

SAMPLE CHAPTER FROM:

# **Social Inclusion and Mental Health**

Edited by Jed Boardman, Alan Currie, Helen Killaspy and Gillian Mezey

ISBN: 978-1-904671-87-9

Year: 2010

Published by RCPsych Publications (via Turpin Distribution for the trade)

**[www.rcpsych.ac.uk/publications](http://www.rcpsych.ac.uk/publications)**



# Concepts of social exclusion

Jed Boardman

---

Before any consideration of what it means to be socially included can be made it is important to start with a consideration as to what is social exclusion? Social exclusion and its related concepts are mainly to be found in the social policy literature. This chapter does not intend to provide a complete review of the field but rather to give a brief outline of the concepts of social exclusion so that we may consider in subsequent chapters how this might be applied to people with mental health problems and those with learning disability. It also gives some brief consideration to three areas of political philosophy: citizenship, justice and human rights.

## What is social exclusion?

Social exclusion has emerged as a concept relatively recently. It is thus not surprising that there is still a lack of clarity about its definition. Some believe that this lack of clarity has certain advantages: 'The expression is so evocative, ambiguous, multidimensional and elastic that it can be defined in many different ways [therefore] it can serve a variety of political purposes' (Silver, 1994: p. 536).

The modern use of the term social exclusion appears to have originated in France in the 1970s (Burchardt *et al*, 2002a; Morgan *et al*, 2007), referring to *les exclus*, people who have slipped through the net of the social insurance system and are thus administratively excluded by the state, such as those who are disabled, lone parents and the unemployed. Other versions of the concept have focused on it being an inherent characteristic of capitalism (Byrne, 1999), a lack of recognition of basic rights (Gore & Figueiredo, 1997) and the existence of an underclass (Murray, 1999). In distinction to the first two versions, the last version tends to place responsibility for being excluded on individuals themselves. In the political field some see the term social exclusion as providing an alternative means of speaking of poverty when this term has not been acceptable to politicians (Berghman, 1995). A widely held characterisation of social exclusion is that it refers to the extent to which individuals are unable to participate in key areas of the economic, social and cultural life of society.

## *Competing discourses of social exclusion*

These competing conceptualisations of social exclusion reflect some of the complexities and contradictions inherent in the concept. They also suggest that the concept may be used in very different ways in both studying and measuring the problem of social exclusion and in considering its applications to social policy. In *The Inclusive Society?*, Levitas (1998) argues that there are at least three ways of thinking about social exclusion. These draw upon competing views about the ways in which exclusion can arise and are liable to generate different types of policy outcome.

- Redistributive discourse (RED): the origins of redistributive discourse can be traced to the critical social policy agenda of the last decades of the 20th century. Here emphasis is placed upon the way in which poverty limits social participation and the exercise of citizenship rights. Whereas poverty is perceived as a lack of material resources that restricts participation, exclusion refers to ‘the dynamic process of being shut out, fully or partially, from any of the social, economic, political and cultural systems which determine the social integration of a person in society’ (Walker & Walker, 1997: p. 8). In the literature relating to redistributive discourse, poverty is regarded as a major cause of exclusion, although this is compounded by other types of inequality.
- Moral underclass discourse (MUD): the emphasis is placed on the moral and cultural causes of poverty, with particular concern about the dependency of some on state benefits. This discourse bears similarities with notions of ‘the underclass’, expressed most forcefully in the work of those on the New Right (Murray, 1994).
- Social integrationist discourse (SID): the central feature is the social integration of people through paid employment. Involvement in the labour market is the key element of inclusion. Levitas suggests that this discourse covers up ways in which paid work can fail to prevent exclusion or can limit other forms of social participation. Social integrationist discourse tends to undervalue the contribution of unpaid work, such as informal caring.

