



The Role of Health and Social Care Professionals in Promoting Social Inclusion

“What has helped most has been a good social worker who treats me like a person.”

Who is this for?

People affected by mental health problems, all those providing services for people affected by mental health problems, including primary care, Jobcentre Plus, education, housing, leisure and voluntary sector staff.



Key facts

- 90 per cent of people with mental health problems are treated in primary care. GPs rarely have the time to address broader vocational and social issues in depth, but successful models using specialist advisers linked to primary care have been developed in some areas.
- Nearly one-fifth of respondents to the Social Exclusion Unit's consultation argued that mental health services needed to become more socially focused and less medical in their approach.
- GPs issue sickness certificates when they assess that a person cannot perform their usual work. Mental health problems are more likely to be listed on sickness certificates in the most deprived areas of the country.
- What people with mental health problems are told by doctors and other health professionals can have a major impact on their confidence and their aspirations for the future. For many people with mental health problems, the concept of 'waiting to get well enough' is not a helpful one, as inactivity is strongly associated with worsening mental health.
- It is important to ensure appropriate pathways of care between primary and secondary services; up to 28 per cent of referrals from primary care to specialist services are inappropriate.
- The range of services is more limited in rural areas, with specialist services often absent. In 2002, 87 per cent of rural households were 4km away from a GP surgery.
- Adults with complex needs, such as substance misuse in addition to their mental health problems, often struggle to get their needs met by statutory services. Approximately 30–50 per cent of people misusing drugs have mental health problems.
- A person with schizophrenia can expect, on average, to live for ten years less than someone without a mental health problem, mainly because of physical health problems.

Promoting social inclusion

Planning framework

The Department of Health's health and social care planning framework and targets for 2005–2008 states:

“Unemployment and social isolation are important risk factors for deteriorating mental health and suicide. Information on how to help people with mental health problems gain and retain work, and improve community engagement, is set out in the report on mental health by the Government’s Social Exclusion Unit.”

Practical ideas

Taking into account an individual’s wider circumstances

- Whenever someone comes into contact with services (eg GP, Community Mental Health Team, in-patient facilities) it is important that staff identify the person’s housing, employment, education status and family role. If a potential problem is identified, such as the possibility of someone losing their job, it is important to take appropriate action, eg refer them to a specialist agency.
- Staff can establish links with local services to ensure that they can quickly address an issue as it arises, eg the Homeless Persons Unit, Jobcentre Plus, vocational rehabilitation agencies, crisis loan providers, and local substance misuse services.
- A GP’s intervention at the point of sickness certification is critical in determining long-term employment outcomes. However, certificates can be issued without taking into account other options, such as suggesting adjustments like a reduction in hours or alterations to someone’s role, or referring the person to local supported employment providers.

Person-centred planning

- Care plans and services need to be designed to take a holistic view of someone’s ability to recover and should not focus purely on their medical treatment. The plan needs to be driven by people’s personal aspirations and priorities.
- To ensure that the care plan genuinely reflects these personal aspirations and priorities, an advocate, friend or relative may need to be involved in drawing up the plan. It may be necessary to emphasise that individuals have a right to this support in advance of the meeting.

CARE PROGRAMME APPROACH, ROTHERHAM

As part of the Care Programme Approach (CPA) process for people with mental health problems, Rotherham Mental Health Services carry out an Occupational Needs Assessment and identify occupational goals. These are a core part of the CPA process and the actions are reviewed at CPA meetings.

Rotherham's Health and Social Care Community relaunched the CPA documentation in 2001. The Educational, Training and Employment (ETE) service made a fundamental change to the process of identifying and addressing occupational need within the full needs assessment. In conjunction with Rotherham Service User Monitoring Team, an occupational self-assessment was developed and this enables an individual to highlight their personal strengths and skills. Identifying meaningful goals forms the initial stage of referral to the ETE service. Feedback from people with mental health problems highlighted that meaningful activity, and the support of multi-agency partnerships were valued and important.

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- Key workers / care co-ordinators can assist people to improve their relationships with their family, friends and other social networks, and they can mediate between the parties. For more information see the **Families and Carers** fact sheet.

Complex needs

- Substance misuse is more common among adults with mental health problems than those without. Approximately one-third of patients accessing secondary services have substance misuse problems. Drug and alcohol use can make mental health assessments difficult, but not impossible. It can help to have a 'cooling off' area, which allows the person to be in a safe environment while they 'sober up'.
- Mental health and substance misuse services should aim to work together in partnership to support those with mental health issues who misuse substances by developing joint agency protocols. This could involve developing joint agency protocols/shared care plans to look at someone's mental health and substance misuse problems in parallel. For example, the approach adopted by Bromley Community Drugs projects partnership with the Assertive Communities Team (see the Social Exclusion Unit's report for more details).

- An estimated 25–40 per cent of people with learning disabilities experience risk factors associated with mental health problems. GPs and care staff may not recognise mental health problems among adults with learning disabilities, especially if patients have difficulty with communication. To provide effective care for this group requires joint working between health and social care, and could involve involving specialist organisations such as Mencap or the Royal National Institutes for the Blind and the Deaf. For more information on learning disability and mental health see Useful Contacts and Resources below.

