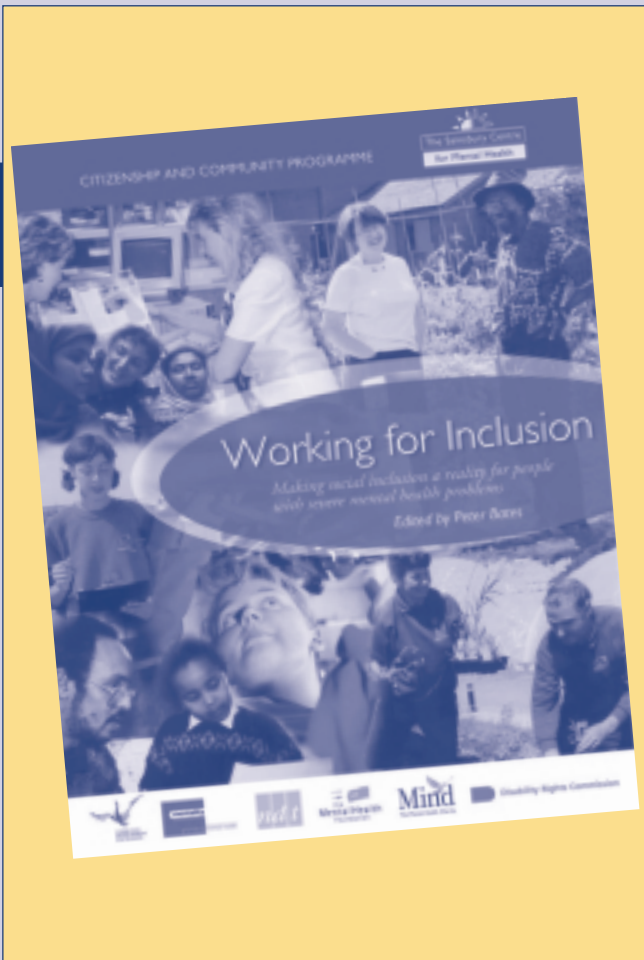


BRIEFING 15



The Sainsbury Centre for Mental Health is a registered charity, working to improve the quality of life for people with severe mental health problems. It aims to influence national policy and encourage good practice in mental health services, through a coordinated programme of research, training and development. SCMH is affiliated to King's College London.

Copies of *Working for Inclusion* are available from SCMH @ £25 (£15 for users, carers and smaller voluntary organisations) plus 10% p&p.

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An Executive Briefing on 'Working for Inclusion'

Introduction

Working towards social inclusion has been a key goal of the current Government since 1997. The concept of social inclusion is of fundamental relevance to people with severe mental health problems. The Sainsbury Centre for Mental Health (SCMH) has therefore established, with the support of the Department of Health (DoH), a major Citizenship and Community Programme which seeks to address the role of services and community organisations in fostering the social inclusion of people with mental health problems.

As part of this programme SCMH has published *Working for Inclusion*, which provides the first in depth analysis, with examples, of how mental health and other agencies can support people with mental health problems to engage in a full life in the community.

This briefing summarises *Working for Inclusion*, and is aimed at chairs, chief executives, directors, members and staff in health, social care and independent sector organisations, and at other stakeholders in mental health services, especially users and carers.

Why inclusion?

There are a number of factors that combine to make social inclusion a key priority for policy and practice:

- ▶ It represents a major policy direction for both the European Union and UK. Our legislative framework includes the Disability Discrimination Act and the Human Rights Act. Department of Health policy guidance also emphasises the need to work for inclusion.
- ▶ The National Service Framework for Mental Health (NSF), and especially Standard One that addresses mental health promotion. This is likely to be a key work strand of the National Institute for Mental Health.
- ▶ A focus upon inter-agency collaboration and partnership, such as the Health Act 1999 and the Welfare to Work strategy, which all emphasise the need to build bridges between diverse community organisations so that opportunities for valued social roles are maximised.
- ▶ Efforts to achieve community development and democratic renewal aim to create active communities that have the capacity to welcome people with mental health problems.
- ▶ The recovery movement, empowerment and psychosocial approaches to mental health all lay emphasis upon the person taking up their chosen life in the community.
- ▶ Fundamentally, there is strong evidence from user views and clinical experience that users desire social inclusion and that participation can improve clinical outcomes.

Why is inclusion a key issue for mental health services?

