

Mental health and social exclusion : consultation document / Social Exclusion Unit.

Contributors

Great Britain. Social Exclusion Unit

Publication/Creation

London : Social Exclusion Unit, 2003.

Persistent URL

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Mental Health and Social Exclusion

Consultation Document

May 2003



OFFICE OF THE
DEPUTY PRIME MINISTER



Social
Exclusion
Unit

MINISTERIAL FOREWORD

Mental health problems are a common fact of life – we know that around one in six people of working age have a mental health problem. Many people will be able to resolve these problems successfully, with few long-term consequences.

But for some people mental health problems can be the catalyst for some of the most entrenched forms of social exclusion – long-term unemployment, homelessness, poor physical health, alcohol and substance misuse and lasting social isolation. We know that the rates of mental health problems amongst some of the most socially excluded groups, for example rough sleepers and ex-prisoners, are much higher than in the general population.

And research has shown that mental health problems can also be the consequence of long-term social exclusion. Such problems can in turn create serious barriers to achieving successful reintegration back into society.

That is why the Prime Minister and Deputy Prime Minister have asked the Social Exclusion Unit to consider what more can be done to reduce social exclusion among adults with mental health problems. The Unit will be looking at the full range of issues, including employment, social participation and better access to services.

We know that the Unit's work is taking place in an area where there has been real change in the last few years. The implementation of the National Service Framework for Mental Health, the NHS Plan that makes mental health one of the top three clinical priorities and the creation of the National Institute for Mental Health are all very positive steps forward. And there has been real progress at the local level. Increasingly, professionals and voluntary bodies are beginning to break down traditional barriers to provide tailored, lasting solutions to individuals' mental health problems.

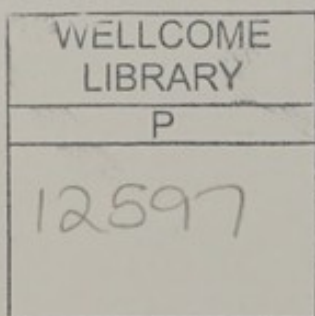
But we know that there is much more to do – at a national and a local level – to ensure that we are best able to reduce the social exclusion of people with mental health problems. Too often individuals and the wider community are bearing the high social and economic costs of this failure.

We know that getting this right is a challenge for all of us. There are some difficult problems, but there is also a real desire to build on success and existing good practice. We hope that you will be able to respond to this consultation. We are keen to hear from everyone with experience in this area, particularly from people who are currently using mental health services or have done so in the past. Please be as open as you wish in sharing your experiences and views in this important area.



Barbara Roche

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Office of the Deputy Prime Minister



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Minister of State for Health
Department of Health



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OFFICE OF THE
DEPUTY PRIME MINISTER



Social
Exclusion
Unit

CONSULTATION ON MENTAL HEALTH AND SOCIAL EXCLUSION

The Social Exclusion Unit is part of the Office of the Deputy Prime Minister. The unit was set up by the Prime Minister in 1997 to find joined-up solutions to joined-up problems.

The Social Exclusion Unit is undertaking a project to investigate how to reduce social exclusion among adults with mental health problems. The project will consider how to improve rates of employment, through support both in retaining and taking up work. It will also consider how to promote social participation and access to a broad range of services in the community. The project will then deliver a set of concrete recommendations designed to bring about real improvement in services, support and employment opportunities.

As part of our evidence gathering strategy, and as a key early step in the project, we are consulting as widely as possible. We want to invite your written contributions of information and ideas. You can do this either by filling in the questionnaire and/or by sending us more detailed responses.

The Social Exclusion Unit project

1. The Prime Minister and Deputy Prime Minister have asked the Social Exclusion Unit to consider what more can be done to reduce social exclusion among adults with mental health problems. This project was announced on 5 March 2003, and the scoping note which accompanied the announcement is reproduced on page 5.
2. The project will aim to answer two key questions:
 - (i) what more can be done to enable more adults with mental health problems to enter and, crucially, to retain work?
 - (ii) what more can be done to ensure that adults with mental health problems have the same opportunities for social participation and access to services as the general population?
3. We have been asked to report to Ministers by early 2004. A full report with an implementation action plan will be published by spring 2004.

