MONEY AND MENTAL HEALTH POLICY INSTITUTE

TACKLING THE MENTAL HEALTH CRISIS HEAD ON

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We can work it out

Getting employment support right for people with mental health problems

Acknowledgements

This report has been produced by Money and Mental Health as part of the Head On campaign, a coalition of over 20 leading UK mental health charities, looking to create a mental health system fit for the modern day.

Reimagining our mental health system must start with greater political focus. Very simply, we need a plan for our nation's mental health, and one which rapidly responds to the new and changing mental health context. By delivering new policy research, building new datasets, and establishing partnerships, Head On is ready to support the Government with delivering transformational change.

The recent announcement of a cross-departmental mental health strategy presents the ideal opportunity to make this change a reality. Head On has called for some immediate shifts in the NHS: on waiting lists; on neighbourhood health, and on innovative treatments, which would help shift the dial on how we treat mental ill health. But a true step change requires us to look beyond the health system, because our mental health is shaped by all aspects of life, from schools, to communities, to the workplace.

This is why our first report looks away from the remit of the NHS and Department of Health. The connection between mental health, employment, and welfare has been a prominent debate in UK politics over recent years, with rising numbers out of work due to poor mental health. Improving employment support will be crucial to the success of the cross-government mental health strategy. We hope that this report can play a role in creating a system which helps people with mental health challenges into good work, helps them stay in work wherever possible, and appropriately supports them in periods out of work.

Our thanks go to the Money and Mental Health Policy Institute for their work delivering this report, to the Centre for Mental Health, for leading Head On's policy commission, and to Wellcome, whose funding has made the campaign possible.

Introduction

If you don't understand mental health, you can't address the UK's employment issues

In England, roughly two in five people who are unemployed or economically inactive have a common mental health condition (CMHC), compared to less than one in five among employed people.[1] This is against a background in which, between 2014 and 2023-24, the total share of people who have a CMHC has risen from 19% to 23%.[2] Applying those figures across the UK working-age population suggests that 4.2 million people who are out of work have a CMHC, along with another 6 million who are in work.

For the majority of this group, mental health is not the main reason they are not in employment, however, if the government is serious about helping more people move into and stay in work, it's essential that reforms are shaped by a deep understanding of the ways that common symptoms of mental health conditions affect us and where the current system is holding back people with mental health problems. Without that, changes to employment and benefits policy risk overlooking barriers, as well as missing opportunities, for millions of us.

And people do want to be given opportunities.[3] However, for some people, mental health problems can be highly disabling and mean that working is not a realistic possibility. For people in that position, the health, benefits and sickness pay systems need to deliver quick and appropriate levels of support to help people manage their illness and recover. In this paper we focus on people whose mental health problems are not in themselves a barrier to working, and who do want to be in work. Our research demonstrates that all too often, the support available for people looking to work, or struggling to stay in a job, does not do enough to take mental health into account.[4]

The shifting policy landscape and a once in a generation opportunity

Over the past 20 years, employment policy in relation to mental health has tended to proceed from the premise that being out of work is psychologically harmful and being in work is always beneficial.[5] [6] [7] Through a mix of policy decisions and unintended consequences, the result was a system in which people too often felt pushed to take *any* job, regardless of its suitability and the impact on their mental health, while others felt they could not risk taking a role that might prove unsuitable, due to the impact it would have on their benefits entitlement if it didn't last.

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[1] NHS England. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4.

[2] Ibid.

[3] NHS England. Individual placement and support for severe mental illness. 2023. Citing Gühne U. et al. Life and treatment goals of individuals hospitalized for first-episode nonaffective psychosis. Psychiatry Research. 2011.

[4] D'Arcy C. Untapped potential: Reducing economic inactivity among people with mental health problems. Money and Mental Health Policy Institute. 2023.

[5] Waddell G. Burton A. K. Is Work Good for Your Health and Well-being? Department for Work and Pensions. 2006.

[6] Department for Work and Pensions. Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper. UK Government. 2025.

[7] Department for Work and Pensions. Health-led Trials: Evaluation Synthesis Report. UK Government. 2022.

Recent years have brought welcome recognition of these issues and moves in the right direction. Since April 2026, there is now a clearer position on the "Right to Try", which means that taking a new job or volunteering will not lead to a person's benefit award being reassessed. A number of government reviews - including those led by Alan Milburn, Sir Stephen Timms and Sir Charlie Mayfield - have all reflected on the growing impact of poor mental health on people's ability to find sustainable work and the challenges people with mental health problems face in getting and keeping jobs. That comes alongside wider evidence that poor-quality work is often not an improvement over unemployment when it comes to mental health.[8]

With a new Prime Minister in place, the government's mental health strategy as well as the final reports of the Timms and Milburn reviews due soon, and an agenda that puts greater emphasis on devolution and local decision-making, the government is faced with a decision. It can choose to focus primarily on adding more 'sticks' to the system, tightening eligibility for support and increasing conditionality and the threat of sanctions. Alternatively, it could concentrate on the barriers that people who are trying to find or stay in work say are most important and enable action to address them. At this key juncture, this report draws on the lived experience of members of our Research Community, a group of over 5,000 people, all of whom have or care for someone with a mental health problem.