Of course these three discourses are an oversimplification of a complex set of issues, but they do summarise what the excluded are seen as lacking: ‘in RED they have no money, in SID they have no work, in MUD they have no morals’ (Levitas, 1998: p. 27). Nevertheless, despite its oversimplification, this approach can be particularly helpful when reviewing social exclusion policy under the UK Labour government 1997–2010, in which elements of all three discourses can be seen in policy developments (Chapter 4). This can be applied to policies relating to people with mental health problems. On the one hand, there is the emphasis on promoting their labour market participation, for example welfare reform (HM Government 2005a,b, 2006); on the other, there are a variety of policies which focus on the behaviour of people with mental health problems, for example the reform of the Mental Health Act 1983 (Department of Health, 2004a).

## *Definitions of social exclusion*

These different ways of thinking about social exclusion may help us to understand the breadth and complexities of the concept, but it is also useful to consider some definitions of exclusion that may assist in seeing how the ideas in this area may be applied to those with mental health problems and learning disability.

In government policy documents, such as *Opportunity for All* (Department of Social Security, 1999) and those from the Social Exclusion Unit (see Chapter 4), social exclusion was defined in descriptive terms and interrelation between different problems was emphasised:

a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown (Social Exclusion Unit, 2001: p. 11).

This is a flexible definition that lists only some of the many problems associated with exclusion. The key point here is the perceived linkage between the cited problems: 'The most important characteristic of social exclusion is that these problems are linked and mutually reinforcing, and can combine to create a complex and fast moving vicious cycle' (Social Exclusion Unit, 2001: p. 11). The definition does not, however, identify a concept or element that brings these indicators or putative causal factors together.

The Centre for Analysis of Social Exclusion (CASE) at the London School of Economics adopted a working definition of social exclusion (Burchardt *et al*, 2002b: p. 30):

An individual is socially excluded if he or she does not participate in key activities of the society in which he or she lives.

This working definition emphasises the central idea of participation and recognises that social exclusion is a concept relative to the time and place in question. In addition, there is an emphasis on lack of participation as being due to constraint, rather than choice. In their original definition, CASE included two further clauses: first, that the individual is not participating for reasons beyond his/her control, and second, that he or she would like to participate. In their simplified definition they omitted the matter of voluntary non-participation, arguing that this would be unlikely where the threshold for participation is set low; for example, few would choose to live on low incomes or with long-term sickness (Burchardt *et al*, 2002b).

This working definition, with its central theme of participation, may be particularly useful in helping us understand the position of people with mental health problems and learning disability in contemporary society, and forms the central definition of exclusion for the purposes of this book. But this concept demands further consideration.

Social exclusion may be seen as one recent attempt to conceptualise disadvantage, which has been traditionally set in terms of poverty, hardship, destitution, all of which focus on want and misery. A strong tradition in

social policy research on disadvantage has been the examination of poverty and deprivation and it has influenced our thinking and policy in this area (Rowntree, 1901; Townsend, 1979). The social exclusion paradigm has been seen by some as adding to this tradition and social exclusion can be seen as a genuine extension of the traditional approach as it allows the phenomena of interest to extend beyond non-participation because of lack of material resources (Burchardt *et al*, 2002a). It extends the scope to the examination of multiple deprivations and broadens the range of indicators, while retaining the objective of identifying individuals who lack the resources to participate. Any indicators or measures of social exclusion should identify those whose non-participation arises in other ways, for example through discrimination, chronic illness or cultural identification (Gordon *et al*, 2000; Burchardt *et al*, 2002a; Levitas *et al*, 2007).

Social exclusion has also been seen as a more comprehensive and dynamic concept (Berghman, 1995), offering a change in emphasis rather than direction (Atkinson, 1998; Hills, 2002) and implying conceptual shifts: from consideration only of financial disadvantage to consideration of multiple dimensions of disadvantage; from a static to a dynamic analysis; from a concentration on the individual or the household to the local neighbourhood; and from a focus on distribution to a focus on social relations (Room, 1995, 1998, 2000). Importantly, it implies that we examine factors that separate people or groups from wider society.

