



Mental  
Health  
UK

# **Breaking Barriers: Supporting Mental Health to Boost Economic Growth**

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# About Mental Health UK



In a rapidly changing world, Mental Health UK brings together the heritage and experience of four charities from across the country who have been supporting people with their mental health for over 50 years.

Working UK-wide, we deliver both national and local services that enable and empower people to understand and manage their mental health in a person-centred and empathetic way.

With our local service delivery and national expertise in supporting people whose lives are affected by mental health problems, we have been able to mark a significant footprint in the areas that deeply challenge our mental health and stability.

We provide support and services for some of the biggest societal challenges that pose a threat to people's mental health, including money problems, navigating through the system to get the right support, understanding mental health, loneliness and isolation, and resilience in young people.

We challenge the causes of poor mental health and provide people with the tools they need to live their best possible lives at home, school and work.

## Executive summary

This report highlights the significant challenges faced by people with mental health difficulties in securing and sustaining employment, as well as the systemic barriers that contribute to economic inactivity and poor health.

A series of interconnected hurdles make it challenging to engage in work when experiencing mental ill-health. Sometimes people who are experiencing poor mental health end up becoming severely unwell due to delays in treatment and are then unable to work. Many people who do not have independent financial means while off work rely on our social security system, which often fails to provide adequate support. Some people experience mental health difficulties but can work and attempt to find employment, only to encounter significant barriers preventing them from securing good quality work. These issues can exacerbate symptoms, catching people in a cycle of economic inactivity and poor health.

The factors driving mental health-related economic inactivity are complex. Addressing them requires a nuanced approach that considers the unique needs of people experiencing mental health challenges and the significant impact these challenges can have on their lives. As an organisation committed to supporting people with mental health difficulties, we aim not only to identify the problems but also to contribute to the solutions.

MHUK's **Into Work** pilot programme is an employment support service for people experiencing mental ill-health that provides holistic, person-centred support. The **Into Work** pilot demonstrates the effectiveness of support that comes from a place of real understanding and care regarding the impact of mental health on someone's employment journey.

This report explores the key drivers of mental health-related economic inactivity and proposes practical steps for the UK government and other stakeholders to address this situation, namely:

- Invest in holistic, person-centred employment support services.
- Implement a UK-wide cross-government approach to mental health planning.
- Leverage the NHS 10-year plan to prioritise mental health prevention.
- Involve the voice of lived experience to reform the Work Capability Assessment and the approach to conditionality.
- Implement mental health standards in workplaces.



# Economic inactivity and mental health

**‘Economic inactivity’, as defined by the Office for National Statistics (ONS) refers to people of working age who are neither employed nor actively seeking work. Unlike ‘unemployment’, where people are actively seeking work, people who are economically inactive are not participating in the labour market for various reasons including long-term sickness.**

The UK is navigating a challenging economic landscape, with rising levels of economic inactivity largely driven by long-term sickness. Figure 1 illustrates the number of economically inactive people due to long-term sickness in the UK for 2022–23, highlighting a significant number – approximately 630,000 of people experiencing mental ill-health.

As depicted in Figure 2, between 2020–21 and 2022–23, there was a notable increase in both mental health-related categories, with over 53,000 people classified as having depression, bad nerves, or anxiety, and over 54,500 people with mental illness or other nervous disorders. It is important to note that more than 165,000 people became economically inactive due to other health related reasons in the same period, indicating a broader issue within the UK’s health system.

Given the critical role of economic participation in generating economic growth and improving quality of life, it is understandable that the UK government is prioritising this issue. To do this effectively, it is important to identify and address the drivers behind mental health-related economic inactivity. Addressing these underlying factors with a nuanced, holistic approach will be crucial in protecting, supporting, and empowering people living with mental health difficulties to recover and engage in work, ultimately contributing to a healthier, more productive society.