To outline what needs to happen to create lasting change and higher employment rates for people with mental health problems, we examine the experiences of people with mental health problems when they are in work, out of work or seeking support. This reveals where the current ecosystem is falling short. Based on the insights of 468 people with mental health problems who took part in our research over March-June 2026,[9] we set out a package of reforms spanning workplaces, the benefits system and the support available to people with mental health problems.

[8] See e.g. Waddell G. Burton A. K. Is Work Good for Your Health and Well-being? Department for Work and Pensions. 2006, Butterworth P. Leach L. S. McManus S. Stansfeld S. A. Common mental disorders, unemployment and psychosocial job quality: is a poor job better than no job at all? Psychological Medicine. Volume 43. Issue 8. 2013. Chandola T. Zhang N. Re-employment, job quality, health and allostatic load biomarkers: prospective evidence from the UK Household Longitudinal Study. International Journal of Epidemiology. 2018. Department for Health and Social Care. Mental health and wellbeing plan: discussion paper. 2023.

[9] Money and Mental Health Research Community surveys. Survey 1, 322 respondents, conducted 20 March - 5 April 2026, Survey 2, conducted 22 May - 5 June. 296 respondents, 468 unique respondents across both surveys.

In work

Fear prevents people from asking for help when they are struggling with their mental health in the workplace

In our previous research, we have explored the difficulties many people face at work due to the common symptoms of mental health problems.[10] Mental health problems can have a profound impact on a person's ability to function day to day and can make tasks which are simple and straightforward when a person is well become overwhelming when unwell, as Table 1 sets out. That said, mental health problems often fluctuate, with some people experiencing long periods where their symptoms pose no issues at all or where with appropriate support or flexibility it is entirely possible to stay in their role. The table below sets out common symptoms, but these will not be experienced by everyone with a mental health problem, and those who do experience them may not do so all of the time.

> *"Depression / anxiety / poor concentration makes it very difficult to do what I need to do. In turn, this exacerbates my symptoms making things more difficult."* Expert by experience

Table 1: Difficulties faced at work by people experiencing mental health problems

What is the problem?	What is the impact on a person's ability to perform tasks?
Difficulty understanding and processing information	People can take longer to understand or process information as clarity of thought can be impaired.
Social anxieties and communication difficulties	Communication with others can become fraught with anxiety and fear. Processing thoughts and articulating yourself can be challenging.
Short-term memory problems	Recalling information can be tricky.
Reduced concentration	Difficulties concentrating for prolonged periods of time.
Impaired planning and problem solving skills	Faced with a difficult problem, people can struggle to think clearly and plan what actions they should take to resolve it.
Depleted energy levels and motivation	Low motivation can make it hard to complete basic tasks.

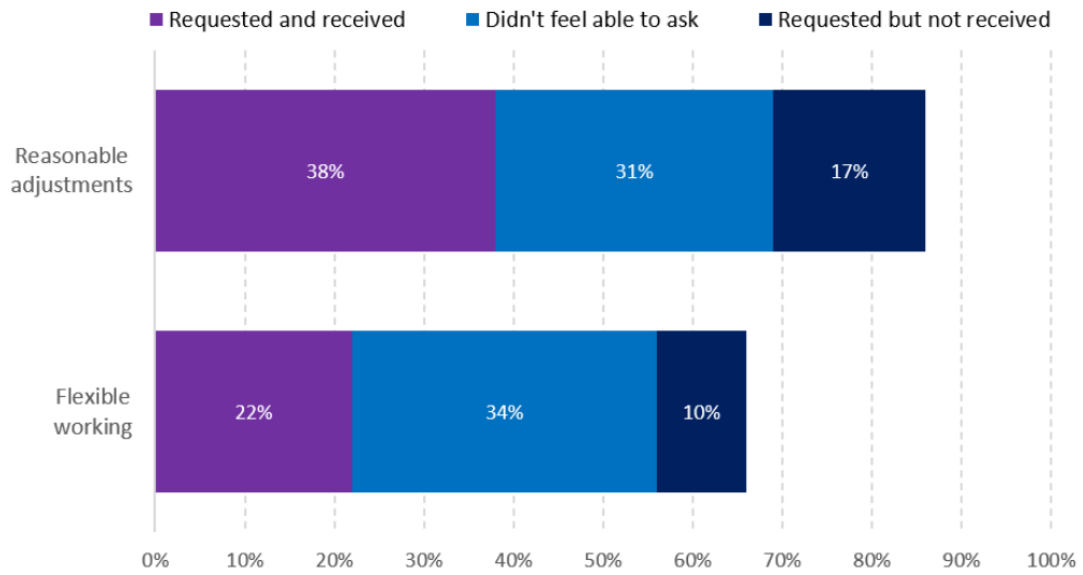
[10] Bond N. D'Arcy C. Mind the income gap. Money and Mental Health Policy Institute. 2020.

People with mental health problems are entitled to support from their employers. For instance, the Equality Act requires reasonable adjustments to be made for people with disabilities, including mental health problems. But despite this, our research shows that many people with mental health problems do not feel able to ask for support, and that even when requested, support is not always granted. Delays or denials of necessary support can have a severe impact upon people's ability to work.[11]

In our survey, just under one in three (31%) of respondents who were unemployed strongly agreed that they would never disclose a mental health problem to an employer. And as Figure 1 shows, despite nearly nine in ten (87%) respondents saying that there are reasonable adjustments that they would benefit from in a workplace, only four in ten (38%) had requested and received those adjustments. The rest either didn't feel able to request adjustments (31%) or did request them but the adjustments weren't made (17%). A similar pattern emerges for flexible working requests, which may sometimes be requested as reasonable adjustments, but also for other reasons. These could nonetheless have secondary benefits to mental health. A plurality of respondents either didn't feel able to make a flexible working request (34%) or did but had their request refused (10%).

