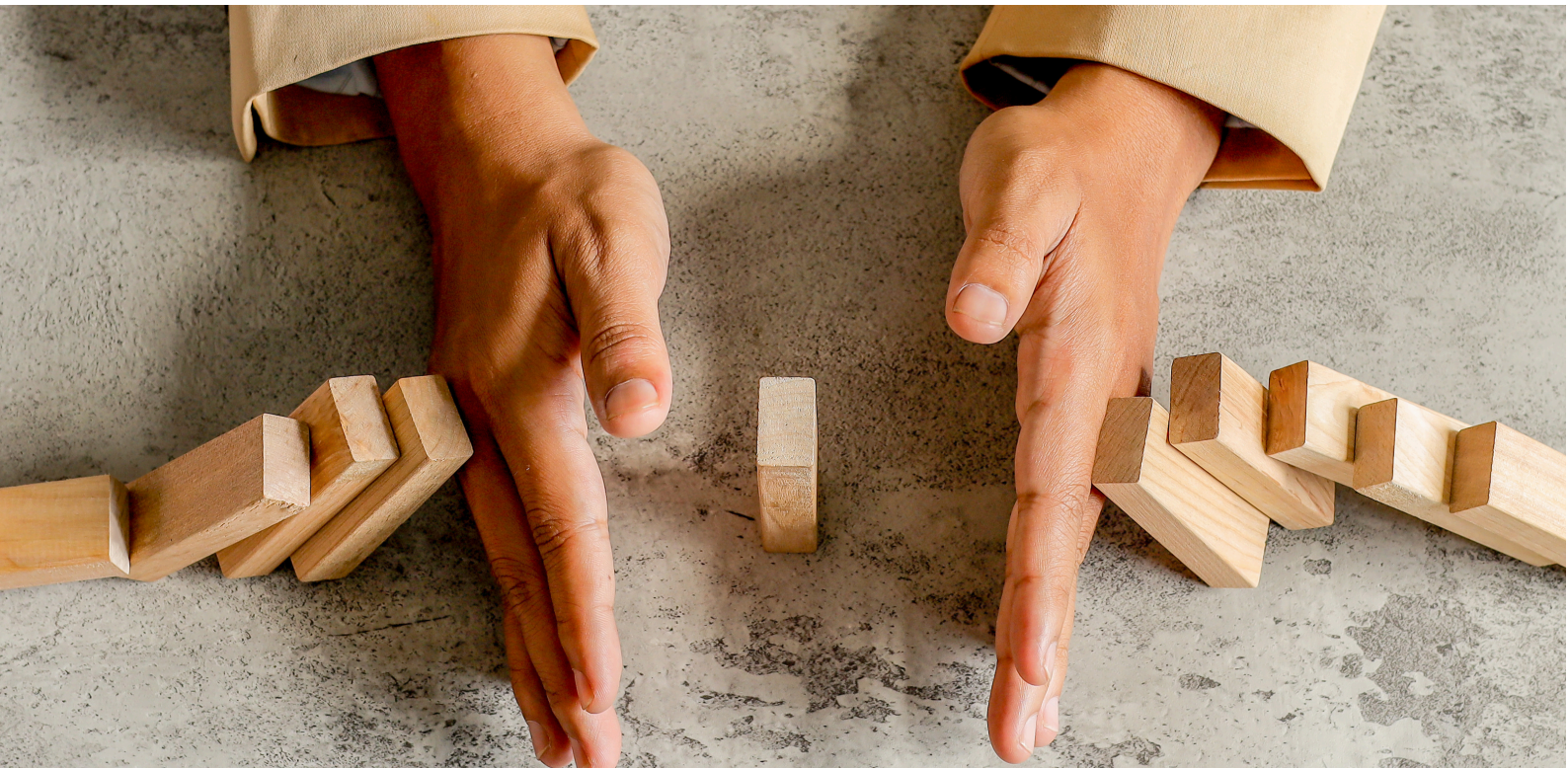


Review of the evidence for interventions delivered by government, healthcare providers and the voluntary, community and social enterprise (VCSE) sector to support return to work for people with musculoskeletal and / or mental health conditions



Executive summary

There has been a renewed drive by the UK government to support people to enter or remain in employment, reflecting clear evidence that being economically active is associated with better physical and mental health outcomes (Department for Work and Pensions, 2024). Musculoskeletal (MSK) and mental health conditions are the two most commonly reported work-limiting health issues among working-age adults in the UK, together accounting for around four million people whose ability to start or sustain employment is affected (Health Foundation, 2024). Although several national initiatives are being introduced to help people find work and remain employed despite health challenges (Mayfield, 2025), including employer-led programmes and government-funded support models, the evidence base on the effectiveness of interventions delivered by government agencies, healthcare providers, and voluntary, community and social enterprise (VCSE) organisations remains limited.

