

REPORT



**THE
POPPY
FACTORY**

getting you back to work

Centre for
Mental Health



Employment in mind

The Poppy Factory employability service
and veterans with mental health conditions

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Acknowledgements

The Poppy Factory would like to thank the veterans, our staff and the employers who took the time to speak with Centre for Mental Health and share their knowledge and experience with us for this project. We would also like to thank Centre for Mental Health for producing this report and Forces in Mind Trust for awarding the funding to undertake this research.

Funded by:



Executive Summary

Centre for Mental Health was requested by The Poppy Factory, with funding from the Forces in Mind Trust to review the evidence about how to support Armed Forces veterans with mental health conditions into paid employment, and to evaluate The Poppy Factory's employability service. We interviewed veterans who used the service (whom The Poppy Factory refers to as clients), Poppy Factory staff, and employers who recruited clients as a result of the support it offered.

There is mixed evidence about the mental health of Armed Forces veterans. Some studies point to higher rates of common mental health conditions, such as depression, among serving personnel. Others suggest that rates of mental health conditions are similar to those of the general population. There is some evidence of a higher risk of post-traumatic stress disorder, which affects about 4% of veterans compared with 3% of the wider population.

There is also mixed, and contradictory, evidence about employment and unemployment rates among Armed Forces veterans. It is unclear whether veterans with mental health conditions are more likely than others to be out of work.

There is evidence to suggest that Armed Forces veterans face a range of challenges to gaining and maintaining work. These include inadequate preparation for civilian employment, difficulties adjusting to new workplace cultures, and assumptions among employers about veterans' mental health and the employability of those with a mental health condition.

"The civilian world is not an easy world to live in. The Army is a bubble; your whole world is kept in there. But as soon as you leave, you're on your own. To adjust to the civilian life was so daunting, and it's difficult to integrate yourself in the civilian world, the way they operate. I'm used to a structured way of life, but in the civilian world it's like 'anything goes'."

"As soon as I mentioned medical discharge from the Army, I think because of the media coverage, they automatically assumed that everybody who's been medically discharged has got PTSD and is going to end up sitting underneath their desk, rocking."

People with mental health conditions also face major barriers to employment. But there is good evidence that being in work is good for our health and a part of recovery for many people with mental health conditions. Evidence-based supported employment services, particularly those using the Individual Placement and Support (IPS) model, produce by far the best outcomes and effectively overcome many of the obstacles people face in gaining and retaining paid work.

The Poppy Factory's employability service offers specialised support to veterans who have health challenges, almost half of whom report a mental health condition. More than half of its veterans with a mental health condition gained open employment during the year that our evaluation took place.

"I think without The Poppy Factory life would have been a lot harder. Because The Poppy Factory gave me ideas, it made me think outside the box and focus. Had I not had that, I probably would have still been very disillusioned and probably in a worse place, so I think the organisation itself has achieved its goal in getting me into employment."

Both veterans of The Poppy Factory and employers who worked with them were very positive about the employability service. Clients welcomed the bespoke, personalised and responsive support they received. And employers appreciated the benefits of working with The Poppy Factory and the qualities of the people they employed as a result.

"You can see it, feel it, yourself, that this person is actually working hard for me to get a job. When you want to stop in the middle and say 'no I can't do it any more', with someone else behind you... I said 'no, I'll soldier on'. So I soldiered on."

“The Employability Consultant was always on hand for me to ring her... she was always contactable, and the interventions that we had were three-way interventions and then she would see the client afterward. The client really was very fond of her, really respected her, so obviously that made situations easier when we needed to address certain things.”

The Poppy Factory’s employability service is similar in many ways to the IPS approach. It does not exclude people on the basis of their mental health diagnosis, it offers expert employment support and seeks open employment opportunities for clients based on their abilities and interests.

The implications of this review for wider policy and practice include the importance of raising awareness of the potential in employment of veterans with mental health problems and the evidence of IPS as an effective approach to achieving good outcomes for this group of people. It raises further questions for future research into whether veterans would benefit most from specialised support or from improving the quality of mainstream employment and health services to meet their needs.

As a result of this report, and evidence provided that has identified IPS as the most effective model for supporting people with a mental health condition, The Poppy Factory is already taking steps to strategically develop its employability service to achieve a close fidelity with the IPS model.

“[The Poppy Factory has] certainly opened our eyes up to a new area and pool of talent that we wouldn’t otherwise have ever touched, really. It’s woken me up to mental health; it’s not something particularly that I’d come across previously, which has been really good. It’s taken me on a massive learning curve.”

1. Introduction

The Poppy Factory has a proud history of supporting wounded, injured or sick ex-Service personnel into employment. Since its inception in 1922 The Poppy Factory has provided employment opportunities at its headquarters in Richmond, Surrey, and in recent years through its national ‘Getting You Back To Work’ employability service it has been helping wounded, injured or sick veterans in England and Wales who have been out of the Forces for more than two years, to find and sustain open employment within their own communities. The vision for The Poppy Factory is that “every disabled veteran should have the opportunity for meaningful work”.

As with the one in four people in the general population who experience a mental health problem at any given time, it is likely that many unemployed wounded, injured or sick veterans are experiencing psychological distress. One recent study has suggested that the prevalence of common mental health conditions among serving military personnel is twice that of the general working population (Goodwin *et al.*, 2014). We know that mental health problems can be both exacerbated and triggered by unemployment (Centre for Mental Health, 2013). We also know that there is a link between physical ill health and mental ill health: that people who experience a physical health challenge are more likely to experience a mental health condition, particularly depression (Barnett *et al.*, 2012). In 2014/15, 57% of The Poppy Factory employability service clients disclosed a mental health problem.

This report has been designed to answer the following questions:

- What are the challenges experienced by veterans in gaining and retaining civilian employment?
- What are the barriers to employment for people with mental health problems?
- What works in supporting veterans with a mental health condition into employment, and what research evidences this approach?

This report draws its findings from a combination of the available literature on supported employment, The Poppy Factory’s employability

service outcome data and interviews with The Poppy Factory clients, staff, and the employers that they work with.

Employability Consultants were asked to select individuals who they felt would be interested in being interviewed for this report. Twelve clients were interviewed in 2014 and three were interviewed in September 2015. All the participants were male; thirteen had served in the Army, one in the RAF and one in both. Seven people described their health condition purely in physical terms (i.e. diabetes, amputation, HIV, slipped disc, breathing problems, cancer, stroke), two purely as mental health problems (bipolar disorder and PTSD), and six as a combination of both. Seven participants described what would be classed as a serious mental illness (suicide attempt, serious depression, bipolar disorder), five of whom also disclosed a diagnosis of PTSD. Three individuals disclosed having a criminal record.

Employers from eleven organisations were also interviewed in early to mid-2014. Six of the employers were charities, four were private companies and one was a public sector organisation.

A large amount of the research conducted in this field focuses on the experience of the US military and veteran populations. While there are similarities between the US and UK military populations, differences exist including deployment procedures and support offered. These differences mean that US focused research should be treated with caution (Fear, Wood, & Wessely, 2009; Iversen & Greenberg, 2009). In this report we have focused where possible on research, outcomes and policy for UK military personnel.

2. Characteristics and needs of Armed Forces veterans

“For us, we feel a real kind of sense of responsibility to be - not to be seen, because we don’t necessarily want to shout about it - but to be doing our bit for people who have a pretty rough time, and we’re in a position to give them some experience in this sort of environment where that’s often one of the barriers they face. They get down to a final stage where there’s somebody who’s got civilian experience and somebody who hasn’t, and the employer is going to go with someone who’s got civilian experience. So we can make a real difference there.” (Employer)

Key points

- The majority of people who leave the Armed Forces do well but those who leave the Armed Forces with mental health problems are more likely to be unemployed and vulnerable to social exclusion.
- The most common mental health problems experienced by veterans are similar to those affecting the general population rather than Service-related psychiatric injuries.
- Just under 60% of veterans who report having a mental health problem are currently seeking help for it. This is similar to help seeking behaviour in the general population.
- The two groups reported as being at greater risk of developing mental health problems are Reservists and Early Service Leavers.

UK Regular Forces

Between 1980 and 2014 the size of the UK Regular Forces has fallen by roughly half (Defence Personnel Statistics 2014). As of April 1st 2015 the total strength of the UK Forces Service personnel was 195,690 (Ministry of Defence, May 2015). The majority of the Armed Forces serve in the Army (59%), with 21% serving in the RAF and 20% in the Naval Service. Black and Minority Ethnic personnel make up 7% of the Forces (10.2% Army, 3.5% Naval Services, and 2.1% RAF) and women account for 10.1% (MOD May 2015). Over the last few years, 19% of Army recruits and 21% of recruits to the infantry have been under 18 years old (known as Junior Soldiers; Tickell, 2015). On average, Service personnel serve for around 10 years (Forces in Mind Trust, 2013).

Service Leavers

In 2014, 18,820 Service personnel left the UK Regular Forces (Defence Statistics Tri Service, 2015). The majority of people do well after leaving the Armed Forces and are in full-time employment; however, those who experience mental health problems are more likely to leave the military and more likely to be unemployed after leaving:

There is a small but important minority of veterans who leave the services with mental health problems, remain chronically unwell and are vulnerable to social exclusion (e.g. marital breakdown, unemployment, homelessness) (Iversen & Greenberg, 2009 p101).