Figure 1: A minority of people with mental health problems request and receive reasonable adjustments or flexible working

Experiences of requesting and receiving reasonable adjustments or flexible working in workplaces



Source: Money and Mental Health Policy Institute Survey, 22 May - 5 June 2026. Notes: N= 121 for reasonable adjustments and 116 for flexible working. On reasonable adjustments, 13% of people said they would not benefit from reasonable adjustments. On flexible working, 4% of people said they would not benefit from flexible working and 29% said their job is flexible by default so haven't needed to make a request.

[11] Bailie J. Still the Government's best-kept secret? Access to Work for people with mental health difficulties. Centre for Mental Health. 2025.

When we asked people to tell us more about their experiences at work, one common theme was encountering cultures where bullying and victimisation were rife, and prevented people from performing roles for which they were qualified and competent. Some respondents reported a lack of empathy from managers who fail to recognise the impact of an unreasonably heavy workload or of experiencing unfair pressure as part of their roles. Others describe "old fashioned" attitudes towards flexible working, unresolved complaints, micromanagement and being told not to contribute in meetings.

> *"Management do not recognise the pressure we are under and put too much workload on us. They also have me on absence monitoring due to sickness following mental health issues which means I am scared to be off again. [...] I also work flexibly hours wise but don't feel I can ask for the hours to be official, as the management have old fashioned views about working hours and don't recognise flexi working."* Expert by experience

Against this backdrop, Research Community respondents told us they feel under pressure to hide ill-health, continue working when unwell and to avoid explaining why specific elements of their role may be made more difficult as a result of their mental health. Absence monitoring, repeated occupational health referrals and HR processes can be experienced as scrutiny or punishment and people fear being labelled unreliable or insufficiently committed if they request flexibility. The House of Commons Work and Pensions Committee review found similar results when considering workplace disabilities, terming work a 'hostile environment'.[12]

> *"The workload is immense and there are no adjustments put in place to reduce this. I often work unpaid overtime to complete tasks and that increases fatigue. If I do not perform well I would be placed on a [Performance Improvement Plan]."* Expert by experience

> *"Share [your mental health problem], you won't get the job. Hide it [...] you lose it. The struggle of trying so hard to fit in and be 'normal' brings on anxiety, paranoia, stress and bad feelings."* Expert by experience

People with mental health problems are forced to make significant sacrifices to stay in work

Difficulty getting the support they require – whether due to fear of asking for help, requests being turned down or organisational cultures – leaves people with mental health problems facing a trade-off. They can either leave their job or stay put but make sacrifices. Although our Research Community is not nationally representative, it is striking that only 5% of respondents to our survey told us that they had made no sacrifices at all in order to stay in work. Over half (54%) had reduced their working hours, 49% had taken a job below their skill level and 23% had moved jobs.

[12] Work and Pensions Committee. Employment support for disabled people: Disability at Work. 2026.

Particularly worrying, given the link between financial difficulty and mental health problems, is the finding that more than four in ten (46%) said they had accepted a lower salary in order to stay in work. Reduced earnings in particular can lead to psychological harms, such as increased anxiety about bills, housing and struggling with the cognitive load of having to account for every penny. Lower incomes can also create new pressure to make further sacrifices, such as working beyond safe time limits.

> *"I work far below my skill level and I feel embarrassed about this. Where I previously worked full time and I now work 6hrs a week. I found a job locally instead of in the city. It's good to work and not working would be worse, but it takes a toll. I'm very tired and can't make any appointments or phone calls at least the next day and sometimes 2 days after. I worry about money as I earn very little."* Expert by experience

Many people with mental health problems also choose to become self-employed or zero-hours contractors. While this is not always a sacrifice in itself, and can come with many benefits, this is not always the case. We heard that for some it was a decision taken out of desperation as the only way to achieve the flexibility they require and meant accepting lower pay and sacrificing benefits such as pensions, sick pay and holiday pay.

> *"I work part time, in a zero hours contract, at a level below my previous jobs just to keep working. Having the routine, something to focus on, and the social interactions benefits my mental health profoundly. However, I've had to sacrifice my pension, job security, and take a pay cut to stay in work in a role that's in any way flexible and part time."* Expert by experience

More than half (58%) of Research Community members currently in work told us their job harms their mental health – yet 63% of them said not working would be worse. Instead of a virtuous circle, people with mental health problems can find themselves stuck in a vicious double-bind where the options available to stay in work continue to harm their mental health and make sustaining fulfilling employment even harder. The inevitable result is that people with mental health problems are at greater risk of leaving employment, either when they reach the point of crisis, or in order to stave off a crisis from occurring.

