with mental health problems are no different, with the pandemic influencing employment, the benefits system and our collective mental health. From an income perspective, the most direct impact has been through disruption to employment. Since the start of the crisis, nearly 10 million employees have been furloughed,²⁶ and there has been a 90% increase in the number of people on Universal Credit.²⁷ Huge numbers of people are dealing with income drops and uncertain work situations. While such events can

be difficult for anyone to manage, given the mental health income gap and the greater financial fragility it contributes to, the consequences for people with mental health problems can be even more severe.

Our new national polling finds that, since March 2020, three in ten (29%) working-age people with a mental health problem have experienced an income drop.²⁸ For many, this is due to being furloughed, with 15% of working-age people with mental health problems reporting that they have been furloughed (compared to 12% of those who haven't experienced mental health problems).²⁹

For people with mental health problems, the challenges of furlough extend beyond the drop in income. For

²⁶ Gov.UK. HMRC coronavirus (COVID-19) statistics December 2020. 2020.

²⁷ Rightsnet. Number of people on universal credit has increased by more than 90 per cent since the beginning of the coronavirus pandemic. 2020. <https://www.rightsnet.org.uk/welfare-rights/news/item/number-of-people-on-universal-credit-has-increased-by-more-than-90-per-cent-since-beginning-of-coronavirus-pandemic>.

²⁸ Money and Mental Health analysis of Opinium online survey of 1,547 working-age people, carried out 4-7 December 2020. Data is weighted to be nationally representative.

²⁹ Ibid.

furloughed employees who have effectively been out of work for several months, returning to work can be anxiety-inducing, particularly for people who were in jobs that adversely impacted their mental health.

While furloughed employees have been unavoidably disconnected from the workplace, reintegration into the day-to-day demands of a job may be challenging.

Mental health and income in the pandemic – case study 1

Before the crisis, Minesh was in part-time employment. While he was not happy in the role and continually struggled with mental health problems, his employer was supportive and his job was secure and stable.

In April, Minesh was furloughed and received 80% pay. This hit to his income meant Minesh had to rely on family members to cover the shortfall. Despite these financial difficulties, he did find the respite from work massively improved his mental health. After being furloughed for six months, he began to work from home.

Beyond those who were furloughed, almost one in ten (9%) working-age people with mental health problems had their wages cut by employers, while 7% had been made redundant (compared to 6% and 4% of people without mental health problems respectively).

Regardless of the cause of the income drop, many people have had to make difficult decisions on how they manage their spending. Focusing on people with mental health problems who have faced an income drop, three in ten (29%) have cut back on essential items or services such as food, medicine, electricity or

Mental health and income in the pandemic – case study 2

Before the crisis, Gemma was working full-time but struggling to do so due to the effects of her longstanding mental health problems. Her finances were already tight, having previously taken a substantial pay cut due to her mental health difficulties. The lack of financial security was worsening her mental health.

At the start of the crisis, Gemma was furloughed with an immediate reduction in pay. In July, Gemma told us that the nature of her work and the ongoing crisis meant she was at best likely to receive a reduction in hours and at worst faced redundancy.

By October, Gemma had returned to work, albeit on significantly reduced hours with her wages supplemented by Universal Credit. Her mental health had deteriorated and she was in a constant state of distress and emotional exhaustion. Her outgoings had increased, and she was cutting back on food to make ends meet.

heating, a higher proportion than those without mental health problems (17%).³⁰

The risks and worries ahead in the labour market

With the rollout of vaccines against Covid-19 now underway, there is optimism that this year will bring a loosening of the restrictions introduced by the government. Most economic forecasters, however, expect the damage done to the economy and labour market to persist for years to come.

³⁰. All who faced an income drop, including those above working-age. Money and Mental Health analysis of Opinium online survey of 2,000 people, carried out 4-7 December 2020. Data is weighted to be nationally representative.

From a living standards perspective, perhaps the greatest concern in the coming months and years is a rise in redundancies, unemployment and economic inactivity. In the three months up to September 2020, redundancies reached a recent high of 314,000,³¹ with one in six (17%) of the working-age population facing redundancy.³² Based on the experiences of our Research Community, and the one in five respondents to our polling who reported having been discriminated against in work, there is legitimate concern that people with mental health problems could bear the brunt of a fall in employment.

Beyond the small differences visible in our polling, there is insufficient data collected to date to understand if people with mental health problems are overrepresented in redundancy rates. Analysis by Citizens Advice does suggest that people with disabilities are at greater risk of redundancy, with one in four disabled people (27%) facing redundancy, rising to 37% of those who said their disability has a large impact on their day-to-day life.³³ This concern for the future was mirrored in our polling, with 35% of people with mental health problems worried about being made redundant, compared to 21% of those who have never experienced mental health problems.³⁴

"[I'm] worried [I] may get made redundant or furloughed due to long term illness and sickness previously and currently."

Expert by experience

As well as affecting people currently in work, the weaker jobs market may also disadvantage people with

mental health problems, with both a lack of flexibility and more conscious bias potential risks.