The aim of this scoping review was to identify and present the reported evidence on effective interventions delivered by government, healthcare providers and the VCSE sector to support individuals with mental health or MSK conditions who have been out of work for up to one year, including those who are not in employment, education or training (NEETs). This report summarises the findings of a systematic scoping search and narrative review undertaken to address this aim.

Key findings

- There is some evidence for return to work (RTW) interventions provided by healthcare providers such as cognitive-behavioural therapy (CBT), individual placement support (IPS) and these are frequently combined with other interventions such as psycho-educational interventions or motivational interviewing skills employed by the employment support advisor or by a person with a similar title for this role. The combinations of these activities are often called “multi-disciplinary interventions”.
- Multi-disciplinary interventions appear to be most promising for both groups (mental health and MSK), although these were extremely variable in set-up, content, context and evaluation.
- Some literature identified enablers in community partnership working, for which clear leadership, understanding of each other’s professions and boundaries as well as co-location and a positive attitude are beneficial.
- Some literature (e.g. Audet & Lecours 2024) acknowledged the timing of when to offer advice and interventions, with one study (Sanders et al. 2019) showing that if a novel service is offered too early, it has little uptake.

- Despite a great range of literature on ‘return to work’ (RTW), little evidence is available for interventions that are effective and provided by the government and the VCSE sector.
- Searches related to the additional roles reimbursement scheme (ARRS) roles, social prescribing, employment support worker combined with “return to work” did not produce any results - this is most likely because these are relatively new roles and (academic) research still needs to be carried out and published.
- The range of evidence found encompasses medium to low and very low ratings, overall, which points to a gap in research or reporting of current activities.

Introduction

The UK labour market currently includes just under 36 million people who are either employed or actively seeking work. Recent data from the House of Commons Library, derived from the Office for National Statistics (ONS), reported that in the three months from July–September 2025 approximately 34.19 million people aged 16 and over were in employment. In the same period, around 1.79 million people were unemployed, meaning they were available for and actively seeking work. Together, these groups make up the UK labour force, placing its size at roughly 35.98 million people. In addition, around 9.08 million individuals aged 16–64 were classified as economically inactive - neither in work nor looking for work - which represents about 21% of the working-age population (ONS 2024).

It is generally known that shorter durations of non-employment entail better prospects for re-integration into the labour market than longer spells of non-employment thus avoiding the concept of “scarring” (Hult, Pietilä, and Saaranen 2020; Nilsen and Holm Reiso 2011; Tanzi 2023).

Recent data indicate that health-related economic inactivity continues to be a significant driver of not being able to participate in employment in the UK. For example, the Office for National Statistics (ONS) estimated that approximately 2.83 million people aged 16-64 were economically inactive because of long-term sickness in the February - April 2024 period (ONS 2024). The Local Government Association reported that long-term musculoskeletal conditions were strongly associated with higher rates of economic inactivity, with one analysis indicating that almost 20 % of adults in certain local authority areas had long-term musculoskeletal conditions correlating with elevated inactivity rates (Local Government Association 2024).

While detailed breakdowns by condition (such as separately for mental health and musculoskeletal conditions) and by exact duration remain ambiguous in publicly published datasets, we know from earlier ONS reporting that in the Quarter 1 2023 dataset over 1.35 million people were inactive because of long-term sickness (ONS 2023). Of that group, 53 % reported “depression, bad nerves or anxiety” as a health condition (ONS 2023).

Aim and objectives

The aim of this systematic scoping search and narrative review was to identify and synthesise evidence on effective interventions delivered by government, healthcare providers and the voluntary, community and social enterprise (VCSE) sector to support individuals who have been out of work for up to one year due to common mental health or musculoskeletal (MSK) conditions.

