**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

# Assurance date: March 2022

# Review date: March 2025

# Indicator IAP00338

# Percentage of adults in contact with secondary mental health services in employment

# Validity assessment

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| **Domain** | **Notes** | **Assessment** |
| Importance | Indicator is part of the CCG outcomes indicator set domain 3 – Helping people to recover from episodes of ill health or following injury.  This indicator displays the percentage of adults receiving community mental health, learning disabilities or autism services in employment. It is presented on a quarterly basis but with a year’s worth of data each quarter. At a national level the indicator value has ranged between 5% and 8% over the reporting period (June 2016 to June 2020), rising to a consistent 7% through 2018/19 before falling back to 6%. At CCG level in June 2020 the percentage range is between 1% and 26%. | Indicator is based on a recognised dataset.  Indicator had shown improvement up to 2019 but has begun to fall. Variation can be seen by geography. |
| Evidence base | From indicator quality statement[[1]](#footnote-1):  “This indicator forms part of Domain 3 - Helping people to recover from episodes of ill health or following injury and is intended to measure improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Employment outcomes demonstrate quality of life and are indicative that health and social care support are personalised. Employment is a wider determinate of health and social care inequalities.  In employment refers to either an employee, self-employed, on government-supported training and employment programmes, or an unpaid family worker (in a family owned business), in accordance with the Labour Organization Definition of basic economic activity. This indicator does not include voluntary work in its numerator, although it is recognised that this form of employment may be beneficial to the recovery of people with mental health issues.”  The 2006 evidence review by Waddell and Burton “Is work good for your health and well-being?”2 (commissioned by the Department for Work and Pensions) concluded that work was generally good for both physical and mental health and well-being.  Improving access to employment for those with mental health conditions was stated as a priority action in the NHS Five Year Forward View for Mental Health3. | Evidence base exists, including a commissioned Department of Work and Pensions evidence review[[2]](#footnote-2). Improving access to employment is a priority action in the NHS Five Year Forward View for Mental Health[[3]](#footnote-3). |
| Specification | Numerator: Of people in the denominator, the number recorded as being in employment at their most recent assessment, formal review, or other multi-disciplinary care planning meeting.  Denominator: CCG level count of working age adults aged 18 to 69 who have received NHS funded community mental health, learning disabilities or autism services at any point during the year. Defined in Mental Health Services Data Set (MHSDS) as the number of people aged 18 to 69 with an open Adult Mental health care, learning disabilities or autism services referral at the end of the reporting period.  Exclusions: None  Methodology: Percentage  Geography: England, CCG.  Data Source: Mental Health Services Data Set (MHSDS)  Disclosure control: Any value calculated from a numerator of 0 to 4 is suppressed. Secondary suppression is applied if only one CCG is suppressed in this way. CCG numerator and denominators are rounded to the nearest 5, though rates are calculated from unrounded data. | The indicator has defined components necessary to construct the indicator. |
| Feasibility | Source dataset is relatively new (2016) however fields used were in the predecessor dataset so are well established.  Completeness of the employment status field at source is poor, around 32% nationally in the most recent data[[4]](#footnote-4), which has been decreasing in recent years therefore caution must be taken in interpretation. This percentage is displayed in the data alongside the indicator value. | Data has been flowing for some time and data sources will continue.  Data quality issues from source. |
| Acceptability | Indicator methodology is well established. Employment status is a required field in the dataset.  Employment status of the general population is not available at CCG level therefore direct comparison cannot be made. | The indicator assesses performance that is attributable to or within the control of the audience.  The results of the indicator can be used to improve practice. |
| Risk | Data completeness issue referenced in Feasibility. | Data quality issues from source. |

**Summary:** Indicator to be renewed.

Potential impact of COVID-19 on this indicator, though difficult to predict.

**NHS Digital Indicator reference:**

CCG Outcomes Indicator Set – 3.17 Percentage of adults in contact with secondary mental health services in employment

1. NHS Digital. CCG outcomes indicator set, Indicator Quality Statement, Domain 3. 3.17 Percentage of adults in contact with secondary mental health services in employment. Version 1.9, October 2020 [↑](#footnote-ref-1)
2. <https://www.gov.uk/government/publications/is-work-good-for-your-health-and-well-being> [↑](#footnote-ref-2)
3. <https://www.england.nhs.uk/mental-health/taskforce/> [↑](#footnote-ref-3)
4. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/final-september-2021> [↑](#footnote-ref-4)