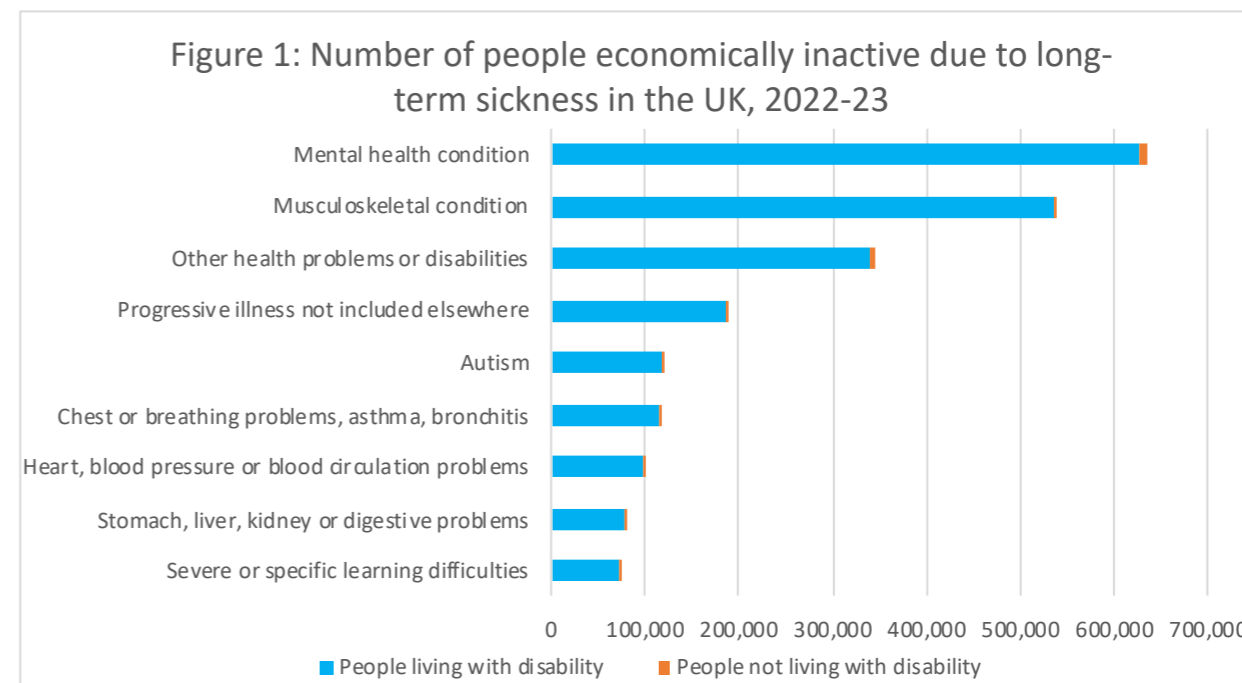


Figure 1: Number of people economically inactive due to long-term sickness in the UK, 2022–23