The hoped-for loosening of restrictions is likely to leave employers with difficult decisions on how they and their staff operate. The disruption to normal working practices has required employers to make wholesale changes. Across a variety of sectors, many employers have been required to offer employees greater flexibility in how and when they do their work. Among people with mental health problems, more than half (54%) said they had worked from home more regularly and more than four in ten (43%) felt they'd had greater control over the hours they worked, such as more flexible start and finish times or condensed hours.³⁵

While people with mental health problems have not been more likely to experience these changes to working arrangements than other employees, our Research Community respondents suggested they do disproportionately benefit. For many people with mental health problems, greater levels of flexibility have been a welcome change.

"Being able to work from home has helped my mental health. I feel safe at home and don't waste energy on driving to work, finding parking etc... I feel fortunate actually."

Expert by experience

Fear of losing flexibility and an improved control over their health may explain why our polling suggests that people with mental health problems are particularly worried about what a return to normality may mean.

31. Office for National Statistics. LFS: ILO redundancy level (thousands): UK: All: SA. 2020. (Accessed: 15 January 2021) <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/redundancies/timeseries/beao/lms>.

32. Citizens Advice. An unequal crisis: why workers need better enforcement of their rights. 2020.

33. Citizens Advice. An unequal crisis: why workers need better enforcement of their rights. 2020.

34. Money and Mental Health analysis of Opinium online survey of 1,547 working-age people, carried out 4-7 December 2020. Data is weighted to be nationally representative.

35. Ibid.

Half (50%) are worried about having a worse work-life balance, compared to a quarter (29%) of people who had never experienced a mental health problem.³⁶ More than four in ten (43%) people with mental health problems reported being worried about returning to their normal workplace on a regular basis, with three in ten (30%) of people who had never had a mental health problem feeling the same.

For those who have relied on benefits over recent months, other risks lie ahead. The £20 uplift in the value of Universal Credit (UC) is due to end in April this year, representing a significant income drop for thousands of people, including many with mental health problems. While the £20 uplift for UC claimants was welcome, those people on legacy benefits, such as on JobSeeker's Allowance (JSA) or Employment Support Allowance (ESA), never received a similar increase. This is of particular relevance for people with mental health problems, with over half (51%) of those who claim ESA doing so due to a mental health or behavioural problem.³⁷

Beyond the level of benefits in the immediate future, the support provided through the DWP could be vital in helping those not in work. Due to the pandemic, the DWP committed to doubling the number of Work Coaches to support people to find work by March 2021.³⁸ Ensuring this rapidly expanded workforce are sufficiently trained to support people with mental health problems to secure work is a huge challenge. In the wake of the pandemic, Work Coach sessions have been reduced from 50 to 30 minutes for the First Commitment appointment, and from 20 to 10 minutes for Work Focus Intervention appointments.³⁹

Adequately supporting someone with mental health problems to secure work in such a limited amount of time is a huge challenge.

Mental health and income in the pandemic – case study 3

Sylvia had fallen out of employment due to an acute episode of mental health problems several months before the pandemic struck. At the start of the crisis, she was reluctant to apply for benefits, and as such had no source of regular income. Sylvia was making ends meet by living off a financial settlement from her previous employer.

In July she told us she was just about managing. She was entering into a debt management plan but feared for her financial future.

By October, Sylvia had applied for and was receiving benefits. The income she received from it was insufficient, and as a result she had cut back on outgoings, taken a mortgage payment holiday and increased her borrowing. Sylvia had no financial buffer for an emergency and was too unwell to look for work.

³⁶ Money and Mental Health analysis of Opinium online survey of 1,547 working-age people, carried out 4-7 December 2020. Data is weighted to be nationally representative.

³⁷ Department for Work and Pensions. Employment and Support Allowance Caseload statistics, May 2018. Accessed through Stat-Xplore, January 2019.

³⁸ Department for Work and Pensions. Thousands of new Work Coach vacancies open across the UK. Gov.UK. (Accessed: 12/01/21) <https://www.gov.uk/government/news/thousands-of-new-work-coach-vacancies-open-across-the-uk>.

³⁹ Public and Commercial Services Union. Concerns raised on reduction of appointment times in Jobcentres. 2020. (Accessed: 15 January 2021.) <https://www.pcs.org.uk/department-for-work-and-pensions/news/concerns-raised-on-reduction-of-appointment-times-in>.

People are now searching for work in a weaker labour market against a backdrop of conditionality and the threat of sanctions. The temporary pause on conditionality, introduced due to the pandemic-led increase in workload for the DWP, ceased in July. People, including those with mental health problems in the work-related activity group (WRAG) of ESA, are now required to comply with conditionality requirements, or risk being sanctioned. While Work

Coaches have discretion over applying sanctions, evidence from previous research demonstrates that the support claimants receive from Work Coaches is highly variable, and therefore giving Work Coaches the mandate to exercise discretion is insufficient. This task will be all the harder for Work Coaches delivering a service under shorter appointment lengths, and for the new recruits with less experience and working knowledge of mental health problems.