Background

4. Mental health problems are common and widely misunderstood. At any one time, one adult in six has a mental health problem of some sort. This includes a wide spectrum of conditions, from anxiety to psychotic disorders such as schizophrenia.
5. The precise nature and impact of these conditions varies significantly from individual to individual. They are rarely static during a person's life, and can change, disappear and re-appear. Mental health problems often co-exist with other problems such as substance misuse, homelessness, poor physical health and learning disabilities.

6. A range of risk factors influence the development of mental health problems. These include socio-economic disadvantage, homelessness, neighbourhood violence and crime, unemployment, poor educational attainment, being a member of a minority group and being a lone parent or teenage mother. Rates of diagnosis of mental illness vary between groups: for example, they are high among some black and minority ethnic groups, particularly African-Caribbean men, and among male sentenced prisoners, with 72 per cent suffering from two or more mental health disorders.
7. Once mental health problems develop, they can often have a negative impact on employability, housing, income and opportunities to access services and social networks – potentially leading to severe economic deprivation and social isolation. Data from the Labour Force Survey indicate that only 21 per cent of adults with mental illness are in employment – the lowest rate for any group with disabilities.

Gathering evidence

8. In addition to this consultation exercise, we are gathering evidence to inform the project in a range of ways:

Literature reviews

We have commissioned a series of systematic reviews of evidence on a number of topics relating to pathways into work, job retention and social participation. These will inform the evidence base for the project, and indicate any important gaps in existing research.

Cost-benefit work

A key part of the Social Exclusion Unit's previous work has been the drawing together of information about a broad range of costs and benefits. This information has covered areas such as: the cost of delivering individual services or initiatives; the long-term costs of failing to take early preventative action; and the wider costs to society of serious social exclusion. This cost-benefit information helps to build a very valuable picture of the real visible and hidden costs of current approaches. We are carrying out a formal study in this area, **but we would be pleased to receive any such cost-benefit information that you may have.** We are particularly interested in information about:

- current costs to public, voluntary and community services of mental health problems;
- the costs of preventative or rehabilitative interventions – at both the local, individual level and at a national level; and
- the cost of any unsuccessful interventions or the long-term costs of failure to provide appropriate services or support.

Seminars

In order to inform the early development of the project, we have arranged a weekly seminar series at which service users, providers and policy makers have informally discussed problems such as employment, acute in-patient care, ethnicity and service user experiences. These are helping us to identify key problems and emerging themes.

Good practice – what works?

A key strand of previous Social Exclusion Unit reports has been about identifying and building on 'what works' in tackling particular problems. We are keen to receive information on any local projects or services you may know of which are effective in supporting people with mental health problems in work or in promoting social participation, either in this country or abroad. Information about projects which have been evaluated is particularly useful. This evaluation evidence will allow us to understand why projects are successful and to consider how easy they would be to replicate.

If you are aware of examples of effective approaches, either in this country or abroad, it would be very helpful if you could include details in your response.

Area studies

We plan to undertake intensive fieldwork in four local areas across England. The aim of the area studies is to examine the key questions for the project in depth and in context, to allow us to understand better what is happening at a local level and the challenges to effective delivery. The areas selected will include urban, rural and suburban locations with different populations and differing approaches to support for people with mental health problems.

Stakeholders

We have started meeting key stakeholders from the voluntary sector, employment organisations, research institutions and the health sector. We plan to work closely with relevant external experts to develop our recommendations. We will also consult the Department of Health's Mental Health Taskforce on development of the project. We have established close working relations with the National Institute for Mental Health in England (NIMHE), and have drawn on their work around life domains and Working for Inclusion. We will liaise with other Government Departments through an officials' network.