There are three recurring features of social exclusion that emerge from reviews of its definitions (Atkinson, 1998):

- 1 Relativity – whether a person is socially excluded or included can only be judged in the context of their situation as a whole. Exclusion refers to a particular place and time. It can also be seen that exclusion is not absolute and can be considered as a matter of degree.
- 2 Agency – ‘exclusion implies an act, with an agent or agents’ (*ibid*, p. 14). Agency refers to the fact that someone or something is doing the exclusion and the different views about the causes of exclusion tend to reflect differing views about agency or who is ‘doing’ the excluding. Exclusion can be seen as the outcome of the system, with components of society, intentionally or unintentionally, acting as the excluding agents, including political, economic and social institutions. It is also concerned with power, with the excluded having a lack of autonomy or decision-making power and being at the mercy of the powerful (Burchardt *et al*, 2002a). However, all conceptions of social exclusion have had to contend with the possibility of voluntary or self-exclusion. Although it is possible for someone to exclude themselves, it may be difficult to determine when self-exclusion is truly voluntary in the presence of constraints to participation (Barry, 2002).
- 3 Dynamics – exclusion is seen as a dynamic process that operates across time, and potentially across generations. The causal models of exclusion are often not simple and represent the influences of the past (human, physical and financial capital) and those of the present

(constraints and choices), with the individual influenced at many levels, including family, community, national and global forces (Burchardt *et al*, 2002a). The levels interact, outcomes result and these become present influences which in turn feedback and affect constraints and opportunities. So, for example, a person may be excluded at one point in time because they lack work, but this exclusion could be exacerbated by the fact that they live in an area of high unemployment, that their family has been without work for many years and that there is a lack of future job prospects.

These matters of relativity, agency and dynamics are discussed further in the next chapter.

Empirical approaches to social exclusion have tended to adopt one of two methods: either to concentrate on specific problems or groups which are taken to be instances of exclusion (e.g. street homeless, single parents, long-term unemployed, or area abandonment), or to characterise social exclusion as lack of participation in key aspects of society. Approaches to providing a framework for understanding social exclusion are multidimensional and multifactorial.

## **Some philosophical matters underpinning social exclusion**

Social exclusion and social inclusion are concepts with moral and political connotations, therefore it is worth briefly considering some aspects of political philosophy that have a bearing on this book. These may help to identify fair principles on which to promote social inclusion and the entitlements and obligations of those agreeing to these principles. Three areas will be briefly considered: citizenship, justice and human rights.

### *Citizenship*

Consideration of the individual as a citizen is required if we view the individual as an active agent, rather than simply as passive recipient, in relation to society.

Historically there are two broad traditions of thinking about citizenship, the civic republican and the liberal. The former emphasises participation of citizens in the community for the mutual benefit of all, the latter emphasises protection of the liberty and property of the individual in relation to the actions of the state. Both traditions are relevant to psychiatry in general and social inclusion and psychiatry in particular.

#### **Civic republican tradition**

The civic republican tradition was first defined firmly by Aristotle and has evolved over the centuries through the work of thinkers such as Cicero, Machiavelli and Rousseau. More recently, it has influenced the

current concerns in the UK about citizenship, multiculturalism and social integration.

Central to this tradition of thought is the definition of citizenship as the active involvement in public affairs for the mutual benefit of the citizen and the community. In addition, it emphasises the idea of obligation on the part of the citizen towards the community. The general picture is one of virtuous citizens developing concord and of well-functioning social institutions created through wisdom, dialogue and deliberation. Education of the young, participation of young people and adults in faith communities and the engagement of all in public festivals have been proposed as concrete examples of civic republican practice.

The civic republican tradition is of obvious relevance in thinking about the social inclusion of those with mental health problems and those with learning disability. It offers both opportunities and challenges. On the one hand, the definition of citizenship as participation in society places an obligation on the state and civic institutions to work actively towards ensuring that those with mental health problems are able to engage as citizens, for example in work and leisure. On the other hand, the sense of obligation in relation to citizenship may be an impossibly heavy burden for those with severe learning disability, long-term psychosis or dementia, unless relevant issues are thought through sensitively and constructively.