The objectives of the review were to:

- Review and synthesise relevant academic literature and grey literature to identify up-to-date evidence on interventions supporting return to work for individuals with common mental health or MSK conditions
- Describe the types, components and delivery settings of interventions provided by government bodies, healthcare services and the VCSE sector
- Explore the reported effectiveness of these interventions in supporting a return to work or improving employability-related outcomes
- Identify key enablers, barriers and contextual factors influencing the effectiveness of interventions across different sectors
- Highlight gaps in the evidence base and areas where further research or evaluation may be needed to inform policy and service development.

Methods

This review employed a systematic scoping search and narrative synthesis of the available evidence. Literature searches were conducted using Elsevier’s Scopus database between 28th April and 12th May 2025, utilising a comprehensive set of keywords related to employment, return to work, mental health, musculoskeletal (MSK) conditions, and cross-sector interventions (see Appendix 2 for search terms).

To identify existing reviews and ongoing or recently completed evidence syntheses, targeted searches were undertaken in the Cochrane Library and PROSPERO. Findings were cross-checked using Google Scholar to ensure relevant literature was not missed. In addition, structured searches of grey literature were conducted to capture evaluations, policy reports and programme documentation from government, healthcare organisations and the voluntary, community and social enterprise (VCSE) sector (see section “Grey literature” for further detail).

From the total pool of identified records, 25 sources were selected for inclusion based on their relevance to the review aim. These sources were examined in detail to identify intervention types, delivery models and key enabling factors relevant to the design and implementation of return to work initiatives, with a particular focus on supporting effective re-integration into the labour market for individuals out of work for up to one year due to common mental health or MSK conditions.

The search remit is the displayed in the People, Content, Context (PCC) diagram (Peters et al. 2020):

Remit	Description
People	Group 1: Persons out of work less than a year, all age ranges, also including NEETs (Not in employment, education or training) Group 2: Persons working in ARRS roles (e.g. social prescriber) or as employment support workers and who facilitate the return to work
Content	Vocational rehabilitation interventions such as multidisciplinary interventions, apps, but also individual Placement and Support (IPS) to facilitate the return to work
Context	Group 1: Persons have common mental health conditions or musculoskeletal conditions and have been out of work, education or training and / or on sick leave less than a year.

Searches were conducted between 28 April and 12 May 2025 by Dr Marianne Markowski. An initial set of search terms was developed and subsequently supplemented with additional keywords relating to specific interventions and Additional Roles Reimbursement Scheme (ARRS) roles, where relevant. Details of the search terms used and the volume of results retrieved are provided in Appendix 2.

Searches were limited to article titles, abstracts and keywords. The overall publication timeframe for searches was restricted to the last 10 years. During study selection, greater emphasis was placed on evidence published within the last 5 years to ensure findings reflected current policy and practice.

For published academic literature, the following databases were searched:

- PROSPERO
- Cochrane Library
- Elsevier Scopus

Google Scholar was also searched to complement results from academic databases; however, to ensure feasibility and relevance, only the first 50 search results were reviewed.

Targeted searches of grey literature were undertaken to identify policy documents, evaluations and practice-based reports from relevant organisations. The following sources were reviewed:

- National Academy for Social Prescribing
- National Institute for Health and Care Excellence (NICE)
- Wellcome Trust
- The King's Fund
- NHS Futures
- UK Government – Vocational Rehabilitation Task Group
- Vocational Rehabilitation Association

Screening and inclusion

Titles and abstracts from all search results were screened by Dr Marianne Markowski for relevance to the review aim. Where publications appeared relevant, full texts were retrieved and assessed for inclusion in the report. In cases of uncertainty regarding relevance or inclusion, Dr Markowski consulted with Lucie Hooper, Evidence Synthesis Lead at the NIHR Applied Research Collaboration Kent, Surrey and Sussex (ARC KSS) and Research and Innovation Lead at the Health Innovation Network Kent Surrey Sussex (KSS) to support decision-making and interpretation.

Results

This section synthesises the key findings in a narrative format, with particular emphasis on their relevance to the UK context. It includes focused commentary on ARRS roles, young people not in education, employment or training (NEETs), barriers and facilitators to partnership working, and insights from the grey literature.