Just over half (50.5%) of leavers have served for less than four years and are classed as Early Service Leavers (ESL), 34% of whom failed to complete basic training (Forces in Mind Trust, 2013).

Across the three Services, about 200 individuals are medically discharged each year for mental health or behavioural conditions that preclude further uniformed Service (Lord Ashcroft, 2014).

The Royal British Legion (2014) estimated that in 2014 the UK ex-Service community comprised 5.9 million people, including 2.8 million veterans (of all ages), 2.1 million adult dependants and 1 million children under 16.

Prevalence of mental illness

The prevalence rates of mental illness among serving personnel, recent veterans and how they compare with the general population are unclear. A report by The Royal British Legion (2014) suggests that they are broadly similar, whereas a study by Goodwin *et al.* (2014) suggests that among serving military personnel, common

mental health problems (such as depression and anxiety) are approximately double that of the general population. Explanations offered by Goodwin *et al.* for this discrepancy are that studies often compare outcomes from different mental health measures, and that comparisons are often between different population groups; for example comparing military personnel with the general population (which includes retired and unemployed people) instead of with working populations. Goodwin *et al.* found that prevalence of common mental health problems was higher in females than males, with a quarter of females in the military meeting the criteria for a diagnosis.

The most prevalent mental health problems in veterans identified by Iversen (2009) are:

- Adjustment disorder (a stress related, short term condition triggered by life events);
- Alcohol misuse;
- Depression;
- Personality disorders;
- Post-traumatic stress disorder (PTSD);
- Drug misuse.

Excessive alcohol consumption is more common in the Armed Forces than in the general population; 67% of men and 49% of women in the Armed Forces reported levels of hazardous drinking compared to 38% of men and 16% of women in the general population (Fear *et al.*, 2007).

Prevalence rates for PTSD are around 4% in serving personnel who have previously been deployed, rising to 6% in combat troops (Hunt, Wessely, Jones, Rona, & Greenberg, 2014). In the general population, 3% of adults screen positive for current PTSD (McManus, Meltzer, Brugha, Beddington, & Jenkins, 2009).

Prevalence of PTSD among serving US personnel is higher with 13.8% of those returning from deployment screening positive for PTSD (Kessler, Chiu, Demler, & Walters, 2005 cited in Lazar, 2014). This difference in prevalence rates of PTSD between UK and US personnel can be explained in part by increased combat exposure in earlier US studies, longer tour lengths (in the US soldiers typically deploy for 18 months compared with 6 months for UK soldiers; cited

in Murphy & Busuttil 2014), increased number of Reservists in the US, and methodological differences between studies (Fear *et al.*, 2009 and KCMHR, 2014).

Overall rates of suicide are lower in the Armed Forces than they are in the general population (KCMHR 2014). There is evidence, however, that veterans aged 24 and younger may be at approximately two to three times higher risk than for the same age group in the serving and general populations. This may reflect pre-Service vulnerabilities rather than factors related to their military service (Kapur, While, Blatchley, Bray, & Harrison, 2009).

Help seeking behaviour

Help seeking behaviour among veterans with mental health problems is low. In a review of UK veterans at high risk of long term psychological or social problems, Iversen (2005) found that 58.4% of respondents who reported that they had a mental health problem were currently seeking help, with the majority (86.9%) seeking help from their GP, 28.7% from a psychiatrist and 8.1% from a psychologist. Of those that did seek help, 83% were receiving some form of treatment. Iversen identified the most common reason for not seeking help as the embarrassment or stigma of consulting. This included internal stigma (one's own perception and feelings) with 72% of participants who were not seeking help believing that "I could deal with it myself".

Murphy and Busuttil (2014) conclude that there are three potential barriers to help-seeking for military personnel experiencing PTSD: internal stigma, external stigma and access factors (e.g. not being able to attend appointments or not knowing what services are available).

Barriers to mental health care

Fear *et al.* (2009) suggest that there is no evidence that stigma and barriers to mental health care are greater in the veteran population compared with the general population. Nevertheless there are a number of factors that have been identified which may prevent veterans from receiving psychological therapies. These are:

- Believing that mental health problems are shameful and so deliberately hiding symptoms from health professionals;
- Believing that NHS professionals will not understand them or their Service history;
- Believing that the effort, stigma and shame will outweigh the benefits of asking for and receiving help;
- Self-medication with alcohol in order to mask their moods or problems, and stop them being detected;
- Mistakenly believing that psychological therapies are not effective for veterans;
- Being disenchanted by previous exposure to mental health services in the military or NHS;
- Having difficulty accessing general health services in the first place (especially relevant for veterans who are socially excluded).

(Taken from IAPT: Veterans Positive Practice Guide 2013 p7)

On leaving the Armed Forces, support for veterans experiencing mental health problems comes predominantly from the NHS, who have developed 11 Armed Forces mental health networks. An additional service, the Veteran and Reserves Mental Health Programme (formally called the Medical Assessment Programme) is additionally based at Chilwell in Nottinghamshire¹ is available to Reservists who have returned from operations since 2003 and can be accessed via referral from a GP. Other resources include online support from Big White Wall² and the Combat Stress 24 hour veteran's mental health helpline³.

Risk factors for adverse outcomes

A number of factors have been identified that are known to increase the risk of adverse outcomes for Service personnel leaving the Armed Forces. These are:

- Being younger;
- Being single;
- Being in the Army;
- Holding a lower rank;
- Being male;
- Being exposed to combat;
- Being a Reserve;

- Pre-enlistment factors such as childhood adversity;
- Being deployed for a long time;
- Having mental health problems at the time of discharge;
- Being an Early Service Leaver.

(Fear *et al.*, 2009, p53)

The two groups reported as being at greater risk of developing mental health problems are Reservists and Early Service Leavers (ESL; Samele 2013). Early Service Leavers are entitled to a reduced resettlement provision (Lord Ashcroft, 2014). Only 52% of them are in work six months after leaving the Forces (Lord Ashcroft, 2014).

It is worth noting that half of Army recruits have literacy and numeracy skills below the equivalent expected of an 11 year old as they leave primary school. This is particularly an issue for Early Service Leavers who join with low skills and education levels and have not had the chance to build on these skills yet (Forces in Mind Trust, 2013). The Forces in Mind Trust (2013), in a report on the transition from Service life to civilian life, identified a combination of reinforcing factors which taken together can result in a worse transition. These are:

- Poor numeracy and literacy skills;
- Disadvantaged backgrounds;
- Entering the Services when young.

Reflecting on the increase in adverse health outcomes for Reservists, Iversen & Greenberg (2009) suggest that one of the contributing factors may be that at the end of deployment, Reservists are quickly dispersed thereby losing their military social networks, which are then replaced by civilian relationships, including those with employers, many of whom would not share the level of understanding and support given by military peers.

Dandeker, Greenberg and Orme (2011) also talk about the detrimental experience of a "rapid return" to civilian life and suggest that: "Families and Reservists themselves may be unprepared for the changes each has made, consciously or otherwise, brought about by the adjustment and experiences from the deployment" (p12).

¹ See <http://www.army.mod.uk/welfare-support/23247.aspx>

² See www.bigwhitewall.com

³ 0800 138 169

Criminal justice system

There is evidence that veterans constitute a significant subset of the adult male prison population (The Howard League for Penal Reform 2011), but precise figures for the number of ex-Service personnel in the criminal justice system are unclear. Offenders are not routinely asked if they have served in the Armed Forces but estimates suggest that somewhere between 3.5% to 7% of the current prison population is comprised of former Service personnel (Phillips 2014). The Royal British Legion (2014) suggests that this broadly similar to the general population and that Service personnel and veterans are less likely than the general population to have a criminal conviction.

Unemployment

Research conducted in 2014 by the Royal British Legion reports that the ex-Service community (this includes dependents) of working age (between 16 and 64) are less likely to be employed than the general population (60% vs 72%), more likely to be unemployed (8% vs 5%) and more likely to be economically inactive (32% vs 22%). This differs from the Royal British Legion's earlier research in 2006 which found that below retirement age, the working status profile of the ex-Service community is very similar to the whole population.

It has not been possible to identify unemployment rates for ex-Service personnel beyond 6 months after leaving the Service (and data is only available for those eligible for Career Transition Partnership support).

3. The challenges experienced by veterans in gaining civilian employment

“People who advertise roles with The Poppy Factory have a better understanding of what they are getting with a wounded, injured or sick soldier. So I know that if I am going to go for a role through The Poppy Factory, that employer will be more sympathetic towards my injury.” (Client)

Key points

- Some veterans experience challenges in transitioning from military to civilian life. These include the transferability of qualifications and skills and the challenge of adapting to a civilian work culture.
- Negative stereotypes have been reported as a barrier to employers recruiting veterans. Potential employers report concerns about PTSD and anger management. These concerns are not shared by employers who have experience of employing veterans.

Qualities

“I’m coming from the Forces where I do things with precision... I don’t do any shortcuts... If things are to be done, they should be done.” (Client)

Employers identify a number of qualities that veteran employees bring to their workforce. In a review of the US 100,000 Jobs Mission (an initiative to provide 100,000 jobs for veterans) employers cite the following qualities:

- Experience working in and leading teams;
- Flexibility and ability to work in a fast-paced, changing environment without stress;
- Dependability, work ethic, commitment to getting the job done;
- Integrity and loyalty;
- Experience working in a culturally diverse or global environment.