Summary

- The pandemic has affected the incomes and health of people with mental health problems.
- Three in ten working-age people with a mental health problem report that their income has dropped due to being furloughed, having their hours or wages cut or being made redundant. In response, many of those impacted have cut back on essentials like food or heating.
- The disruption to the world of work and the benefits system since the pandemic have had mixed effects on people with mental health problems. While it can be a significant challenge living on a reduced income, the flexibility introduced into both how work is carried out and how the DWP operates has been welcomed by many of our Research Community.
- While looking forward to a loosening of Covid-19 restrictions this year, many people with mental health problems were concerned about losing the flexibility they have enjoyed since March 2020. People with mental health problems feel at greater risk of being made redundant, which would risk making the mental health income gap even wider.



Part two: Immediate action and systemic change

Section three: Immediate priorities

Immediate and systemic change

The scale and severity of the problems raised in part one of this report mean there is a clear case for change. Its varied drivers and deep roots, however, mean that there is no silver bullet for the mental health income gap. Instead, a concerted effort led by employers and the government is required to prevent people with mental health problems suffering lower incomes and higher financial fragility.

The pandemic makes this challenge more pressing and, in many ways, more difficult. But the new thinking and action it has sparked in workplaces, Westminster and among the wider public presents an opportunity to address this problem. This section sets out the Commission's view on what needs to be done in the coming months and years as the UK recovers from the impact of the pandemic. First and foremost, it seeks to protect the incomes of people with mental health problems with an emphasis on change that is quickly achievable from employers and government. If delivered, these steps would support the incomes of people with mental health problems during the pandemic and in the aftermath, helping them to remain in or enter work, or experience less harm when out of work.

While some of these steps should also contribute to narrowing the mental health income gap for the long term, section four sets out the Commission's recommendations on how to achieve the systemic change required. As such, a number of the recommendations in this section align with others in section four.

Our analysis in part one of this report has identified two particular challenges faced by people with mental health problems that affect their income in light of the pandemic.

- Recommendations 1–6 address the difficulties and discrimination people with mental health problems face within work, which are compounded by a weak labour market and the pandemic.
- Recommendations 7–9 set out how to strengthen the currently insufficient support for those not working (short-term or long-term) that exacerbates mental health problems and delays returns to work at a crucial moment.

Immediate recommendations for employers

Recommendation 1: Support the mental health and incomes of staff while furloughed and when they return

Furloughed employees have been unavoidably disconnected from the workplace. Reintegration back into the day-to-day demands of a job may be challenging for people who have effectively been out of work for months. Our evidence suggests this is especially true for employees with mental health problems. Alongside this disconnection, the drop in income most furloughed workers will have experienced can also take a toll on people's mental health.

While the furlough scheme is in place, it is important that employers continue to demonstrate their commitment to the mental health of their staff – in bad times as well as good – by recognising the role they can play in maximising both wellbeing and income.

Employers should support their workers while furloughed, and when they return to work, by:

- Facilitating regular contact with employees to ensure they do not feel isolated and that, as far as possible, they are provided with guidance on what will happen next and their rights

- Providing support to and identifying people with existing mental health problems who might require additional signposting or work adaptations, either while furloughed or when returning to work
- Routinely signposting employees who have had an income drop to welfare rights, income maximisation and debt advice services.

Action from employers could help to minimise both the financial and mental harm experienced by their employees, prevent sickness absence, and ultimately assist people with mental health problems to remain in employment.

“My current employers have been absolutely exemplary; they have provided masses of support with direct information about counselling, financial options and lots of mental health support from virtual walks to yoga classes, online book clubs and mental health support forums as well as free access to the LinkedIn learning platform.”

Expert by experience

Recommendation 2: Provide mental health training

Discriminatory attitudes and a lack of knowledge can adversely impact people with mental health problems at all stages of employment, from recruitment and retention to progression opportunities. Tackling the discrimination and stigma people with mental health problems face in the workplace is an ambitious task, and this is an issue our recommendations in section four return to. But with the pandemic taking a toll on many people's mental health, and exacerbating the conditions of many people with pre-existing mental health problems, there is a clear moral and business case for employers to take immediate action to protect their staff, helping them to stay healthy and in work.

- Employers should provide mental health training to all line managers to assist them to support their teams.
- Employers should identify mental health champions within their organisations, and equip them with mental health training, such as Mental Health First Aid training or an equivalent. This should be in addition to mental health-specific training for line managers, and not replace it.
- Employers should demonstrate their commitment to anti-discriminatory practices in the face of the pandemic by signing up to the Mental Health at Work Commitment, a framework of six standards to embed the prioritisation of mental health within organisational cultures and improve mental health outcomes for employees.⁴⁰
- Organisational leaders should publish their progress against the Mental Health at Work Commitment.
- Employers should review risks to the mental health of their workforce and set out steps to mitigate these risks, as part of their organisational health and safety risk assessments.

This immediate recommendation is extended through proposals for systemic change in recommendation 11.

Employers who proactively prioritise mental health and who equip line managers with the knowledge and skills to better support employees will ensure fairer recruitment, retention and progression practices. This will benefit both employees with pre-existing mental health problems and those struggling as a result of the pandemic.

