

Working with Schizophrenia

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The Work Foundation

Health and Wellbeing programme

The Work Foundation is an independent authority on work and its future, influencing policy and practice in the UK & internationally

Research on access to work for people with long-term conditions:

- *Fit for Work: Musculoskeletal disorders and the European labour market*
- *Multiple Sclerosis - Ready to Work? Meeting the employment and career aspirations of people with Multiple Sclerosis.*
- *Crohn's, Colitis and Employment - from Career Aspirations to Reality*
- *Diabetes and comorbidities: Body and Soul report*
- *Adding Value: The Economic and Societal Benefits of Medical Technology*
- *Centre for Workforce HWB Policy* - being established in UK

Demographic & Labour Market Context

*Ageing
Workforce*

*Later
Retirement*

*More Chronic
Illness*

Early labour
market
withdrawal

Reduced
productivity

More social
exclusion &
poverty

Poor
Workforce
Health

Increased
healthcare
costs

Increased
burden on
families &
carers

Reduced tax
revenue

Increased
welfare
spending

Impact of Mental Illness on Working Age People

Mental Illness in the UK (1)

- Right now, 1 in 6 workers is experiencing depression, anxiety or stress, at a cost of £26 billion to the UK economy, or around £1,035 per employee;
- UK economy suffers from 70 million lost working days each year due to mental health problems;
- At least one third of all families (including parents and their children) include someone who is currently mentally ill;
- Only a quarter of all those with mental illness are in treatment;
- Among people in work, mental illness accounts for nearly a half of all absenteeism. And among people out of work, mental illness again accounts for nearly half of all people on incapacity benefits;
- A third of people in the UK say they would not be willing to work with someone who has a mental health problem;
- Mental illness has the same effect on life-expectancy as smoking, and more than obesity.

Mental Illness in the UK (2)

- Nearly a third of all people with long-term physical conditions have a co-morbid mental health problem like depression or anxiety disorders. These mental health conditions raise the costs of physical health-care by at least 45%;
- The Centre for Mental Health estimates that mental illness reduces UK GDP by 4.1% or £52 billion a year;
- 50% of mentally ill adults were mentally ill before the age of 15;
- 30% of all crime (costing society some £20 billion a year) is committed by people who had a clinically diagnosable conduct disorder in childhood or adolescence;
- The drug most frequently used to treat depression is alcohol.