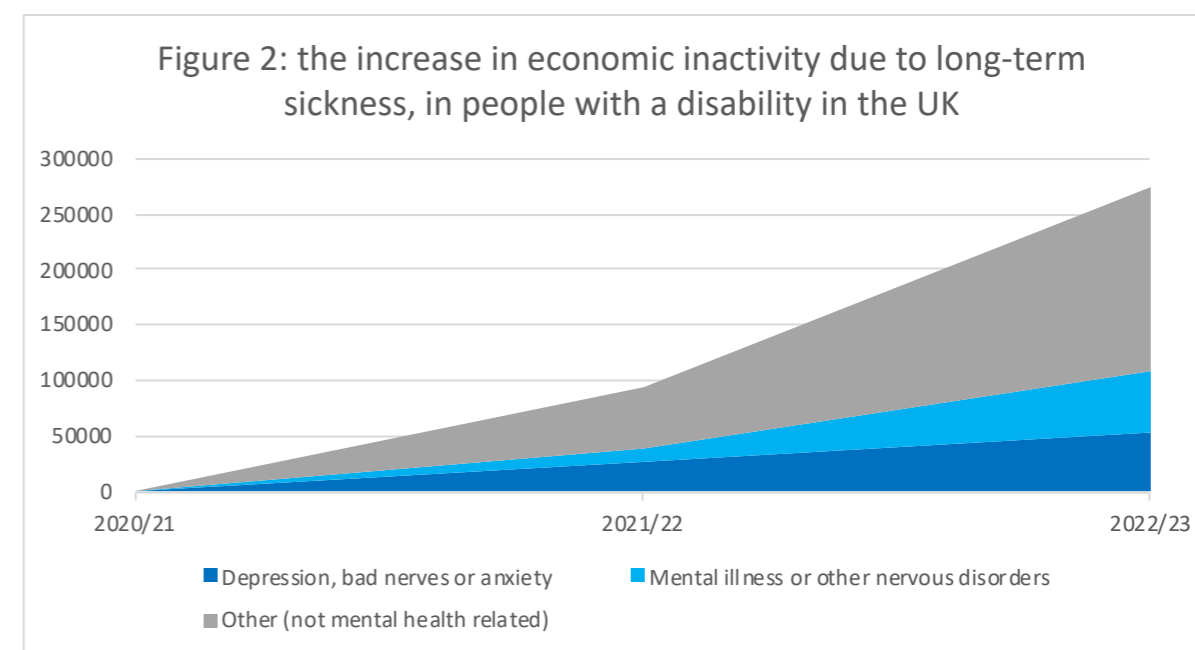


Figure 2: Analysis of ‘Employment of Disabled People 2023’ Dataset

# Key drivers of mental ill-health related economic inactivity

**Into Work** is an innovative, holistic employment service providing wraparound support to help people living with a mental health condition back into employment.

## 1. Inadequate employment support

People living with mental ill-health often face unique, complex barriers to work that differ significantly from those without such conditions. These barriers are often multiple and can stem from fluctuating mental health conditions, prolonged unemployment, and various personal and societal factors. To effectively support individuals with mental health difficulties into sustainable employment, it is essential that employment support services address these specific needs and challenges.

The initial findings from our ongoing evaluation of MHUK's **Into Work** programme highlight some of the common, often multiple barriers that people experiencing mental health difficulties face.

### Common barriers to work:

**Fluctuating mental health recovery and treatment:** The unpredictable nature of mental health recovery, including ongoing treatment and possible relapses, can make it difficult for people to commit to regular employment, requiring flexible support and accommodations.

**Diminished confidence from prolonged unemployment and repeated rejections:** Extended periods of unemployment, coupled with the emotional toll of repeated job rejections, can severely undermine a person's confidence, making the prospect of seeking employment daunting.

**Age-related fears and concerns:** Older people may experience additional anxiety about their employability, fearing they may be less desirable to employers due to their age.

**Limited availability of good jobs locally:** A lack of suitable employment opportunities in local areas can restrict people's job prospects, particularly for people with limited mobility or who are reliant on local services due to their mental health needs.

**Uncertainties about suitable work:** Many people may be unsure about the type of work that aligns with their mental health needs, adding another layer of complexity to their job search and making tailored career advice crucial.

**Persistent stigma around severe mental illness:** Employer biases and stigma around hiring people with severe mental health conditions remain pervasive, creating additional barriers for people seeking work.

**Impact of traumatic experiences:** For those who have experienced trauma, returning to or entering the workforce may evoke fears and anxieties, particularly if workplace environments or practices trigger past traumas.

**Probation restrictions:** Some people may be subject to legal restrictions that limit their ability to seek work, which further complicates their pathway to employment.

**Insufficient financial gain from work:** For many, the financial incentives to move into employment may not be strong enough, especially if the jobs available do not offer a significant improvement over benefits in terms of income or stability.

**Co-morbid health issues:** People with mental ill-health often experience additional physical health challenges, which can add a layer of complexity in seeking quality work.

The programme's monitoring data and recent client survey based on a 21% response rate (n=55) indicates that 50% of clients had experienced 3 or more barriers to work. This increased to 83% of those who have been out of work for more than 2 years.

