

Social Inclusion and Mental Health policy and practice in England

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Combating Social Exclusion in Mental Health – policy historical context

Increasing attention on citizenship and inclusion from 1999:

- National Services Framework (NSF) for Mental Health in England (1999)
 - Standard One – mental health promotion
- ‘Choosing Health’ (2004)
- ‘Delivering Race Equality’ in Mental Health Care (2005)
- National Suicide Prevention Strategy (2001)
- *Social Exclusion Unit report (2004)*

Community services – progress since National Service Framework 1999

At March 2005 new services:

340 Crisis response teams – for 49,000 people

262 Assertive Outreach teams – for 16,000 people

109 Early Intervention teams

1500 'Gateway' workers – coordinating access to specialist services

650 Graduate workers – primary care based therapies

Social Exclusion Unit

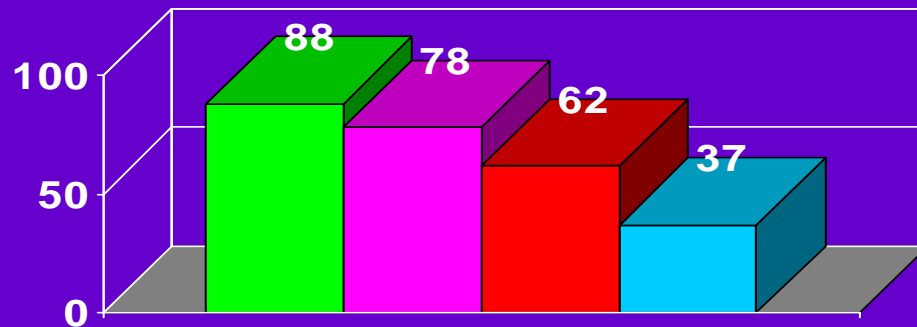
Mental Health Project - remit and time scale

- How to enable more adults with mental health problems to enter and retain work?
- How to enable social participation and access to services?
- February 2003 to March 2004: consultation - users, organisations and Ministers
- Publication June 04; implementation began September 04

Exclusion – the evidence

Less than 40% of employers would recruit people with mental health problems

% of employers who would recruit from different groups
ONE evaluation (DWP 2001)



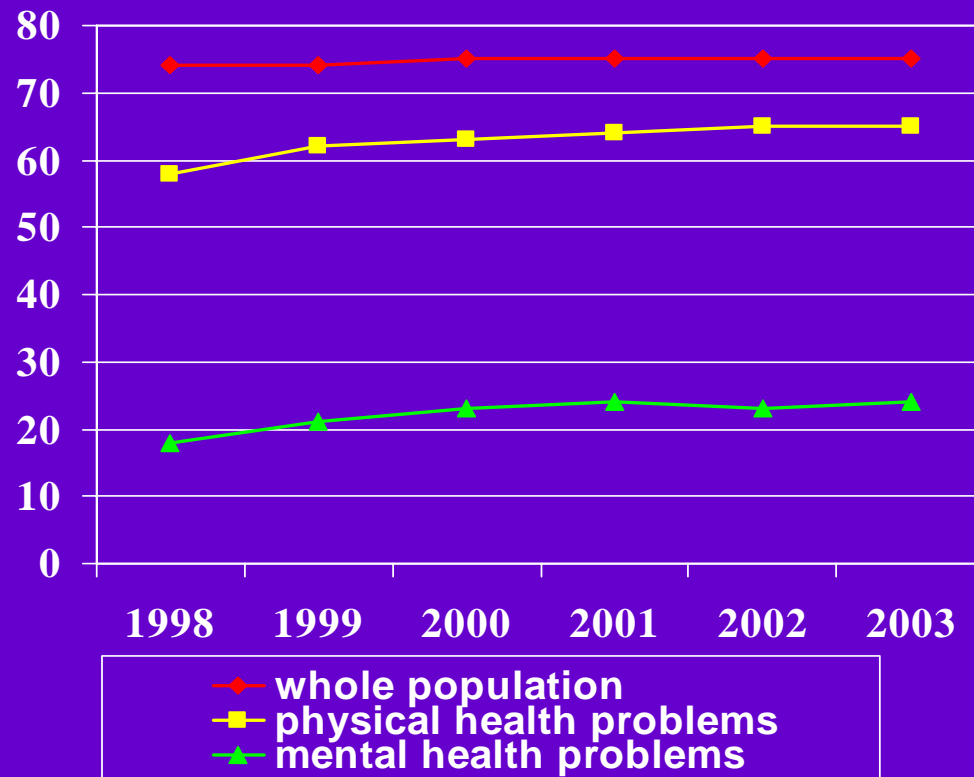
■ lone parents
■ long-term unemployed
■ physical health problems
■ mental health problems