However, the size of an organisation will heavily influence their ability to act on these recommendations. Therefore, as a starting point, these recommendations should be a priority for organisations employing over 250 people

⁴⁰ Mental Health at Work. The Mental Health at Work Commitment. (Accessed: 15 January 2021) <https://www.mentalhealthatwork.org.uk/commitment/>.

and in all public sector contracts – with small to medium employers who feel they cannot take immediate action committing to working towards these aims.

Recommendation 3: Offer roles flexibly by default

Our research has highlighted that many people with mental health problems would benefit from more flexible working arrangements, enabling them to manage their mental health and income. Across much of the economy, the pandemic has highlighted that greater flexibility is achievable without affecting productivity. Employers should consider how they can offer more roles flexibly, both to existing staff and when recruiting new employees. While the kinds of flexibility that are achievable will vary from sector to sector, the adaptations outlined in Table 1 below show that a wide range of actions are possible.

Offering greater flexibility would help existing and new employees to work in ways better suited to their needs, which would contribute to a more diverse and inclusive workforce. Proactively advertising roles as offering flexibility should also make the job-search process less daunting for people with mental health problems, opening up more employment opportunities. This immediate recommendation is extended through proposals for systemic change in recommendation 12.

Immediate recommendations for government

Recommendation 4: Introduce a right to flexible work during the crisis

While offering roles flexibly by default, as set out in recommendation 3, would be hugely beneficial, there remains a power imbalance between employees and

Table 1: Options for flexibility or adjustments to support employees with mental health problems

Flexing hours		Flexing workloads	Flexing support
Part-time sick leave	Phased returns	Temporarily reduce performance targets	Regular one-to-ones / wellbeing check-ins with managers
Temporary or permanent reduction in hours	Flexible breaks instead of condensed lunch break	Removing non-essential tasks from workload, and building back in, in agreement between employer and employee	Change to calling in sick rules
Compressed hours	Fixed hours / shift patterns	Temporary additional assistance with duties	Workplace adaptations e.g. change of workstation / place of work, noise-cancelling headphones
Flexi hours	Later start times / afternoon shifts	Workplace buddy system	Working from home

employers in many workplaces. While flexibility may be ideal for a certain member of staff, their position within the organisation – particularly during a time of redundancies – may mean they feel that asking for such adjustments represents too much of a risk.

To avoid this, and recognising that not all employers will proactively take this step, the government should introduce a right to flexible working for all employees. Currently, employees are given the right to request flexible working, which can be easily rejected by employers. To help more people to have a better balance between their work and their health needs, employers should be required to offer flexible working, unless this would be incompatible with carrying out the job. When refusing a request, the onus should be on the employer to explain why a role cannot be offered flexibility. This would create a process similar to that under the Equality Act 2010 which places a duty on employers to facilitate all reasonable adjustment requests for people with disabilities. This would open up more opportunities for people with mental health problems in the workplace and increase opportunities for income security.

To discourage employers from denying such requests without appropriate cause, firms employing 250 or more staff should be required to publish the number of requests they receive, and the number of requests they refuse. This would provide the public and the media with an insight into which firms are committed to supporting the mental health of their staff.

Recommendation 5: Monitor outcomes for people with mental health problems and set targets

Given the discrimination and bias that people with mental health problems still face in the labour market, there is a risk that they will be harder hit by job losses resulting from the crisis. Currently, however, there is a lack of detailed, timely data to measure outcomes for

people with mental health problems. To guard against this risk, the government should actively monitor employment and redundancy rates for people with mental health problems, and seek to ensure that they are not disproportionately affected by the pandemic. This monitoring could be achieved through additions to a number of surveys already conducted by the Office for National Statistics, rather than requiring new surveys to be commissioned. If worrying evidence emerges, the government should set a target to raise the employment levels of people with mental health problems, taking appropriate action to deliver this as necessary.

Recommendation 6: Ensure retraining schemes are accessible

The prospect of retraining after losing a job can be daunting for anyone. For people with mental health problems, the steps involved in retraining can be overwhelming.

- Engaging with training provision can be challenging. Whether remote or face-to-face, the different cognitive and psychological effects of many mental health problems can make engaging with these formats tricky.
- Difficulties concentrating can make it harder to adhere to retraining programmes that specify the number of learning hours per week.
- Fluctuations in mental health problems, such as acute mental health crises, or day-to-day fluctuations in motivation that can accompany many mental health problems, can make it harder to complete linear or time-limited courses.
- Retraining schemes which are predominantly digital exclude many people, including those with mental health problems who can face capability or income challenges to digital access.

Ensuring retraining opportunities are appropriately tailored to people's mental health needs requires a multipronged approach:

- The DWP should provide sufficient training to Work Coaches on the cognitive and psychological challenges that people with mental health problems face. The provision of employment support and retraining requirements should be adjusted accordingly.
- The DWP must ensure that the rapidly-expanded workforce of Work Coaches can quickly develop an understanding of mental health problems sufficient to their role.
- Retraining schemes should be offered in multiple formats. While recognising that opportunities to provide face-to-face training are limited during the pandemic, developing alternative channels for training should be prioritised.