### **Liberal citizenship**

The alternative tradition in thinking about citizenship is the liberal tradition. This tradition is more recent in origin (17th-century European Enlightenment) and has exercised greater influence in the Anglo-Saxon world.

John Locke, the 17th-century English philosopher, stands in relation to this tradition in the same way as Aristotle does in relation to the civic republican tradition. Other liberal thinkers include John Stuart Mill, Franz Hayek, Isaiah Berlin, Karl Popper and, more recently, liberal egalitarians such as John Rawls and libertarians such as Robert Nozick. The distinction between civic republicanism and liberalism is both artificial and an oversimplification. Furthermore, there is as much that divides thinkers within each of the traditions as unites them. For example, Rawls and Nozick both work within the liberal tradition but there is more that divides them than divides Rawls from Habermas, who works from within the civic republican tradition.

In contrast to the civic republican tradition, the liberal tradition considers citizenship as protection from unwarranted interference from the state. This is an important consideration when thinking about the social inclusion of those with psychiatric disabilities. The overzealous republican may well stray into what is not only inclusive but also intrusive or, even, coercive. Conversely, the overzealous liberal, in attempting to protect the disabled person from undue interference, may well stray into neglect of people in need.

The liberal political philosophical tradition is closely associated with ideas and practices of human rights. This flows from the centrality in this tradition of the protection of the liberty and property of the individual from undue interference from the state. It is important to be aware that social inclusion cannot be a coercive activity. Recent controversies in relation to proposed mental health legislation in England have focused significantly on human rights issues and the risks of stigmatisation of both patients and services that the proposed legislation would lead to.

John Rawls (1971) set out to work out the foundations of political institutions so as to allow a pluralism of ‘conceptions of the good’, or values (beliefs about ethics, religion, politics, etc.) that citizens may choose about their purposes or ‘plans of life’. He saw a range of useful things, or ‘primary goods’ that are useful in furthering a wide range of life plans, such as health, intelligence, material resources, authority, opportunities, civil rights, and self-respect (Ikkos *et al*, 2006). This pluralism is helpful in that it provides fertile ground not only for personal choice, but also for flexibility when thinking about the citizenship of those with significant mental impairments. These ‘conceptions of the good’ and recognition of variety of ‘plans of life’ that people may want or be able to adopt can help us think flexibly, particularly about the obligations of people with disability and mental health problems. They are also useful in examining the importance of self-respect, mutuality, autonomy, and the exercise of people’s realised capacities in relation to such things as mental health promotion and the value of meaningful activity in mental health (Ikkos *et al*, 2006).

Although the rights to property and civil rights are at the core of the liberal tradition, there is debate as to how far human rights extend beyond this. Marshall (1965), in particular, identified three categories of rights, civil (e.g. freedom of speech), political (e.g. freedom to participate as elector or elected citizen) and social (e.g. economic, education, cultural and security), which have arisen in England since the 18th century. To Marshall the fullest expression of citizenship requires a liberal welfare state to ensure participation and enjoyment of the common life of society (Kymlicka, 2002: p. 288). The extension of human rights to social rights brings the liberal tradition into close proximity to the civic republican tradition and confirms that the two traditions cannot be rigidly separated. Instead they are in constant dialogue and mutual cross-fertilisation.

## *Justice*

Justice may relate to individuals, relations between individuals and relations taking place within the framework of social institutions, both at government level and beyond.

An individual may be just or unjust. For Aristotle, justice consists of all the elements of disposition, character and behaviour that constitute the good and virtuous citizen. He argued these include courage, moderation, liberality (but not excess), pride (but not vanity) and good temper, honesty,

faithfulness, integrity and trustworthiness. Relations between individuals may also be just or unjust. Here justice is closely related to the notion of fairness. In relations between individuals, fairness may pertain to distributive justice (fair shares) or corrective justice (fair punishment and recompense).