(Curry Hall, Harrell, Bicksler, Stewart, & Fisher, 2014)

“I think Army people are dependable; they’re punctual, you know where you are with most of them, because they’ve had to be like that. They’re methodical and I think if you take a serviceman on for a job, they’re not likely to be skivers and people that are going to be pretending to be sick and stuff like that,

because you just can’t do things like that in the Army and get away with it.” (Client)

But while there are clear benefits to employers for employing veterans, there are also a number of challenges that veterans can experience transitioning from military to civilian life.

Transferability of qualifications

A Forces in Mind Trust report on the transition process (2013) suggests that the vocational training provided to the Armed Forces is perceived by some employers as being overly geared to the needs of the military, and therefore of less use in civilian life and that the qualifications received (for example NVQ Level Two) are not always valued by civilian employers. One of the recommendations of the report (recommendation 2.7) is that all Service personnel who serve a four-year term should leave with GCSEs in Maths and English.

“The courses they give you, they put on offer, are not employment... they don’t guarantee jobs. They don’t equip you properly for jobs; just because I’ve done... my HR course... [it] doesn’t mean that I’m going to be employed as an HR assistant or whatever. Because the first thing they’ll always go with is experience.” (Client)

“There’s certain things you don’t have a qualification for. For instance being in charge of between 200 and 600 men as an HR office manager. I don’t have a qualification, so I’d go to a company and say, ‘well I’ve just been in charge of 600 men, I’ve been in charge of pay documentation, passports, deployments, bombs, bullets, you name it. I’ve been dealing with people all over the world, different embassies, different countries, all over the world’. It didn’t mean a thing because I didn’t have a qualification. So all that experience meant that I could probably get a job as an admin assistant.” (Client)

Transferability of skills

Other challenges that have been identified are the transferability of skills and the poor quality of CVs. A report on the experiences of homeless veterans in London (Johnsen, Jones, & Rugg, 2008) found that veterans with short Service history or with highly specialised military-specific roles reported a lack of transferable skills and limited options for employment after discharge.

The transferability of skills may not be immediately obvious. Employers and other people involved in recruitment may be unclear about how skills acquired in the military transfer to civilian life, or the level of responsibility held by different ranks. It is important that CVs are developed in a way that helps veterans promote the skills and experience that they have. In his review of the transition to civilian life for veterans, Lord Ashcroft (2014) suggests that poor CVs often do not do justice to the Service leaver.

Change in culture

“The civilian world is not an easy world to live in. The Army is a bubble; your whole world is kept in there. But as soon as you leave, you’re on your own. To adjust to the civilian life was so daunting, and it’s difficult to integrate yourself in the civilian world, the way they operate. I’m used to a structured way of life, but in the civilian world it’s like ‘anything goes.’ I know it’s not meant to be like that but that’s how it is. So I needed a bit of time to adjust to that.”

“Civvies don’t get us, I don’t understand why. It’s not that we’re too good or anything like that, because we’re not. It’s just that we’re different, and they don’t get us. I’ve tried to be as accommodating and as civvy-like as I can. I don’t speak in military terminology; but it’s almost as though I’m an alien.”

“I kind of miss being able to say bluntly what you feel, and I really couldn’t do that, and I did lose a couple of jobs because of saying what I was thinking!”

Johnsen *et al.* (2008) found that most of the veterans interviewed, including those who had secured employment relatively easily, reported experiencing difficulty adjusting to the culture of civilian life and many described having felt a sometimes devastating loss of self worth and belonging. Understanding civilian culture can help veterans to get a better understanding of the civilian recruitment process, the expectations of civilian employers and the civilian working environment:

Civilian workplaces tend to be more collegial (or give that impression) and less directive than the military world. They are also more feminised than the military. The boundary lines between acceptable and unacceptable behaviour are drawn in different places. Even those who have had good transitions report that adapting to these different expectations is a challenge. For some it creates a degree of instability around work that makes it hard to settle. (Forces in Mind Trust 2013, p47)

Understanding the corporate environment was a challenge identified by Curry Hall *et al.* (2014) in the US. In their review, employers reported that some veterans had difficulty adjusting to an environment with less day-to-day urgency, fewer responsibilities and less authority than they had previously experienced. They also suggested that veterans were accustomed to the military environment, which has clear hierarchical structures and chains of command. Civilian corporate environments often use a more fluid, matrix style structure in which some veterans had difficulty operating.

“I was so very much in the military mindset and the way I spoke to people for a very long time would be deemed unacceptable in real life. It wasn’t a case of me being a rude person or anything like that, it’s just the way you speak. Every other word’s a swear word, and you don’t beat around the bush with people [...] That was definitely my biggest challenge, just communicating with people.” (Client)

The challenge of the change of culture is a point made again by the Forces in Mind Trust (2013):

The differences between military life and civilian life should not be underestimated. Even for those people whose background and military

experience give them a strong chance of finding relevant, rewarding and appropriate work outside of the Armed Forces, the cultural expectations of civilian life can still be a steep learning curve once people leave the Armed Forces (p15).

For some Poppy Factory clients it wasn't just cultural differences that they experienced, but a fundamental lack of knowledge about practical elements of civilian life:

“So I was sad - on the day that my discharge came, it was quite a surreal day. The biggest, memorable feeling that I had from that, it was kind of like... It sounds so stupid, but it's like letting go of the hand. You realise how much the Army looks after you, just in all aspects of life. I didn't pay a water bill for nearly a year after I left the Army. Sounds so stupid, but I never thought you had to pay for water.”
(Client)

Myths and negative stereotypes

“Well, I think as soon as I mentioned medical discharge from the Army, I think because of the media coverage, they automatically assumed that everybody who's been medically discharged has got PTSD and is going to end up sitting underneath their desk, rocking.”
(Client)

“I think the thing that people were most nervous about were not necessarily the physical injuries but the mental side of it, because if you can't see it, people are often quite afraid and don't know how to deal with that situation. And if someone's got post-traumatic stress disorder, you often see on the news stories about what that actually means, so they were a bit nervous about what it was actually going to mean to us as an organisation.” (Employer)

“Stereotypes of being, you know, the 'Vietnam Vet' in the corner. Can't do anything because every time I'm angry I might explode and grab a gun and shoot people.” (Client)

Negative stereotypes have been identified as a challenge to veterans finding civilian employment. A report written in the US in 2012 on the perspective of businesses employing veterans (Harrell & Berglass, 2012) found that

employers reported concerns about the effects of combat stress including PTSD and anger management on potential veteran employees. A later report (Curry Hall *et al.*, 2014) found that such fears were allayed once employers had experience of veterans.

Employers we interviewed also expressed having originally had reservations about working with veterans who experienced mental health problems but stated that the support they received from The Poppy Factory staff allayed their reservations.

“I think the fact that the Employability Consultant was always on hand for me to ring her; that she was always contactable, and the interventions that we had were three-way interventions and then she would see the client afterward. The client really was very fond of her, really respected her, so obviously that made situations easier when we needed to address certain things.” (Employer)

Employers suggested that additional information on mental illness and how it can affect people, as well as information on an individual's symptoms and techniques for coping would help them to support their employees more effectively.

In both the US and the UK, employers have reported concerns that veterans may leave their civilian employment for long or repeated deployments (Lord Ashcroft, 2014).

Complex support environment

Lord Ashcroft (2014) identified 350 charities in the UK whose role is to provide benevolence, resettlement, rehabilitation and mental health support to veterans. This equates to one charity for every 57 individuals leaving the Services in 2014:

The Third Sector is extremely important to the transition process and many organisations do an outstanding job, but the sheer number of charities means that it is not always clear which does what. Between them they produce no shortage of information, but this is too often confusing and poorly presented. Service Leavers are bombarded with offers of help. (p130)

Lord Ashcroft suggests that the large number of organisations working in this field carries a

number of risks, including:

- Confusion and lack of clarity for veterans;
- Duplication in the provision of services resulting in poor value for donors and funders;
- The danger of competition between charities leading to the promotion of damaging stereotypes about veterans' mental or physical health.

The "Sector Insight: UK Armed Forces Charities Overview & Analysis" produced by Directory for Social Change in 2014 gives a greater depth of analysis of the remit and reach of the Armed Forces welfare charities referred to in the Ashcroft report.

4. Barriers to employment for people with mental health conditions

“Mental health isn’t the only barrier that our clients face, but it is the most challenging as it isn’t always understood by employers.” (Poppy Factory staff member)

Key points

- People who experience serious mental illness have one of the lowest employment rates in the UK.
- There is very strong evidence that mental illness is associated with poorer employment outcomes.
- There are numerous barriers to entering employment for people with mental health problems including: discriminatory attitudes of employers, low expectations of health professionals, and ineffective models of supported employment.

- Discriminatory attitudes of employers;
- Low expectations of health professionals;
- Ineffective models of supported employment (including some provided by the Work Programme and WorkChoice).

In a qualitative study focusing on the views and experiences of employment among people with psychosis, Marwaha and Johnson (2005) identified external and internal barriers to work. External barriers included stigma, perceived beliefs of employers, and the benefits system. Internal barriers included low self-esteem, a loss of motivation, acceptance of unemployment, and anxiety about returning to work.