Given these barriers to work, a one-size-fits-all approach to employment support is inadequate when supporting people experiencing mental ill-health. People with lived experience of mental illness often share how employment support services, such as Jobcentres, fail to meet their needs and address the barriers they face in finding work. When comparing **Into Work** to other services, one client spoke about how **Into Work** offered "more constant support and more availability for contact with [their] keyworker" and "more regular meetings and catch ups" throughout the process. Forms of poor practice in other employment services also include:

“ My **Into Work** coach seemed to have a better understanding of mental health and how my difficulties made it difficult to work.

*Into Work Client*

”

- Generic employment support, aimed to support the general population, is often unsuitable for people living with mental illness because it lacks the necessary understanding of the complex barriers they face and the impact that mental ill-health has on their lives.<sup>1</sup>
- Mandatory participation in employment programmes and job search with the threat of sanctions fails to consider the varying degrees of job readiness among people, potentially pressuring them into employment before they are ready for work and placing them in ill-suited work.<sup>2</sup>
- A lack of integration between employment support services and mental health services can result in difficulties accessing support, where individuals are left without the necessary coordination between their employment and mental health needs.<sup>3</sup>

**To effectively support people living with mental illness into sustainable work, it is essential to invest in holistic, person-centred employment support that is effective for this cohort, while deprioritising generic and mandated forms of support that are not effective for this cohort.**



## 2. Delays in mental health treatment

Rethink Mental Illness's 2024 report, Right Treatment, Right Time (RTRT) highlights the significant impact that delays in mental health treatment have on people's ability to work.

A survey of 656 people living with mental illness revealed that the cost-of-living crisis, the COVID-19 pandemic, and ongoing spending cuts have exacerbated the strain on health and social care services, leading to severe delays. As a result, 1.2 million people are waiting to receive treatment in England, with those most unwell facing an average wait time of 727 days for adult community mental health care — more than twice as long as the 315-day delay for elective care.

**The consequences of these delays are stark:**

**80% of RTRT survey respondents reported a deterioration in their mental health while waiting for support.**

**41% were denied support because their condition was not considered severe enough, while 35% were turned away because their condition was considered too severe.**

**34% needed to take time off work due to worsening mental health while waiting for treatment.**

These critical issues with delays in mental health treatment come with a devastating human cost and a substantial economic impact, estimated to cost the UK economy at least £118 billion annually.<sup>4</sup> A significant 72% of this cost is attributed to the loss of productivity of people experiencing mental ill-health and unable to work.

**In the short term, urgent action is required to reduce these extensive waiting times for community mental health support. Looking ahead, we fully support the government's manifesto pledge to "embed a greater focus on prevention throughout the entire healthcare system and supporting services." To achieve this, successful, joined-up and innovative community mental health services must play a central role in the upcoming NHS 10-year plan, alongside shoring up crisis interventions. These steps would significantly improve overall mental health and enhance economic productivity.**

## 3. The Work Capability Assessment and Conditionality

The conditionality embedded within the social security system, intended to incentivise employment, often has the opposite effect on those who are severely unwell. Conditionality for people who are severely affected by mental illness is counterproductive<sup>5</sup>, worsening health outcomes and pushing people into poverty or unsuitable jobs to meet work-related requirements. This approach undermines long-term, sustainable employment prospects and increases the likelihood of prolonged reliance on social security.<sup>6</sup> In a Rethink Mental Illness survey, 83% of respondents reported that the thought of potential sanctions caused them severe distress, let alone the experience of actual sanctions.<sup>7</sup>

A key issue is the flawed Work Capability Assessment (WCA), which determines the conditionality status of Universal Credit and Employment Support Allowance claimants with health conditions or disabilities. The WCA fails to account for the fluctuating nature of mental illness and the significant impact it has on a person's ability to work. Individuals report the process as not only complex and confusing but also traumatising, particularly when already severely unwell. Assessors often lack mental health expertise, leading to poor decisions and harmful interactions. Consequently, people with severe mental illness are frequently assigned inappropriate levels of conditionality or reduced benefits, exposing them to the risk of sanctions and undue pressure to engage in work-related activities. The consequences of this flawed process can be catastrophic, with instances of serious harm and tragic deaths.