### **Distributive justice**

Distributive justice is at the core of social exclusion and social inclusion of people with mental health problems. Psychiatrists and other mental health professionals often make assumptions and, at times, deliberate on issues that relate to access to resources. It is the assumptions that professionals may make that may be prejudicial or discriminating that are of concern here and may lead to unfair relations between professional and patient and adverse outcomes for the patient. The Ten Essential Shared Capabilities (Department of Health, 2004*b*; also Chapter 14) may be an important starting point in addressing relevant issues, from the point of training and clinical practice.

Whether fair deliberations by professionals lead to fair outcomes for mental health service users depends on fair social opportunities and welfare arrangements being in place. Of specific relevance here is the issue of disability rights, with emphasis on the need to make social arrangements such as to allow disabled people to overcome the obstacles that exclude them from an equitable share of activities and resources in society (Oliver, 1990; Sayce, 2000; Sayce & Boardman, 2003). The social arrangements necessary for outcomes may need to be sophisticated. For example, many employers confirm that they are in favour of employing disabled people with mental health conditions, but success for such ventures may require additional, appropriate, evidence-based support from the state and other civic institutions.

One strand of thinking about social exclusion concerns exclusion from work and employment. Although some mental health service users also think along the same lines, others worry about unfair coercion to work or loss of benefits. Indeed, some have argued that emphasis on return to work may result in other important areas of social inclusion being neglected. It is not just return to work, but also the more general issue of welfare benefits, insurance and pension entitlements because of inability to work that is of interest here. For example, in relation to state or private insurance and pension schemes, the suspicion remains that there may be selective instruction of mental health experts so that the result is prejudicial rejection of applications for retirement or other benefits. Such prejudicial rejections are discriminatory. In addition, there is the issue of fairness of many private health insurance schemes, which specifically exclude or limit psychiatric treatment in terms of benefits. The question here is how informed are the choices prospective policy-holders make and how such practices may contribute to social exclusion and discrimination against those with psychiatric problems. In their implementation of policy, the NSIP have attempted to balance employment with other domains of inclusion (National Social Inclusion Programme, 2009).

## Corrective justice

Complementary to distributive justice is corrective justice. People with learning disability and/or mental health problems may be the perpetrators and/or the victims of offending behaviour, although they are in fact more likely to be victims than perpetrators of criminal offences (Hiday *et al*, 1999; Walsh *et al*, 2003; Teplin *et al*, 2005). Protection of vulnerable adults and their access to both administrative and judicial systems are relevant. However, like work, the issue of corrective justice is also multifaceted. For example, some people with a diagnosis of mental illness, though more likely to be victims than perpetrators, may also be perpetrators of serious violent offences. For violent offenders with mental health problems, the question arises not so much as to whether they would wish to be included in society, but whether society is ready and willing to accept them. It could be argued that, through their offending behaviour, they have effectively opted for 'self-exclusion'. Another view may be that they are excluded because of their illness ('illness-excluded'), and it is this point that we should be concerned with here.

Relevant issues to consider for those with mental health problems who also commit offences include the quality of psychiatric care in prisons, the quality of psychiatric care of people with mental health problems who have committed criminal offences, and criminality in society and its impact on psychiatric practice. Consideration of issues of justice highlights the need to balance the rights of individuals and the public.

## *Human rights*

Human rights may be conceived as emanating from God, Nature, the 'Law within', the inherent dignity of the human person or, simply, from empathy with the suffering of others. Whatever their origins, human rights are enshrined in formal declarations and law.

The United Nations' Universal Declaration of Human Rights (1948) confirms that everyone is born free and equal in dignity and rights and no one shall be subjected to inhuman or degrading treatment or to arbitrary interference with privacy, family or home. It further declares that everyone has the right to work, rest, leisure and education and freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

The declaration also states: 'everyone has duties to the community in which alone the free and full development of his personality is possible'. This is an indication how, since the end of the Second World War, there has been an evolution of ideas of human rights from a focus on protections of the liberty and property of the individual to a substantive web of reciprocal obligations between individuals, a civic republican approach.