Tailoring retraining in this way will remove some of the systemic barriers people with mental health problems face, helping them to secure and progress in employment. This immediate recommendation is extended through proposals for systemic change in recommendation 17.

Recommendation 7: Raise and expand eligibility for Statutory Sick Pay (SSP) for the duration of the crisis

The rate of SSP, currently paid at £95.85 per week, is frequently insufficient for people to meet their essential outgoings. This payment can be particularly important for people with mental health problems who may spend more time out of work due to illness. As well as the low rate at which this is paid, the eligibility threshold for SSP (an average income of at least £120 per week)

disproportionately disadvantages people with mental health problems who are overrepresented in low-paying and part-time roles.

To provide better support to people who need to rely on SSP, the government should:

- Raise the level of SSP for the duration of the crisis i.e. until restrictions affecting people's ability to carry out their jobs are lifted
- Expand eligibility by paying SSP from day one of sickness absence rather than the day four as is currently the case
- Implement the Taylor Review's recommendation that SSP is extended to all workers and recognised as a basic employment right.⁴¹ If this cannot be implemented as an immediate response to the crisis, the government should lower the SSP threshold to ensure more low earners can avail of it. Reducing the threshold to the same level at which SSP is paid – currently £95.85 – would help to simplify and align the system.⁴²

Raising the rate of SSP, extending SSP to all workers or lowering the eligibility threshold will ensure that existing inequalities between people with and without mental health problems are not exacerbated.

Recommendation 8: Keep and extend the Covid uplift to crucial benefits

At the outset of the pandemic, the government took swift action to strengthen the financial support available to people on UC, by introducing a £20 uplift per week. This uplift is neither permanent nor has it been extended to other working-age benefit claimants, many of whom will have long-term mental health problems. New and existing benefit claimants have faced

41. Taylor M. Good work: the Taylor Review of Modern Working Practices. 2017.

42. SSP is currently paid at £95.85 per week while the eligibility threshold for receipt of the benefit is an average weekly earning of £120.00 per week.

increased costs in the face of the pandemic, with low-income families particularly likely to say their expenses have risen.⁴³

To prevent the increase in hardship that such a cut would lead to – including among people with mental health problems who are overrepresented among UC claimants – the government should make this uplift permanent.

A key oversight in government efforts to protect the incomes of those out of work has been that the £20 uplift only applied to some of those people depending on benefits. The exclusion of many ‘legacy’ benefits, such as Employment and Support Allowance (ESA), has left out many people with mental health problems. This unfairness should be remedied by extending the benefit uplift to people on such legacy benefits. Keeping the uplift and extending it to more people would represent a meaningful and straightforward increase to the incomes of many people with mental health problems.

This immediate recommendation is extended through proposals for systemic change in recommendation 18.

Recommendation 9: Suspend conditionality for those out of work due to mental health problems

Conditionality and the threat of sanctions is a huge source of anxiety for people with mental health problems. The cognitive and psychological effects of many conditions can make understanding and adhering to conditionality a challenge. The threat of sanctions that accompanies conditionality can be overwhelming and debilitating. The pause on conditionality and sanctions introduced at the start of the crisis has now ceased. This means that people in the work-related activity group (WRAG) of ESA are now

required to comply with conditionality requirements, or risk being sanctioned.

The DWP should recognise both the additional pressure the pandemic has placed on people with existing mental health problems and the reduced opportunities available to people in a weaker labour market, and suspend conditionality for people in the WRAG for a further six months.

During this period, the DWP should review the impact of the pause on conditionality, and evaluate whether the efforts to train Work Coaches has allowed for a more effective, tailored approach to conditionality for people with mental health problems that takes into account their needs. If this additional training has not proved effective in improving outcomes and reducing harm, the DWP should remove conditionality requirements from people with mental health problems permanently. This longer-term shift is explored further in recommendation 16.

Given the high rate of mental health problems among those in receipt of ESA, reintroducing the suspension of conditionality for people in the WRAG would provide people with greater income security at a time of crisis, and would be conducive to supporting the mental health of benefit claimants.

43. Brewer M and Patrick R. Pandemic Pressures: Why families on a low income are spending more during Covid-19. Resolution Foundation. 2021.

Table 2: Immediate recommendations for government and employers

Problem	Who	Solution
Difficulties and discrimination people with mental health problems face with work are compounded by a weak labour market and the pandemic	Employers	Support the mental health and incomes of staff while furloughed and when they return
		Provide mental health training
		Offer roles flexibly by default
	Government	Introduce a right to flexible work during the crisis
		Monitor outcomes for people with mental health problems and set targets
		Ensure that retraining schemes are accessible
Insufficient support for those not working (short-term or long-term) exacerbates mental health problems and delays returns to work	Government	Raise and expand eligibility for SSP for the duration of the crisis
		Keep and extend the Covid uplift to crucial benefits
		Suspend conditionality for those out of work due to mental health problems

Section four: Tackling the roots of the mental health income gap

Section three focused on the income challenges that people with mental health problems face that have become particularly pressing since the onset of the pandemic, and how employers and the government should immediately respond. In this section, we turn to the contributors to the mental health income gap that are deeply rooted in the attitudes and systems of employers and government. Action on each of these steps can and should begin today, but the Commission recognises that these steps may take longer to bear fruit or be fully implemented.

