



Office of the  
Deputy Prime Minister

Creating sustainable communities

# Mental Health and Social Exclusion

## Social Exclusion Unit Report Summary



Social  
Exclusion  
Unit

In Spring 2003, the Prime Minister and the Deputy Prime Minister asked the Social Exclusion Unit (SEU) to consider what more could be done to reduce social exclusion among adults with mental health problems. The project focused on people of working age, and considered two main questions:

- What more can be done to enable adults with mental health problems to enter and retain work?
- How can adults with mental health problems secure the same opportunities for social participation and access to services as the general population?

This report is the outcome of a wide-ranging study that has drawn on:

- a detailed review of literature and research, including seven commissioned literature reviews;
- a written consultation, which received over 900 responses from people with mental health problems and carers, the voluntary sector, health and social care bodies, local authorities, housing, employment and benefit services;
- seven consultation events around England, attracting 500 people, to seek the views of people with mental health problems and carers;
- four local area research studies to provide an in-depth understanding of delivery issues. These took place in Bromley/Penge in London, Peterborough, Liverpool and Northumberland. Meetings were held with a range of stakeholders, including people with mental health problems, carers, staff from the statutory and voluntary health sector, social care, employment, housing and education services;
- over 50 visits around the country to schemes that are already tackling the problems highlighted in this report; and
- close liaison with government departments and key stakeholders, including voluntary and public sector bodies.

The SEU's remit covers England only. However, the project has drawn on lessons from Wales, Scotland and Northern Ireland and is likely to be relevant throughout the UK.

Quotations in this report come from the SEU's visits and meetings unless otherwise stated.



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# PRIME MINISTER'S FOREWORD



Millions of people suffer from mental health conditions some time in their lives. For a minority, these can be severe or long-lasting. Even now, with welcome new attitudes in society, those suffering mental distress still find themselves excluded from many aspects of life the rest of us take for granted – from jobs, family support, proper health care and community life.

This exclusion has a huge impact on the individuals concerned and on our wider society. It frequently leads to a downward spiral of unemployment, poverty, family breakdown and deteriorating health. The costs to individuals, their families and the country are huge, not just now but also in the future. Disadvantage, too, often passes from one generation to the next.

Nowhere is this more likely than in our most deprived neighbourhoods where mental health conditions are more common and their potential impact greatest. There are also particular barriers and problems faced by those from ethnic minorities.

None of this is something any Government committed to building a fairer and more inclusive society can ignore. We have already put in place far-reaching measures to improve NHS mental health services, strengthened civil rights and increased support to help people back into work. Community initiatives, often led by an expert and innovative voluntary sector, have been encouraged. But we need to do more if we are to ensure all can share in our rising prosperity and increasing opportunity.

That is why the Government asked the Social Exclusion Unit to examine how we could better attack the cycle of deprivation linked to mental health. The comprehensive programme outlined in this report sets out how we can improve health and well being, boost employment and training, increase support to families and prevent the isolation of those with mental health conditions. It will also ensure greater help is given in finding permanent homes – vital for the recovery and successful integration of those with mental health conditions.

The report calls on all Government departments and agencies to work together more effectively than in the past. We must rise to the task. But it also requires determined action to end the stigma of mental health – a challenge not just for Government but for all of us.

A handwritten signature of Tony Blair in black ink, with a horizontal line underneath.

**Tony Blair**

# SUMMARY

*“For some of us, an episode of mental distress will disrupt our lives so that we are pushed out of the society in which we were fully participating. For others, the early onset of distress will mean social exclusion throughout our adult lives, with no prospect of training for a job or hope of a future in meaningful employment. Loneliness and loss of self-worth lead us to believe we are useless, and so we live with this sense of hopelessness, or far too often choose to end our lives. Repeatedly when we become ill we lose our homes, we lose our jobs and we lose our sense of identity. Not only do we cost the government money directly in health, housing and welfare payments, we lose the ability to contribute our skills and economically through taxes.*