Service organisations are well positioned to make a difference to inclusive outcomes for service users, but are often unsure about how to tackle this broad agenda, given the range of other highly specific priorities. How your services are designed, organised and delivered is critical to promoting inclusion for those who use them. Treating mental health service users as ordinary citizens is important to their self esteem, dignity and potential for recovery. It is also fundamental to delivering the NHS Plan's principles of access and equity as well as government policy on mental health. The values and principles on which the NSF itself is based, set an expectation of services that are non discriminatory, well suited to those that use them; offering choices, and promoting independence.

Mental health services will not be able to achieve inclusion on their own. However, they have a key role in acting as catalysts for community partnerships aimed at promoting inclusion. Partnership is the only realistic way in which mental health agencies will be able to meet the specific requirements under Standard One of the NSF to combat

discrimination and promote social inclusion, as reflected in outcome indicators on employment, income and accommodation. In addition, the importance of defining partnership approaches in implementation plans has been emphasised by the Department of Health.

The Health Act flexibilities – which have not yet been fully explored or utilised in many health and social care economies – together with the experience of cross agency working developed in some HAZs, offer an administrative and financial basis for supporting work of this kind. Neighbourhood Renewal Funding to some 88 Authorities through Local Strategic Partnerships could also represent an additional source for supporting these partnerships in practice. Whether at the level of individual care programmes, service team organisation or the commissioning strategy, social inclusion needs to be part of the vision for a modern mental health service – it is both a key opportunity and challenge for the mental health service system.

Working for inclusion

Purpose

Working for Inclusion offers a range of resources to assist service users, direct care staff, managers and policy makers in mental health and other agencies. Some of the papers contained in the resource book offer an analysis of the social and political context, provide definitions and link themes with wider policy issues. Other papers describe local projects. Most sections conclude with questions to help the reader reflect on what is happening locally and make practical plans for progress.

The context

Mental health might be described as a contended area where the dimensions of exclusion including isolation, media influence and popular misconceptions about public risk are sometimes seen as competing with those of inclusion (anti-discrimination laws, European funding streams and a broad-based political will for its promotion). At present, people who use mental health services are likely to be poor, unemployed, living in substandard housing and socially isolated. The workbook explores the potential for mental health services to re-focus their practice onto supporting people in generic settings – their workplace, their home and amongst their friends and leisure activities.

Approaches to inclusion

One way of thinking about inclusion is to use the following three-part framework:

- ▶ **Inclusion as access.** Is your mental health service reaching the whole community, or are specific groups excluded, such as people from certain ethnic minorities or people with learning disabilities? Do service users have full access to information and decision-making? Do users have access to jobs in the agency?

- ▶ **Inclusion as a standard of living.** The Government's Social Exclusion Unit pins this down as a good standard of health, opportunities to develop skills, earn a wage and live in safety. Do service users have their primary health care needs met? Disabled people are twice as likely to be unemployed and half as likely to be a student compared with non-disabled people (Labour Force Survey, Spring 2001) – so what action are you taking to reduce this level of exclusion? Do people with mental health problems get to live in the safe areas of town?
- ▶ **Inclusion as relationships.** Inclusive services will strive for opportunities to enrich society by bringing diverse people together under conditions of equality and mutual respect. Within this framework, individualised supported living replaces congregated staffed houses; real jobs and ordinary college classes replace segregated day centres and 'special' classes; and friendship with a diverse community of citizens (some of whom may have mental health problems) replaces comprehensive dependence on mental health staff and survivors.

What can be done to implement this agenda?

Quick-fix solutions to the problem of social exclusion, such as re-badging existing activities or adding an 'inclusion project' to the spectrum of provision, will have limited impact. In contrast, *Working for Inclusion* invites us to re-examine all mental health work from the perspective of social inclusion. A number of key steps need to be taken, including:

- ▶ Supporting user empowerment and staff creativity.
- ▶ Giving deliberate attention to the question of whether people who use local mental health services are supported to engage in community life. While many services pay lip service to the principle of inclusion, a glance at the organisation's budget sheet and business plans will reveal whether inclusive outcomes are given priority.
- ▶ Building a learning network of people who champion the inclusion agenda, seek out training, gather knowledge and skills, commission research and progressively sharpen up practice.
- ▶ Building the requirement for inclusive practice into job descriptions, performance monitoring, clinical governance and the organisational development programme.
- ▶ Initiating joint work with employment, education, housing, voluntary sector and leisure providers so that people can make a seamless transition from using mental health services to engaging in these other roles in the community.