The evidence about work and mental health

Statistics from the Office of National Statistics suggest that one in four adults will experience a mental health problem at any one time. For the majority of us this will be a common mental health problem (such as depression and anxiety). A smaller proportion will experience a severe mental illness such as schizophrenia, bipolar disorder or PTSD (Lelliott, Tulloch, Boardman *et al.*, 2008).

Although the majority of people with a severe mental illness want to work, they have one of the lowest employment rates of any group in the UK (Sainsbury Centre for Mental Health, 2009).

Numerous studies have found evidence that mental illness is associated with poorer employment outcomes in the general population (see Centre for Mental Health, 2013) and studies with veteran populations are reporting similar findings (see Horton *et al.*, 2013).

A report by Centre for Mental Health (2013) identified the barriers to employment for people with mental health problems as:

Despite these multiple challenges there is evidence that work is good for our health and wellbeing. Waddell and Burton (2006) conclude that:

Work is better than unemployment for physical and mental health and mental well-being... [and that] work is beneficial, unemployment is harmful, and re-employment promotes health and wellbeing. (p32)

Waddell and Burton describe the benefits to retaining or regaining employment people as:

- It is therapeutic;
- It helps to promote recovery;
- It leads to better health outcomes;
- It minimises the harmful physical, mental and social effects of long-term sickness absence;
- It reduces the risk of long-term incapacity;
- It promotes full participation in society, independence and human rights;
- It reduces poverty;
- It improves quality of life and wellbeing.

There is evidence that some supported employment models are ineffective in supporting people with mental illness to gain and retain employment. A report published by the Department for Work and Pensions in

2006 (Purdon, Stratford, Taylor, Natarajan, Bell & Wittenburg) describes a randomised controlled trial which compared three alternative employment interventions (a workplace intervention, aimed at achieving return to work by addressing issues in the workplace; a health intervention, aimed at achieving return to work by addressing the health issues of the individual; and a combination of the two) delivered over a two-year period to 2,845 people who had been off work sick for between six and 26 weeks. The study concluded that none of the three interventions improved the return to work rates for people who were off work sick. People with mental health problems were less likely to return to work if they accessed an intervention (47%) than if they did not (59%).

By contrast, Individual Placement and Support (IPS) is the most researched approach to supporting people with serious mental illness into open competitive employment.

There is robust evidence for the effectiveness of the IPS approach for enabling people with serious mental illness to achieve competitive employment (Sainsbury Centre for Mental Health, 2009). A European randomised controlled study (Burns, Catty, Becker, Drake *et al.*, 2007) concluded that the rate of employment for people with serious mental illness who were motivated to work, was double compared with usual high quality vocational rehabilitation (55% of participants accessing IPS worked for at least one day compared with 28% of participants accessing vocational rehabilitation).

5. Evidence-based supported employment

“All three guys we had through The Poppy Factory have been almost a different class of person to the usual, if you like, off-the-street employability skills candidate. It’s all about the discipline and can-do attitude. Even though some of them might have had issues, they all came with a willingness and... a want to work, which we put down to the Forces background.” (Employer)

Key points

- Individual Placement and Support (IPS) is a form of evidence-based supported employment whose principles include the belief that given the right job and the offer of support anyone can work.
- IPS is a cost effective way of achieving employment outcomes for people with disabilities.

IPS and evidence-based supported employment

Individual Placement and Support (IPS) is a form of evidence-based supported employment for people with serious mental illness. Similar evidence-based approaches have been developed for people with other disabilities (predominantly learning disabilities). The principles of IPS and evidence-based supported employment are almost identical. They both believe that given the right job and the right support anyone can work. They both focus on competitive employment. And they both work on the principle of *place, train and maintain*: working with an individual to find and secure a job in open employment, and then provide the training to support them in that role, rather than the traditional *train and place* approach where services provide training for an individual and then search for an appropriate job. The main difference between IPS and evidence-based supported employment is that full fidelity to IPS involves co-location of vocational staff within clinical teams.

In some areas “supported employment” has become a pejorative term that is used to describe out-dated vocational practices, but this isn’t always fair, and doesn’t represent the services provided by the majority of supported employment programmes. In this paper the term “evidence-based supported employment” has been used to differentiate between best practice

employment services (including IPS) and other more traditional employment services.

Supported employment provides a personalised model designed to support people with significant disabilities to secure and retain sustainable, long-term, mainstream employment. A report by the Joseph Rowntree Foundation (O’Byrne *et al.*, 2000) defines supported employment as: “A way of enabling people who need additional assistance to succeed in work” (p1). They identify the results of supported employment for individuals as:

They are hired and paid by an employer

Supported employment is about ‘real jobs’ not makeshift work designed simply to keep a person occupied.

They receive full employee entitlements

Supported employees are regarded as full employees. Wages should be the going rate for the job. Safe working conditions are critical.

The job meets the employee’s aspirations for employment

Supported employment responds to each individual’s interests, talents and skills (existing and potential). It helps people to explore their careers. It also takes account of the wider social context of work, including all sorts of social interactions with co-workers and customers.

The work meets the employer’s requirements

The key to success is to enable disabled people to become good employees. This means responding to the needs of employers as well as workers.

The employer and employee receive just enough help from a support organisation to ensure success

Assistance is provided for just those aspects where employer or employee needs support. There is a long-term commitment to support for as long as necessary, but for no longer.

The British Association for Supported Employment (BASE) describe the key interventions delivered as part of a supported employment service as:

1. Customer engagement

Engaging job seekers and raising expectations of what they can achieve.

2. Vocational profiling

Building up a holistic picture of the job seeker and using this to inform practical job finding and job match.

3. Employer engagement

Working with employers to help job seekers overcome traditional recruitment and selection barriers. The focus is on securing ‘employment then training’ rather than ‘training then employment’.

4. Job matching

Conducting a detailed job analysis to get a better understanding of the job and the environment.

5. In-work support

Providing individually tailored support.

6. Career development

Encouraging the career development of individuals by promoting training opportunities and options for increased responsibility.

Principles of IPS

The eight key principles of IPS are:

1. It aims to get people into competitive employment.
2. It is open to all those who want to work.
3. It tries to find jobs consistent with people's preferences.
4. It works quickly.
5. It brings employment specialists into clinical teams.
6. Employment specialists develop relationships with employers based upon a person's work preferences.
7. It provides time unlimited, individualised support for the person and their employer.
8. Benefits counselling is included.

Fidelity to IPS

The evidence for the IPS approach suggests that employment programmes that achieve closest fidelity to the approach achieve the best outcomes for their clients. The IPS Dartmouth Supported Employment Center has developed a fidelity scale and guidance on conducting fidelity reviews. A key area of fidelity to IPS is staffing levels.

An employment service that meets full fidelity has a maximum caseload of 20 per full time member of staff, including clients who are in work and receiving ongoing support. Staff are employment specialists who take responsibility for all phases of an employment service, including employer contact. Employment specialists make at least six face-to-face employer contacts per week that are client specific.

One of the principles of IPS is time-unlimited support. This poses a challenge to many providers who end up with static caseloads, unable to discharge people who do not gain employment. Research has shown that people predominantly achieve employment within nine months of intervention. Research by Burns *et al.* (2015) found that an IPS service (“IPS-Lite”) that discharges clients who have not gained employment within nine months achieved 41% paid employment outcomes (classed as 1 day paid employment in the open market) within 18 months, while traditional IPS achieved 46%. The authors conclude that only minimal extra employment is gained by persisting with clients after nine months. It is acknowledged, however, that there is still a debate around whether IPS-Lite is evidenced as the best approach to employability for veterans with a mental health condition. The researchers limited in-employment support to four months, but no evidence was found to support this approach.

Cost effectiveness

Delivering evidence-based supported employment is a cost effective way of achieving employment outcomes for people with disabilities. Greig *et al.* (2014) reviewed the cost effectiveness of employment support for people with disabilities. The authors gathered data from 70 employment services comparing the costs of

high fidelity IPS and evidence-based supported employment services with other employment services. They found that the average cost per person supported was £1,170 for the evidence-based practice sites compared to £1,730 for all sites. The cost per job outcome for the evidence-based sites was £2,818 compared with £8,217 for all sites.

In 2009 Perkins, Farmer and Litchfield conducted a cost benefit analysis of projected costs for IPS. They suggested that the cost per employment outcome was £3,800.

Utilising technology with supported employment

Internet use in the UK has become almost ubiquitous; in 2013, 73% of adults used the Internet every day, with 43% using it to seek health information (ONS, 2013). A recent focus on the development of the IPS approach is exploring the use of technology to improve delivery of employment services and increase employment outcomes.

Lord *et al.* (2014) identified a number of uses of technology to enhance the delivery and outcomes of IPS services. These include:

- The delivery of training to both vocational and rehabilitation staff;
- Increasing awareness about supported employment including types of jobs, preparation, expected outcomes and benefit counselling;
- Providing information to promote self-referrals to the service;
- Providing personal testimonies in written, audio or visual formats;
- Collaborative planning tools to elicit preferences and enhance ownership;
- Scheduling appointments with vocational specialists;
- Self-management support including setting goals and receiving automated reminders and prompts;
- The use of mobile devices to enhance working memory, coping strategies and cognitive functioning.

Additionally, technology could be used to foster peer support through the use of an online discussion group.

