

Birmingham JSNA 2017/18

Strategic Overview

Purpose

A Joint Strategic Needs Assessment (JSNA) looks at the current needs of local communities and helps health and care organisations to plan support and services for the future. It is an ongoing process that identifies the future health and wellbeing needs of the people of Birmingham bringing together a range of strategic overviews and detailed needs assessments. The JSNA should not be seen as a “one off” document. It is ever growing and changing as new reports and assessments are added, which can be referenced together as a Joint Strategic Needs Assessment

How

We plan to publish JSNA Chapters on key public health areas, making relevant information publicly available to those that require it for planning and supporting local services. More resources are available on our webpages.

Chapters

- Public Health Outcomes Framework - August 2017
- Life Expectancy - August 2017
- Adults Social Care Outcomes Framework - December 2017
- **Mental Health and Employment – January 2018**
- Mental Health and Physical Health – January 2018

Contact Us

Please get in touch if you want access to our data or with any queries regarding Birmingham’s JSNA.

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Birmingham JSNA 2017/18 Strategic Overview Chapter

Mental Health and Employment

Key Message

- Mental ill health has a major impact on employment:
 - Worklessness is a risk factor for mental health conditions
 - Mental ill health is a barrier to employment
 - Work is usually beneficial to health and wellbeing including for those with a severe mental illness.
- Birmingham has a high number of claimants for benefits for being unable to work due to a mental health disorder (26,774 as at February 2017).
- There are significant differences amongst those using secondary mental health services with these groups more likely to be long-term sick or unemployed:
 - Older people
 - Most severe mentally ill
 - Black, Mixed and Asian ethnic groups
 - Males.

Access to employment

People with mental health conditions are under-represented in the labour market. Evidence suggests that the relationship between mental ill-health and employment is multi directional. Worklessness is recognised to be risk factor for the onset of mental illness, but an episode of mental illness itself may contribute to job loss. Once unemployed, poor mental health can act as a barrier to gaining and sustaining employment and users of mental health services face more significant barriers to work than people with other disabilities¹. Work is usually beneficial and worklessness detrimental to health and well-being. This applies equally to people with mental health problems, including those with severe mental illness².

Nationally the employment rate for people with mental health conditions is 37%, compared to 71% for the general population. For disabled people with mental illness it is 18%³.

The long term sick and disabled group is especially significant as in Birmingham more than half of people claiming Employment Support Allowance (ESA) (for people who are unable to work due to illness or disability) have a mental health disorder. This equates to 26,774 in Birmingham alone⁴ and more than three times the number of the next disorder type and is an indication of the significant impact that mental health conditions can have on an individual's employment status.