Two thirds deterred from applying, for fear of unfair treatment but many:

- highly skilled
- relevant experience
- able to work with minimal adjustment

Less than a quarter of adults with mental health problems are in work

LFS data for England only



Main barriers

- fear of losing benefits
- employers' attitudes
- fluctuating nature of condition
- *low expectations of health professionals*

Social exclusion has *multiple* impacts

- What can happen when people or areas suffer from a combination of linked problems – unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown.
- Characterised by the inter - relatedness of problems that are mutually reinforcing; combined they create a fast moving, complex and vicious cycle.

(Social Exclusion Unit 2004)

People are excluded in many different ways

low levels of participation in
FE/leisure activities

physical illness
overlooked

not eligible to be
juror or school governor

harassment complaint
not taken seriously

financial services
hard to access

1/4 tenants with serious
arrears at risk of eviction

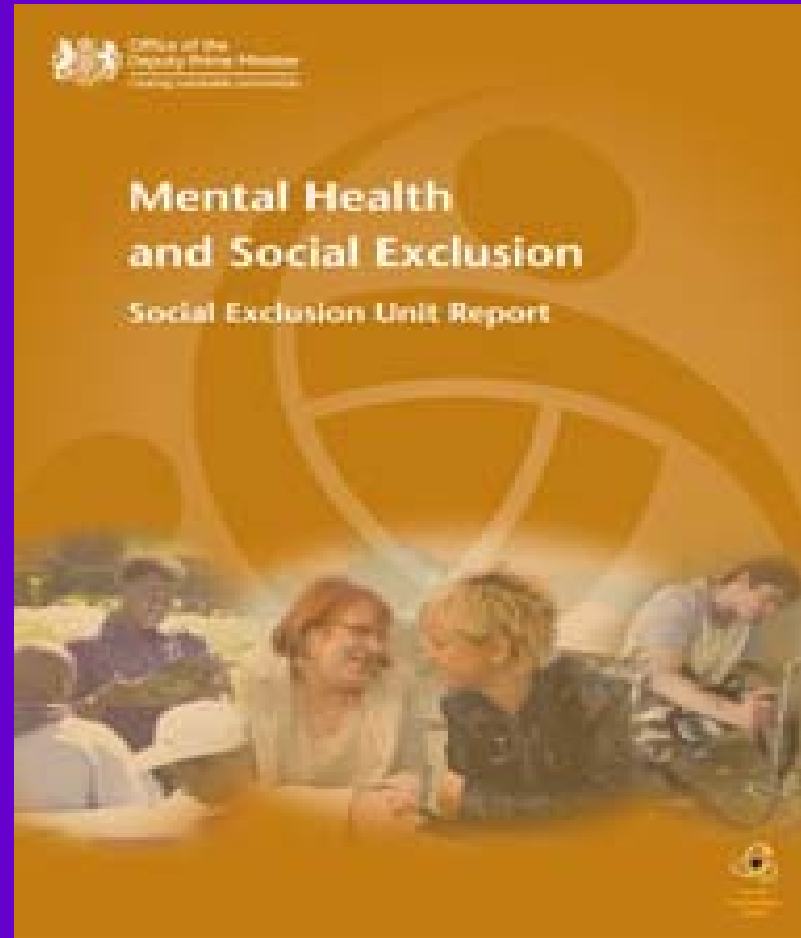
People can become very isolated

Outer circle:
places where
friendships
start.