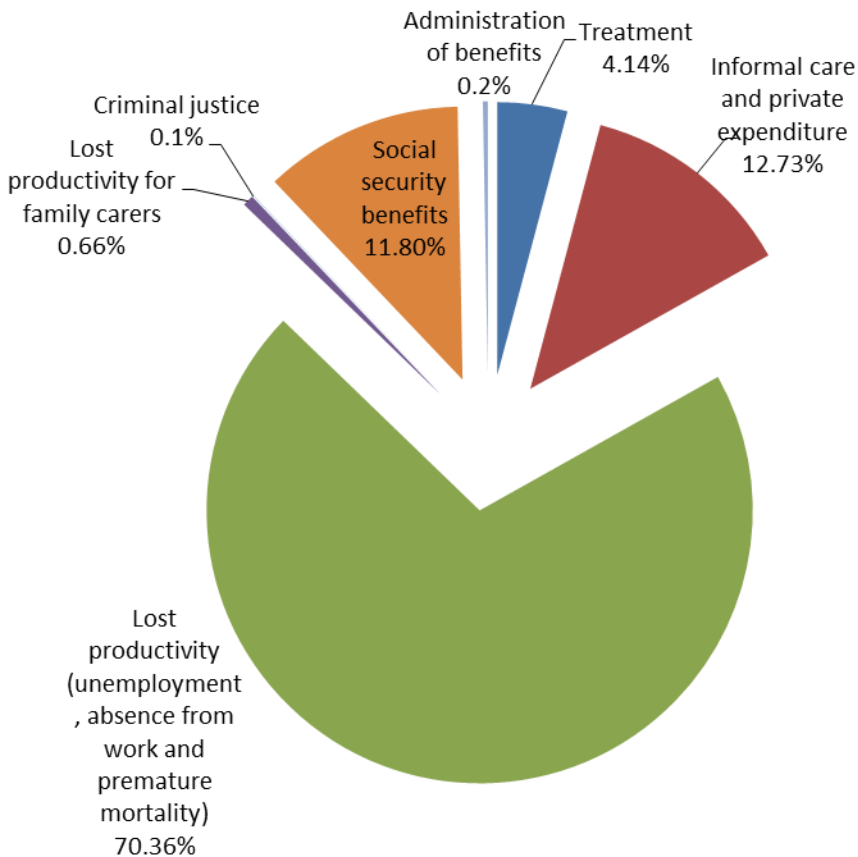
Schizophrenia and employment

- About one in a hundred people in the UK have schizophrenia
- Only 8% of people with schizophrenia are in employment, compared to 71% of the general population
- Being diagnosed with schizophrenia at an early age impedes entry into the labour market
- Periods of absence lead to poor job retention and hamper career prospects
- 70% of average annual cost of schizophrenia in England is due to lost productivity from unemployment and absence from work
- Benefits of work* include financial gain and improved general and mental health and wellbeing

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

Economic Implications of Schizophrenia

Schizophrenia costs for England



- Average annual cost of schizophrenia per person estimated at £55,000 (Knapp, 2008)
- Estimated total societal costs for schizophrenia in England was £6.7 billion in 2004-2005. (Mangalore and Knapp, 2007)