Motivational interviewing

Recent research (Hampson, Hicks & Watt, 2015) has demonstrated the effectiveness of a brief motivational interviewing intervention in improving employment outcomes for people with serious mental illness. Participants who received the intervention had a significantly higher rate of paid employment at 12-month follow-up than those who did not.

“Having had a positive experience of employing a disabled ex-Service person we thought: ‘right, this is a really good way of filling our strategic labour needs, this is a group of people that have been passed over in employment but have got some really valuable skills, we can do the reasonable adjustments easily, that is easy to do, and we’ve got a whole pool of talent that’s not being mined’.” (Employer)

6. What works in veteran supported employment?

Key points

- The evidence about the benefits of IPS for people with mental health problems is replicated for the veteran population with experience of mental illness, substance misuse or spinal cord injury.
- There is no evidence that other vocational support models are effective in achieving competitive employment outcomes.
- There is weak evidence to support the use of volunteering as a means to paid employment.
- Self-employment can be an important source of paid employment for disabled people.

Individual Placement and Support for veterans

The Individual Placement and Support (IPS) approach is becoming recognised as an effective approach to employment support for veterans experiencing mental illness, substance misuse or spinal cord injury.

In a literature review aimed at identifying effective interventions for maximising work outcomes for a veteran population with mental illness, Van Til *et al.* (2013) identified 32 relevant studies, 10 of which focused on veterans. The authors agreed with numerous other systematic reviews that IPS is the most effective intervention to support people with serious mental health conditions to return to competitive employment, and concluded that it was the most appealing starting point for the development of an intervention to facilitate work integration for veterans with mental health problems.

This is a conclusion supported by Davis *et al.* (2012) in a randomised controlled trial of supported employment for veterans with PTSD. They report that veterans with PTSD who receive IPS were more than twice as likely to gain competitive employment than those who received other forms of supported employment. 76% of veterans in the IPS group gained competitive employment compared with 28% in the vocational rehabilitation group.

There is also evidence that IPS can be successfully implemented for veterans with substance misuse problems (Rosenheck & Mares, 2007) and in physical rehabilitation and medicine, where it has been adapted in the US for veterans with spinal cord injury – resulting in a competitive employment rate 2.5 times higher than treatment as usual (Ottomanelli, Barnett, & Toscano, 2014 and Cotner *et al.*, 2015).

There remains little evidence for the effectiveness of other vocational support approaches and the research that is available isn't particularly promising.

Transitional work experience

Transitional work experience (TWE) describes an employment model where participants are screened and placed into time-limited (typically 3 to 6 months) jobs that are owned by the agency. The jobs are either external placements, or placements within the employment agency (sheltered employment). Research has suggested that TWE has failed to achieve better competitive employment outcomes than minimal vocational support, and was significantly less effective than IPS.

A study by Penk *et al.* (2010) compared competitive employment outcomes for US veterans with comorbid psychiatric and substance use disorders accessing TWE, with those accessing simple job placement (JP).

The study found no statistically significant difference between the numbers of participants that achieved competitive employment in the two groups. 60% of the participants in the TWE group achieved competitive employment within the 12-month follow-up period compared with 77% of participants in the JP group.

A study by Leddy, Stefanovics, and Rosenheck (2014) compared vocational and non-vocational outcomes for veterans accessing IPS and TWE. The authors conclude that IPS is robustly associated with increased rates of achieving competitive employment.

Offering financial incentives to job seekers

A randomised controlled trial evaluated using a contingency management intervention (cash incentives of up to \$1,170 for completing tasks related to sobriety, job search and job maintenance) to enhance vocational rehabilitation (VR) for veterans with comorbid psychiatric disorders and substance dependence. The VR programme was delivered as part of the Veterans Health Administration Compensated Work Therapy programme for veterans, which includes tax credits for participating employers (Drebing *et al.*, 2007). The study found that adding a cash incentive to a VR programme can positively affect both vocational and clinical outcomes for dually diagnosed veterans.

- Unhelpful attitudes of business advisers;
- Lack of access to appropriate training and support.

Despite these challenges, in a review funded by the DWP on employment support for people with a mental health problem, Perkins *et al.* (2009) write that:

Although setting up a business is challenging, self-employment [...] can be an attractive option for some people with a mental health condition. It can enable people to pursue their interests and use their skills and can provide the flexibility necessary to accommodate fluctuations in their condition. (p71)

Volunteering

Intuitively the idea that volunteering can lead to paid employment is compelling. But research indicates that the evidence for this is weak. Pain *et al.* (2013) found that across all groups including the unemployed, the young (16-25 year olds), and disabled people, volunteering on a weekly basis had a negative effect on their chances of moving into employment. There is some positive effect for older workers (45-60 year olds) volunteering on a monthly basis. The researchers conclude that overall the evidence shows a statistically significant but weak effect on employability in terms of entry to work and suggest that too much has been made of the link between volunteering and employability.

Self-employment

In 2014 in the UK self-employment reached a record high, with 4.6 million people being self-employed in their main job. This accounts for 15% of people in work (ONS, 2014). For disabled people, self-employment is an important source of paid work. A report by Boylan and Burchardt (2002) identifies the barriers to self-employment for disabled people as:

- Difficulties in obtaining start-up capital;
- Fear of losing the security of regular benefit income;

7. The Poppy Factory Employability service

“The Poppy Factory gave us the confidence that there was the support there that we needed so... if there were quite significant issues with a particular client, then the support would be there to help them with that. So that gave us confidence that we could accept a broad range of people’s issues as well.” (Employer)

“One of the things that works is that we’ve got a really strong brand behind us, I think, which is instant credibility in many ways. The poppy logo itself is just instant credibility, which is brilliant. I think that’s one of the best parts of working at The Poppy Factory, which is that you don’t really have to explain what we’re about, what we do often.” (Staff member)

As of August 2015, The Poppy Factory’s Getting You Back to Work employability service comprised of:

- 7 Employability Consultants (ECs);
- 1 Employability Advisor;
- 1 Employment Co-ordinator;
- 1 Volunteer Co-ordinator;
- 1 Employability Manager;
- 2 Business Development Executives (BDEs);
- 1 Business Development Manager;
- 46 Volunteer Mentors working regionally across England and Wales.

Wounded, injured or sick veterans can self-refer to the employability service either via The Poppy Factory website or by phone. Referrals can also be made via other organisations.

Employability Consultants (ECs)

The seven Employability Consultants working across England and Wales bring a variety of skills to the role, but all are experienced in delivering supported employment or vocational rehabilitation. All are encouraged to complete a Level 6 Diploma in Career Guidance and Development and they are offered additional training in safeguarding, motivational interviewing, mental health awareness, Mental Health First Aid, and training on criminal conviction and disclosure.

Each EC works towards achieving 36 new job starts a year (changing to 25 in 2015/2016). Emphasis is placed on employment outcomes but other outcomes that are recorded include volunteering, education and training. No numerical target is set for these outcomes.

The Poppy Factory aims to place three new clients into each EC’s caseload per month. On receipt of referral (following vocational profiling/triage) ECs offer a face-to-face meeting within 10 working days.

The Business Development team

The Business Development Team’s main aim is to develop both strategic and bespoke employment opportunities for The Poppy Factory’s clients.

The Business Development Team aims to create 20 opportunities per month for the jobs bulletin and each worker expects to source two bespoke employment opportunities per month for specific clients.

Client demographics

In the 12-month period between 1 October 2014 and 30 September 2015, 340 people started the registration process for The Poppy Factory employability service. By the end of that year, 149 had progressed through vocational profiling/triage and joined existing clients on the Employability Consultants’ caseloads. Another 34 had begun the registration process.

Of those 149 who progressed on to the ECs’ caseloads, 5.4% were women. Just under half (48%) disclosed having a mental health problem as their primary medical condition, and 57% disclosed mental health problems as either a primary or subsidiary condition (experienced alongside other medical conditions). The second largest medical condition reported was musculoskeletal problems: 18% of clients reported these as a primary medical condition with 44% reporting them as a primary or subsidiary condition.

The primary medical condition for all individuals who moved onto the ECs caseloads are given below in Figure 1. The percentages of all medical

conditions disclosed (primary and subsidiary) are given in Figure 2.