Box 1

Kent Awareness in Action Programme

The Institute of Psychiatry, in collaboration with voluntary organisations, statutory services, service user forums and carer support groups, has been developing a programme of mental health awareness workshops for community audiences in Kent. The aim is to address stigma and discrimination through mental health promotion initiatives which educate, raise awareness and explore attitudes.

The workshops adopt an experiential approach and are based around service users' personal accounts of living with mental illness and discussions with the audience. The local police was one target audience chosen by local stakeholders and workshops were developed for the Kent police using a consultative process involving the police and the mental health community. Feedback from evaluation forms showed a very positive response with all officers stating that they had learnt something.

What are the risks?

Although 'social exclusion' is a relatively new idea and remains a contested term, it has become pervasive and there is a danger that progress will be hampered by insufficient practical definition. Secondly, services have a long history of working with the individual, and so 'promoting inclusion' could become a new language for 'fixing the person', rather than fixing the community. Thirdly, the goal of inclusion is set within the broader context of user empowerment. There is a danger that agencies will merely transfer their relationships from the institution setting to the community and so avoid the painful task of listening to the people that they claim to support. Finally, inclusion could become a synonym for abandonment rather than a new style and setting for providing the support that people need.

Capacity building with communities

A key component of an inclusive approach to mental health is to work with specific communities to assist them in providing positive opportunities to people with mental health difficulties. These communities include employers and work colleagues, college tutors and co-students, neighbours – everyone, in fact. In the section called 'Inclusion in the whole of life' the workbook offers a vivid example of mental health equalities training for the police. Service users were full participants in the process of identifying the audience, negotiating the training requirement, designing and delivering the training, and evaluation [See Box 1]. Similarly, the section on access to

education is packed with hints about how to arrange effective support for college staff. Other services described show how this capacity building work has been achieved with employers, faith communities and the voluntary sector.

Shaping opportunities so that they meet real need

A journey towards more inclusive opportunities requires more individualised support arrangements. This shift has been illustrated through a detailed overview of the housing and support sector. While group homes appeared to be an appropriate development 25 years ago, policy and practice has combined with user demand over recent years to press for more individual tenancies and floating support.

Similarly, a comprehensive summary of the available literature on employment and mental health shows clearly that individual placement and support in the community is the most effective model. People want real jobs with ordinary employers. A number of contributors address the challenge of developing inter-agency partnerships that will deliver real changes to service formats – persuading other organisations to change their practices so that people with mental health difficulties get a better deal. One model of bridge-building with community agencies (Mainstream) is described in Box 2.

Inclusive mental health services

Working for Inclusion offers some clues to the ways in which current mental health services need to develop if they are to offer more inclusive opportunities to users.

- ▶ Primary care organisations can map community-based agencies that support a range of social roles as well as those that provide mental health care. There is potential for gateway staff in primary care to provide information and support so that people can connect with employment, education, leisure, neighbourhood associations, voluntary work and so on, as well as just mental health care providers.
- ▶ Early intervention services and other provision can be based in generic community facilities, minimising the ‘friction damage’ in which entry to mental health services breaks off numerous social network connections and roles.
- ▶ Psychiatric acute wards have the delicate task of providing both a shelter from the burden of responsibilities and relationships and, at the same time, holding on to fragile connections with family, employer and friends. Ward staff have a crucial role to play in supporting these fragile connections.

Box 2 Mainstream

Mainstream, which is based in Liverpool, aims to support users to participate in the wider community through bridge-building with a range of generic organisations. It came into being in response to an inter-agency review of mental health services which revealed unmet needs in the areas of meaningful activity, relationships, education and employment. It is a voluntary organisation with six bridge-builders as its core team. Each bridge-builder covers a distinct area of life activity:

- ▶ arts and culture
- ▶ education and training
- ▶ employment
- ▶ faith and cultural communities
- ▶ sports and leisure
- ▶ volunteering.

Bridge-builders then work with clients and the community to:

- ▶ determine individual need using a person-centred approach
- ▶ support clients to access opportunities
- ▶ build relationships with local organisations
- ▶ liaise with mental health services
- ▶ deliver mental health awareness training.

The project is still in its infancy but already has a wealth of examples of service users successfully accessing mainstream opportunities. An adjacent health authority has now funded two additional workers to allow the Mainstream service to be provided to their catchment population also.

- ▶ Long-term day services can be remodelled to operate without a building – to support people to engage in mainstream community activities alongside other citizens.

The resource book does not specifically address the inclusion agenda as it applies to people in secure environments, those using addiction services, children and young people, psychogeriatric provision or those with a mental health problem in addition to a learning disability. However, many of the themes addressed in the book have resonance in these areas and a number of the principles and ideas can be adapted.