Once again, our solutions address those challenges identified in part one.

- Recommendations 10–17 address the stigma, poor understanding of mental health problems and a lack of in-work assistance that limit opportunities in workplaces.
- Recommendations 18–20 turn to the benefits system and the inadequate support it offers to those with severe mental illness who are likely to be out of work for the long-term.

System change recommendations for employers

Recommendation 10: Offer secondments, shadowing, volunteering and buddying opportunities

People with mental health problems may require support in the workplace, to settle into new roles and to progress. However, a lack of effective support contributes to 300,000 people with mental health problems falling out of employment each year.⁴⁴ Employers should offer buddying systems to support people to settle into new roles, and mentoring and job shadowing to assist with progression, as set out in Table 3. While a broad swathe of employees could benefit, introducing such schemes should be of particular benefit to people who struggle with their mental health, helping them to sustain employment and progress in work, thereby protecting or increasing their incomes.

“[I] was struggling with my mental health a lot during my training which did slow down my progression due to concentration and time off. The mentoring I had helped me stay on track and push through so I didn't give up.”

Expert by experience

Table 3: Support options to facilitate retention and progression of people with mental health problems

Mechanism	Purpose	Details
Sponsorship	Progression	Highlights employees for opportunities or recognition
Mentorship	Advice and guidance	Supports employees to identify their strengths and define their goals
Buddying	Embed within organisation	One point of access to help employees understand organisational culture

Recommendation 11: Require all managers to have practical mental health training as part of an employer plan for mental health

People with mental health problems can face discriminatory attitudes and ignorance at all stages of employment, from recruitment and retention to progression opportunities. Our call in recommendation 2, for employers to offer more training in the short term to recognise the mental health impact of the crisis, would be a helpful step forward. Without a compulsory element, however, this risks doing little to change widely-held negative attitudes as well as the lack of knowledge of mental health problems and their effect

44. Farmer P and Stevenson D. Thriving at work: The Stevenson / Farmer review of mental health and employers. 2017.

on how we do our jobs. This is particularly crucial for line managers, who Research Community respondents identified as being the key people within organisations who could deliver this change.

To counteract this, all line managers should be required to have practical mental health training as a prerequisite to progression and requirements should be embedded in performance reviews. All employers who employ more than 250 staff should be required to sign up to the Mental Health at Work Commitment.

Organisations that are supported to be proactive in prioritising mental health will be better equipped to support employees, and ensure fairer recruitment, retention and progression practices. The benefits of these steps would not accrue only to employees. The quality of management in the UK has long been raised as an issue affecting productivity and absence from the workplace. Action to improve the quality of people management should therefore have a direct benefit to people with mental health problems, but also to employers and the wider economy.

Recommendation 12: Develop a list of reasonable adjustments and proactively offer them to people with mental health problems

Despite people with mental health problems having a legal right to reasonable adjustments in the workplace, our research has shown that employers vary in their willingness to consider and implement these requests. Employers should proactively offer reasonable adjustments to people with mental health problems. Where adjustments fall outside of what is 'reasonable' under the Equality Act, employers should support employees in accessing the Access to Work scheme to help people remain in work.

With appropriate and timely adjustments, employers can support people's mental health and act to assist people to remain in work wherever possible.

"[I had] reduced hours and phased return to work, my employer was very positive. My current employer offered to change my hours to deal with tiredness from medication without even having to ask."

Expert by experience

People with mental health problems also told us that often they did not know what adjustment to request, and welcomed employers who were proactive in asking how they could support them. Employers, particularly those with fewer employees or no dedicated HR team, may also lack the knowledge on what adjustments could be offered. Business bodies such as the CBI, the Federation of Small Businesses and the British Chambers of Commerce should develop materials aimed at employers, outlining their responsibilities and what adjustments would be particularly valuable for people with mental health problems. Employer groups should partner with trade unions and mental health charities, such as Rethink Mental Illness, to deliver and promote these products.

System change recommendations for government

Recommendation 13: Increase the promotion of the Access to Work scheme for people with mental health problems and streamline access to the service

The government's Access to Work scheme provides discretionary grants to people who face additional disability-related costs as part of doing their job. Financial support can be provided to assist people beyond the remit of reasonable adjustments under the Equality Act and does not replace an employer's duty under this Act. Access to work support might include funding for special aids or equipment, support workers or mental health services to help people with mental health problems start and stay in work. However, only

4% of total Access to Work spending is on people with a primary condition of mental health problems.⁴⁵ To raise its impact for people with mental health problems, the government should:

- Actively promote the use of the Access to Work scheme for people with mental health problems
- Introduce more streamlined access to the scheme, and timescales for decisions and awards.

Improved promotion of the Access to Work scheme for people with mental health problems, alongside streamlined access, would support people with mental health problems to remain in work and sustain their incomes.