Approximately 300,000 people each year do move out of work due to ill health, with mental health problems among the most common work-limiting conditions.[13][14] According to a nationally representative survey by Deloitte in 2023, 59% of those who decided to leave their job said it was somewhat, largely or entirely due to personal mental health and wellbeing-related issues. In many cases, this is preventable, and the responses to our survey included several examples of people who could potentially have remained in work if reasonable adjustments had been made or flexible working arrangements were available. This comes at a high price, with the Centre for Mental Health estimating staff turnover due to mental health cost the economy £43.1bn in 2023.[15]

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[13] Towards a Healthier Workforce. The Health Foundation. 2024.

[14] Baumberg Geiger B. Murphy L. Opening Doors: How to incentivise employers to create more opportunities for disabled workers. Resolution Foundation. 2025

[15] Cardoso F. McHayle Z. The economic and social costs of mental ill health. Centre for Mental Health. 2023.

Out of work

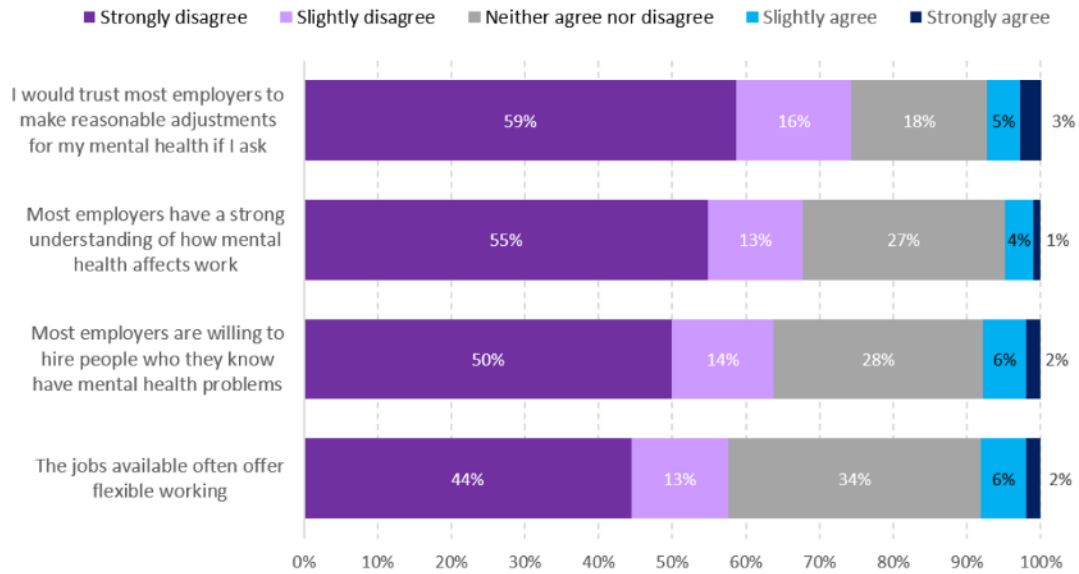
An unfriendly job market

In the long run, there is compelling evidence to suggest that prolonged unemployment itself can cause mental health problems, due to loss of income, but also due to the loss of the other benefits of being in work. This does not mean that taking *any* job will improve someone's wellbeing; unsuitable or insecure work may compound existing problems. What is required is appropriate, sustainable employment that is supportive of their mental health.

We asked members of our Research Community who are not currently working to tell us about their experience of their local job market, to understand the barriers they face when returning to work.[16] As Figure 2 shows, almost two thirds (64%) of respondents disagreed that most employers in their local area are willing to hire people whom they know have mental health problems. Nearly two thirds (64%) of respondents also said they strongly agreed with the statement that they had previously been treated badly due to their mental health problems.[17]

> *"I have been offered jobs then had the offer withdrawn after disclosing my mental health history, also lost jobs due to my mental health condition and time off work. I think employers should be more flexible and understanding."*
> Expert by experience

Figure 2: People with mental health problems' impressions of local employers
Percentage of Research Community respondents, not currently in work, who agreed or disagreed with a statement about employers in their local area



Source: Money and Mental Health Policy Institute Survey, 22 May - 5 June 2026. Notes: Respondents who answered each statement (excluding 'Not applicable'). Bases vary by question (n = 84 - 109).

[16] Thomson R. et al. To what extent does income explain the effect of unemployment on mental health? Mediation analysis in the UK Household Longitudinal Study. Cambridge University Press. 2022.
[17] Money and Mental Health Research Community employment survey (2026) (70 of 109 respondents answering the question, excluding "Not applicable" responses).

The practical demands of recruitment can themselves place people with mental health problems at a disadvantage. The cumulative impact of completing lengthy applications, attending interviews, travelling, explaining gaps and coping with repeated rejection was described by some respondents as overwhelming. This is against a landscape of recruitment processes that the Milburn Review describes as "designed to deter, rather than select."[18] Combined with the perception, illustrated in Figure 2, that few local employers have a strong understanding of how mental health affects work (only 5% agreed) or would make reasonable adjustments if asked (only 7% agreed), the effort of job-hunting feels increasingly difficult and pointless.

> *"The constant rejection is hard to take and often causes you to give up as it seems hopeless. Until the stigma is removed as often it compounds the mental health problems and causes the individual to become demoralised leading to a lack of self worth."* Expert by experience

A benefits system that focuses on any job rather than a lasting match

For many people with mental health problems, taking time off work to recover is necessary for their health but it is also a significant financial decision. Our 2018 report, *Too ill to work, too broke not to*, found that many people faced an impossible choice between continuing to work while unwell or experiencing a sharp drop in income through moving onto Statutory Sick Pay (SSP) or other sickness benefits.[19] For some, this meant falling behind on bills, going without essentials or facing serious financial hardship, which in turn made recovery more difficult.

