Social Inclusion and Mental Health

Second Edition
I am delighted to welcome this new edition as essential reading for everyone working/involved in health and social care, not just mental health services. The text expands our understanding of the means of social exclusion, its poisonous legacy on children and adults, and how we might change the single, main driver of mental health conditions—poverty. The book goes beyond theoretical frameworks and the language of exclusion (inequalities and disparities belong to different political tribes)—it brings exclusion into the world of service users and health professionals. We learn that exclusion is not merely economic, but race and disability (to name just two) compound multiple disadvantages. I wish I had read a social science primer like this book at the start of my career, and can only hope it will be taken up by the next generations.

Peter Byrne, Consultant Liaison Psychiatrist, Royal London Hospital; Co-director of RCPsych Public Mental Health Implementation Centre

Without action, the poor may well 'always be with us'. But as this book makes so clear, poverty (whether defined in terms of lacking material resources, access to occupational and leisure opportunities, civil participation, or even supportive social networks) is partly a consequence of exclusion arising from political, economic, and social structures but all too often through deliberate actions of individual self-interest, prejudice, and discrimination.

This book provides a comprehensive and persuasive account of the forces at play and more importantly what we, collectively, professionally and individually can do to tackle the social and economic barriers that people with mental health conditions face in daily life. This is an outstanding book that should be read by all mental health professionals as a fundamental text for their profession.

Tom K J Craig, Professor Emeritus of Social Psychiatry, King’s College London

The second edition of this impressive volume is timely, as in the United Kingdom and Europe we confront poverty, a conflict in Europe, and a major energy crisis, whereby more people will not eat well and use drugs and alcohol and high fat and salt foods will go up. We can anticipate greater levels of poor health and health crises. The central messages of this manifesto cut through political instability and poor health literacy, and give all policymakers and politicians an opportunity to improve the health of the nation and reduce health inequalities. I especially enjoyed the nuanced exposition of how as a society we fail to tackle social determinants of poor health at our peril. Poverty and social adversity, especially child maltreatment, lead to premature mortality and poorer life chances and quality of life, including the development of mental illnesses. Furthermore, those with mental illness encounter prejudice, stigma, and discrimination, all of which mean people with mental illnesses face precarity and structural violence that deprives them of equal rights to benefit from societal opportunities and care systems. We need systemic preventive and care interventions. This book is a clarion call to all. We must do better to prevent mental illness, tackle social determinants, reduce stigma and discrimination, and promote inclusive public care systems in which those with mental illness realise their rights as citizens. Inclusive policy and practice are at the heart of actions that might transform dystopian complacency in mental healthcare and public mental health.

Kamaldeep Bhui, Professor of Psychiatry, University of Oxford
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Foreword to Second Edition

I have long argued that the health of a society provides insight into how well that society is functioning. This is true of physical health and life expectancy, and perhaps even more so of mental health conditions, to use the terminology adopted here. Social inclusion is one measure of the good society and is vital to health. The evidence on mental health shows how that plays out.

There are at least three important ways in which society is important for mental health conditions. The first is the social determinants of mental health. Social structures, poverty, and inequality, acting through the life course, are important determinants of health. Psychosocial pathways are important for both physical and mental health, but particularly for mental health. One example is adverse childhood experiences (ACEs). Children who experience four or more ACEs have increased risk of mental health conditions and, probably, physical ill-health. But the frequency of ACEs is strongly linked with level of deprivation: the greater the deprivation, the more common are most kinds of ACEs. We therefore have a potential causal chain from the structure of society and magnitude of inequalities in all the components that go to make up deprivation, to ACEs, to adverse outcomes.

A second way the nature of society is crucial for mental illness is in the development of mental health services. When people with mental illness were treated as destitute and consigned to the workhouse, or locked away in asylums, it told us a great deal about society’s view of mental illness. Such inhumanity may now seem extreme, but vestiges of it are still in operation. Much lip service is devoted to parity in provision of services between mental and physical health, but this is yet to be realised. At a more nuanced but no less important level, there are marked differences in the conception of what mental illness is and how it should be treated. It is not difficult to link these back to societal attitudes.

Third is the experience of people with mental health conditions. In general, the social determinants of health operate more to the detriment of people with mental health conditions and those with disabilities of various kinds. Housing, income, job prospects, and social inclusion are all more problematic for people with mental health conditions.

The present volume gives a rich and detailed account of how all this works. It has a grand historical sweep, pays detailed attention to each of the concepts with which it deals, and provides a comprehensive review of the evidence. There is so much that is good here, not just on mental health conditions but also on social inclusion, poverty, social capital, welfare policy, capability theory, human rights, and all the features of social processes relevant to mental health conditions. It does feel like the definitive book on the subject.

Michael Marmot, UCL Institute of Health Equity
Foreword to First Edition (2010)

Being part of society, contributing to it and, in return, being recognised and acknowledged, is a core need of human beings. The impact of social factors, whether they be isolation, unemployment, poor housing, financial hardship or debt, in the aetiology of mental and physical ill-health and their role in its management cannot be underestimated. Whether an individual is egocentric or socio-centric, social inclusion is of great significance in ensuring that an individual feels part of the larger community. Mentally ill individuals often seek employment, housing and social contacts as their key priorities and it is essential that clinicians do not forget these goals. There is little doubt that social inclusion is often seen as a political or moral concept, but it is much more than that: it is a quintessential basic need that every individual has, to be accepted and to have the self-esteem and the self-confidence which will allow the individual to deal with stress. Social inclusion for individuals has many meanings, depending upon gender, age, sexual orientation, educational attainment or socio-economic status, among other things. The challenge for clinicians and policy makers is to make social inclusion work and not simply to rely on rhetoric. This book is doubly welcome for highlighting an important topic and for guiding practitioners and policy makers to encourage social inclusion. The book originates from a report which was developed by Jed Boardman, and for the book he has managed to attract many eminent contributors. I hope that it will be of interest not only to clinicians but also to stakeholders, including politicians and policy makers.