*“So we are perceived as a social burden. We lose sight of our potential, and when we try to move on, discrimination and stigma prevent us getting jobs that use our skills and experience and push us out of housing and education. The jobs we do get are poorly paid, and don’t utilise our skills and experience. And there are practical considerations – we stand to lose our financial security, whether state benefits or private insurance, when we attempt to rebuild our lives. We also stand to lose the health and social services that we find helpful, so that at the time when we most need support, our coping mechanisms are undermined. Moving back into society becomes a risky business.”*

## The problem

- 1.** Adults with long-term mental health problems are one of the most excluded groups in society. Although many want to work, fewer than a quarter actually do – the lowest employment rate for any of the main groups of disabled people.<sup>1</sup> Too often people do not have other activities to fill their days and spend their time alone.
- 2.** Mental health problems are estimated to cost the country over £77 billion a year through the costs of care, economic losses and premature death.<sup>2</sup> Early intervention to keep people in work and maintain social contacts can significantly reduce these costs. Once a person has reached crisis point, it is much more difficult and costly to restore their employment and social status.
- 3.** Social isolation is an important risk factor for deteriorating mental health and suicide. Two-thirds of men under the age of 35 with mental health problems who die by suicide are unemployed.<sup>3</sup>
- 4.** Severe mental health problems, such as schizophrenia, are relatively rare affecting around one in 200 adults each year,<sup>4</sup> although they can also have a wider impact on the lives of friends and family.
- 5.** Depression, anxiety and phobias can affect up to one in six of the population at any one time,<sup>5</sup> with the highest rates in deprived neighbourhoods.<sup>6</sup> GPs spend a third of their time on mental health issues.<sup>7</sup> Prescription costs for anti-depressant drugs have risen significantly in recent years,<sup>8</sup> and there are significant variations in access to talking therapies.
- 6.** Over 900,000 adults in England claim sickness and disability benefits for mental health conditions, with particularly high claimant rates in the North.<sup>9</sup> This group is now larger than the total number of unemployed people claiming Jobseekers’ Allowance in England.<sup>10</sup> Individual Placement and Support programmes in the US have achieved employment rates of over 50 per cent among people with severe mental health problems,<sup>11</sup> but these have not been widely implemented in this country.

7. Mental health problems can have a particularly strong impact on families – both financially and emotionally. Carers themselves are twice as likely to have mental health problems if they provide substantial care.<sup>12</sup> An estimated 6,000 to 17,000 children and young people care for an adult with mental health problems.<sup>13</sup>
8. Creating sustainable, inclusive communities is about everyone having a stake. Being in work and having social contacts is strongly associated with improved health and well-being. People with mental health problems have much to offer. If they are able to fulfil their potential, the impact of mental health problems on individuals, their families and society can be significantly reduced.

## The causes

9. The Social Exclusion Unit has identified five main reasons why mental health problems too often lead to and reinforce social exclusion:
  - **Stigma and discrimination** against people with mental health problems is pervasive throughout society. Despite a number of campaigns, there has been no significant change in attitudes.<sup>14</sup> Fewer than four in ten employers say they would recruit someone with a mental health problem.<sup>15</sup> Many people fear disclosing their condition, even to family and friends.
  - Professionals across sectors too often have **low expectations** of what people with mental health problems can achieve. There is limited recognition in the NHS that returning to work and overcoming social isolation is associated with better health outcomes. Employment is not seen as a key objective for people with mental health problems by many health and social care professionals.
  - There is a **lack of clear responsibility** for promoting vocational and social outcomes for adults with mental health problems. Services do not always work effectively together to meet individual needs and maximise the impact of available resources.
  - People can **lack ongoing support to enable them to work**. £140 million a year is invested by health and social care in vocational and day services for people with mental health problems.<sup>16</sup> But not all of these promote social inclusion as effectively as they could, and links with Jobcentre Plus can be weak. People on benefits often do not believe they will end up financially better off if they try to move into work. Many people lose jobs that they might have kept had they received better support.
  - People face **barriers to engaging in the community**. They can struggle to access the basic services they need, in particular decent housing and transport. Education, arts, sports and leisure providers often are not aware how their services could benefit people with mental health problems and how they could make their services more accessible for this group. Many people do not want to participate in activities alone, but feel there is no one they can ask to go with them. People can also face exclusion by law from some community roles such as jury service.
10. Some groups face particular barriers to getting their mental health and social needs addressed:
  - **ethnic minorities** may feel alienated from mainstream (predominantly white) mental health services, and so tend to present late to mental health services. They have often had contact with the criminal justice system, are more likely to disagree with their diagnosis, and can encounter discrimination on grounds of both health status and ethnicity in seeking work;
  - **young men** with mental health problems are at high risk of dropping out of education or work, of becoming involved with crime, and they are a particularly high risk group for suicide;