Inner circle:
People who
matter



***Sue attends the day centre and the clinic
She has 5 friends she sees at outpatients or the day centre***



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mental health questions? **ask NIMHE**

www.nimhe.org.uk

Challenging exclusion, the vision

“Social Inclusion for people with mental health problems is a ‘moral imperative’”

(Minister for Health, launching SEU report June 04)

“Our vision is a future where people with mental health problems have the same opportunities to work and participate in their communities as any other citizen”

(SEU Report p94)

Stigma leads to exclusion; *inclusion* reduces stigma

National Social Inclusion Programme

- 3 year programme from Sept 04 – 07, to coordinate implementation of SEU report
- Based at National Institute for Mental Health in England (NIMHE)
 - National and regional centres
- Cross – sectoral; cross government
- National and regional activity in partnership
- Linked to public health, mental health promotion, equalities programmes

Cross - government action

National Social Inclusion Programme accountable
to *cross – government network*:

- Department of Health
- Office of Deputy Prime Minister – SEU / Housing / Renewal
- Department for Work and Pensions
- Department for Trade – Small Business Unit
- Department for Education and Skills
- Home Office – Civil Renewal Unit
- H.M. Treasury
- DEFRA (Farming and Rural Affairs)
- Ministry of Defence

PROGRAMME DELIVERY, LEADERSHIP, INTEGRATION, ACCOUNTABILITY FOR CORPORATE PROGRAMME GOALS

NATIONAL LEVEL

CENTRAL CROSS – GOVERNMENT TEAM

Project Support Leading cross-cutting action



PROGRAMME DELIVERY - LOCAL DELIVERY OF CORPORATE PROGRAMME GOALS

REGIONAL LEVEL

8 DEVELOPMENT CENTRES – Social Inclusion leads

SE

SW

LON

EM

NE,Y&H

NW

WM

E

**STIGMA
DISCRIM'
ION**

**EMPLOY-
MENT**

**INCOME
BENEFITS**

EDUC'N

HOUSING

**CTT'Y
PARTIC'N**

**SOCIAL
NETW'KS**

**DIRECT
PAYMENT**

Cross cutting work streams

Workforce Development *Research & Evidence* *Community Engagement* *Criminal Justice* *Tackling Inequalities*



**50 Affiliated Organisations –
users, voluntary, professional**

Implementing the SEU Report: National Social Inclusion Programme

National Social Inclusion Programme influencing widely across sectors

‘Together we can improve our health and well-being

What will be done:

.... Tackle the social exclusion experienced by people with mental health problems by bringing together local communities and citizens with mental health needs in partnership with the relevant public services ...’

Together We Can (2005) Home Office, Civil Renewal Unit

Progress year 1

- **Action in 8 project** areas and 5 cross cutting areas
- **Commissioning guidance** published:
 - day services
 - vocational services
 - Direct Payments + users guide
- **Other guidance** published: rent arrears management and choice – based lettings to prevent evictions and improve opportunities for independent living
- Changes to the **Incapacity Benefit** Linking rules to make for flexibility and supportiveness on return to work

Progress year 1

- **School Governance Regulations** amended to revise and clarify the opportunities to hold Governor posts
- **Abolition of hospital benefits 'down-rating'**
- Joint work with **Disability Rights Commission**
- **National employer forum** established
- **Workforce strategies** being established: skill sets for inclusion
- **Education:** commissioners of adult education now require Colleges to be accessible; Nine regional networks set up to oversee progress

Priority areas 2006/7

- **Employer involvement**: working with Employers Forum on Disability to engage employers as partners
- **Leadership and management development**: Support MH Trusts (service providers) with whole-system approach
- **Workforce development**: Skill sets for inclusion developed with key professional Colleges
- **Monitoring**: Develop more effective inclusion measures and monitoring data, to build evidence base
- **Local delivery** of change through funded *regional action plans....*

National Social Inclusion Programme - priority areas 2006/7

Regional Action Plans for inclusion will give *priority* to:

- Employment
- Education
- Volunteering
- Housing
- Day service change
 - translating these into local objectives
 - agreeing the local alliances & partnerships for meeting them

Thank you

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