Although the return to work (RTW) literature is extensive, much of it relates to populations, settings, and intervention models that fall outside the scope of this review. For example, a large proportion of studies focus on employees returning to work following sick leave, disability, maternity leave, or severe mental ill health, often within employer-led or occupational health contexts. The strongest and most established evidence base relates to

RTW interventions for individuals affected by cancer, stroke, and traumatic injuries. A further strand of the literature addresses women returning to work following maternity leave, including workplace practices such as breastfeeding support. While informative, these bodies of evidence are only partially transferable to community-based, system-level initiatives.

Across the literature, the term 'return to work' (RTW) was used more frequently than 'returning to work' or 'return to employment'. Where interventions were not employer-led, the most commonly used terminology was 'vocational rehabilitation interventions' or 'vocational interventions' (Buresti et al. 2024), reflecting a focus on supporting individuals back into work through health, welfare, or community-based services.

The RTW literature broadly distinguishes between two starting points for individuals who are out of work or on sick leave due to a health condition: work-directed interventions and clinical interventions targeting the health condition (Nieuwenhuijsen et al. 2020). This review focused on work-directed interventions, defined as those addressing the work environment or the work-worker interface, delivered either as stand-alone interventions or alongside clinical treatment, rather than purely clinical approaches. The review prioritised interventions delivered by the UK government (e.g. Jobcentre Plus) and the voluntary, community and social enterprise (VCSE) sector, and excluded interventions initiated and delivered solely by employers.

A further distinction in the literature is between 'train and place' and 'place and train' models, with the latter emphasising placement into a work or work-like environment followed by on-the-job training and support (Probyn et al. 2021). This approach is particularly relevant to current UK government emphasis on early, integrated, and personalised support within real-world employment contexts.

Overall, there is limited academic and grey literature specifically examining vocational rehabilitation interventions delivered in community settings. The existing evidence more commonly supports clinical interventions, such as cognitive behavioural therapy (CBT), individual placement and support (IPS), or highly variable multi-disciplinary interventions, often delivered in combination with psychoeducation, coaching, or motivational interviewing. Relevant studies are summarised in the extraction tables.

Multi-disciplinary interventions vary considerably in their design, delivery, and evaluation (Kalski et al. 2023). For example, some involve coordinated input from physiotherapists, rheumatologists, social medicine specialists, social workers, occupational therapists, and workplace initiatives (Jensen et al. 2012), while others combine physical and ergonomic training, pain management, and education programmes such as 'back school' (Henchoz et al. 2010). Typically, these interventions involve a range of professionals, including physiotherapists, occupational therapists, psychologists, social workers, and medical specialists, and focus on physical activity, rehabilitation, and patient education (Le Cam et al. 2025). These initiatives offer insights into the types of integrated support that may be adaptable to community-based delivery.

Although the evidence is not definitive, there is a consistent indication that IPS and CBT are effective for individuals with mental health conditions, while multi-disciplinary interventions incorporating physical activity are more commonly applied to musculoskeletal (MSK) conditions. However, mental and physical health conditions frequently co-occur, and physical activity is well established as beneficial for mental health. This suggests that integrated, multi-disciplinary approaches may have relevance across both MSK and mental health pathways (De Boer et al. 2024).

Nevertheless, the overall quality of evidence is mixed, with many reviews rating the strength of evidence as medium to low or very low. Follow-up periods in many studies do not extend beyond 12 months, limiting conclusions about long-term employment outcomes. As such, this scoping and narrative review can highlight promising approaches and inform the design of return to work interventions, but it cannot provide firm conclusions about effectiveness or long-term impact.

Additional Roles Reimbursement Scheme (ARRS) roles

Targeted searches were undertaken to identify evidence relating to the contribution of ARRS roles to return to work (RTW) outcomes for individuals with musculoskeletal (MSK) or mental health conditions (see Appendix 2 for search strategy and results). With the exception of “occupational therapist”, ARRS role-specific search terms yielded little relevant evidence.

The search for “occupational therapist” returned 104 publications from the past five years, from which three literature reviews were included in this review (see section “Reviews on interventions for OTs”). Across the literature, occupational therapy input related to RTW is most commonly delivered as part of multi-component or multi-disciplinary interventions, with occupational therapists working alongside other health, welfare, and employment services, and in some cases liaising directly with employers. This collaborative and integrative mode of delivery is consistent with the system-level, partnership-based approaches..