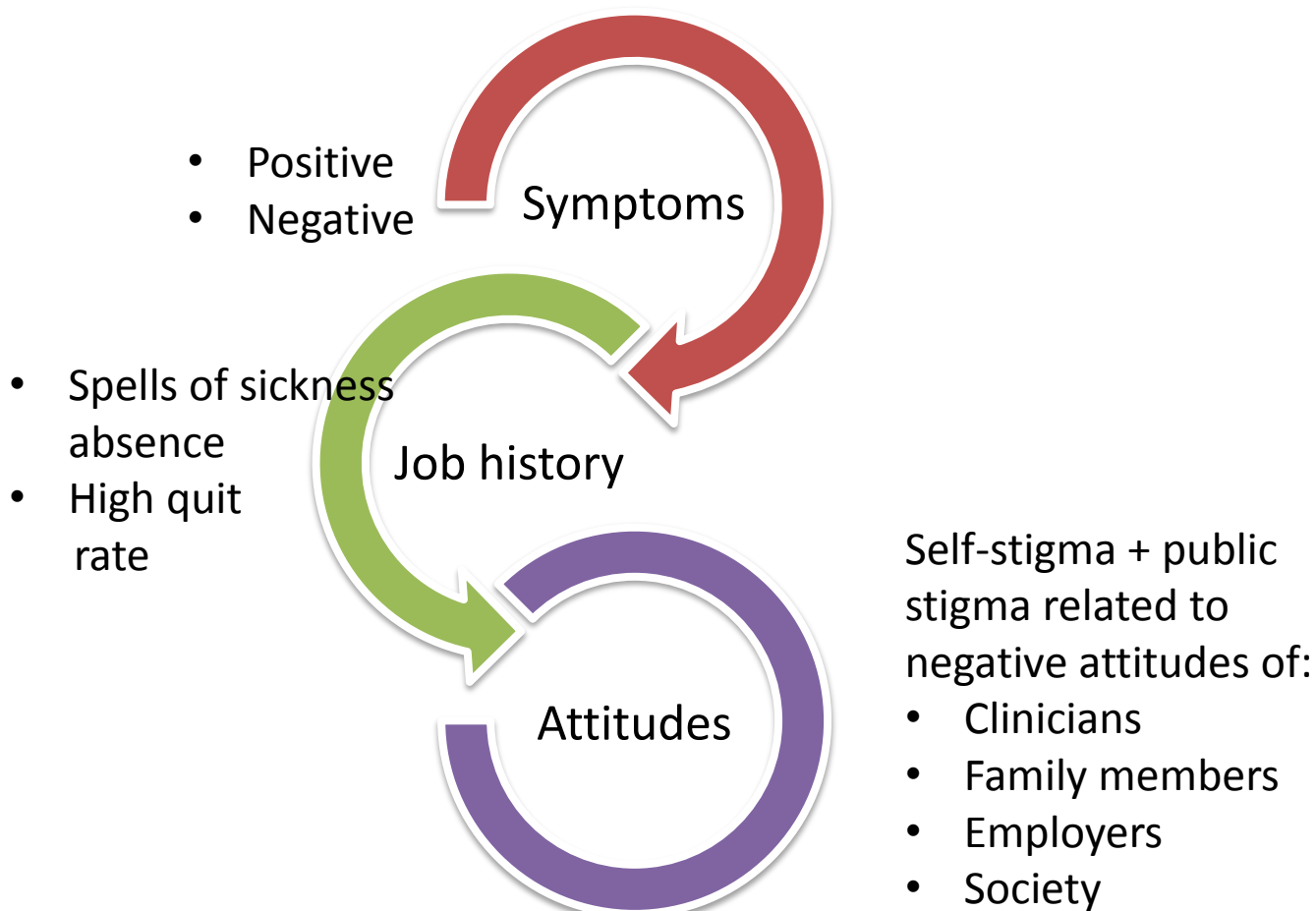
Research Questions

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

Methodology and approach

- Expert consultation
- Literature review
- Expert interviews
 - Healthcare professionals, academics, vocational specialists, employers, caregivers
- Lived experience - Interviews
 - in-depth exploration of the experiences of people with schizophrenia in relation to the labour market

What factors influence the ability to work?



Stigma & Low Expectations

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

Clinician

The Disclosure Conundrum

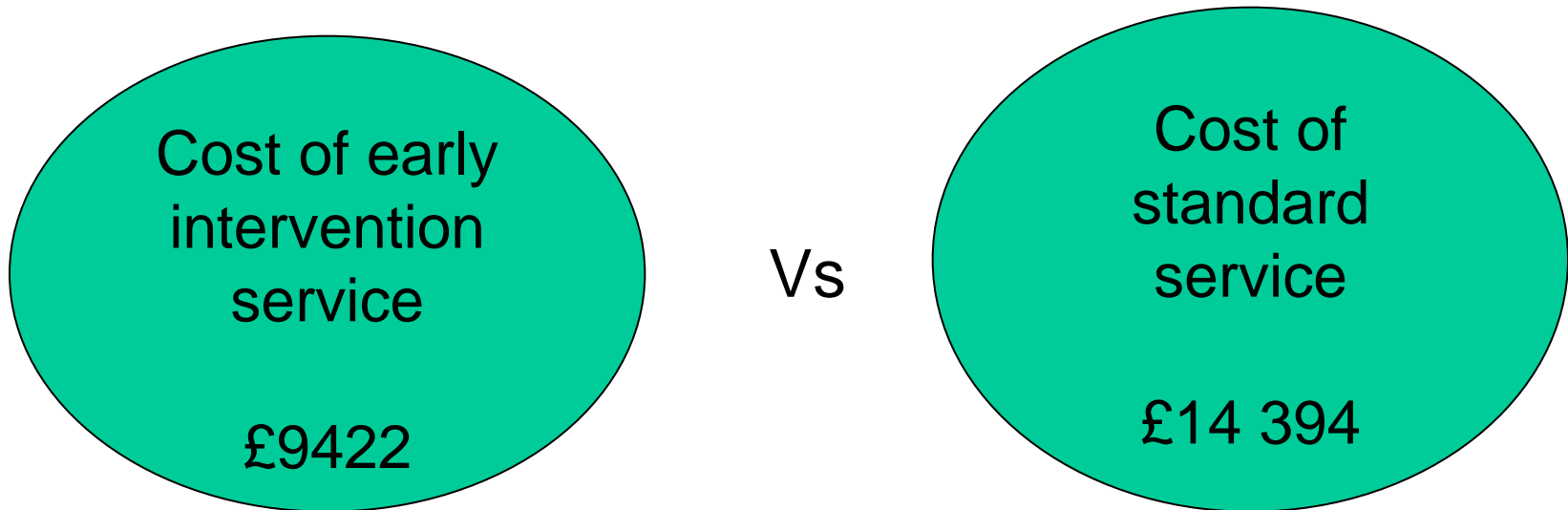
- Benefits & risks of disclosure to employers & co-workers
- Perverse consequences of non-disclosure
- Employers can do more here to create cultures where disclosure and support are more possible than now

“People living with schizophrenia often suffer more from the diagnosis than from the symptoms of the illness.”

What interventions work?

- Pharmaceutical (*in the form of anti-psychotics*)
- Psychotherapeutic (*e.g. CBT, family therapy*)
- Early Intervention Teams (*first episode of psychosis*)
- Vocational Support (IPS - “*Place then Train*”)
- Anti-stigma campaigns (early evidence of cost effectiveness)

Cost savings of early intervention



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

(McCrone, Knapp and Dhanasiri, (2009).