The consultation exercise

9. Information gathered through our consultation exercise will form a key part of the evidence base for the project. We want to consult with a wide range of people and organisations with an interest in mental health.

Written consultation

10. This consultation document will be sent out to over 5,000 individuals and organisations, including the full spectrum of health and social care bodies, professional organisations, voluntary bodies, local authorities and organisations providing housing, employment and benefit support.
11. We would like to involve as many organisations and individuals as possible in the consultation. We would also encourage organisations to convene or facilitate their own networks or user groups to reply to this written consultation.
12. Additional copies of this document can be accessed via our website at **www.socialexclusionunit.gov.uk** or by telephoning 020 7944 5713. The document is also available in alternative formats and languages on request.

Consultation events

13. This document will be complemented by a range of consultation events around the country this summer. This will allow us in particular to explore in depth the opinions of people who use mental health services, as well as practitioners and service managers. Details of the events will be posted on our website at **www.socialexclusionunit.gov.uk**.

SCOPING NOTE

1. The Prime Minister and Deputy Prime Minister have asked the Social Exclusion Unit to consider what more can be done to reduce social exclusion among adults with mental health problems.
2. The project will look at how to improve rates of employment for adults with mental health problems, through support both in taking up and in retaining work. The project will also consider how to promote greater social participation and better access to services for this group.
3. This scoping note sets out initial thinking on the problems that the project will cover, and how the project will address them.

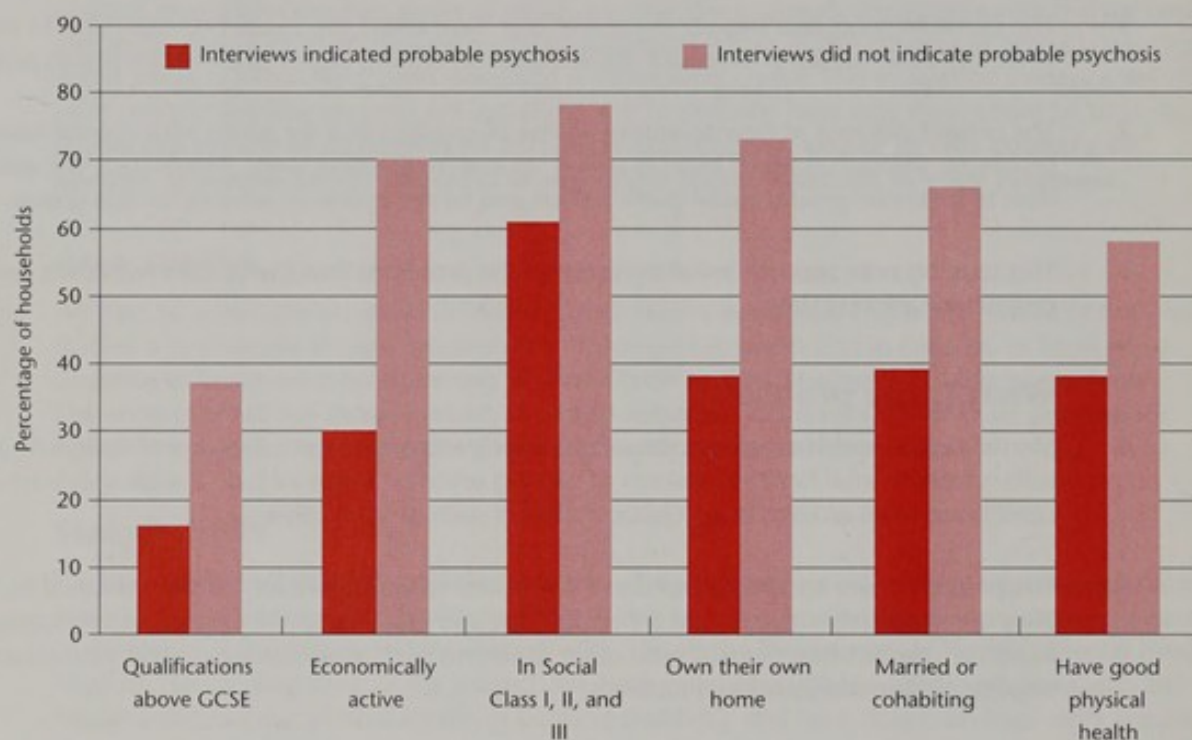
What is the problem?