**To truly support those who are severely unwell, the social security system must change. We strongly advocate for a new approach to determining work capability and conditionality that delivers more accurate, fair decisions, supports recovery, and shifts from a punitive to a supportive approach. These changes must be guided by the voices of those with lived experience. Rethink Mental Illness is currently working with experts by experience to find a new approach that would be safer and more accurate than the current system. By learning from these experiences, the Department for Work and Pensions (DWP) can develop a more effective system that prioritises mental health and better employment outcomes.**



## 4. Workplace stressors & practices

**Workplace stressors, such as high demands and lack of control, are strongly linked with negative mental health outcomes. According to MHUK's Burnout Report 2024, 54% of respondents attributed stress and burnout to increased workloads, and 30% cited being mandated back to the office as a key stressor. Insecure work, including some zero-hour contracts, worsens mental ill-health by creating uncertainty in scheduling and pay, making it difficult for people to plan their time and manage budgets. This disproportionately affects people with disabilities—28% of people with mental illness are in insecure work.<sup>8</sup>**

Inadequate pay further contributes to mental distress. The Living Wage Foundation's Life on Low Pay 2022 report found that 43% of respondents earning below the real Living Wage experienced heightened anxiety, while 42% reported a reduced quality of life. Additionally, 38% of respondents in MHUK's Burnout Report took on extra work due to the cost-of-living crisis. Prolonged exposure to these stressors often leads to burnout, resulting in extended absences from work. In fact, 20% of survey participants from MHUK's Burnout Report reported taking time off due to work-related mental health pressures in the past year.

Workplace culture plays a critical role in addressing mental health. Despite some progress, stigma around severe mental illness persists. In Rethink Mental Illness's Stigma and Discrimination 2021 survey, 60.8% of people severely affected by mental illness reported that the experience or fear of stigma and discrimination prevented them from applying for a job or promotion. According to the Burnout Report 2024, over a third of workers (35%) do not

feel comfortable raising concerns about their mental health with managers and senior leaders, and much of the latter do not feel equipped to support them with mental health concerns.

MHUK's Burnout Report also found that 71% of workers may not receive adequate mental health support from their employers. While employers can provide various forms of support, a key requirement is offering reasonable adjustments, as mandated by the Equality Act 2010. However, many employers struggle to understand what constitutes a reasonable adjustment and how to implement it. Employees frequently face delays or resistance when requesting these adjustments, which should be tailored to their needs to help them work effectively without worsening symptoms.

**Mental Health UK supports the UK government's new Employment Rights Bill, but more can be done. We would encourage employers to engage with organisations like Mental Health UK to support them with their approach on mental health in the workplace. Both the government and employers must prioritise the implementation of robust mental health standards to improve workplace wellbeing and create safer environments for all employees.**



# A snapshot of employment support across the UK

Employment support services across the UK are shaped by varying levels of devolved powers, with different governments holding responsibility for certain aspects of these services in England, Wales, and Scotland.

- In England, employment support remains largely centralised under the UK government, although this will soon change with the government's plan to devolve employment support. The DWP and NHSE have significant responsibility with rolling out employment support services.
- In Wales, employment support is mostly reserved to the UK government, however the Welsh government holds some power to allow for tailored support services that address the specific needs of the Welsh population.
- Scotland has greater devolution in this area, with the Scottish government taking control of many aspects of employment support services.
- In Northern Ireland, employment support is fully devolved from the UK government.

Across these nations, we are seeing effective employment support practices from our partner charities. Rethink Mental Illness in England, Adferiad in Wales, and Change Mental Health in Scotland. The following case studies illustrate how these organisations are making a meaningful difference in the lives of those seeking employment support in their respective nations.

## Rethink Mental Illness: Coventry & Warwickshire IPS Employment Service

Rethink Mental Illness's Individual Placement and Support (IPS) employment service runs across Coventry & Warwickshire and helps people accessing mental health services find work to aid their recovery. IPS supports individuals with severe mental health conditions into competitive employment, by providing individualised support to job searches. It brings employment specialists into clinical teams, so employment becomes core to recovery. Once employment is gained, the model continues to offer support in-work for as long as required.