- **parents** with mental health problems – particularly lone parents – have very low employment rates,<sup>17</sup> may not receive sufficient family support and their children may develop emotional problems;<sup>18</sup> and
- **adults with complex needs**, such as substance misuse or homelessness in addition to their mental health problems, often struggle to get their needs met by statutory services.<sup>19</sup>

## Progress so far

11. There are already a number of important measures in place that contribute to tackling social exclusion among adults with mental health problems, in particular:
  - the *Pathways to Work* pilots are providing a radical new approach to supporting incapacity benefit claimants back into work;
  - the *National Service Framework for Mental Health* is driving a major programme of reform of mental health services. Implementation is supported by the National Institute for Mental Health in England, whose work recognises the importance of promoting social inclusion; and
  - the *Disability Discrimination Act 1995* which outlaws discrimination against disabled people.
12. There are a number of places across the country where innovative work, often led by the voluntary and community sector, is making a significant impact on health outcomes and employment rates. Some organisations, such as South West London and St George’s Mental Health Trust, have implemented Individual Placement and Support programmes based on the US model with encouraging results. Successful local projects are characterised by close partnership working between agencies, a clear focus on the aspirations of the individual and strong local leadership.
13. People who are at increased risk of social exclusion are among those most likely to have mental health problems. At national level, some of the most important drivers of social exclusion are being tackled, reducing the overall number of people at risk. There have been important successes in tackling the causes and effects of social exclusion and in preventing further increases in inequality, as set out in the Social Exclusion Unit’s emerging findings paper, *Tackling Social Exclusion: Taking stock and looking to the future*.<sup>20</sup> The Strategy Unit is currently undertaking a project with the aim of improving the life chances of disabled people.
  - Employment has increased by more than **1.9 million** in the last seven years, with unemployment now at 4.7 per cent, compared to 9.1 per cent 10 years ago.<sup>21</sup> The forthcoming Social Exclusion Unit report on *Jobs and Enterprise in Deprived Areas* will set out evidence on the local areas still suffering from very high levels of worklessness and what more the government plans to do about them.
  - The number of children living in relative low income households has fallen by **500,000** since 1997.<sup>22</sup> The government is also strengthening services for children where mental health problems often emerge, through *Every Child Matters*<sup>23</sup> and increasing investment in Child and Adolescent Mental Health Services.
  - There has been a **70 per cent reduction** in the number of people sleeping rough since 1998.<sup>24</sup>