Dinesh Bhugra President, The Royal College of Psychiatrists
Preface

The first edition of this book, published in 2010, was based on an unpublished report written by the Social Inclusion Scoping Group of the Royal College of Psychiatrists. The Scoping Group was set up to examine the nature and extent of social exclusion seen in people with mental health problems and those with learning disabilities and the implications for the future organisation, structure and culture of mental health and learning disability services, and for the practice and training of psychiatrists. The report was published in a shortened form as a position statement which summarised the findings and views of the Scoping Group (Royal College of Psychiatrists, 2009). The evidence amassed by the Scoping Group and their deliberations were considered too good to waste and were adapted to produce the first edition, aimed primarily at psychiatrists but also of relevance to other mental health professionals and others working in mental health services. It was also hoped that it would be of value to those who had an interest in mental health policy and anyone who cared about the plight of those more vulnerable members of our society.

Included in the Scoping Group review was the full range of people with different diagnoses represented by the specialties within the Royal College of Psychiatrists at the time, including learning disability, drug and alcohol problems, children and adolescents, older adults, and mentally disordered offenders. In addition, people who have co-morbid diagnoses, such as psychotic or non-psychotic mental health conditions, alcohol and/or drug dependence, learning disability, personality disorder, and adult neurodevelopmental disorders (autism spectrum disorder, attention-deficit hyperactivity disorder), were included. The review also covered the full range of age groups and social identities: women; people from Black and minority ethnic groups; lesbian, gay, and bisexual people; and faith groups. At the time, most of these groups were represented by the various Faculties, Sections and Special Interest Groups of the College, and they parallel many groups covered in the Equalities Review (2007). Furthermore, specific groups, including prisoners, the homeless, refugees, and asylum seekers with mental health conditions, were highlighted by the Scoping Group as they are, by the nature of their circumstances, excluded by society.

The original Scoping Group report took a broad view of the socially inclusive perspective – anti-discrimination laws, equality and human rights, social justice, and citizenship – in addition to a clinical perspective. The belief was that it is only from this standpoint that the importance of social inclusion for people with mental health problems and learning difficulties, and the role that our social and political institutions have in creating exclusion, can be truly appreciated. The unpublished report’s title, ‘From Exclusion to Inclusion: The Transformation of Psychiatry in the 21st Century’, implied that change is needed if we are to move from ‘exclusion’ to ‘inclusion’.

The aspiration for the Scoping Group was borrowed from the Equalities Review: that we wish ‘to live in a society . . . which provides for each individual to realise his or her potential to the fullest’ (Equalities Review, 2007, p. 1). The original Scoping Group confirmed what was already well established: that people with mental health problems and learning difficulties are socially excluded and discriminated against, and that this remains a blight on the status of a considerable number of citizens in our society. This first edition of the book reported and xi
expanded the findings of the Scoping Group, examining the ways in which this blight is manifest and how mental health professionals and services might respond to the challenges posed by the social exclusion of people with mental health problems and learning difficulties.

This revised edition contains some of the material from that first edition, but this has been thoroughly updated and rewritten by the three authors. It contains many new chapters, notably those in Section 1 of the book. Our purpose in updating this book has been to provide a more coherent account of the position of those with mental ill-health in contemporary society as well as the importance of the social and economic environment in creating and maintaining the mental health and well-being of the population. Whilst our primary focus in this new edition is on people with mental health conditions and working-age adults, we do not exclude those with substance misuse, intellectual disability or developmental disorders, nor do we exclude older adults or children and young people. Our focus is on the United Kingdom, but we also extend our scope to place this in both an international and historical context.

References


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Many people generously shared their time and knowledge to help us write the first edition of this book. Their contribution has not been forgotten and our thanks still go to this group. The original Scoping Group members all participated in the intense discussions that took place in the group’s meetings, provided written material, made comments on drafts of the original report and subsequent position statement and helped write the report. The Scoping Group was chaired by Jed Boardman, and Sarah Davenport was Deputy Chair. The members of the group were: Maurice Arbuthnott, Kam Bhui, Sophie Corlett, Angela Greatley, Bob Grove, Naomi Hankinson, Rupert Lown, Alison Mohammed, David Morris, Nick Niven-Jenkins, Michael Parsonage, Rachel Perkins, Chris Phillipson, Miles Rinaldi, Liz Sayce, Tom Scharf, and Geoff Shepherd. Several others provided written material and substantial advice, including: Roger Banks, Susan Benbow, Tania Burchardt, Tom Carnwath, Tom Craig, Alan Currie, Ches Denman, Shaun Gravestock, Louise Howard, George Ikkos, Paul Maklin, Kwame McKenzie, Robert Lindsay, and Jo Stubley. Susan Brook, David Chang, Mike Osborne, and Rosemary Wilson also contributed chapters which are not included in this edition. Without the initial kind help of these individuals the second edition would not have been possible.