The Rethink Employment service ran for several years prior to 2017, when it moved to the IPS model funded by ESF/council. It was extended during the Covid-19 pandemic and in 2023, Rethink won a new contract with Warwick & Coventry ICB and council funding. The service now has three Peer Support Workers who share their lived experience as a supporting tool motivating and inspiring clients to find work.

During their last Fidelity Review in 2022, the service received the highest score in the West Midlands and was rewarded the IPS Grow Quality Mark.

## Adferiad: The Out of Work Service

The Out of Work Service, Cyfle Cymru is a service which helps people affected by substance misuse and/ or mental health conditions across Wales into work, education or training.

The service supports people who are aged 16 to 24 and not in employment, education or training and people who are aged 25 or over and long-term unemployed or economically inactive. It offers one-to-one guidance from a committed team of Peer Mentors who can draw on their own experience of substance misuse, recovery and/ or mental health conditions.

The Peer Mentors offer specialist employment support to include training courses, volunteering opportunities and help and advice on how to search and apply for jobs. They also work closely with major employers to ensure that they have the connections to help individuals find a rewarding new job.

The service uses a person-centred approach to help people achieve their employability goals, better mental health and overall wellbeing through group activities and one-to-one support. Participants engage in activities that align with their interests, which helps develop skills and build resilience.

## Change Mental Health: Employability Service in Dumfries and Galloway

The Employability Support Project currently has multiple volunteers, many of whom are also service users. Volunteering offers numerous benefits, including gaining new skills and building a strong CV. It demonstrates dedication and initiative, which can help people when looking for employment. Additionally, volunteering enables personal growth, improves confidence and gives people a sense of community. It also provides mental health benefits such as gradual exposure to social situations, combating loneliness and building self-confidence through new skills and positive feedback.

For the service, we were able to measure and evidence the following outcomes during the last year. Within that period:

- 142 people reporting improved confidence.
- 161 people reporting improved employability skills. (Broad range of skills, ranging from communication, problem solving, teamwork, through to decision making, working to deadlines, and the ability to be with people they don't know.)

Change Mental Health also measure the consistency and regularity of punctuality and attendance in the Project. 94% of those attending arrived on time for individual appointments or group sessions and the overall percentage for planned attendance during the period was 89%. Change Mental Health highlight that this is important as it indicates high levels of motivation, willingness to engage, and an awareness of the individual responsibility in making the support work.





# The Into Work programme

Mental Health UK launched a pilot employment programme in 2023 called **Into Work**. It is an employment support service aimed to support people across the spectrum of mental illness into sustainable work.

Early findings indicate that the **Into Work** programme is emerging as an effective, specialised employment support service for people with mental health difficulties. Our forthcoming evaluation of the pilot will provide a comprehensive analysis of the programme and insights into its economic value.

To understand how **Into Work** functions, it is important to first understand the model that it draws from: Individual Placement and Support (IPS). IPS is an internationally recognised employment support model designed to help people living with severe mental illness secure and maintain competitive employment. IPS is an individualised form of employment support that is always voluntary for the service user and aims to find work that is best suited to their needs and preferences.

“My support worker...goes above and beyond to help me with every aspect of my work search and life in general.”

*Into Work Client*

“They get to know you on a one-to-one basis and factor your needs around you rather than following a standard one for all procedure.”

*Into Work Client*

**Into Work** differs from the IPS model by introducing new elements to the model:

- Supports people who live with mild, moderate, and severe mental illness, rather than only severe mental illness.
- Continuously builds sustainable and wide referral pathways. This approach helps widen access to the support that people need, regardless of if they are in touch with primary and secondary mental health care.
- Aids clients' recovery with holistic support by addressing wider issues affecting their recovery and quality of life including access to social security, housing, and even isolation and loneliness.

**Into Work also provides meaningful support to our clients by:**

**Being flexible on timescales** by giving the client space to discover what works for them and providing elevated support in the early stages to help individuals overcome initial barriers to work.