While people in work can also interact with the benefits system, it becomes particularly relevant when people move out of work. Many Research Community members shared how they felt pushed by Work Coaches towards any job, rather than employment that matches their skills, preferences, health and need for flexibility which would have the best chance of being sustainable. This is in contrast to the proven[20] Individual Placement and Support (IPS) approach, which works by providing voluntary, personalised support integrated with NHS mental health services that prioritises finding the right role and continues after employment begins, to ensure the role is tailored to the person's needs.

> *"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

For people receiving out-of-work benefits, such as Universal Credit, financial support is often conditional on searching for employment. At the same time, they may need to navigate administrative requirements, including maintaining an online account or journal, attending appointments with a Work Coach and, where appropriate, meeting

[18] Milburn A. Young people at work: Interim Report. Department for Work and Pensions. 2026.
[19] Braverman R and Bond N. Too ill to work, too broke not to. Money and Mental Health Policy Institute. 2018.
[20] Burns T. and Catty J. IPS in Europe: The EQOLISE trial. Psychiatric Rehabilitation Journal. 2008.

work-search requirements. Failure to do so can result in a sanction reducing the benefits payment.[21] For people experiencing poor or fluctuating mental health, these administrative demands can become another source of stress and overwhelm at a time when they are already managing the practical and emotional challenges of being out of work.

> *"I feel under pressure to perform and look for work when my entire foundation is rocked on a day to day basis by everybody and everywhere I go. It's like the world is completely unsupportive. I have become so invisible, useless and unworthy."* Expert by experience

While the Department for Work and Pensions (DWP) has discretion to tailor these requirements to individual circumstances, accessing that flexibility often requires additional engagement with the system, such as repeatedly explaining their condition and support needs or requesting adjustments. This can mean having to discuss private health issues multiple times with multiple people. Despite widespread mental health training, only 57% of Universal Credit customers with a health condition felt support was tailored to their needs.[22] Making those requests and advocating for one's needs can be challenging at any time, but the symptoms of many mental health problems can make accessing adjustments a daunting prospect.

> *"[W]hen they talk about adjustments and considerations... I feel their knowledge and experience is lacking."* Expert by experience

[21] Universal credit sanctions. Gov.uk. [Accessed 03/08/2025.]

[22] Department for Work and Pensions (2025), The Universal Credit Survey 2025. Figure 6.6: "Perception of work coach support: tailored support."

Seeking support

Employment support programmes can be effective but gaps remain

For people who are seeking support to stay in or get back into work, there are a range of employment support services programmes available in the UK. As Table 2 sets out, these differ in their design, eligibility criteria and how they are delivered.

Table 2: Employment support programmes available to people with mental health problems

Programme	How the needs of people with mental health problems are met	Remaining gaps
Access to Work	Helps people remain in work by funding workplace adjustments that respond to fluctuating mental health needs.	Delays and complex application processes can make support difficult to access when it is needed most. More likely to be beneficial when combined with IPS approaches.
Connect to Work	Offers voluntary, personalised employment support with job matching, ongoing support and links to health services. Applies an adapted IPS approach.	Evidence of effectiveness is still emerging, and some people may fall between Connect to Work and more specialist provision.
WorkWell	Encourages earlier intervention by helping people identify work compatible with their health, skills and circumstances.	Designed as a lower-intensity gateway rather than specialist mental health employment support.
Youth Jobs Guarantee	New scheme to create paid employment opportunities for young people experiencing long-term unemployment.	Potential sanctions may make the scheme unsuitable for some young people with mental health problems.
Employment Advisers Talking Therapies	Integrates employment support alongside treatment for mental health conditions, helping people remain in or return to work.	Limited to people accessing NHS Talking Therapies and does not provide longer-term, intensive support.
IPS for Severe Mental Illness	Programme offering full IPS service to people with SMI in primary and community mental health services.	Generally restricted to people with SMI, or drug and alcohol dependencies.

The existence of several of these programmes and their growth in recent years is another encouraging sign that policymakers understand the "one size fits all" approach, as one of our respondents described it, does not deliver for people who face challenges getting into or keeping work. A number of them align with what Research Community members told us was most important to them when it came to support. For instance, when we asked people who are currently economically inactive what support would help

them to consider working, training or skills support (25%), a guaranteed or supported role (23%) and support with applications or interviews (22%) were all commonly raised.

Several of the programmes consciously recognise that finding and sustaining suitable, secure work often depends on addressing more than employment-related barriers. Connect to Work, WorkWell and the wider Get Britain Working programme all place greater emphasis on integrating health and employment support, including through the expansion of IPS which combines personalised employment support with health and care provision.

There are also important lessons we can apply from the devolved nations. Scotland has placed voluntary, person-centred support at the heart of employability services through No One Left Behind.[23] Wales is bringing employment support together through a single Employability Support Programme,[24] while Northern Ireland continues to develop integrated employability support through the Department for Communities.[25] Although these approaches differ, they demonstrate a shared understanding that effective employment support should be flexible, locally responsive and better integrated with wider public services.

