Towards Social Inclusion: Quo Vadis?

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In Summary

Green Paper can act as catalyst for action on social inclusion by EC and within Member States

- Profound impact on all aspects of life including education, employment, housing, family life
- Substantial socio-economic consequences
- Promoting social inclusion can help EC move towards Lisbon agenda goals
- But (as usual) there is a need for holistic focus involving different stakeholders - many sectors
Brief Points

Social exclusion: what is it?

Long term impact of childhood mental health problems

Labour Force Participation

Impact on families

Balancing institutional/community care
Social Exclusion

In Participation - deprivation in participation over four dimensions: consumption, productivity, social participation and political participation

Rights - deprivation of right to be a member or a citizen of a particular community or country. Can include abuse of fundamental human rights
Multi-dimensional relationship

Poverty
Unemployment
Housing
Physical environment
Social networks
Social capital
Stigma
Discrimination
Opportunities

mental health

social exclusion
Financial costs of social exclusion: long term follow up of antisocial children

Mean total costs age 10 to age 28 £, 1998 prices

Scott et al. BMJ 2002
Childhood MH disorders affect income and employment

<table>
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<th>Age 10</th>
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<td>Low income household; lower economic activity; lower earnings</td>
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<td>Lower economic activity; higher earnings if employed</td>
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Employment rates for more severe problems low

People counted as economically inactive rather than unemployed

Up to 90% of individuals report wanting to work

At least 2/3 with severe and enduring mental health problems are able to work with the right support
Employment rates

GB 2000

% in full-time work

Moderate depression
Mild depression
OCD
GAD
Schizophrenia
No psychiatric problems
Employment rates of people with schizophrenia\textsuperscript{1} in comparisons to severely - disabled\textsuperscript{2} and all disabled\textsuperscript{2} people in selected countries in the late 1990s (Source: Kilian 2005)

\textsuperscript{1} Marwaha & Johnson 2003;  \textsuperscript{2} Eurostat
Personal Impact

66% of people single; only 17% co-habiting.

79% not undertaking work of any kind.

62% reliant on benefits for income (90% in NL, UK, den).

19% had education above primary/secondary school alone (much lower than in gen pop).

(Source: Thornicroft et al 2004: EPSILON five country study).
Impact on Families

Most frequently reported 'impacts' by families:

- restrictions on social activities
- disruption of family life
- feelings of loss

Estimated daily hours spent with a relative with schizophrenia:

- Naples: 9.1
- Athens: 7.7
- Lisbon: 6.7
- Aylesbury: 5.6
- Bonn: 6.4

Magliano et al. Social Psychiatry & Psychiatric Epidemiology 1998
Emphasis in Green Paper on how the balance of care can play a role in promoting social inclusion

Front line services based in community but hospitals and other institutions (resource and local context permitting) play an important role in providing services (Thornicroft & Tansella 2004)

Many Barriers Including:
- Lack of flexible funding arrangements
- Need for additional funding
- Human and material resources
- Stigma and 'fear'
- Lack of support - 'revolving doors'
Psychiatric beds: new EU countries

McDaid & Thornicroft, WHO European Observatory 2005
Trans-institutionalisation? Rates per 100k pop.

Source: Priebe et al, BMJ 2005

Forensic beds

Supported housing

Involuntary admissions

Prison population

Source: Priebe et al, BMJ 2005
Some possible areas for action

- Early interventions for children e.g. in school
- Supported employment; return to work support & training
- Promoting social networks & support for family members
- Flexible funding to aid balance of care
- Use structural funds to assist reform?
- Empowerment e.g. through consumer directed use of resources
- Legislation against discrimination (with effective monitoring)
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