

The Real Mental Health Bill

Draft Editorial by Danny Dorling for Journal of Public Health Medicine, 26/5/2007

What follows is a tale from the arcane workings of government in Britain, but it has wider implications for how people and mental health are viewed more widely; for how international consultancy, insurance, technology and pharmaceutical firms gain influence in determining the crucial detail of public policy; and for how, despite all the consultation that is said to occur, the key decisions are still quietly made long before the debate occurs. My basic claim is that in Britain the Real Mental Health Bill is the new Welfare Reform Bill.

In November 2006, The Mental Health Bill was introduced to the House of Lords by the now retired Minister of Health, Lord Warner. As I write, it is slowly working its way through a Committee stage of the House of Commons. Almost endless questions are being asked about when and where folk can be deprived of their liberty, for what exactly, and then, if they are so deprived, what rights ought they to be left with, and ought they have to pay the costs of their own accommodation if so imprisoned. This is the Mental Health Bill of the 2006-2007 session of parliament. It is important to point out these dates, as reading the detail of the debate between committee members, especially the Dickensian penny-pinching; it becomes hard to tell the century in which they are talking. Readers of *Hansard* are given a clue as to the century the text is actually taken from when committee members are reprimanded by the chairmen (like so many naughty school children) for 'texting' on their mobile phones in his sight (Cook, 2007).

Depriving individuals of their liberties of course requires serious debate and members of parliament should be paying attention through such deliberations, but what was introduced by Lord Warner in November 2006 was not, I argue, the real mental health bill. That is yet to come, but parts of it have just become law (again as I write). For while the commoners were debating their lordships' bill on the mental capacity and serious medical treatment of the populous, another debate was being held more quietly, but not in silence, elsewhere in Westminster, in a hall there, and further a field in 'cyberspace'. Jim Murphy, Minister for Work in early 2007 (and at the other end of the demographic to Lord Warner) had recently been agonising over those too ill to work. To demonstrate his transparency and his fluency with new technology he went one step further than 'texting' and had an official 'blog'. Very few people commented on his 'blog', but a couple of weeks before his colleague in the Lords introduced his bill, Jim raised the issue of how Personal Capability Assessment Reviews (PCAs) were too weighted in his mind towards those with physical disabilities and how more needs to be done to steer those with mental illness back to work using his department's out-sourced army of (Atos Origin) private physicians employed to raise the sick to their feet and then to their labours. The first response to this news was a comment posted four days after his:

"I found the assessment very hard - I'm bipolar, and yet the doctor had out of date notes - and was arguing with me about things like what my disability really was, and eventually told me that all I needed to do was go onto medication and then I'd 'function normally'. As someone that's spent most of her life working hard to stay off of medication, I thought this was a very mean and out of line thing to say. As it turns out, I'm still considered unable to work, but those interviews really are terrifying, something I'd like to see addressed. Y'can't really go in there and show your best if the place scares you into your worst." (Anon, 2006)

Jim was reassuring in his reply "Nobody should have to put up with a scary experience when they attend an examination" he said. In the brave new world of the internet, patients can easily come to believe that they really are having a discussion with a Government Minister. Quite what their physician will make of this tale is hard to imagine. Is talking to ministers in cyberspace akin to hearing voices in past times? A dozen days later a second comment to Jim's posting came: "Very interesting and beautiful site. It is a lot of ful [sic] information. Thanks." It received no reply from the Minister. The third comment a couple of days later was again from a person who wanted to work but found gaining work difficult because of their irregular (not dependable) work pattern. Jim suggested they consult the Disability Discrimination Act and perhaps try out his department's 'Job Introduction Scheme'. Jim's heart is in the right place, but does he wonder why so many now find themselves in this position? Hundreds of thousands of people have not worked for more than two years because of mental illness. "So many" means the majority of the over two million people surviving due to receiving Incapacity Benefit (Freud, 2007, page 4, Figure 2 and PFMHTWG, 2006, page 8) Jim knows that somewhere between a million and two million working age people are too mentally ill and demoralised to work (while others are working with such illness, and many others are ill and not working nor claiming), but despite this Jim's heart hardened a month later, however, when the fourth and final respondent to his 'blog' wrote the following and received a frosty response (the first part of which presumably relates to part of the comment edited out of the web site):

"I also have problems with my mental health and feel there is a lack of empathy all round including people who deal with benefit claims. how are we expected to go back to an employer with a problem when your confidence gets constantly knocked by the people who are actually supposed to be helping you in the first place i.e jobcentre staff and there [sic] call centre staff. they are implicitly rude and condescending and don't want you on the phone or at there [sic] desk and will tell you anything to get rid of you. the answer to the problem of getting people with mental health issues back to work is simple. retrain government jobcentre staff to be more approachable and all round nicer people then maybe we will find the confidence to ask for help and look for jobs!!!"

Jim Murphy responded:

"..., I don't agree that child poverty will get worse. We're providing more help to families who need it most, and more work opportunities for those who can work (as well as support for those who can't) and this is all contributing to our aim of halving child poverty by 2010 and eradicating it by 2020.

I recognise that some people may regard the money we spend on cutting benefit fraud as a waste but Income Support and Jobseeker's Allowance fraud has reduced by around two thirds in comparison to 1997/98. The advertising campaigns also help to raise public awareness of benefit fraud and reinforce that benefit theft is wrong and socially unacceptable."

Three months later Jim's department admitted that child poverty had risen. And with that the comments ended (or were blocked, in cyber-space you never know the difference).