That said, significant room for improvement remains. A recurring theme across much of our research has been that people fall through gaps in support, having needs that are too high for one system but too low for another. Support that changes over time in line with the person's health is another gap, with some programmes being short-term while others aren't designed to reflect the reality of life with a fluctuating condition. Other schemes, most notably Access to Work, can be tricky to navigate and benefit from, with complicated processes involved in applying and long waits to receive help.

Government support needs to be matched by better help from employers

When Research Community members were presented with a range of options that could help them with work, the most commonly-raised changes were those that employers could make. As Figure 3 demonstrates, seven in ten (70%) of respondents who are unemployed or inactive told us that access to employers who offer support that meets their needs would encourage them to look for work, by far the most popular response.

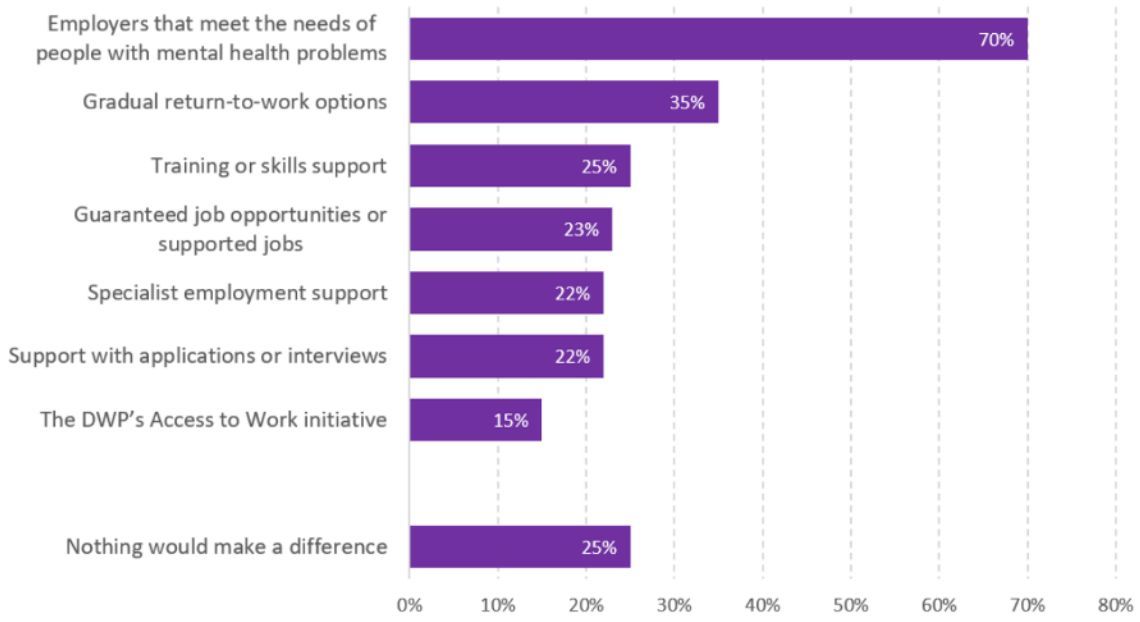
[23] Employability in Scotland. Noone left behind. [Accessed 04/08/2025]2024.

[24] Government of Wales. Written Statement: Employability Support in Wales. [Accessed 04/08/2025]

[25] Department for communities. Lyons: Once in a generation opportunity to support people into work. [Accessed 04/08/2025]

Figure 3: Better support from employers is what people with mental health problems most want

Percentage of currently economically inactive respondents who told us a specific option would encourage them to consider working. Respondents could select more than one option.



Source: Money and Mental Health Policy Institute Survey, 20 March - 5 April 2026. Notes: N=120. "Employers that meet the needs of people with mental health problems" encompasses 4 discrete options: "Employers who are open to hiring people with mental health conditions" (52%), "Employers who provide adjustments or support for mental health problems" (57%) "Employers where I feel safe to disclose my mental health problems" (57%) and "Remote or hybrid roles" (53%).

The other employer-led choice – gradual return to work options – was the second most-common response at 35%. This balance of opinion – that the role of employers is ultimately more important than support provided outside the workplace – is a crucial one to bear in mind as efforts to help people with mental health problems and other health conditions move forward.

> *"I don't need help with my CV... I need an employer that truly understands me. That I have to go to medical appointments regularly, that I often have to go back to bed without notice, that I struggle under stress and pressure but that I am still capable and capable."* Expert by experience

Recommendations

A new approach to supporting people with mental health problems

The evidence we have presented above, drawing on the experiences of hundreds of people with mental health problems, shows a system that all too often is not working well. Despite millions of people experiencing poor mental health at any given time, we repeatedly heard about a lack of practical understanding, flexibility and appropriate support. This, however, doesn't mean that better support or workplaces are a pipe dream. Among the negative experiences, we also heard from people who were helped by empathetic, skilled advisers and found roles with accommodating employers, leading to work becoming an asset for their mental health.

> *"I have had a new job since Feb 2026 and it is calmer, I have a supportive manager (who is the MD) and employee wellbeing & work/life balance is high on their priorities."* Expert by experience

Many of the most positive experiences came from people who found real satisfaction in the work they do. This could sometimes be intense and challenging work, but where employers were able to provide appropriate support, this helped sustain the person in their job.