4. Mental health problems are common and widely misunderstood. At any one time, one adult in six suffers from mental health problems of varying severity.ⁱ These include a wide spectrum of conditions, from anxiety to psychotic disorders such as schizophrenia.
5. The precise nature and impact of these conditions varies significantly from individual to individual. They are also rarely static during a person's life, and can change, disappear and re-appear. Mental health problems often co-exist with other problems such as substance misuse, homelessness, poor physical health and learning disabilities.

The link with social exclusion

6. Mental health problems can be seen as both a consequence and a cause of social exclusion. Previous Social Exclusion Unit reports have highlighted the high prevalence of mental health problems among socially excluded groups such as rough sleepers and ex-prisoners. This work has also illustrated how mental health problems can act as a major barrier to successful reintegration into society for excluded groups.
7. A range of risk factors influence the development of mental health problems. These include socio-economic disadvantage, neighbourhood violence and crime, unemployment, poor educational attainment, being a member of a minority group and being a lone parent or teenage mother.ⁱⁱ Rates of diagnosis of mental illness vary between groups – for example, they are high amongst some black and minority ethnic groups, particularly African-Caribbean men.ⁱⁱⁱ
8. Once mental health problems develop, they can often have a negative impact on employability, housing, household income, opportunities to access services and social networks – potentially leading to severe economic deprivation and social isolation. People with poor mental health are four times less likely to have someone to talk to about their problems, compared to the general population.^{iv}

9. The table below illustrates the inequalities in key social outcomes for adults with serious mental health problems, compared to adults without such problems.^v



Employment

10. Over the last 10 years, there has been very little increase in the proportion of adults with neurotic or psychotic disorders participating in the workforce. This is in contrast to the significant increases in the employment rate for the general population and for people with physical disabilities.^{vi}
11. Data about disabled people from the Labour Force Survey show that 628,000 adults of working age in Great Britain regard mental illness as their main disability.^{vii} Only 21 per cent of these adults are in employment – the lowest rate for any group with disabilities.^{viii}
12. Although work will not be appropriate for everybody, many people with long-standing experience of mental health problems retain an ambition to do meaningful work.^{ix} This could include voluntary work which can be valuable in itself and can also be an effective route into paid employment. Long-term unemployment is associated with worsening mental health.^x
13. Job retention and progression are also key problems. Over half of adults with mental health problems who are in employment are on a low income.^{xi}

Social participation and access to services

14. Adults with mental health problems experience a range of types of exclusion. They are less likely to:
- access everyday goods and basic services such as health and banking services^{xii};
 - take part in leisure, arts and community activities;

- be living in appropriate or private housing^{xiii}; or
 - have strong family networks – individuals with psychotic disorders are over three times more likely to be separated or divorced and over twice as likely to be living on their own as those without^{xiv}.
15. Low levels of social participation can affect an individual's quality of life, increase their social exclusion and also contribute to mental health problems.

What are the barriers to employment and social participation?

16. Adults with mental health problems are likely to face a number of barriers which prevent them from working or participating in their communities.
17. Mental health problems are **not well understood**. Evidence suggests that some discriminatory practices in workplaces with regard to mental health persist. Mental health service users can also feel stigmatised by the attitudes of local service providers.
18. Adults with mental health problems may perceive the **route between benefits and employment** to be complex, confusing and intimidating. Individuals may lack the **skills and resources**, including personal networks, which could make it easier for them to secure and retain employment.
19. There are a wide range of specialist and mainstream services which can provide support for adults with mental health problems, but these may not always be effectively **co-ordinated** or **configured around** the needs of individuals. Mental health problems are also associated with **poverty**, which can make accessing basic services more difficult.