Young people not in education, employment or training (NEETs)

NEETs vary by regional affiliation and individual background characteristics (Stea et al. 2024). Two thirds of NEETs are women. Young mothers in high income countries are at particular risk due to work & family policies and social norms (Vugt et al. 2022). The gender disparity is higher in rural areas (i.e. more women are NEETs) and with certain ethnic minorities. Vulnerable NEETs i.e. young people with serious mental health conditions require special outreach activities.

The NEET population is heterogeneous and varies by region and individual background characteristics (Stea et al. 2024). Approximately two thirds of NEETs are women, with young mothers in high-income countries at particular risk due to work–family policy arrangements and prevailing social norms (Vugt et al. 2022). Gender disparities are more pronounced in rural areas and among some ethnic minority groups. Young people with serious mental health conditions represent a particularly vulnerable subgroup and often require proactive and tailored outreach approaches.

The review by Stea et al. (2024) assessed nine interventions targeting NEETs. Evidence suggested that individual placement and support (IPS) was effective in two studies, while intensified case management improved educational outcomes but not employment. Financial and non-monetary support for driving licences had a weak positive effect, and youth employment programmes showed either weak short-term impacts or improvements in job-seeking behaviour only. Social and preventive medicine consultations resulted in moderate

behavioural improvements, while individual coaching was effective only among participants with high attendance. Basic skills training alone was not found to be effective.

Overall, Stea et al. (2024) recommended multi-component interventions, emphasising that strategies to improve engagement and adherence among NEETs are likely to be critical to achieving positive outcomes. These findings highlight the importance of personalised, joined-up support for individuals furthest from the labour market.

Barriers and Facilitators for offering interventions in partnership

Noteboom et al. 2024 conducted a systematic review of the barriers and facilitators of collaboration during the implementation of vocational rehabilitation (VR) interventions. They defined a coordinated VR intervention as the opportunity for stakeholders from the mental health and social security sector to collaborate on either the development of the VR intervention or organize or coordinate the VR intervention together. For example, stakeholders from both sectors have agreements on practical, financial and management aspects of the VR intervention.

They defined an integrated VR intervention as a VR intervention where there is an integration of services from one sector within another sector. Examples for this are seen in 'Supported Employment' or IPS where employment services are often integrated in mental health services. They reviewed 26 studies which included qualitative data on the experiences of collaboration and identified 6 key themes that influenced effective collaboration: attitudes and beliefs', engagement and trust, governance and structure, practical issues, professionals involved, and 'client centredness'.

Noteboom et al. 2024 found that a lack of trust and issues around governance were barriers. In their view collaboration between stakeholders from different sectors could be improved by nurturing positive attitudes and mutual trust and increasing knowledge about each other's expertise in the respective roles. They recommended sharing success stories, co-location of professionals, and having clear governance for the initiatives as facilitators for VR interventions.

The timing of interventions offered

Several studies highlight the importance of timing in the delivery of vocational advice and RTW interventions. Audet and Lecours (2024) undertook a scoping review of the evidence and presented a Cycle of Work Disability Prevention (CWDP), which, although focused on ageing workers, offers a useful conceptual framework. The 'rehabilitation' and 'return to work' phases are identified as key opportunities to raise awareness of support options and initiate preventative action.

However, some evidence suggests that interventions need to be offered at the most appropriate time. Sanders et al. (2019) found that a novel Vocational Advice (VA) service introduced early in the rehabilitation phase had low uptake and limited effectiveness. In contrast, Wynne-Jones et al. (2018) suggest that an optimal window for VA intervention may be around two weeks of work absence due to back pain, although further research is needed. Neither study demonstrated statistically significant reductions in overall days of work absence; however, short-term benefits were observed in specific groups, such as individuals with spinal pain where the VA service supported them (Wynne-Jones et al. 2018; Sanders et al. 2019). These findings suggest that return to work interventions may benefit from carefully timed engagement, balancing early support with individual readiness to engage.

Grey literature

The grey literature search did not identify any critically relevant evaluations of vocational rehabilitation or return to work interventions. The sources identified primarily provided contextual information and background insights rather than empirical evidence.

