

SHEFFIELD OCCUPATIONAL HEALTH ADVISORY SERVICE AND ITS ROLE IN IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES IN SHEFFIELD: UNITED KINGDOM

1. Organisations involved

- Sheffield Occupational Health Advisory Service (SOHAS)
- Improving Access to Psychological Therapies (IAPT) Sheffield

2. Description of the case

2.1. Introduction

2.1.1. Sheffield Occupational Health Advisory Service

Sheffield Occupational Health Advisory Service (SOHAS) is a registered charity which operates locally in the National Health Service in England. Its advisors work in general (medical) practitioners' (GPs') surgeries and take referrals from GPs and other professionals. The service gives confidential advice and support to people with work-related ill health, including:

- raising awareness of work-related health problems;
- carrying out health checks for deafness, lung disease and vibration damage;
- giving advice on health and safety rights.

The service also provides advice on job retention and rehabilitation case management. The advice given by SOHAS is designed to improve conditions at work.

Since it started, SOHAS has been gathering data on patients seen by its advisors and has been evaluating this data to identify emerging patterns. This allows SOHAS advisors to develop and promote methods tailored to specific problems. In particular, SOHAS has become specialised in dealing with stress and other work-related psychosocial issues.

2.1.2. Improved Access to Psychological Therapies

In 2004–2005, the publication of national guidelines for health care in the UK supported the use of certain psychological therapies (including cognitive behaviour therapy). This was followed by a report on depression (Layard, 2006) which argued for an increase in access to psychological therapies in order to reduce depression- and anxiety-related costs to society and to businesses, and help people to return to work.

In 2007, the UK government launched a large-scale programme, 'Improving Access to Psychological Therapies' (IAPT), to increase access to treatments for depression and anxiety within the National Health Service (NHS). This took place in the context of the government's 2006 strategy on *Health, Work and Well-being* (Department for Work and Pension, 2005), which emphasised the importance of managing mental health to avoid work-related health problems and sick leave.

Two pilot sites were created, in Newham and Doncaster, where IAPT services were established. The services aim to implement the national guidelines by providing faster access to treatment for people suffering from depression and anxiety disorders. In the beginning, the programme targeted the working-age population with the aim of keeping people in work or helping them to return to work quickly. From 2011, the scope and target group of the programme widened to include the whole

population, including children and young people, as well as people with long-term physical conditions, medically unexplained symptoms or severe mental illness¹.

Following the success of the two pilots, and to support the implementation of the government's strategy *No Health without Mental Health* (Department of Health, 2011) IAPT services opened in various UK primary care trusts, including in the city of Sheffield. By March 2011, 142 such services existed.

2.1.3. Collaboration between IAPT Sheffield and SOHAS

In 2009, SOHAS approached IAPT Sheffield with the idea of launching a programme within IAPT Sheffield to provide specialist employment advice to patients with mental health conditions. The IAPT Employment Advice service (IAPT EA), funded by the Sheffield Health and Social Care Trust, began operating in July 2009.

2.2. Aims

SOHAS and IAPT EA aim to provide advice and support that aids the retention of people with mental health problems at work, or that helps those with mental health problems to return to work.

2.3. What was done, and how?

To support its work on job retention and rehabilitation case management for people with physical and mental health problems, SOHAS uses the return-to-work method, which ensures that considerations related to employment, return to work, workplace adaptations and adjustments are taken into account by the SOHAS advisors. Based on this method, SOHAS, in coordination with IAPT Sheffield, has developed a similar method to facilitate the return to work of people with mental health disorders, by ensuring that return-to-work considerations are taken into account in psychological therapies as well.

This methodology, applied by IAPT EA, is based on the use of a number of tools used to manage mental health symptoms, such as the Wellness Recovery Action Plan (WRAP), stress risk assessments, return-to-work plans that are primarily for employees, psycho-education and time management skills.

2.3.1. Access to the employment advice service

Individuals can access the service through their GPs, through their IAPT advisor or by self-referral.