What is already being done?

20. The Government is already implementing a number of important programmes which are relevant to this project:
- The Department of Health's **National Service Framework for Mental Health** is raising standards in health and social care services for people with mental health problems. A new **Mental Health Bill** is planned to update the legislative framework. **Joint Investment Plans** between health services and local authorities are promoting inter-agency collaboration.
 - The **New Deal for Disabled People** is addressing the additional barriers faced by disabled people when seeking employment. The Department of Work and Pensions has consulted on further measures to help people in receipt of incapacity benefits re-enter work, and on how best to support rehabilitation and job retention.
 - The **Disability Discrimination Act** makes it unlawful to discriminate against disabled people, and the Government is proposing further legislation to strengthen the Act. There have also been a series of campaigns to raise awareness of disability problems.
 - The **Supporting People** programme will give local authorities greater flexibility to support vulnerable people, including people with mental health problems, to retain tenancies and stay in their own homes.
 - Measures to tackle financial exclusion, including the introduction of **universal banking services**, should help to meet the specific needs of people with mental health problems.

The Social Exclusion Unit project

21. The Social Exclusion Unit project will build on the work that is already underway across Government, and consider what more can be done to reduce social exclusion among adults with mental health problems. The project will aim to answer two main questions:
 - what more can be done to enable more adults with mental health problems to enter **and, crucially, to retain** work? This will include consideration of how we can prevent adults with mental health problems from falling out of the labour market in the first place.
 - what more can be done to ensure that adults with mental health problems have the same opportunities for social participation and access to services as the general population?
22. The project will focus in particular on the experience of individuals, taking account of how mental health problems vary between individuals and over time. The project will aim to address the particular problems faced by adults with multiple needs, such as drug and alcohol problems or learning disabilities. It will recognise that different solutions are needed for different personal circumstances – for example, work will be appropriate for many but not for all.
23. It is anticipated that the project will need to consider the following key problems:
 - stigma and discrimination towards adults with mental health problems;
 - access to appropriate education, training and employment;
 - the accessibility and adequacy of key services – health, housing, finance, arts and leisure;
 - how services can be linked better, to provide a sustained pathway of care and support designed around the needs of individuals; and
 - the role of social networks and local communities.
24. Development of the project will include:
 - a public consultation exercise, to be launched in May 2003;
 - involvement of adults with mental health problems, to ensure that their perspective is central to the project;
 - a number of local area studies, to improve our understanding of how services are actually being delivered on the ground and the main problems and barriers;
 - a review of the available research evidence and new research to fill any important gaps identified;
 - group discussions with key stakeholders to test the emerging analysis and recommendations; and
 - learning from the experience of other countries, such as initiatives in the US to promote job retention.

25. Recommendations will be made to Ministers by early 2004, and a full report will be published by spring 2004.
26. The SEU's remit covers England, but the project will draw on learning and experience from Wales, Scotland and Northern Ireland, and its recommendations are likely to be relevant throughout the UK.

References

- i Office for National Statistics, *Survey of Psychiatric Morbidity Among Adults Living in Private Households*, 2000
- ii Department of Health, *Making it Happen – a guide to delivering mental health provision*, 2001
- iii Littlewood, R. & Lipsedge, M., *Aliens and Alienists: Ethnic Minorities and Psychiatry*, Routledge, 1997
- iv Dunn, S., *Creating Accepting Communities: Report of the Mind Inquiry into social exclusion and mental health problems*, Mind, 1999
- v Office for National Statistics, op. cit., 2000
- vi Office for National Statistics, *Labour Force Survey*, 2002
- vii *ibid.*
- viii *ibid.*
- ix Bates P, *Health Service Journal* 33, 1996
- x Office for National Statistics, op. cit., 2000
- xi Focus on Mental Health Forum, *An uphill struggle: a survey of the experiences of people who use mental health services and are on a low income*, 2001
- xii Dunn, S., op. cit, 1999
- xiii Office for National Statistics, op.cit., 2000
- xiv *ibid.*
- xv Dunn, S., op. cit, 1999