Recommendation 14: Increase support for the self employed

Self-employment can be an attractive option for many people with mental health problems. Along with the personal satisfaction it can provide, it can offer more flexibility over how and when work is carried out than traditional employment. But self-employment can also present difficulties. The uncertainty it can entail can be challenging and the lack of support from an employer or the state can be difficult to manage at times, regardless of a person's mental health.

Several of the other recommendations made in this report would benefit the self-employed as well as employees. But specific action to help people with mental health problems who work for themselves, helping them to thrive financially and mentally, is needed, as well as appropriate support when their earnings slow or they are too ill to work.

Feeling isolated and unsupported can be a major challenge for the self-employed. As argued by the Taylor Review, the government should encourage the development of technology that helps self-employed people to come together and discuss issues that are affecting them.⁴⁶ This is likely to bring benefits both from a mental health and financial perspective.

Such a platform could provide the basis for shared products that would offset the risks associated with running your own business. Group income protection products made available for collective groups of self-employed people could represent one application of this. To overcome difficulties within the insurance industry in developing such products, the government should set up a Challenge Prize Fund to encourage innovation in the development of income protection products for people who are self-employed, especially those with pre-existing mental health problems.

Self-employed people's interaction with the social security system also presents opportunities for improvements. With part-time working common among those who have a mental health problem and are self-employed, the impact of the Minimum Income Floor (MIF) in UC is a particular concern. The MIF seeks to prevent government support subsidising unprofitable and unsustainable businesses. It does this by setting a 'floor' – equivalent to the wage provided by a given number of hours at the National Living Wage – that a person is expected to earn at or above. When earnings fall below this, the UC payment is not increased in response, offering less smoothing of income in difficult times. Analysis by Policy in Practice has highlighted how this leads to significant drops in income for those affected, and could leave people better off financially being out of work.⁴⁷

45. Department for Work and Pensions. Access to Work Statistics: April 2007 to March 2020. (Accessed: 12/01/21) Year 2019/20. Table 13. <https://www.gov.uk/government/statistics/access-to-work-statistics-april-2007-to-march-2020>.

46. Taylor M. Good work: the Taylor Review of Modern Working Practices. 2017.

47. Tonutti G. What choices do self-employed people have with Universal Credit?. Policy in Practice. 2018.

To address this concern, the government should extend the current suspension of the MIF (due to end in April this year) till the end of 2021. It should use this window to explore whether the policy has a disproportionate impact on people with mental health problems and, if so, explore alternative mechanisms or support to ensure that the MIF does not discourage people from working or facing drops in their income for doing so.

Recommendation 15: Require mandatory reporting

Differences in earnings are a major driver of the mental health income gap, but there is limited data on how wages vary for people with mental health problems. The government should build on their existing work on voluntary reporting on disability, mental health and wellbeing, and require companies employing over 250 staff to report on:

- The mental health pay gap
- Flexible working requests denied and granted.

Mandatory mental health reporting across employers and the DWP would facilitate transparency and allow for targeted intervention from both employers and government. This will require greater collection of data on the part of employers but previous exercises on the ethnicity pay gap have demonstrated that this is possible.

Recommendation 16: Embed Individual Placement and Support principles for those with less severe mental health problems

Individual Placement and Support (IPS) is a programme that supports people with severe mental illness to enter employment. Research has shown that IPS has helped people with more severe mental illness to enter and

retain work.⁴⁸ The scheme's success can be attributed to its founding principles, which include:

- Voluntary participation
- Skills and preference matching
- Ongoing support to employer and employee.

Despite its success, the principles of IPS are not replicated in the wider employment support system for people with less severe conditions. Employment support and in-work support models delivered by the DWP through Work Coaches have a 'work first' approach, prioritising the person getting any job. They often take little account of people's mental health needs, or how conditions interact with the person's ability to apply for, retain or progress in employment.

To build upon the success of IPS, the DWP should pilot the delivery of employment and in-work support to people with mental health problems via specialist mental health Work Coaches. Specialist coaches would help people to secure employment that is suited to their skills and appropriately flexible, as well as guiding employers to make appropriate adjustments. This approach should help more people with mental health problems to secure sustainable employment and provide a solid foundation from which to progress and increase incomes.

Recommendation 17: Improve mental health training for DWP staff

The DWP already provides mandatory staff training on working with customers with a mental health condition. However, members of our Research Community tell us they still frequently encounter DWP staff who demonstrate little to no understanding of mental health problems and how they impact on people's ability to adhere to claimant commitments or work search requirements.

48. Burns T and Catty J. IPS in Europe: The EQOLISE Trial. *Psychiatric Rehabilitation Journal* 2008; 31 (4); 313-7.

The DWP should:

- Review if and how services are designed and delivered with an understanding of the cognitive and psychological needs of people with mental health problems
- Audit how customer-facing staff apply the mandatory mental health training in dealings with customers, considering how Work Capability Assessment and Claimant Commitments are specifically tailored to a claimants needs.