Implications for policy and practice

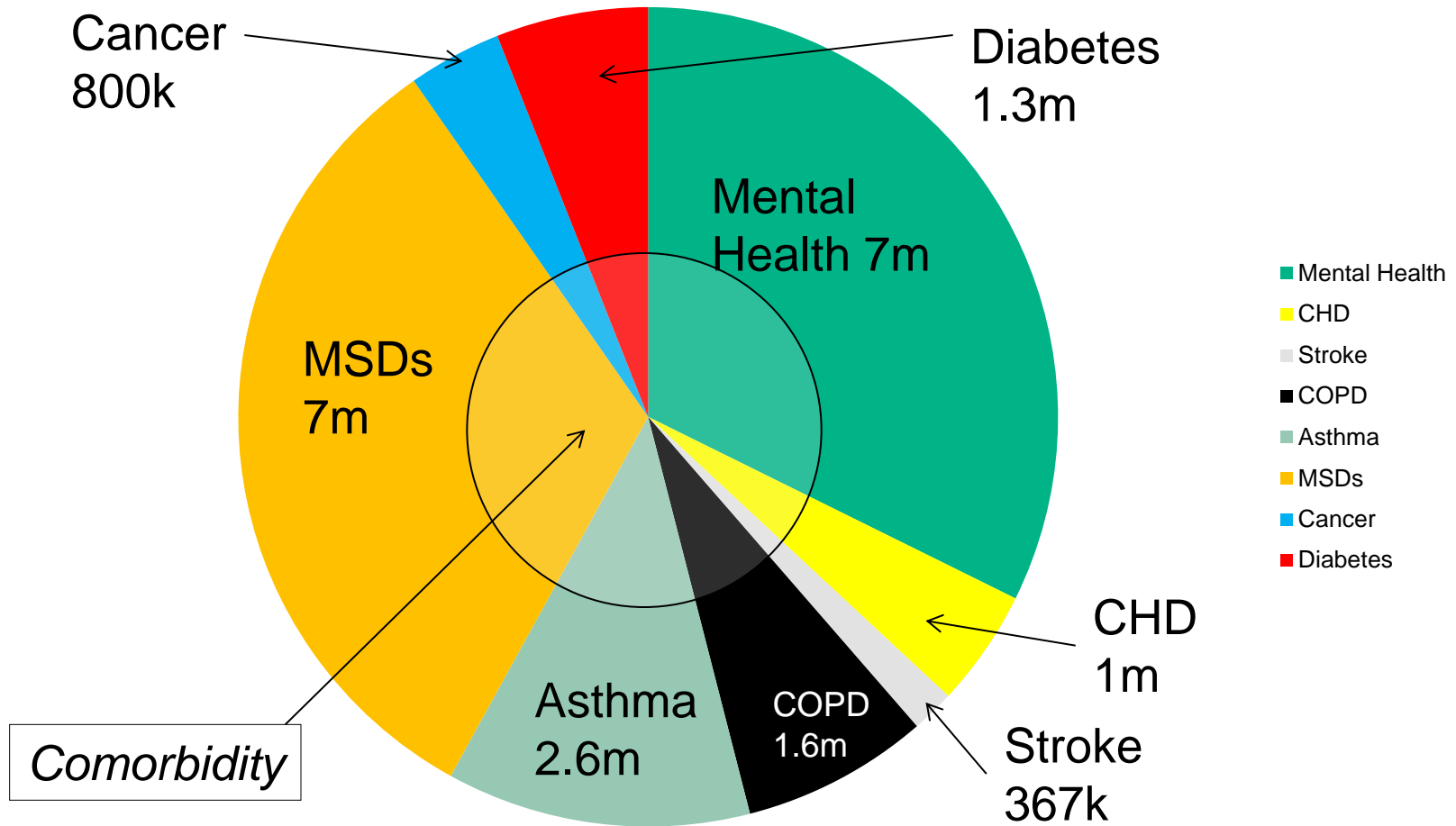
- Healthcare professionals
 - Should focus also on personal goals including work not only on symptom reduction
 - Ensure staff have the appropriate competencies to deliver interventions and are provided with good supervision
 - Include Peer Support workers in teams
- Policymakers
 - Invest in supported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

Implications for policy and practice

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

Challenges for Policymakers

LTCs in the UK Working Age Population - 2030



Prioritising Work as a Clinical Outcome

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



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