QUESTIONNAIRE

The questionnaire contains a list of questions that we would like you to consider, covering four topic areas: general problems and experiences, employment, social participation and service delivery. **We would value your opinion on as few or as many questions as you feel you can answer.** We would also welcome:

- **any cost-benefit information you may have;**
- **examples of effective approaches either in this country or abroad and (where possible) any evaluation evidence;**
- **individual case studies (anonymous if preferred);**
- **any relevant research or other papers.**

It would be very helpful if you could provide as full a reference as possible when referring to research in your contributions. In the case of good practice examples, we would appreciate the contact details of the project as well as a contact name.

How to respond

Responses to this consultation should be sent in writing to the **Mental Health Team** at:
Social Exclusion Unit
Office of the Deputy Prime Minister
7/K9, Eland House
Bressenden Place
London SW1E 5DU

or faxed to:
020 7944 2606

or emailed to:
mentalhealth.consultation@odpm.gsi.gov.uk

An electronic version of the questionnaire is available from our website at:
www.socialexclusionunit.gov.uk.

Under the Code of Practice on Access to Government Information, it is our normal practice to make available any responses we receive on request, and we may quote from some responses in our report. If you would like your response to remain confidential, or you would prefer us not to quote from it, please tell us.

We have a lot to learn from this public consultation exercise and look forward to receiving your contribution. Given our task of reporting in spring 2004, we are asking for responses by **Friday 5 September**.

We would like to thank you in advance for taking the time and trouble to provide us with this information and look forward to receiving your responses.

MENTAL HEALTH AND SOCIAL EXCLUSION CONSULTATION

Name (optional) _____

Name of organisation (if applicable)

Address (optional) _____

Please tick the box which best describes you or your organisation (optional)

Current/previous service user

☐

Local service providers:

Voluntary sector

☐

Local authority

☐

Health services

☐

Jobcentre Plus

☐

Other (please specify) _____

☐

Regional organisations

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National organisations:

Voluntary sector

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Public sector

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Other (please specify) _____

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Private sector

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Other (please specify) _____

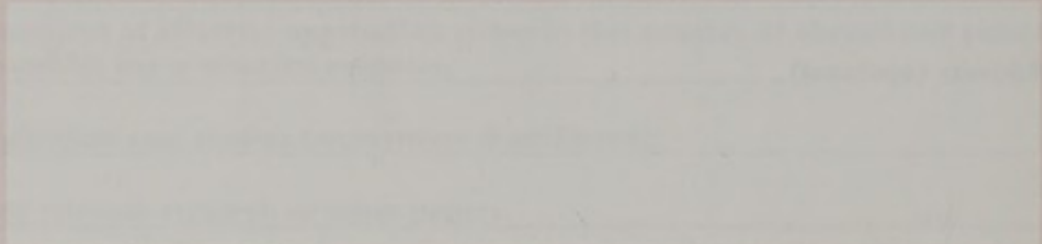
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Consultation Questions

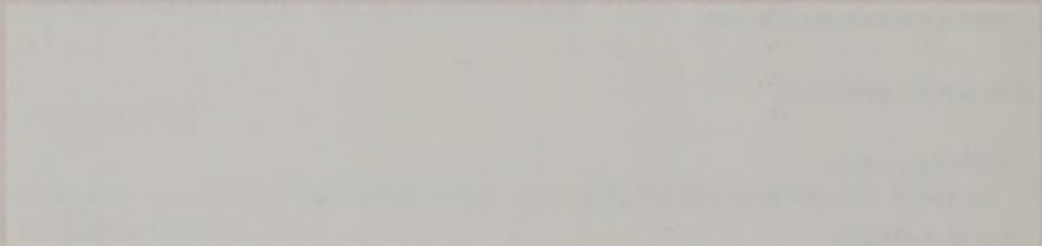
Your views are critical in achieving real change in how services and support are delivered and made available to people with mental health problems. Please complete as many or as few questions as you like.