An example of the widening conception of human rights since the War is the United Nations' International Covenant on Economic, Social and Cultural Rights (1966). This affirms that everyone has a right to just and favourable conditions at work, social security, an adequate standard of living,

the highest attainable standard of physical and mental health, and a right to education, cultural and scientific life. This must include those with disability arising out of psychiatric conditions. The European Social Charter (1961) also affirms that everyone has the right to just conditions at work, the right to appropriate facilities for vocational guidance and training and the right to 'benefit from all measures enabling him to enjoy the highest possible standard of health attainable'.

## Conclusion

Here we have set out the main features of the concept of social exclusion and central to these is the definition of exclusion which we will adopt in this book. This definition emphasises a lack of participation in society, which is seen as the central feature of social exclusion. Notwithstanding the matter of people excluding themselves from society, which we will return to in subsequent chapters, this definition highlights constraint rather than choice as being the main driver of reduced participation. In the next chapter we will begin to examine the concepts and influences of exclusion that are of most relevance to people with mental health problems and learning disability.

### Summary

Social exclusion is a relatively recently developed concept which refers to the extent to which individuals are unable to participate in key areas of economic, social and cultural life. There is an emphasis on non-participation arising from constraint rather than choice.

Social exclusion is one way of conceptualising disadvantage, which has been traditionally set in terms of 'poverty', 'hardship', 'destitution', all of which focus on want and misery. Social exclusion extends this traditional approach beyond non-participation due to lack of material resources. This allows expansion of a range of indicators, while retaining the objective of identifying individuals who lack the resources to participate, identifying those whose non-participation arises in other ways, for example through discrimination, chronic illness or cultural identification.

Social exclusion and inclusion are concepts with moral and political connotations, particularly those relating to citizenship, justice and human rights.

## References

- Atkinson, A. B. (1998) Social exclusion, poverty and unemployment. In *Exclusion, Employment and Opportunity, CASE Paper 4* (eds A. B. Atkinson & J. Hills), pp. 1–20. Centre for Analysis of Social Exclusion, London School of Economics.
- Barry, B. (2002) Social exclusion, social isolation, and the distribution of income. In *Understanding Social Exclusion* (eds J. Hills, J. Le Grand & D. Piachaud). Oxford University Press.