- A visit to the GP in relation to mental health can trigger referral to the employment advice service. One-third of Sheffield's GP surgeries have a SOHAS or IAPT EA advisor in their practices, and information about the service is available in all GP surgeries.
- Therapists from IAPT can also refer clients to the employment advice service when there is a significant employment problem to the point where an individual's job may be at risk.

Individuals can access the service as many times as they need to, as no limit is specified for number of interactions with an advisor during an intervention.

The service is confidential, and the employer becomes involved in the process only at the employee's request, such as when discussing a return-to-work plan.

IAPT EA interventions run parallel to the therapy services that IAPT offers to ensure that the individual is getting timely employment advice, as well as therapeutic interventions to manage his/her symptoms. Both IAPT and IAPT EA services operate a 'stepped care' model of treatment, whereby the individual is treated with the least intrusive intervention in the first instance and then stepped through the service if necessary.

¹ IAPT website. Accessed 27/10/2015 at: <http://www.iapt.nhs.uk/>

2.3.2. Tools

▪ The WRAP method

The WRAP method aims to help people to deal with different mental health symptoms and manage their lives. Based on its experience with return to work and occupational health, SOHAS further developed the workplace WRAP method to tailor it to the needs of workers who want to go back to work. The work history of the client is reviewed and trigger points are identified, following which an action plan is developed. This action plan gives the worker the tools to negotiate return to work by documenting the issues that affect his/her work and which will need workplace adjustments. The action plan is used as a document for discussion with the employer or line managers to help the company to better understand the health issues of the worker, the possible causes of pressure on the worker's mental health and potential trigger points. It is also used to negotiate workplace adjustments in order to ensure a successful return to work.

▪ Training

SOHAS also provides training to employers to help them understand the basis of the WRAP and return-to-work process, to help them use the WRAP method at the workplace to manage workers with health conditions, and to help workers return to work after a period of sick leave. In this context, the WRAP also promotes communication between the employee and the employer/manager and a sense of shared responsibility for the person's health condition in the workplace. The training provided by SOHAS is not solely focused on mental health, as the WRAP tool can be used for both mental and physical health concerns.

2.4. What was achieved?

According to those responsible for creating the service in IAPT and SOHAS, 1,320 people have accessed the IAPT EA service since 2009.

An external unpublished evaluation was carried out on the IAPT EA service in Sheffield in 2011. The evaluation, by the University of Warwick, identified that 93 % of referrals were of medical origin, via either GPs or IAPT. It also showed that the people who benefited from the service represented a wide spectrum of occupations, from managers and professionals to manual workers. Most people were aged between 25 and 49 years old and 68 % were women.

At the time of the referral, 95 % of the people were employed, with 44 % still at work and 51 % employed but on sick leave (including 19 % on long-term sick leave).

Reasons given for wanting to see an employment advisor included facing disciplinary action at work (9 %), too much work (9 %), difficulty managing workload (18 %), coping with changes in the organisation of work (18 %), difficulty managing relationships with management and supervisors (23 %) and the perception of being harassed or bullied by colleagues (27 %). The advice offered to the clients mostly aimed to help them manage their situation better in their current job rather than find alternative employment.

The evaluation showed that 83 % of those who were employed and at work (not on sick leave) at the time of the referral were still employed at the time of the evaluation. In addition, 95 % stated that the service had helped to keep them at work. Of those returning to work after sickness absence, 75 % said the EA service had helped this process. Finally, 50 % of those taking part in the evaluation responded that their current situation would have been very different without the EA support, with 32 % of respondents reporting that they would have quit their jobs had it not been for the support they received.