1. Mental health and social exclusion

Q1 How does mental ill health cause and sustain social exclusion?

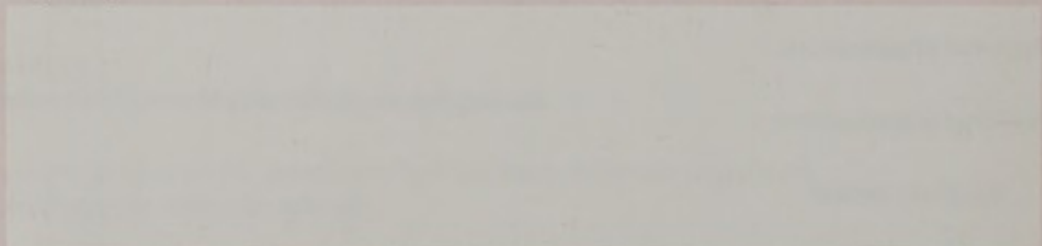


Q2 What are the 3 most important problems you would like to see the Social Exclusion Unit project address in relation to mental health and social exclusion?

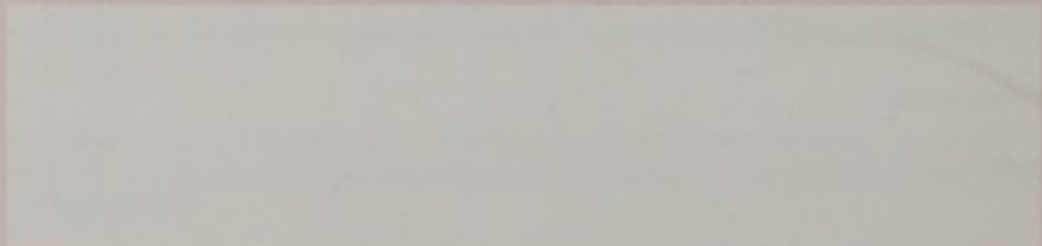


2. Employment

Q3 Do you think people with mental health problems want, and feel able, to work? Why/Why not?



Q4 What are the main barriers to employment for adults with mental health problems?



2. Employment (*continued*)

Q5 What is the typical experience of adults in work who have mental health problems?

Q6 How often do you think adults in work lose their jobs following the onset or relapse of mental health problems, and for what reasons?

Q7 What is the best way to help adults with mental health problems find and keep work? Please give details of any examples of good practice or promising approaches.

Q8 How much emphasis do local services place on helping people with mental health problems find and keep work?

Q9 How does the welfare benefits system, including the operation of housing benefit, affect people with mental health problems who want to resume work?

2. Employment (*continued*)

Q10 What could the government do differently to enable more people with mental health problems to work?

3. Social participation

Q11 Which community-based services, civic and recreational activities are the most important to people with mental health problems? Please give details of any examples of good practice.

Q12 How easy is it for people with mental health problems to access these services? Why/Why not?

Q13 How could access to services, civic and recreational activities be improved for people with mental health problems? Please give details of any examples of good practice.

3. Social participation (*continued*)

Q14 How important are families and friends in supporting people with mental health problems?

Q15 What kinds of attitudes exist in local communities towards adults with mental health problems? Please give details of any examples of good practice in building positive attitudes.

4. Strengthening delivery and measuring results

Q16 How well co-ordinated are services which support people with mental health problems? Are lines of accountability clear?

Q17 What gaps would you identify in current service provision?

4. Strengthening delivery and measuring results (*continued*)

Q18 Are there examples of good practice in service provision by the voluntary/community sector which could be disseminated more widely?

Q19 Are there examples of good practice in other countries which we could learn from?

Q20 What would be the best way to measure progress in reducing social exclusion for adults with mental health problems?

5. General

Q21 Is there anything else you would like to tell us?



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Publication date May 2003