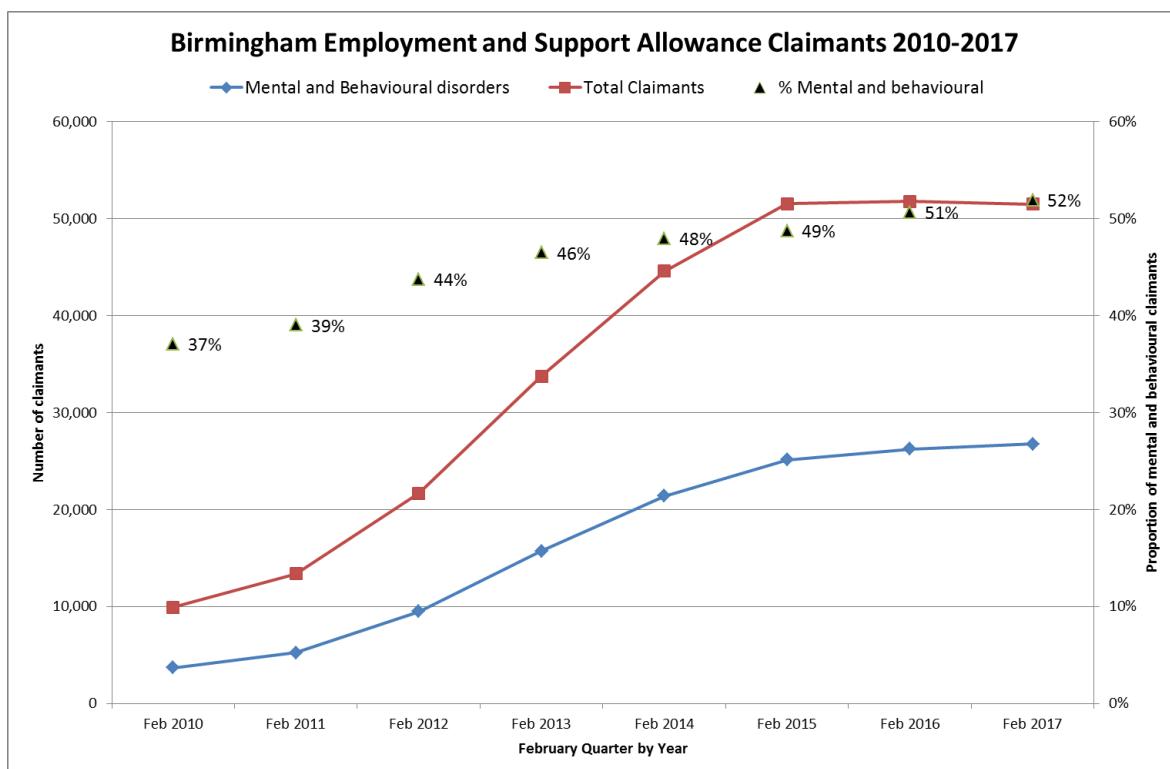


Figure 1 - Birmingham ESA claimants for mental and behavioural disorders

¹ Boardman, Jed, et al. "Work and employment for people with psychiatric disabilities." *The British Journal of Psychiatry* 182.6 (2003): 467-468.

² Lelliott and Tulloch, "Mental Health and Work", The Royal Society of Psychiatrists' Research and Training Unit (2008)

³ Labour Force Survey - People who were categorised as Disability Discrimination Act (DDA) disabled and reported their health condition as 'mental illness'

⁴ Birmingham ESA Claimants by Disorder – DWP ESA Cumulative Caseload February 2017

Public Health Outcomes Framework: Birmingham Comparison

Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate

This national indicator is the percentage point gap between; *the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 64); and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64).*

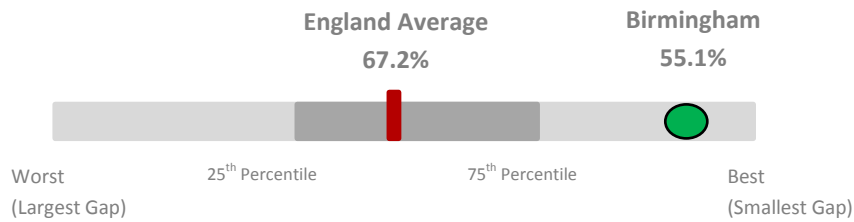


Figure 2 - Benchmarked gap in employment rate for those in contact with secondary mental health services

Birmingham seemingly performs well in this indicator with a 55.1% employment gap (2015/16), which is smaller than the England average and the majority of local authorities. However the reason this gap is reduced is due to the high unemployment in Birmingham as a whole. In fact only 5% of secondary mental health service users on the Care Programme Approach (a marker of serious mental illness) are employed, and this is lower proportion than the England and Core Cities average (Figure 2). It is however a higher percentage than Birmingham's statistical neighbours comparator group's average employment.

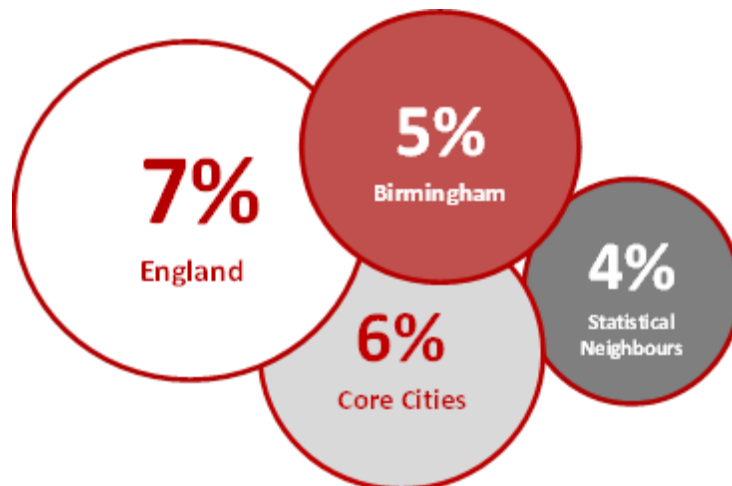


Figure 3 - Percentage of service users on Care Programme Approach who are employed (ASCOF)