If this review and audit process identifies mental health gaps in the design and delivery of services, the department should improve the provision of mental health training for all staff. This would make it easier and less distressing for people to navigate the benefits system, and ultimately support people to access the benefits they are entitled to.

Recommendation 18: Review the level and provision of Employment and Support Allowance to ensure that it adequately supports people experiencing mental health problems

People whose mental health problems mean they are unable to work but are deemed able to *prepare for work* are placed in the work-related activity group (WRAG) of ESA. The benefit paid to this group is significantly lower than that paid to people in the support group, those who are not required to prepare for work. Living with such financial precarity exacerbates existing mental health problems. This difference between the two groups has not always been in place, with an additional component for those in WRAG removed in 2017. In order to bolster the incomes of those deemed able to prepare for work, the DWP should reinstate this additional component.

While taking this step would increase the incomes of many of those with mental health problems, the DWP should also review and make the eligibility criteria for allocation to the support group less stringent. Many of the issues raised on conditionality and the difficulty of complying with claimant commitments when your mental health is poor would be alleviated by re-evaluating the impact such conditions can have, and assigning more people to the support group. Both solutions would increase the incomes of people with mental health problems who are too unwell to work, and would be conducive to supporting people's mental health.

Recommendation 19: Make Employment and Support Allowance awards longer-lasting, with regular support and opportunities offered

People with mental health problems face frequent work capability reassessments. This assesses whether they are capable of working or preparing for work, and ultimately what level of benefit they receive. The practicalities of the reassessment as well as the uncertainty it entails can cause anxiety and negatively affect people's mental health.

The DWP should review the length of awards for people with mental health problems, and consider establishing a guiding framework to support assessors in determining lengths of awards. This framework should be produced with a range of stakeholders and people with lived experience of mental health problems. Greater income security would be conducive to improved mental health and aid recovery.

Recommendation 20: Record and report on vulnerability data of UC claimants

As many of our recommendations have noted, evidence on the economic position of people with mental health problems remains incomplete.

An important gap in the existing knowledge relates to people in receipt of benefits. The DWP does not collect data on the vulnerabilities of UC claimants, including mental health problems. This prevents the Department from being able to regularly assess how many people with mental health problems receive UC, how long they spend on the benefit and which support is successful

in helping them to manage their health and finances. Fundamentally, it means people may be missing out on additional support or flexibility that could be invaluable. To fill this gap, the DWP should routinely ask UC claimants about potential vulnerabilities and record these details for data analysis.

Table 4: Systemic change recommendations for government and employers

Problem	Who	Solution
Stigma, poor understanding of mental health problems and a lack of in-work assistance limit opportunities in workplaces	Employers	Offer secondments, shadowing, volunteering and buddying opportunities
		Require all managers to have practical mental health training as part of an employer plan for mental health
		Develop a list of reasonable adjustments and proactively offer them to people with mental health problems
	Government	Increase the promotion of the Access to Work scheme for people with mental health problems and streamline access to the service
		Increase support for the self-employed
		Require mandatory reporting
		Embed Individual Placement & Support principles for those with less severe mental health problems
		Improve mental health training for DWP staff
	The benefits system provides inadequate support for those with severe mental illness who are likely to be out of work for the long-term	Government
Make Employment and Support Allowance awards more long-term with regular support and opportunities offered		
Record and report on vulnerability data of UC claimants		

Conclusion

The evidence in this report makes plain how toxic the link between mental health problems and our living standards can be. A huge gulf in income limits what people with mental health problems can afford from day to day and leaves them more vulnerable when faced with unexpected costs or a hit to their earnings. That greater financial fragility has become all the more relevant in light of the pandemic. Three in ten working-age people with mental health problems have had an income drop since March 2020, leaving many with difficult decisions on where to cut back. For those forced to spend less on or go without essentials like heating or food, this is only likely to worsen their health.

But the work of the Commission has also shown that this negative cycle can be disrupted. Our Research Community members pointed to thoughtful employers who had supported them when they were unwell, helping them to keep working or making a speedier return. And while experiences in the benefits system were often distressing and frustrating, many felt that greater awareness of mental health problems and simple changes could lead to much improved outcomes.

The current moment presents a once-in-a-generation chance to make this positive change and help break this link. Embedded in the response to Covid-19 is a recognition that the negative impacts of a global pandemic are not the fault of any individual or business. As a result, support has rightly been generous and easy to access. The moral case for such action has been clear but it has also been logical from an economic point of view, giving us the best chance to bounce back once the pandemic has receded.

Much of the same argument can be applied to the mental health income gap. No one chooses to have a mental health problem, and the financial difficulties we can encounter as a result should be

viewed in the same light. The recommendations this report makes to the government and employers are demanding, but the Commission agreed that the damage done by the mental health income gap means bold action is required.

While stretching, the steps outlined are also practical and achievable, and would make a huge difference to the lives of millions of people. Like the road to recovery after the pandemic, addressing the issues raised in this report will not be an overnight task. But as with the wider recovery, a failure to look again at our current approaches and the inequalities they lead to would be to miss an incredible chance. We urge employers and the government to make the most of this opportunity.



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