Figure 1: Primary medical condition

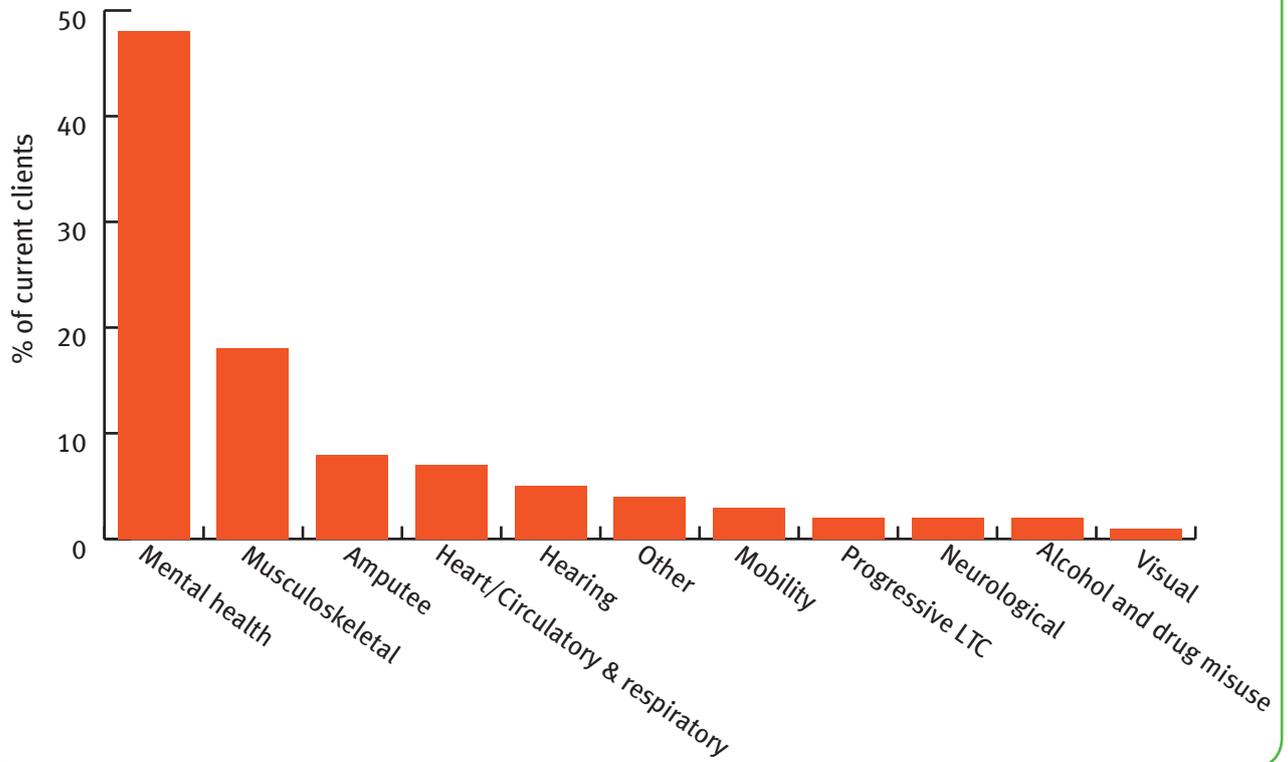
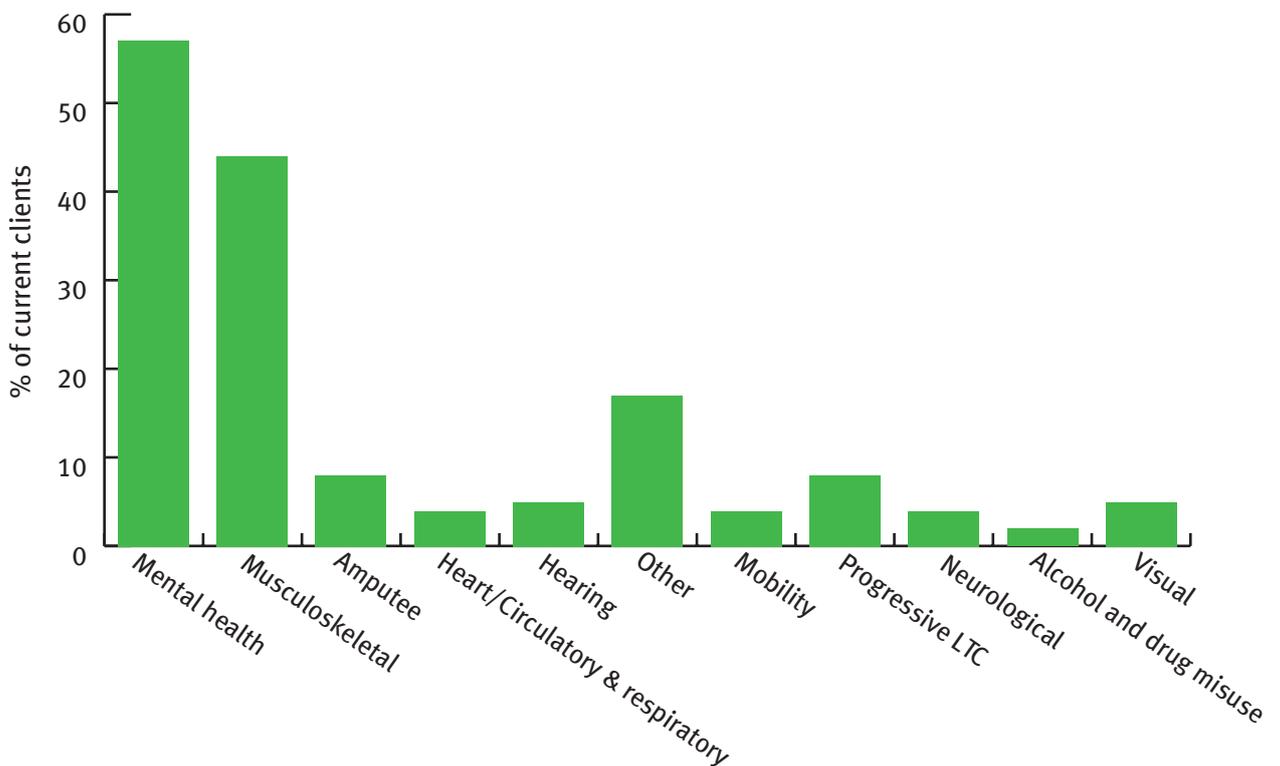


Figure 2: Primary or subsidiary medical condition



Note: More than one condition disclosed by each participant resulting in more than 100%

Figure 3 shows the breakdown of Service among The Poppy Factory clients. Three-quarters had been in the Army. Three of the 85 clients who disclosed a mental health problem were women.

Outcomes

For the year 2014/15 The Poppy Factory employability service achieved 111 employment outcomes.

The Poppy Factory can, at its discretion, choose to enhance an individual client's opportunity for paid employment, by funding a work role up

to a maximum amount of £15,000 for a period of up to 12 months. Ten of the 111 clients who achieved employment outcomes did so through this route. It is expected that funded employment placements will not exceed 10% of annual employment outcomes in the future.

A further eight clients were supported into voluntary placement and four into training or education (see Figure 4).

The Business Development Team directly contributed to 18 (16.4%) of those employment outcomes.