- Berghman, J. (1995) Social exclusion in Europe: policy context and analytic framework. In *Beyond the Threshold* (ed. G. Room). Polity Press.
- Burchardt, T., Le Grand, J. & Piachaud, D. (2002a) Introduction. In *Understanding Social Exclusion* (eds J. Hills, J. Le Grand & D. Piachaud). Oxford University Press.
- Burchardt, T., Le Grand, J. & Piachaud, D. (2002b) Degrees of exclusion: developing a dynamic, multidimensional measure. In *Understanding Social Exclusion* (eds J. Hills, J. Le Grand & D. Piachaud). Oxford University Press.
- Byrne, D. (1999) *Social Exclusion*. Oxford University Press.
- Department of Health (2004a) *Improving Mental Health Law: Towards a New Mental Health Act*. Department of Health.
- Department of Health (2004b) *The Ten Essential Shared Capabilities: A Framework for the Whole of the Mental Health Workforce*. Department of Health.
- Department of Social Security (1999) *Opportunity for All: Tackling Poverty and Social Exclusion*. First Annual Report. TSO (The Stationery Office).
- Gordon, D., Levitas, R., Pantazis, C., et al (2000) *Poverty and Social Exclusion in Britain*. Joseph Rowntree Foundation.
- Gore, C. & Figueiredo, J. (eds) (1997) *Social Exclusion and Anti-Poverty Policy: A Debate (RS 110)*. International Labour Organization.
- Hiday, V. A., Swartz, M. S., Swanson, J. W., et al (1999) Criminal victimization of persons with severe mental illness. *Psychiatric Services*, **50**, 62–68.
- Hills, J. (2002) Does a focus on ‘social inclusion’ change the policy response? In *Understanding Social Exclusion* (eds J. Hills, J. Le Grand & D. Piachaud). Oxford University Press.
- HM Government (2005a) *Health, Work and Well-Being: Caring for Our Future. A Strategy for the Health and Well-Being of Working Age People*. TSO (The Stationery Office).
- HM Government (2005b) *Department for Work and Pensions’ Five Year Strategy: Opportunity and Security throughout Life (CM 6447)*. TSO (The Stationery Office).
- HM Government (2006) *A New Deal for Welfare: Empowering People to Work (Green Paper, CM6730)*. TSO (The Stationery Office).
- Ikkos, G., Boardman, J. & Zigmond, T. (2006) Talking liberties: John Rawls’s theory of justice and psychiatric practice. *Advances in Psychiatric Treatment*, **12**, 202–210.
- Kymlicka, W. (2002) *Contemporary Political Philosophy: An Introduction (2nd edn)*. Oxford University Press.
- Levitas, R. (1998) *The Inclusive Society? Social Exclusion and New Labour*. Macmillan.
- Levitas, R., Pantazis, C., Fahmy, E., et al (2007) *The Multidimensional Analysis of Social Exclusion: A Research Report for the Social Exclusion Task Force*. The Cabinet Office.
- Marshall, T. H. (1965) *Class, Citizenship and Social Development*. Anchor.
- Morgan, C., Burns, T., Fitzpatrick, R., et al (2007) Social exclusion and mental health: conceptual and methodological review. *British Journal of Psychiatry*, **191**, 477–483.
- Murray, C. (1994) *Underclass: The Crisis Deepens*. Institute of Economic Affairs.
- Murray, C. (1999) *The Underclass Revisited*. Institute of Economic Affairs.
- National Social Inclusion Programme (2009) *Vision and Progress: Social Inclusion and Mental Health*. National Social Inclusion Programme.
- Oliver, M. (1990) *The Politics of Disablement*. Macmillan.
- Rawls, J. (1971) *A Theory of Justice*. Oxford University Press.
- Room, G. (1995) *Beyond the Threshold*. Polity Press.
- Room, G. (1998) Social exclusion, solidarity and the challenge of globalisation. *International Journal of Social Welfare*, **8**, 166–174.
- Room, G. (2000) Trajectories of social exclusion. In *Breadline Europe* (eds D. Gordon & P. Townsend). Polity Press.
- Rowntree, B. S. (1901) *Poverty: A Study of Town Life*. Macmillan (reprinted 2000, Policy Press).
- Sayce, L. (2000) *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion*. Macmillan.

- Sayce, L. & Boardman, J. (2003) The Disability Discrimination Act 1995: implications for psychiatrists. *Advances in Psychiatric Treatment*, **9**, 397–404.
- Silver, H. (1994) Social exclusion and social solidarity: three paradigms. *International Labour Review*, **133**, 531–578.
- Social Exclusion Unit (2001) *Preventing Social Exclusion*. TSO (The Stationery Office).
- Teplin, L., McClelland, G., Abram, K., *et al* (2005) Crime victimisation in adults with severe mental illness: comparison with the National Crime Victimization Survey. *Archives of General Psychiatry*, **62**, 911–921.
- Townsend, P. (1979) *Poverty in the United Kingdom*. Penguin.
- Walker, A. & Walker, C. (eds) (1997) *Britain Divided: The Growth of Social Exclusion in the 1980s and 1990s*. Child Poverty Action Group.
- Walsh, E., Moran, P., Scott, C., *et al* (2003) Prevalence of violent victimisation in severe mental illness. *British Journal of Psychiatry*, **183**, 233–238.