Evaluation

User-led research offers a promising perspective for the exploration of social inclusion because it is grounded in user perspectives and priorities rather than the assumptions and priorities of researchers. *Working for Inclusion* provides a framework for thinking about the success of an inclusive effort as well as some specific indicators of the successful formation of social networks.



Person-centred planning

This specific approach to organising support for an individual has a 20 year history and is included in the 2001 White Paper on learning disability services, but is little known in mental health. *Working for Inclusion* offers a summary of this radical approach and shows how it re-frames assessment and support in the context of social inclusion. Person-centred planning is concerned with the whole person, including their ambitions for a better life. Mental health services are recognised as able to offer only a small part of the support that we all need. In order to progress, a new way of working is needed that harnesses the energies of the person, their family and acquaintances, and that positions mental health workers as ‘on tap, not on top’.

Job description

- ...to undertake specific searches for opportunities in the community that will target minority and under-represented groups...
- ...to identify, challenge and work with fear and prejudice about mental illness... to encourage agencies to develop new arrangements...
- ...to support the person to participate as a full and equal member of the community activity...

Making it work in practice

Despite the popularity of the term ‘social inclusion’, comparatively little work has been done on the details of how to operationalise the concept. *Working for Inclusion* provides some practical suggestions for objectives which can be included or expressed in job descriptions and performance indicators (see below).

Performance

- ...frequent publicity events in both mental health and community venues...
- ...host organisations (employers, colleges, leisure environments etc) have made positive changes to the way they operate as a result of involving mental health service users...
- ...most users get a unique package of support to maintain their life in the community...
- ...data gathering tracks jobs, friends, a decent home, and the achievement of personal life targets...
- ...staff are supported through balanced lifestyles, mentoring and encouragement to solve problems using imagination and creativity...

The Citizenship and Community Programme

Working for Inclusion is one of a range of products of the Citizenship and Community Programme at SCMh. The aim of the programme is to develop policy, strategy, and practice on inclusion which connects with the new agenda on community renewal and regeneration, in order that service users have equal opportunities to engage in every aspect of life in the community.

Managed by SCMh in partnership with Mind, Mental Health Foundation, Disability Rights Commission, National Development Team, and Institute for Applied Health and Social Policy, and with support from the Department of Health, the programme is supported by a network of some 35 national organisations and key individuals.

The programme includes:

- ▶ four interrelated key projects that together will provide a practical framework within which strategies for promoting inclusion can be developed by mental health organisations;
- ▶ a number of affiliated development projects or work streams concerned with specific inclusion themes or processes;
- ▶ a development process comprising region-wide collaborative networks for inclusion in mental health, that will link to both the emergent regional mental health development centres and the NSF Local Implementation Team (LIT) structure.

and aims to produce:

- ▶ a schedule of self-assessment criteria for inclusive practice, aimed at service agencies;
- ▶ a framework of inclusion indicators for primary care organisations;
- ▶ guidance, developed and adapted from Disability Rights Commission, on rights for citizens engaging with mental health services;
- ▶ dissemination of work from Mind's 'Creating accepting communities' pilots;

- ▶ development with adult learning agencies of the role of Learning and Skills Councils in their strategic task of widening access to further education;
- ▶ community outcome measures and instruments for assessing social capital;
- ▶ a survey of community organisations in conjunction with the Community Development Foundation;
- ▶ the development, through a joint initiative with South London and Maudsley Trust and New Economics Foundation, of a social support system for a CMHT based on a 'Timebanks' model of community engagement;
- ▶ the development of a strategic approach to working with leisure services in pursuit of inclusion;
- ▶ work with the Royal College of Nursing and DoH on how the training agenda for nurses could be developed to support inclusive practice.

Where is SCMh taking the inclusion agenda from here?

SCMH will continue, with DoH, to sponsor the Citizenship and Community Programme as a key aspect of its work to promote social inclusion. We will work to ensure that its further outcomes are disseminated to local mental health systems through the collaborative networks and development centres, to support their work on linking mental health service systems to mainstream opportunities. The programme will contribute to SCMh's work to promote best practice in relation to inclusion objectives, represented by other SCMh initiatives and programmes, most significantly our new user empowerment programme which will be launched early in 2002.

Questions or comments on this briefing are welcome and should be addressed to David Morris or Andrew McCulloch at SCMh. There is also a discussion forum on our website www.scmh.org.uk.



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Working for Excellence in Mental Health Services

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