Figure 3: Armed Forces represented by The Poppy Factory clients

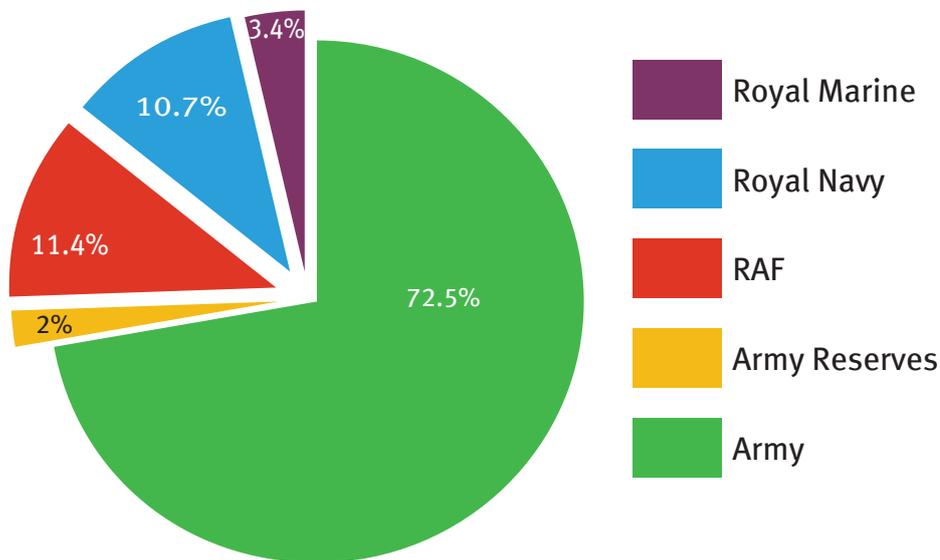


Figure 4: 2014/15 client outcomes

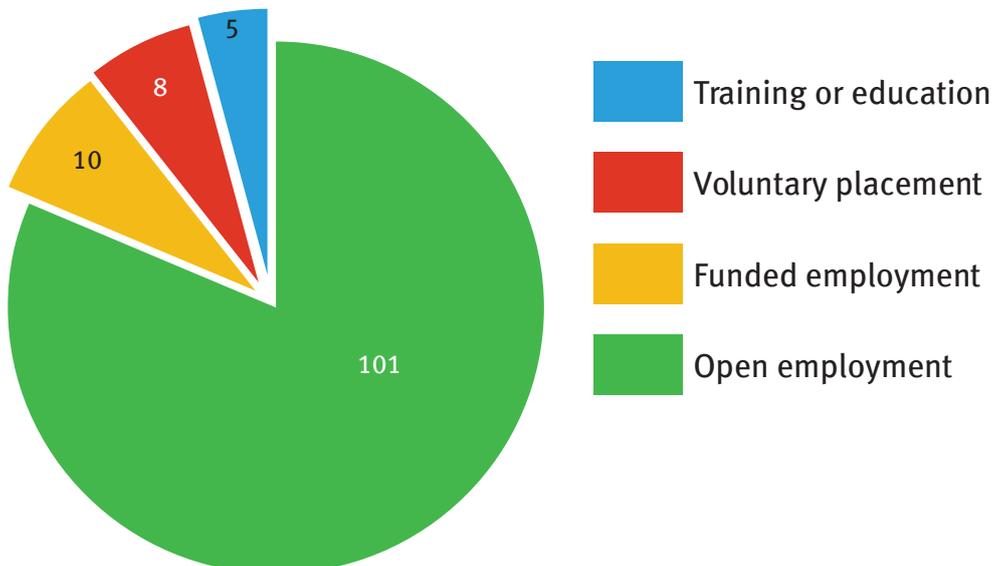
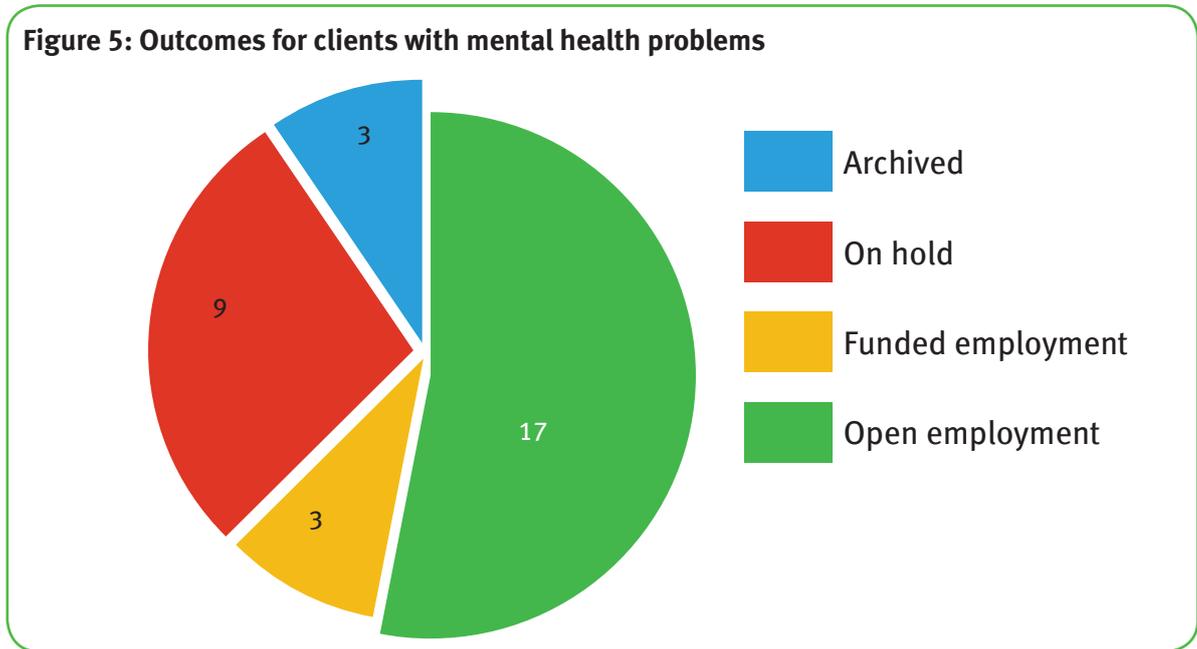


Figure 5 details the outcomes that were achieved for clients who began working with The Poppy Factory in 2014/15 who disclosed a mental health problem.



Staff at The Poppy Factory described some of the challenges in securing employment for veterans. They included the difficulty of working across large geographical areas, the need for consistent working across all ECs, the challenge of working with clients who have ‘hidden barriers’ to employment such as mental health problems, and the occasional difficult quest of finding a great job for clients, in the perfect location, especially when that location was rural with a poor transport system.

Poppy Factory staff spoke of the tension between meeting the needs of employers who had urgent vacancies to fill, and supporting veterans with substantive barriers to employment, many of whom need additional support and reassurance during the pre-employment and early-employment phases.

All of the employers we interviewed said they would be happy to recommend The Poppy Factory to other employers, and the majority said that sickness absence rates for The Poppy Factory’s clients were below those of their other employees.

Employers were quick to recognise the talent, skills and attitudes that Poppy Factory clients brought to their businesses. This included a

positive attitude, a real desire to work, impeccable timekeeping, ability to work in a team and to take instructions, discipline, a respect for authority, and a willingness to work hard.

“He’s never late, which is massive for us. Somebody who knows what hard work is, and actually this is probably a walk in the park compared to some of the things that they’ve done. So we knew that that’s what we were going to get with him. Somebody who’s going to be respectful of authority as well; we knew in the Army there’s a very structured hierarchy, and it’s the same here, where you’re managed by people and they’re managed by somebody else. So everyone’s got a manager, so we knew we were going to get that, and we were quite excited by that. People like The Poppy Factory clients who have had experiences, they just add a real richness to the business, so we knew we were going to get that sort of thing from them.”
(Employer)

Employers that used the funded placements scheme were very appreciative of the opportunity the placement gave and the support the clients received.

“I was very impressed that The Poppy Factory client was supported to that extent; it’s a high level of support that he’s received I think, financially and emotionally.” (Employer)

Employers described The Poppy Factory staff as knowledgeable, approachable, responsive and passionate about their work.

“The Poppy Factory staff were very, very passionate about what it is that they were doing, and they had a real kind of clear objective about what it is they wanted to do about getting people into meaningful employment.” (Employer)

Employment outcome costing

We calculated the cost of The Poppy Factory’s employability service per employment outcome it achieved and found that each employment outcome cost £5,513. This does not include the cost of funded placements. If funded placements were taken into account, each employment outcome would cost in the region of £6,864. It is acknowledged that the cost per outcome from The Poppy Factory’s service is higher than the outcomes achieved through the IPS model as a result of economies of scale, but it is more cost effective than other employability services.

Veterans’ experiences of The Poppy Factory

The majority of veterans who were interviewed were very positive about their experience of working with The Poppy Factory.

“I think The Poppy Factory in general is really good. What they do is fantastic, because... for a lot of employers it is a risk to employ somebody... if they’ve got a disability, and they know your background... So for what they’re doing, to give guys the opportunity to get their foot in the door of employers, I think it’s fantastic and a really good idea.” (Client)

They were particularly enthusiastic about the bespoke, personalised and responsive support they were offered:

“You can see it, feel it, yourself, that this person is actually working hard for me to get a job. When you want to stop in the middle and say ‘no I can’t do it any more’, with someone else behind you, who’s put their own life and job on to serve for you, I said ‘no, I’ll soldier on.’ So I soldiered on.” (Client)

Staff members were also proud of the bespoke, personalised and responsive service they could offer.

“I think that the fact that we are so responsive and that we offer one-to-one support and... we’re really well connected, that’s one of the things that makes this service so brilliant as well. If I was in their position and I was looking for support, and someone said to me ‘right that’s fine, thanks for contacting us, we’ll be down to see you within a week, we’ll sit down, have a coffee and come up with some sort of action plan’, that’ll make me feel really reassured I think, that I’ll have someone down there to do that. So it’s a really vital part of the service I think, that we do that.” (Staff member)

One client described how The Poppy Factory had helped them to think more creatively:

“I think without The Poppy Factory life would have been a lot harder. Because The Poppy Factory gave me ideas, it made me think outside the box and focus. Had I not had that, I probably would have still been very disillusioned and probably in a worse place, so I think the organisation itself has achieved its goal in getting me into employment.” (Client)

Clients talked about the help they had received in writing their CVs. One client described how The Poppy Factory helped him to translate his CV into civilian language:

“When I left the Army, I found it very hard to integrate into the civilian population. That’s why, applying for job, after job, after job, I was probably knocked back because I wasn’t describing what they wanted to hear, and when I applied for the Poppy Factory, they helped bring that all out.” (Client)

8. The Poppy Factory and evidence-based supported employment

“I think he had lots of the skills that we needed... He was able to communicate; he was very, very passionate about coming to work for us; you don’t see that kind of passion very often, so he had that. You know, he had the time management, he came very, very well presented, and in the interview he gave the impression that he wanted to learn”. (Employer)

The Poppy Factory clearly meets fidelity to the IPS approach in some important areas: including in the supervision and management of Employability Consultants, zero exclusion criteria (veterans are not excluded based on diagnosis or presenting challenges), the delivery of the service within the community and the diversity of employers that The Poppy Factory is working with. Improvements are currently being made to individualised job searches (approaching employers based on individual client needs) and reductions have been made to the number of funded roles (from 15.5% of all employment outcomes in 2013/14 to 9% in 2014/15).

Greater fidelity would be achieved by working towards a more standardised approach to rapid job search, a reduction in caseload size, benefits counselling, integrated working (where appropriate) with clients’ support networks, proactive and time unlimited in-work support and a focus on competitive employment as opposed to volunteering or training.

One of the key principles of IPS is the co-location of vocational staff within clinical teams. While vocational services that are not working within a clinical environment will find this challenging, integrated working across an individual’s support network (including health services, with the client’s permission) is essential to achieving

sustained employment outcomes.

One of the challenges to many organisations delivering IPS services has been the principle of time unlimited support. The Poppy Factory currently offers up to twelve months of in-work support. There is no evidence however, that there are advantages to limiting in-work support, and preventing paid employment placements from breaking down is a much more effective use of resources than having to find new work placements when it all goes wrong. There is emerging evidence, however, to support limiting the time a client spends on an IPS caseload if they do not gain employment within nine months (Burns *et al.*, 2015).