**Offering ongoing support to the client** once employment has been secured to improve the transition into work and enhance employment sustainability.

**Providing support to workplaces and employers** to improve their understanding of mental health, and advising on how to create more supportive environments that benefit all employees who experience mental ill-health.

**We found that:**

- **42% have been supported into paid employment or voluntary work** in the first 20 months of the pilot.

Length of time economically inactive	Under 12 months	1 - 2 years	Over 2 years
No. of clients supported	48	23	52
No. of clients who secured employment	25	8	13
% of clients who secured employment	52%	35%	25%

- The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMBWS) and Dialog Plus are two sector-approved outcome measurement tools that can be used to assess the impact an intervention has on someone's mental wellbeing and overall life satisfaction. In Harrow and Gravesend:

- 75% of **Into Work** clients have seen improvements in their Dialog Plus scores.
- 93% have experienced improvements to their wellbeing based on SWEMWBS.

- **81% of Into Work clients are satisfied or very satisfied** with the support they are receiving.
- **75% of Into Work clients agree that the programme is helping them** to overcome some of their barriers to work.
- **85% feel they have a “better understanding of their strengths and abilities”.**
- **76% feel “less socially isolated”.**
- **67% feel “more optimistic about their future employment”;** this increases to 80% for people who have been out of work for two or more years.



# Case Study: Into Work and the Pret Foundation

In 1995, Pret a Manger established The Pret Foundation, a charitable initiative aimed at providing employment opportunities to people affected by hunger, poverty, homelessness, incarceration, and mental illness. One of its flagship initiatives, The Rising Stars programme, offers a three-month full-time or part-time employment contract, with the possibility of continued employment upon successful completion. During this period, participants, known as “Rising Stars,” acquire a range of skills, from customer service to coffee making and sandwich preparation.

In 2024, **Into Work** partnered with The Pret Foundation to support people experiencing mental health difficulties in securing employment through the Rising Stars programme. This partnership aligns seamlessly with **Into Work’s** mission to help people with mental illness find and retain meaningful employment.

One of the people referred to **Into Work** by the Job Centre was a man in his thirties who had moved to the UK as a refugee over a decade ago. He had been living with PTSD and was ready to seek employment in retail, hospitality, or domestic cleaning. During our initial meeting, we learned about his background and aspirations. We supported him with CV writing and provided weekly job leads.

However, a barrier emerged when his biometric ID card had not yet arrived, which had been a barrier to another opportunity. We engaged with the Home Office to see what we could do and eventually, they sent an email to Pret with a code allowing him to work for six months without the physical ID card.

In February 2024, he began working at Pret Heathrow and quickly adapted to his new role. Despite the early morning shifts, which sometimes required him to wake up at 4 am to catch the bus, he expressed happiness in contributing to society and providing for his family. During this time, he and his family also faced the challenge of moving to a new home, struggling to gather the £1,800 deposit and purchase essential homeware. We assisted by submitting a grant application to another charity, OAPA, and provided vouchers and cash donations to help with their new home setup.

In May 2024, he celebrated his Pret Graduation and was offered a full-time position, working 40 hours per week. As he continues to thrive at Pret, we remain engaged, supporting him and Pret, while exploring new opportunities that could arise for him.



# Five crucial steps for boosting economic growth and mental health outcomes

**Understanding the complex relationship between mental health and work is essential. While work can provide structure, purpose, and financial security, it can also be a source of stress and burnout. Mental ill-health, in turn, can hinder one's ability to engage effectively in work. The UK Government aims to tackle economic inactivity linked to mental health, but this requires a holistic, nuanced approach that addresses multiple factors. Below are five key steps to enhance both economic growth and mental health outcomes.**

## 1. Invest in holistic, person-centred employment support services

Expanding effective and innovative return to work programmes and redirecting resources from generic, mandated employment services will help people with mental illness achieve meaningful employment. Mental Health UK's **Into Work** programme, launched in 2023, offers tailored support to individuals with mental health difficulties, building on the Individual Placement and Support (IPS) model. This approach addresses wider barriers to employment, including finances, housing, and social connections, while also offering ongoing support once employment is secured.