> *"My employers are brilliant with mental health support and given the intense... nature of the work there is a wellbeing budget I spend on therapy, [...] I would not have stayed in this job without this support."* Expert by experience

> *"Managing long-term mental health problems while working has been challenging, especially during periods of severe anxiety, trauma-related symptoms, insomnia, and impaired concentration. I've often found that the most difficult part is the unpredictability of my symptoms and the way exhaustion or anxiety can suddenly affect my ability to process information or make decisions. What has made the biggest difference is having an employer who understands this fluctuation and provides flexible and hybrid working arrangements."* Expert by experience

To help more people with mental health problems find and keep jobs that help them balance their finances and health, we set out three shifts that need to happen, mapping onto the experiences we heard of people in work, out of work and seeking support:

- jobs and workplaces that are supportive of people with mental health problems
- a benefits system that helps people into sustainable work
- support services that are personalised, widely accessible and informed by mental health needs

Jobs and workplaces that are supportive of people with mental health problems

To help inform our recommendations on jobs and workplaces, we asked Research Community members to imagine what an ideal job would look like. Five themes emerged:

- Flexible hours: Hours of work that can flex to fluctuations in mental health, without judgment or excessive monitoring.
- Flexible location: Remote, hybrid or local work that allows people to avoid long commutes or stressful crowded locations when those prove particularly difficult
- Flexible workloads: Utilisation of breaks and flexible prioritisation to avoid excessive pressure
- Compassionate leadership: Managers who understand mental health and provide adjustments, fostering a supportive culture
- Feeling valued: Roles that make the best use of skills, and a culture that both encourages autonomy and does not judge asking for help and support when needed.

> *"For me it is less about the actual job and more about the culture, [...] I would ideally like a supportive, well informed manager, good corporate culture, flexible hours, flexibility to work from different places and understanding of when I might need to cut my hours or otherwise have adjustments made for me."* Expert by experience

While this represents the elements of an "ideal" job, it nonetheless points the way towards how employers can make their workplaces somewhere that people with mental health problems can thrive. The groundwork for moving in that direction has already been done, with the Mayfield review proposing a Healthy Working Lifecycle that identifies the key opportunities and risks, from recruitment through to exit.

We welcome the government's commitment to the Healthy Working Lifecycle and making it into a Standard that employers can sign up to, but it is essential that achieving positive outcomes for people with mental health problems is at the heart of the Standard's development and implementation. To achieve this the **DWP and British Standards Institute (BSI) should ensure the Healthy Working Standard** recognises the following three pillars as essential for employers working to the Standards. Employers should proactively work to adapt these for their sector and workplace.

1. Create a supportive recruitment and onboarding process, and end the culture of fear

- Wherever possible, advertise roles as flexible by default, so that requiring applicants to negotiate it is an exception
- Develop, proactively offer and regularly review a menu of reasonable adjustments
- Offer mental health training for all line managers and, in larger organisations, appoint trained mental-health champions
- Offer support for other factors affecting mental health, such as signposting to advice services that offer help to those experiencing financial difficulties

- Requirement for larger employers to publish recruitment, retention and pay gap data in relation to people with mental health problems
- Where practical, adopt onboarding processes developed through IPS as best practice.

2. Adopt supportive measures that recognise the fluctuating nature of mental health conditions and that being well or unwell may not always be binary conditions

- Adopt and enforce policies that ensure it is always safe for employees to share that they have a mental health condition
- Help employees to use Access to Work where useful
- Promote and champion using flexible working practices, including hours, location and workload, extending these wherever possible
- Embed flexibility in 'staying in work' plans, for example by holding regular reviews and opportunities to change working patterns and support needs
- Implement preventative sick leave options, giving people the chance to take some time off in order to prevent their health worsening and leading to longer periods out of work
- Avoid policies and planning that encourages presenteeism and inflexible prioritisation.

3. Ensure that taking time off work due to a mental health problem is geared towards recovery and return

- Allow sufficient time for recovery before creating a return to work plan
- Protect progression and career development when people are unwell
- Offer phased returns to work as standard for those who needed time off sick
- Consider whether roles should be redesigned upon return to work and whether new adjustments or occupational health support should be offered
- Consider all the above measures and exhaust all stay in work options before ending employment.

The standard must be properly tested with people with lived experience of mental health problems, as well as a range of employers, including small businesses.

A benefits system that helps people into sustainable work

For many people with mental health problems, working in an unsuitable job can cause more psychological harm, potentially leading to longer periods out of work. The welfare system must allow time for recovery and support people to find jobs that work for them. Our previous research is clear that reducing access to welfare will cause significant harm and make it substantially harder for people with mental health problems to find and retain employment.[26]

[26] Wells K, Weir D and D'Arcy C. Lead shoes instead of a life ring. Money and Mental Health Policy Institute. 2025.

To ensure this, **the DWP should**:

- Prioritise understanding the needs of the person out of work, in order to give them the best chance of finding a position that will be sustainable. This should include monitoring outcomes for duration of job match, rather than simply taking up a job, as well as ending sanctions when someone is unable to take a role due to their mental health needs.
- Ensure that volunteering, attending training or engaging voluntarily with employment support will not be treated as evidence that a person's health has improved or that any health-related benefit award should be reassessed.
- Ensure all staff dealing directly with benefit recipients receive frequent, practical training on how mental health symptoms affect memory, communication, motivation, concentration and ability to meet work-search requirements.
- Place a specialist mental health work coach in every Job Centre to act as a leader on understanding mental health issues, as well as working with people who are in need of additional help.