Effective cross-sector working

The responsibility for promoting social inclusion for people with mental health problems lies with **all** sectors and not just health. However, examining in detail the role of the different sectors is outlined in the remainder of the pack (see, in particular, the **Employment, Housing, Criminal Justice and Education** fact sheets).

Further information

- The *National Service Framework for Mental Health (NSF)* was published in 1999 and sets out a major programme of reform, modernisation and investment for mental health services. The NSF recognises the importance of tackling stigma and promoting social inclusion. Health and social care services have a central role to play in enabling people to work and maintain social contacts.
- People with more severe mental health problems often receive support through specialist teams in secondary care, normally provided by Mental Health Trusts most commonly through a **Community Mental Health Team**. Community Mental Health Teams are typically staffed by medical, nursing, psychology, social work and occupational therapy practitioners. The **Care Programme Approach (CPA)** is designed to assess and plan for the needs of people using specialist mental health services. It should include everyone who is involved in the care of the individual. Following an assessment of need, a care plan should be drawn up with the individual, and a key worker/care co-ordinator appointed to monitor and co-ordinate the individual's care.
- If a person is referred to specialist mental health services they will have an allocated **care co-ordinator** whose role is to co-ordinate and have an overview of the different areas of care. This is not just in relation to health services but also to the areas where the individual requires support, such as employment, social networks or housing. The care co-ordinator is based within the local Community Mental Health Team.

- The National Institute for Adult Continuing Education (NIACE) supports over 20 **prescriptions for learning** projects in England. A pilot in Nottingham in three general medical practices found that 65 per cent of clients referred had no qualifications, and almost all said that they would not have taken up learning without the help of the project. One-quarter reported improvements in their mental health.
- **Exercise on prescription:** there are a number of places around the country where GPs can refer people to leisure centres or gyms. Studies have shown that patients respond well to GP advice to take more exercise and such schemes are beneficial to health, with reduced prescription medicines and improved quality of living.
- **Arts on prescription projects** arrange referrals to local arts organisations. Early evaluation showed a reduction in the number of recognisable mental health problems.

THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS

- **Support on employment and social issues through a new evidence-based guidance for commissioners, embedding vocational and social support in the Care Programme Approach and monitoring vocational outcomes for people with mental health problems (see Action Point 5 for more detail).**
- **Transforming day services to promote social inclusion.**
Characteristics should include: access to supported employment; developing referral links with community services; providing advocacy and support; and involving people with mental health problems in the design and operation (see Action Point 6 for more detail).
- **Advice on employment and social issues through primary care through the testing of different models particularly in deprived areas (see Action Point 7 for more detail).**
- **Training on vocational and social issues for health and social care staff through, for example, specific training for the new mental health workforce, developing local training for existing staff and strengthening the National Institute for Mental Health in England's Primary Care Core Skills' programme (see Action Point 8 for more detail).**

- **Tackling inequalities in access to health services through, for example, a formal investigation by the Disability Rights Commission into the health inequalities experienced by people with mental health problems, and a review of access to treatment for people with both substance misuse and common mental health problems (see Action Point 9 for more detail).**
- **Promoting greater take-up of direct payments by producing and disseminating a guide to action, disseminating good practice and reviewing exclusion criteria (see Action Point 10 for more detail).**

Useful Contacts and Resources

Department of Health (DH) – for information on the NHS, mental health and social care services visit www.doh.gov.uk.

National Institute for Mental Health in England (NIMHE) provides information on mental health policy and services visit www.nimhe.org.uk.

For an overview of the social care perspective see the Social Services Inspectorate publication, *Treated As People: An Overview of Mental Health Services from a Social Care Perspective, 2002–04*. This can be found on the Department of Health website, under publications and statistics.

Valuing People: A New Strategy for Learning Disability for the 21st Century (2001) sets out how the Government will provide new opportunities for children and adults with learning disabilities. It outlines the Government's plans for people with learning disabilities and their families, including those with mental health problems. For hard copies contact 0870 6005522, or download at www.archive.official-documents.co.uk

Department of Health published a draft strategy for women's mental health care, which includes sections on self-harm, perinatal illness and the issues facing women from ethnic minority backgrounds. This strategy can be found at www.nimhe.org.uk/downloads/FullWMHStrategy. This was followed by the development of implementation guidance, which can be found at www.nimhe.org.uk/downloads/77961-ImpleGuidance-tex.

The Sainsbury Centre for Mental Health, *Working for Inclusion* (2002). Go to www.scmh.org.uk

Repper, J. and Perkins, R. *Social Inclusion & Recovery: a model for medical practice* (London 2003).

Torrey, W. C., Bebout, R., Kline, J., Becker, D. R., *et al.* Practice guidelines for clinicians working in programs providing integrated vocational and clinical services for people with severe mental health disorders. *Psychiatric Rehabilitation Journal*, 1998.

NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at KC.nimhe.org.uk.

Scottish Executive – for information on mental health policy and services in Scotland contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Go to www.show.scot.nhs.uk

www.socialexclusion.gov.uk

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