Inequalities in Employment for Specialist Mental Health Service Users

While the employment picture for people with mental health conditions is bleaker than for those without, analysis of data from Birmingham and Solihull Mental Health Trust shows that there are also inequalities among service users that are statistically significant.

Analysis was carried out to understand the employment picture for secondary mental health service users, and to identify the groups more likely to be affected by unemployment and long term sickness and disability.

Unemployment

The main findings of the analysis of unemployment among secondary mental health service users were that:

- Older service users were more likely to be unemployed compared to younger age groups. 60-64 year olds were 4 times more likely to be unemployed than 20-24 year olds (Odds ratio 4.10 (2.82, 5.95))
- Service users with the most severe serious mental illness were twice as likely to be unemployed than those with the least severe (Odds ratio 2.25 (1.70, 2.99))
- Males were 1.5 times more likely to be unemployed than females (Odds ratio 1.53 (1.35, 1.73))
- Unemployment was 25% more likely for service users of Asian ethnicity than for those who were White (Odds ratio 1.25 (1.07, 1.46)).

Long-term sickness and disability benefit

- Males were 40% more likely to be claiming long-term sickness and disability benefit than females (Odds ratio 1.41 (1.25, 1.59))
- Service users with the most severe serious mental illness were 9 times more likely to be claiming long-term sickness and disability benefit than those with the least severe (Odds ratio 9.30 (6.94, 12.45))
- Long-term sickness and disability was 50% more likely for service users of Black and Mixed ethnicity than for those who were White (Odds ratio 1.5 (1.13, 2.01))
- Older service users were more likely to be claiming long-term sickness and disability benefit compared to younger age groups. 60-64 year olds were 11 times more likely than 20-24 year olds (Odds ratio 10.94 (7.59, 15.17)).

LONG TERM SICKNESS AND DISABILITY BENEFIT AMONG SECONDARY MENTAL HEALTH SERVICE USERS



1.4 times higher among

males compared to females (OR 1.41
[1.25-1.59])



9.3 times higher among

**patients with most severe Mental
Illness** compared to the least (OR
9.30 [6.94-12.45])



1.5 times higher among

Black and Mixed Ethnic Groups
compared to **White** (OR 1.5 [1.13-
2.01])



10.9 times higher

among **60-64 year olds** compared
to **20-24 year olds** (OR 10.94 [7.59-
15.17])

UNEMPLOYMENT AMONG SECONDARY MENTAL HEALTH SERVICE USERS



1.5 times higher for

males compared to females (OR 1.53
[1.35-1.73])



2.2 times higher among

**patients with most severe Mental
Illness** compared to the least (OR
2.25 [1.70-2.99])



1.3 times higher among

Asian/Asian British Ethnic Groups
compared to **White** (OR 1.25 [1.07-
1.46])



4.1 times higher among

60-64 year olds compared to **20-
24 year olds** (OR 4.10 [2.82-5.95])

Useful links

Birmingham City Council Economic Information and Statistics

<https://www.birmingham.gov.uk/economicfacts>

NOMIS Official Labour Market Statistics

<https://www.nomisweb.co.uk/>

Public Health Outcomes Framework

<http://www.phoutcomes.info>

West Midlands Combined Authority Mental Health Commission

<https://www.wmca.org.uk/what-we-do/mental-health-commission/>

Sources

NOMIS Labour Market Statistics – Office for National Statistics

Public Health Outcomes Framework – Public Health England

Adult Social Care Outcomes Framework – Indicator 1F – NHS Digital

Annual Population Survey - Office for National Statistics

Birmingham and Solihull Mental Health NHS Foundation Trust

Stat-Xplore - Employment and Support Allowance Cumulative Caseload – Department for Work and Pensions

Produced by Birmingham Public Health Intelligence

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