Successive parliamentary inquiries have found little evidence that sanctions and mandatory conditionality improve employment outcomes for people with health problems, while also identifying substantial evidence that they can cause psychological harms and push people further away from work.[27] [28] The DWP should address this by:

- Suspending conditionality for those out of work due to mental health problems
- Empower Work Coaches to vary or suspend conditionality for people with mental health problems, recognising how fluctuations in mental health may impact capacity for job searching and according to how particular activities or jobs could affect a claimant's mental health.

Support services that are personalised, widely accessible and informed by mental health needs

Where available, support services can be vital for people with mental health problems, both for finding and sustaining employment. However, too many people with mental health problems are not able to access support when they need it, due to delays, eligibility requirements and uneven availability. To address this, **the DWP should**:

- Scale up funding of IPS approaches, including through WorkWell and Connect to Work to address staffing, training and service availability issues and enable everyone who needs to access tailored support to do so
- Promote Access to Work more actively and ensure processes are accessible to people with mental health problems, including simplifying the applications process and introducing clearer timescales for decisions and awards
- Work with the Department for Health and Social Care to ensure the new Mental Health Strategy closes the employment support gap between NHS Talking Therapies and secondary care by fully embedding employment in community healthcare delivery, in line with the 2019 Community Mental Health Framework.

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[27] Department for Work and Pensions. The Impact of Benefit Sanctions on Employment Outcomes. Gov.uk. 2023. Work and Pensions Committee. Benefit Sanctions. UK Parliament. 2018.

[28] Work and Pensions Committee. Benefit sanctions policy beyond the Oakley Review. UK Parliament. 2015.

Support should be readily accessible at the point of need. This may sometimes be identified when a person is seeking support for their mental health or another purpose. This can be an opportunity to ensure people can treat the root cause or aggravating factors impacting their mental health problem. To achieve this **the Department of Health and Social Care should embed routine enquiry about employment and money worries through the new Personalised Care Framework as well as the implementation of statutory care and treatment plans**.

The development of neighbourhood-level support offers further opportunities to get employment assistance to people in health settings. In previous Money and Mental Health research, we highlighted a number of promising examples around England where employment support is offered in GP practices, mental health clinics and hospitals.[29] Local health leaders, whether they are commissioners, NHS directors or care providers, should recognise the importance of these services and **ensure employment and welfare support is embedded in neighbourhood health centres**. The Department of Health and Social Care should also help to publicise positive examples that already exist and encourage more areas to put them in place.

Previous research has demonstrated that there are significant regional differences in the availability of suitable employment for people with mental health problems.[30] Regional authorities are potentially in a position to use their powers over skills, transport, procurement and economic development to facilitate and incentivise the creation of jobs that are genuinely beneficial to mental health.

Local plans, and initiatives such as Manchester's Good Jobs charter, Leeds Mindful Employer and Thrive Bristol, have already laid the groundwork to set clear, locally relevant standards for good work. However, more can be done by regional authorities through the use of public investment to encourage better employment practices. They can also be instrumental in ensuring that economic growth creates opportunities which people with mental health problems can enter and progress within.

Local and regional authorities should:

- Factor mental health into the development of local Get Britain Working plans including assessing their local job market and employment rate amongst people with mental health problems
- Convene local employers to develop consistent paths into sustainable employment and, where necessary, re-employment for people with mental health problems
- Offer incentives for local employers to follow the Healthy Working Standard, when developed, through procurement practices and other means where powers allow, as well as identifying, promoting and celebrating examples of regional best practice.

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[29] Smith F. It takes a neighbourhood. Money and Mental Health Policy Institute. 2026.

[30] Money and Mental Health Policy Institute. The mental health employment gap across the UK. [Accessed 05/08/2026]

Conclusion

Ahead of a crucial period of decision-making, what we have heard from people with mental health problems is clear. The way employment support, both for people in and out of work, is designed and delivered needs significant improvements. There are some encouraging examples that can be built upon, but given the frustrating experiences that many of our respondents have had in the past, both with their employers and support infrastructure like job centres, an emphasis will have to be placed on rebuilding the trust of people with mental health problems. Putting an understanding of how mental health problems affect us practically at the heart of these services will be a vital first step towards that.

Fixes to government-led support won't be enough on their own to address the difficulties that people with mental health problems are facing in the labour market. Unless the government can work out how to make employers develop flexible jobs and working cultures that enable people with mental health problems to succeed when they get into work, the goal of raising employment and bringing down the amount spent on benefits over the long term won't be achieved. People will continue to bounce in and out of work, or to feel that work is just not suited to them.

That isn't an overnight change, though the pathway suggested by the Mayfield review would represent a significant move in the right direction. It will take a concerted effort and investment from government, both locally and nationally, to bring about the scale of change required. But without addressing the deep concerns that people with mental health problems have and the real challenges they face, the opportunity that the current moment presents will be missed.

TACKLING THE MENTAL HEALTH CRISIS

HEAD ON

The report is supported by the Head On campaign, a coalition of over 20 leading UK mental health charities that bring together frontline expertise, lived experience and practical solutions.