2.5. Success factors

The following success factors have been identified by those working on the programme:

- *Support from the medical community:* According to SOHAS, a critical success factor has been the ability to obtain the support of GPs and the access to GP surgeries in the city to promote the EA services, as well as the support of the IAPT team to obtain a large number of referrals.
- *Communication between the different actors:* One important factor has been the degree of integration of the EA services in the IAPT team, even though they were not working from the same location. The possibility for clients to contact the advisors easily has also been outlined as a success factor.
- *Early intervention:* Although no data are provided, the team working on the programme mentioned that early intervention with clients was critical to successful outcomes.
- *Monitoring:* Before the EA service was available, primary care mental health workers and GPs would refer clients to the generic SOHAS service or to their local Citizens Advice Bureau, but it was not always possible for them to monitor the whole process. Because the EA service is embedded, the IAPT therapists can follow up each client.
- *Communication with the employers:* An important success factor for successful retention or return to work is the ability to communicate with the employer. In 75 % of cases, the EA service encouraged the clients to discuss their problems with their employers and 62 % of these clients found this communication helpful or very helpful.
- *Documentation of the rehabilitation process:* The WRAP method gives employees the skills to negotiate return to work with identified trigger points and necessary workplace adaptations. This written documentation benefits both employer and employee, as it brings clarity and facilitates behaviour change.
- *Ease of use:* The process is also seen as simple to use, simple to understand and easy to modify.

2.6. Transferability

The method used by the Sheffield IAPT EA service to support the return to work of people with mental health disorders, based on the WRAP tool, is transferable to other IAPT services in the UK.

For the moment, the WRAP tool is used only for mental health issues (stress and anxiety). The method may be transferable to other types of work-related health issues (such as physical illness, return to work after cancer, and ageing and work) provided that a structure, like IAPT for mental health, is in place to provide the advice.

Finally, the method has already been transferred from the USA to the UK, making it likely that transfer to other EU Member States could occur successfully.

2.7. Further information

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3. References and resources

- IAPT national website. Accessed 27/10/2015 at: <http://www.iapt.nhs.uk/>
- IAPT Sheffield website. Accessed 27/10/2015 at: <http://www.sheffieldiapt.shsc.nhs.uk/>
- IAPT Sheffield Employment Advice web page. Accessed 27/10/2015 at: <http://www.sheffieldiapt.shsc.nhs.uk/how-can-we-help-you/employment>

- Sheffield Occupational Health Advisory Service web page. Accessed 27/10/2015 at: http://www.sohas.co.uk/advice_for_patients.php
- Sheffield Occupational Health Advisory Service, 'Suggestions for what a Wellness Recovery Action Plan/Psychological Support Plan for work might contain', working document. Retrieved 27/10/2015 from: http://www.sheffieldiapt.shsc.nhs.uk/documentbank/WRAP_Plan.doc
- Copeland Center for wellness and recovery, webpage on WRAP method. Accessed 27/10/2015 at: <http://copelandcenter.com/>
- Clark, M.D. (2011), 'Implementing NICE guidelines for the psychological treatment of depression and anxiety disorders: the IAPT experience', *International Review of Psychiatry*, Vol. 23, pp. 375–384. Retrieved 27/10/2015, from: <http://www.iapt.nhs.uk/silo/files/clark-2011-implementing-nice-guidelines-the-iapt-experience.pdf>
- Hasluck, C. and Hogarth, T. (2011), *The role of employment advisors in IAPT: evaluation of the Sheffield EA service*, Institute for Employment Research, University of Warwick. Unpublished draft.
- Layard, R. (2006), *The Depression Report: A New Deal for Depression and Anxiety Disorders*, Centre for Economic Performance, London. Retrieved 27/10/2015, from: <http://cep.lse.ac.uk/pubs/download/special/depressionreport.pdf>
- OCD-UK (2010), 'Improving Access to Psychological Therapies (IAPT)'. Retrieved 27/10/2015, from: www.ocduk.org/iapt
- Department for Work and Pensions, Department of Health, Health and Safety Executive (2005), *Health, work and well-being – Caring for our future, A strategy for the health and well-being of working age people*. Retrieved 27/10/2015 from: <https://www.gov.uk/government/publications/health-work-and-wellbeing-caring-for-our-future>
- Department of Health (2011), *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*. Retrieved 27/10/2015 from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124_058.pdf