The National Academy for Social Prescribing published a report on “How social prescribing supports people on waiting lists for surgery”, which highlighted that link workers having access to a small, flexible client support budget could significantly make a positive difference to their work.

The National Institute for Health and Care Excellence (NICE) provided an overview document on workplace health, focusing on long-term sickness absence and capability for work. Searches of the Wellcome Trust, The King’s Fund, and NHS Futures websites did not yield relevant findings.

A targeted Google search on vocational rehabilitation identified the UK Government’s Vocational Rehabilitation Task Group report, “Vocational Rehabilitation: What Works, for Whom and When?” (2008). The key conclusion of this report was that effective vocational rehabilitation depends on both work-focused healthcare and accommodating workplaces, which are interdependent and require coordination and remains highly relevant to the design of return to work initiatives.

Discussion

This systematic scoping search and narrative review highlights a notable gap in the published academic and grey literature on vocational rehabilitation interventions, particularly those delivered in community and system-level contexts. One explanation may be the relative novelty of services emerging over the past decade, including those aligned with social prescribing models. In addition, many initiatives operating at the interface of health services, the VCSE sector, and government agencies are implemented as local pilots. These are often highly context-specific, time-limited, and constrained by funding, which can result in less rigorous evaluation approaches and limited publication in academic journals.

As a result, it could be that effective and innovative vocational rehabilitation approaches are being delivered in practice but are not systematically captured in academic databases or widely accessible grey literature. Instead, learning may be shared informally through communities of practice, limiting opportunities for wider system learning and scaling.

The literature overall suggests that younger male workers with higher readiness to return to work are more likely to do so than older workers, particularly women with lower readiness to work (Hellström et al. 2023). In addition, the quality of the relationship between the employment support advisor (or equivalent role) and the worker is consistently identified as an important factor influencing RTW outcomes (Holmes et al. 2020), reinforcing the value of personalised and relational approaches.

Even for relatively well-established clinical interventions such as individual placement and support (IPS) and cognitive behavioural therapy (CBT), the evidence base for RTW outcomes remains weaker than anticipated, with many studies rated as medium or low quality. Evidence on digital or remote interventions is particularly limited; only one app (“Leap Forward”) was identified in this review.

Further observations from the literature indicate that allied health professionals often lack confidence in issuing fit notes and health-and-work reports, suggesting a need for targeted training and improved systems, such as electronic fit notes (Newington et al. 2024). Training needs among general practitioners have also been highlighted, particularly in responding to work absence related to mental health and MSK conditions. In the Canadian context, Furlan et al. (2022) emphasised the importance of addressing GP attitudes and beliefs (e.g. not blaming the patient), enhancing knowledge of work capacity assessment, improving awareness of available services and tools, and supporting administrative competence. These findings have clear relevance to the UK context and the implementation of return to work initiatives.

Limitations

This review has several limitations. The research question covered a broad remit, including interventions delivered by government, healthcare providers, and the VCSE sector, their effectiveness, and diverse target groups. These included workers and service users with mental health conditions, MSK conditions, and NEETs, as well as service delivery roles such as employment support workers. The conditions furthermore varied in terms of distinction of common mental health condition, MSK and being a NEET.

Search terms could have been expanded to include related concepts such as “vocational advice” or “occupational advice”, as well as terminology relating to presenteeism, underemployment, or fluctuating work capacity. In addition, the searches were conducted by a single researcher, although findings were discussed in consultation with Lucie Hooper.

Conclusion

This systematic scoping search and narrative review indicates that the current evidence base for effective interventions remains limited. There is a clear need for more rigorous research with longer follow-up periods to better understand what supports individuals with mental health and/or MSK conditions who have been out of work for up to one year.

The available evidence presented in this review suggests that IPS, particularly when combined with other therapeutic interventions (such as work-focused CBT) and supportive activities, may be effective for individuals with mental health conditions, MSK conditions, and NEETs.

This review highlights the importance of effective inter-agency working, with costs and benefits considered across economic, health, and social domains. Frontline professionals supporting service users need up-to-date skills, including motivational interviewing and coaching, and confidence in building trusting, supportive relationships. Finally, the literature consistently indicates that work should be explicitly recognised as a rehabilitation goal and incorporated into return-to-work discussions, aligning closely with the preventative and integrative aims of the WorkWell initiative.

Extraction tables

Appendices

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