## Action plan

14. The initiatives already in place represent an important start but there is a need for more focused action if we are to tackle the serious social exclusion still faced by many adults with mental health problems. Mental health problems require more than a medical solution: they require a positive response on the part of society to accommodate people's individual needs and to promote mental well-being.
15. Our vision is of a future where people with mental health problems have the same opportunities to work and participate in the community as any other citizen. This will mean:
  - communities accepting that people with mental health problems are equal;
  - people receiving the support they need *before* they reach crisis point;
  - people having genuine choices and a real say about what they do and the support they receive in order to fulfil their potential;
  - people keeping their jobs longer and returning to employment faster, with real opportunities for career progression;
  - recognition of the fundamental importance of people's relationships, family and caring responsibilities, a decent home, and participation in social and leisure activities; and
  - health and social care services working in close partnership with employment and community services, with fair access regardless of ethnicity, gender, age or sexuality.
16. The report from the Social Exclusion Unit sets out a 27-point action plan to bring together the work of government departments and other organisations in a concerted effort to challenge attitudes, enable people to fulfil their aspirations, and significantly improve opportunities and outcomes for this excluded group. Action falls into six categories:
  - **stigma and discrimination** – a sustained programme to challenge negative attitudes and promote awareness of people's rights;
  - **the role of health and social care in tackling social exclusion** – implementing evidence-based practice in vocational services and enabling reintegration into the community;
  - **employment** – giving people with mental health problems a real chance of sustained paid work reflecting their skills and experience;
  - **supporting families and community participation** – enabling people to lead fulfilling lives the way they choose;
  - **getting the basics right** – access to decent homes, financial advice and transport; and
  - **making it happen** – clear arrangements for leading this programme and maintaining momentum.
17. There are strong links between all this work, and different parts cannot be viewed in isolation. Tackling stigma and discrimination must be a priority for all organisations and services. The advice and treatment people receive from health and social care services is critical in enabling people to

fulfil their aspirations, whether this means work or other activities. Access to basic services – in particular decent housing and transport – is fundamental in enabling people to take up these opportunities.

- 18.** The actions set out in the report aim to improve opportunities and outcomes for people with severe mental health problems, who currently have the worst social outcomes, and also for people with more common conditions who are at risk of social exclusion. This will contribute to the delivery of a number of departmental **Public Service Agreement targets**, in particular:
- the Department for Work and Pensions target to **increase the employment rate of people with disabilities, work to improve their rights and remove barriers to their participation in society**;
  - the Department of Health targets to **reduce the mortality rate from suicide, and reduce inequalities in health outcomes**; and
  - the joint Department for Work and Pensions and HM Treasury target to **halve child poverty by 2010 and eradicate it by 2020**.
- 19.** The report highlights the centrality of mental health to the public health agenda and the forthcoming **White Paper on improving health**. People with mental health problems have an increased risk of premature death.<sup>25</sup> A person with schizophrenia can expect to live for ten years less than a member of the general population,<sup>26</sup> and the economic costs of suicide are estimated to be in the region of £5.3 billion.<sup>27</sup> Mental health problems present a particular challenge for deprived neighbourhoods, which will be prioritised in implementing this action plan.
- 20.** Departments have incorporated the actions set out in this report within their plans for the current financial year. For example, the new anti-stigma programme is backed by £1.1 million investment from the Department of Health. The Small Business Service has made £1.5 million available from the Phoenix Fund to be invested over two years, and the Home Office and National Institute for Mental Health in England have jointly identified up to £155,000 to strengthen police training. The Department of Health has also made available £22 million to local councils with social services responsibilities to support the capital costs associated with implementation, and has made mental health and social exclusion a funding priority for the Section 64 Grant for the voluntary sector. Investment for future years will be determined by the outcome of the current spending review.

## Stigma and discrimination

- 21.** Mental health has not benefited in recent decades from the progress seen in tackling stigma and discrimination in areas such as sexuality and race. A reinforced drive is needed, drawing on international evidence of what works, through:
- a sustained programme backed by £1.1 million investment in 2004-05 to challenge discrimination against people with mental health problems, with closer co-ordination across government and the voluntary sector;
  - practical teaching resources to challenge the stigma surrounding mental health from an early age through schools; and
  - planning for vigorous implementation of the proposed new public sector duty to promote equality of opportunity for disabled people.

