



THE SOCIAL EXCLUSION UNIT (SEU) PROJECT - SOCIAL EXCLUSION AND MENTAL HEALTH

Veterans

1. On 5 March 2003 the SEU launched a project to investigate how to reduce social exclusion among adults with mental health problems. The Unit is looking at a range of issues including employment, social participation and better access to services.

- The DoH's National Service Framework for Mental Health
- The work of the DWP through the New Deal for Disabled People, the Disability Discrimination Act and the Pathways to Work Project, helping people on Incapacity Benefit to re-enter work.

2. The key topics for consideration are:

- stigma and discrimination towards adults with mental health issues
- access to appropriate education, training and employment
- job retention
- the accessibility and adequacy of key services – health and social care, housing, finance, criminal justice, arts and leisure
- how services can be linked more effectively, to provide a sustained pathway of care and support designed around the needs of individuals

3. The project has begun with evidence gathering, including a public consultation exercise, literature reviews, a cost benefit analysis of interventions by LSE, meeting with stakeholders and service users and visits to projects.

4. Issues identified so far and proposals for further work, in summary are:

Employment

- developing recommendations for the **implementation of evidence-based supported employment models** throughout the country;
- strengthening **links between the health and employment sectors**, to ensure that people with mental health problems receive effective vocational support;
- ensuring **employers** have access to the advice they need, and implementing best employment practice in the **public sector**.

Welfare Benefits

- developing recommendations to remove the **financial uncertainty** associated with leaving Incapacity Benefit, to guarantee a **minimum income** whether people with mental health problems are on benefits or in work;
- considering how people with mental health problems can be enabled to **increase their working hours gradually**, without being financially disadvantaged.

Social participation

- **developing recommendations to facilitate** access to relevant mainstream services (in particular Further Education, arts and leisure), **and put in place more robust** monitoring of participation rates;
- **providing** effective support, advice and advocacy **to enable adults with mental health problems to access opportunities and receive advice on a range of issues (including housing and money)**;
- **reviewing restrictive criteria for roles such as** school governors **and** jurors.

Links with the health sector

- **developing** clear referral pathways **from primary and secondary healthcare into opportunities for employment and social participation**;
- consideration of the **training needs of health and social care professionals** in supporting social inclusion;
- developing **effective interventions** at the point of **initial sickness certification**.

Stigma and discrimination:

- strengthening **campaign work** through better co-ordinated approaches, reflecting international evidence of what works;
- development of **community engagement models** for mental health.

Of these, MoD is particularly interested in employment and support to enter and retain work (including mentoring), helping to ensure adequate support and advice on issues such as money and housing, and working with colleagues in the DoH to address stigma and culture issues which can prevent appropriate access to health care.

5. Evidence collection including discussion with users of mental health services continued through the spring and the report, recommendations and action plan were published on 14 June 2004. The action plan went into implementation phase at the subsequent National Institute Mental Health England (NIMHE) Conference on 23 - 24 June 2004. An oversight implementation group is to remain in place and MoD will maintain close links, particularly with the stigma and discrimination work to be led by NIMHE and beginning autumn 2004.