## 2. Implement a UK-wide cross-government approach to mental health planning

The varied levels of devolution across the UK's four nations create challenges in developing a cohesive employment strategy. While Northern Ireland, Scotland, Wales, and England have different levels of control over employment services, a coordinated UK-wide framework could align overarching goals and best practices. This approach would allow each nation autonomy to address their specific employment needs while ensuring consistency in mental health planning across the UK.

## 3. Leverage the NHS 10-year plan to prioritise mental health prevention

It is essential that there is a shift from sickness to prevention, addressing mental illness by intervening early. Expanding the clinical and non-clinical NHS workforce and holding Integrated Care Boards more accountable for maintaining effective community mental health services is essential in ensuring the focus of care moves from hospital to community. By reducing extended waits for mental health support, we can help prevent crises and ensure people receive the timely help they need.

## 4. Involve the voices of lived experience to reform the Work Capability Assessment and the approach to conditionality

We recommend that the DWP reform the WCA with a new approach that better accounts for the realities of long-term mental ill-health. The new system must shift from punitive conditionality to a supportive framework that promotes recovery and quality employment opportunities where appropriate. We encourage the DWP to engage with Rethink Mental Illness as they are working on a project, funded by Lloyds Bank Foundation, together with experts by experience to develop a new approach. This collaboration will ensure that the assessment process is fair, safe, and accurate, ultimately fostering a more supportive and effective social security system that genuinely helps people regain their health and employment when they are ready.

## 5. Implement mental health standards in workplaces

While the Employment Rights Bill does not directly focus on mental health at work, it introduces significant reforms that contribute to a healthier workplace environment. Provisions such as the right to flexible working, stronger protection from harassment, and improved statutory sick pay can enhance overall employee well-being. These changes create a more supportive and fairer workplace, indirectly fostering better mental health by reducing stress and improving job security. However, to tackle mental ill-health at work explicitly, these measures must be complemented by updated mental health standards, as outlined in the Thriving at Work review (2017), ensuring that mental health is a core focus of workplace policies.

The Stevenson/Farmer review (2017) laid the groundwork, but these standards must be modernised and reflect the significant changes in work and mental health since then. We recommend forming an Advisory Group, involving the UK government, employers, mental health organisations, and experts by experience to update the standards. Additionally, the UK government should consider legislation that mandates the adoption of these standards under the Health and Safety at Work Act 1974. By aligning these standards with the broader employment protections offered in the Employment Rights Bill, the UK government can create an integrated approach that prioritises both physical and mental well-being. Phased implementation, financial incentives, and guidance for employers, especially small and medium-sized enterprises (SMEs) and the third sector, would ensure widespread and sustainable compliance. Employers could also benefit from ongoing tax deductions for mental health initiatives, encouraging continuous investment in employee well-being.



# Concluding thoughts

**This report emphasises the urgent need to address the barriers people with mental health difficulties face in securing and maintaining employment. As mental health-related economic inactivity increases, it is essential for the UK government and employers to take coordinated and compassionate action to address the complex relationship between work and mental health.**

The five key steps outlined in this report offer a strategic approach to boosting both economic growth and mental health outcomes. By adopting a UK-wide approach to mental health planning, leveraging the NHS 10-year plan, reforming the Work Capability Assessment, investing in holistic, person-centred employment support services, and implementing mental health standards in workplaces, we can create an environment that empowers people and strengthens the economy.

Mental Health UK is committed to continuing our efforts in supporting people with mental health challenges, advocating for policy change, and collaborating with government and employers to implement practical solutions.



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We are the charity for everyone's mental health. We challenge the causes of poor mental health and give people the tools they need to live their best possible lives at home, school and work. In a rapidly changing world, we bring together the heritage and experience of four charities from across the country who've been supporting people with their mental health for over 50 years.

**Find out more**

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Registered Charity Number: 1170815. December 2024.