## The role of health and social care services in tackling social exclusion

**22.** The advice that people with mental health problems receive from health and social care professionals can set the tone for the course of their illness and its impact on their lives. Support for reintegration into the community is an integral part of the work of effective mental health services. Early access to mental health services regardless of age, ethnicity, gender or social status may reduce the risk of problems becoming more intractable. Health and social care services will tackle social exclusion through:

- modernised vocational services which reflect evidence-based practice and provide a choice of services to meet diverse needs;
- access to an employment adviser and social support for everyone with severe mental health problems;
- redesigning mental health day services to promote social inclusion;
- improved access to vocational and social support in primary care;
- strengthened training on social inclusion for health and social care professionals;
- measures to tackle inequalities in access to health services; and
- closer working with the criminal justice system, including strengthened police training on mental health issues.

## Employment

**23.** Large numbers of adults with mental health problems want to work, and employment promotes improved mental health. The *Pathways to Work* pilots are testing the impact of a comprehensive employment support package including specialist personal advisers, help for people to manage their condition better in a work environment, and better financial incentives through the £40 per week return to work credit. In addition, people with mental health problems will be better supported to find and retain work through:

- improved training on mental health issues for Jobcentre Plus staff;
- £1.5 million from the Phoenix Fund to improve support for adults with mental health problems who are interested in enterprise and self-employment;
- clearer guidance on the use of *Access to Work* to fund adjustments for this client group, and on the continuing needs of Disability Living Allowance claimants upon returning to work;
- consideration of further improvements to the linking rules and permitted work rules to support the transition from benefits to work; and
- improved support for employers and job retention through the government's new vocational rehabilitation framework.

## Supporting families and community participation

- 24.** Mental health problems do not just affect individuals but also their family and friends. Providing early support to families can help to prevent children’s longer-term emotional and mental health problems. Early recognition of mental health problems in parents, especially around birth, and provision of support can also help prevent their mental health problems from developing further.
- 25.** Local services such as colleges, arts and sports activities offer opportunities to meet people from outside mental health services and integrate into the community. The report’s action plan supports people’s right to participate fully in society through:
- improved support to access education and training opportunities;
  - a strengthened evidence base to enable wider roll-out of arts interventions;
  - targeted family support to meet the needs of the many parents with mental health problems and their children; and
  - removal of unnecessary barriers to community roles such as jury service, and more consistent practice on paying people with experience of mental health problems to advise on service design.

## Getting the basics right

- 26.** There is little prospect of accessing work or community activities for people whose housing is unstable, who have problems with money and who are unable to access affordable transport. The action plan addresses these issues through:
- new guidance to housing authorities on lettings and stability for adults with mental health problems; and
  - improved access to financial and legal advice, and affordable transport.

## Making it happen

- 27.** To ensure that the action plan is implemented and followed through requires effective leadership and co-ordination at national and local level. This will be achieved through:
- a cross-government team tasked with driving implementation, with progress overseen by ministers;
  - an independent advisory group to advise the government on progress;
  - local implementation led jointly by primary care trusts and local authorities, supported by the National Institute for Mental Health in England; and
  - better use of the expertise in the voluntary and community sector.

## Conclusion

- 28.** The report from the Social Exclusion Unit marks the start of a sustained programme of change to challenge discriminatory attitudes and significantly improve opportunities and outcomes for adults with mental health problems. This will mean people with mental health problems regaining hope and recovering control of their lives, whatever their diagnosis or ongoing symptoms. Government has an important role to play, but the active involvement of the voluntary and community sector, employers and, crucially, people with personal experience of mental health problems will be essential to achieve real change.
- 29.** The report features case studies of many successful local projects and the experiences of individuals who have overcome the challenges posed by mental health problems to lead fulfilling lives. These examples demonstrate what can be achieved and the benefits that result for individuals and society.

### Ude's story – help to find employment

Ude had been in prison and had spells in hospital with severe mental health problems. He was referred to the First Step Trust in Lambeth, which provides work projects for people with mental health problems and other disabilities or disadvantages. At First Step Trust, Ude discovered that he had a flair for organising people and managing small teams of workers on site and in the community. He has recently been appointed to a salaried position and manages the gardening section, which is the project's largest commercial contract with an annual income of £90,000. "I had to get my life together," says Ude, "and I did it through work." Today he lives in his own flat in the community and has minimal contact with mental health support services.

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