In a comparison of the cost of employment outcomes and the per-place cost of IPS and evidence-based supported employment, The Poppy Factory is more expensive than IPS and evidence-based supported employment services, but compares favourably with more traditional employment services. It is worth noting, however, that differences of procedure, scale and definition limit the effectiveness of direct comparisons across services and organisations.

The cost of each place (i.e. the cost per head irrespective of outcome) on the Poppy Factory employability service is approximately £3,344.

Figure 6: Costs per employment outcome

All employment services	£8,217 ¹
IPS	£3,800 ²
The Poppy Factory (excluding funded placements)	£5,513

¹ (Grieg *et al.*, 2014)

² (Perkins *et al.*, 2009)

9. Conclusions

“[The Poppy Factory has] certainly opened our eyes up to a new area and pool of talent that we wouldn’t otherwise have ever touched, really. It’s woken me up to mental health; it’s not something particularly that I’d come across previously, which has been really good. It’s taken me on a massive learning curve.” (Employer)

While most people who leave the Armed Forces will make a successful transition from military to civilian life, some people will find that transition more problematic, and we know that this is particularly true of people who experience mental health conditions. Mental illness can be both the cause and the effect of unemployment. Service personnel who leave the military experiencing poor mental health may have greater difficulty in transitioning to civilian employment; and veterans who experience unemployment may be more vulnerable to mental ill health.

Few of the clients we interviewed immediately identified themselves as having a mental health problem. But as the interviews progressed it became clear that they did have experiences of poor mental health. This is true for many of us. We may not frame our experiences in the language of ‘mental illness’ and certainly not ‘serious mental illness’, but the psychological distress that we experience can have a major and lasting impact on our lives.

The literature review clearly states that common mental health problems (including depression and alcohol misuse) are more prevalent than Service-related psychiatric injuries among Armed Forces veterans. In serving personnel, PTSD rates are between 4% and 6% compared with 3% in the general population. Yet it was noticeable in our interviews with Poppy Factory clients, staff and employers that mental illness among veterans was described almost exclusively in terms of PTSD.

There may be a number of reasons for this. For example the delayed onset of PTSD might result in veterans being more likely to experience PTSD than serving or more recently serving personnel, or it might indicate a preference for describing veterans’ experiences of mental illness within a PTSD framework. PTSD was described by one client as having more ‘status’ than anxiety or depression.

One of the possible consequences of referring to veteran mental health exclusively in terms of PTSD is that it is potentially dismissive of other, more prevalent problems and it may reinforce the negative stereotype that all Service personnel are damaged by their time in the Forces. It is important to acknowledge the very real challenges those ex-Service personnel with PTSD face, but to be clear that veterans face a wide range of mental health problems, and not necessarily as a result of their Service.

By far the largest concern for employers contemplating working with The Poppy Factory was their ability to support veterans who had mental health problems. One of the ways identified by employers to address this concern was better information about the broad range of mental health problems that veterans may face and the particular problems that an individual may be experiencing. Following this research report, The Poppy Factory have worked further with Centre for Mental Health and Forces in Mind Trust to produce an employer’s toolkit which offers a practical guide to support employers and managers when they recruit a Poppy Factory client with a mental health condition.

Disclosure is a big issue for anyone facing a barrier to employment, and particularly for those experiencing mental health problems. It is important to discuss with clients the pros and cons of disclosing information to employers. One way to facilitate, record and share this conversation is through the development of a Wellness, Recovery, and Action Plan (WRAP)¹. This plan is as relevant to a client experiencing physical barriers to employment as it is to someone experiencing mental health difficulties. The client can choose to share their WRAP with their employer or other support agencies. A WRAP contains information on what someone is like when they are well, what they are like when they are unwell, what the triggers are for them, what their early warning signs are, things that

¹ For more information, see <https://copelandcenter.com/wellness-recovery-action-plan-wrap>

they do to keep themselves well, what to do when they become unwell, the best way to support them, and who to contact if they need additional support. It is this type of information that may help an individual client and give an employer confidence about their ability to support them.

Employers stated that the individualised and proactive support that they got from The Poppy Factory staff gave them the confidence to offer employment to veterans experiencing substantive barriers to employment, including those with a mental illness. They were very positive about their experience of working with Poppy Factory staff describing them as knowledgeable, approachable, responsive and passionate about their work.

Employers were equally positive about The Poppy Factory clients they employed. They found it very easy to list the attributes and skills that veterans brought to their organisations: these included a positive attitude and a real desire to work, great time keeping, ability to work in a team and to take instruction, discipline and a willingness to work hard.

A number of employers stated that they were very keen to be associated with The Poppy Factory; they recognised the contribution that veterans had made to their country and they valued the work that The Poppy Factory was doing. They recognised the excellent reputation that The Poppy Factory has, and saw working with it as an opportunity to generate positive publicity. There is a strong incentive for employers to work with The Poppy Factory in order to be associated with both the client group and the organisation.

“We were keen to work in partnership because obviously there’s a great reputation and track record for The Poppy Factory, so it’s nice to be working with somebody with such a sort of prestigious reputation. The staff were very professional, and it just fills you with confidence about working together.”
(Employer)

The use of funded placements is not supported by existing research evidence and there is some evidence from interviews with ECs and employers that it may drive poor behaviour (for example offering a job when there is no intention to provide employment after the year-long funded

place, or offering a placement without a defined job for people to do). There is also evidence from the interviews that clients and employers have an expectation that funded roles would be available, and there is evidence that a number of employers (at least 40%) had found someone they wanted to employ and then approached The Poppy Factory for funding, which would suggest that the clients might have achieved employment outcomes without funding.

However, evidence from the interviews does suggest that the allocation of the funding enabled ECs to be more assertive in their expectations of the support that the employer will offer vulnerable clients, and that it gave employers a risk-free way of employing people with substantive barriers to employment. It also resulted in these employers becoming willing to provide more employment opportunities to other clients.

The Poppy Factory employability service is a relatively new service that has been working hard over the last couple of years to develop effective policies and procedures, and to support new staff into their roles to deliver a bespoke, client focused service that helps wounded, injured or sick veterans find and retain employment. Staff are proud of all that has been achieved in the service; they recognise the challenge of delivering a national service with a small but growing staff team, and are keen to develop the service even further.

Clients that were interviewed for this report expressed genuine gratitude to The Poppy Factory for the support that they had been given, and gave examples where individual ECs provided tenacious, effective employment support.

A number of the staff, clients and employers interviewed described the use of voluntary placements to enhance ‘job readiness’. However, the literature review gave weak evidence to support the use of volunteering as a means to gaining paid employment. One study found that people who volunteered weekly were less likely to get into paid employment. Evidence from people who experience mental illness suggest that volunteering can negatively impact on self-esteem because the implication is that their labour is not worth financial recompense.

For an employment service that is focused on

achieving paid employment for their client group, volunteering can only be acceptable if there is an explicit job offer and the individual is participating in a time limited, short, volunteering placement as a means of gaining or demonstrating a specific skill. Open ended or long-term volunteering placements are not an appropriate or effective means of achieving paid employment.

As stated in the literature review there are a large number of charitable organisations working in this sector. The Poppy Factory has been very effective at linking up with other charities: giving information and proactively referring clients appropriately to other services, and receiving client referrals from other services. The advantage of this effective networking is that clients gain access to welfare support and training (among other services). All the staff who were interviewed for this report were clear that their role was not to provide welfare support, but they also acknowledged that it was important that clients were advised appropriately, and that when something threatened a successful job placement, pragmatic support was offered.

There are a number of opportunities that are available for veterans through other organisations such as counselling, volunteering placements and personal and vocational development. There is a danger that if these opportunities are routinely used they can delay the principle of rapid job search; they can become in themselves an alternative to paid open employment.

One issue that has been raised in regard to employment support for veterans with mental health conditions is whether effort should be focused on improving the knowledge and skills of mainstream services to work with this group or if they require specialist support that cannot be offered in generic services. We have found no academic evidence to help us answer this question. In a review of veterans' and family members' mental health needs identified in local Joint Strategic Needs Assessments (JSNAs), the Forces in Mind Trust (2015) concluded that while there is a need for some specialist mental health service provision for veterans, these services can never meet the full level of need or demand. The Trust argued that it is therefore important to improve mainstream mental health service

provision so that the needs of veterans are met in a culturally sensitive and appropriate way.

The employment needs of the vast majority of veterans are likely to be met by mainstream, DWP-funded, employment services. But some veterans who have more complex needs (including those with a severe mental illness) may benefit from an employment service which has particular experience and knowledge of working with the veteran population. This report reinforces the need for further research to explore whether veterans with mental health conditions would benefit most from specialist support with employment or from improvements to generic employment and health services.

The Poppy Factory has demonstrated the potential that a specialist employment service can achieve working with veterans with mental health conditions. It has shown that employers' concerns about veterans can be allayed by high quality engagement and ongoing support. Their work has demonstrated that veterans with mental health conditions can overcome the additional obstacles many face to gain competitive employment. It has reinforced the importance of close adherence to the principles of IPS in giving people the best possible chance of fulfilling their employment potential. And, perhaps most importantly of all, it has demonstrated the valuable contribution that veterans, including those with mental health conditions, can make to our civilian workforce.

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Published April 2016

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