And that may well have been the extent of the consultation on the minister's acceptance of the Physical Function and Mental Health Technical Working Group's (PFMHTWG, 2006) Report on the Transformation of the Personal Capability Assessment of the Department of Work and Pensions. If you have read this far I'm assuming you are interested in what was actually being suggested. So just what did this snappily titled report suggest that Jim announced he was accepting on his 'blog' in October 2006? And who produced it?

This is an author produced version of an editorial published as 'Dorling, D. (2007). Guest Editorial: The real Mental Health Bill. *Journal of Public Mental Health*, 6(3), 6-13.' This paper has been peer-reviewed but does not contain final published proof-corrections or journal pagination.

The remit of the Minister's department's working groups included, especially for the mentally ill to, "accurately identify those who in spite of their condition are fit to continue to work" (*ibid* page 2). They did this by attempting to assess the level of functional limitation at which it is unreasonable to require a person to engage in work.

What level of Cognitive and intellectual function is too low; what degree of learning disability too high; of autistic spectrum disorder too severe; or of acquired brain injury too poor scoring on their new system, to excuse a working age adult from the compulsion to labour in the new Britain to come?

We don't know the precise answers because their main recommendation involves testing and further developing, and full piloting of various claimant questionnaires and forms of medical evidence certification throughout 2007 (*ibid* page 4) and I am writing this in May of that year, but already there are enough clues to already guess at the outcomes of all this testing to come.

The current Personal Capability Assessment (PCA) is too physically based for the liking of the technical groups. Currently an assessment is made as to the extent that your limbs work; you can see, talk, and hear enough for whatever it is you might do; you can remain conscious; and can control your bowel and urine voluntarily. Points are given for how well (or badly depending on your point of view) you score on these and hit the magic number of 15 such that you are entitled to benefit. At that number, or above, they currently consider it would be unreasonable to expect you to work. Below that number and they have ways of making you work. It's not called "New Labour" for nothing.

Currently the mental function part of the assessment involves a series of yes/no answers to issues concerned with a claimant's ability to cope with pressure, complete tasks, interact with others, and generally get through the day. This is thought by the PFMHTWG groups to be too crude; and (just to confuse) the current system treats the sum of a mental health score of 6 and a physical health score of 6 not as 12 but as 15. The person who came up with that clearly had a mathematician's sense of humour, or enjoys making people claiming benefits because they are too ill to work think they must not be thinking straight (to those who enjoy non-Euclidean mathematics $6+6=15$ is $2+2=5$ three times over). Directly after imparting this information on their weird mathematics the technical working groups blandly report that "To date the PCA remains the best assessment of its type in the world." (*ibid* page 8). Yes, they really do have a sense of humour! More seriously, however, they do in the same paragraph acknowledge that the Disability Discrimination Act has altered the landscape requiring employers to make reasonable adjustments. And, although British government appears more interested in compulsion than freedom, most people who cannot work due to illness would like to work: but in the right conditions. Work is usually part of a good life if we are largely free to choose whether and how to undertake paid work.

The impetus for changing the rules in Britain over who has to undertake paid work has been the rise in benefit claimants suffering from mental health problems, depression and anxiety; and the falls in the number suffering back pain (PFMHTWG, 2006, page 8, paragraph 13). As our industrial employment continues to collapse at a rate as fast as it ever did in the 1980s it is hardly surprising that fewer folk have been developing serious musculoskeletal conditions (Dorling 2006). We are also all becoming a little better at looking after our backs. In contrast the world of paid work (for some) apparently requires more ability to deal with electronic equipment and inter-personal skills than it did a few years ago. To be honest I found technical drawing and working with a lathe at school far more tricky to work in the 1980s (mentally) than I find today's user friendly computers and software. It is not the increased use of computers in a growing service sector that is making folk ill. Well ... not directly.

Changing technology is not the reason more people are unable to work. Instead it is the rise in mental illness itself along with a fall in our tolerance of difference. The huge rise that there has been at work has been in employment has been in very low skilled service jobs (see Elliott and Atkinson, 2007, numerous pages). Further, do people at work talk more now? Well with the machinery more quiet we can now at least hear each other, but I for one do not buy the increased opportunity for interaction explanation either for the rise in folk presenting with depression. It is the substantive nature of the change in the nature work and society that has I would argue, literally made people ill. It is not a superficial difficulty with saying the words "would you like to go large with that sir?" that presents the mental challenge. It's the mind numbing drudgery of serving folk with crap, having to say crap, having to wear crap¹, and be demeaned through doing all that which would make any individual depressed if they were to work as an automaton on show for too long.

Think about it. It is not an enjoyable (or easy) or particularly rewarding process claiming Incapacity benefit due to mental illness. It is not something you boast much about in the pub having achieved. Success does not fund many pints for you to be in the pub anyway. How often do you hear people celebrating the fact that they managed to convince a DWP contracted private doctor to believe that they really do feel 'tired all the time', look forward to almost nothing in the future and think they personally have no significant contribution to make? This is no great scam to claiming benefits, this is not the feckless masses conspiring to live it up on an enhanced dole. It is also not occurring in many places because there is a lack of jobs of any kind, just of reasonable jobs. It has been many years since we have had so many jobs available and so many in work in Britain. But exactly what kind of jobs are these that we want the mentally ill in particular to take? What are the jobs left unsold at the bottom of the labour market? I'll give some examples.

The mining industry had been in decline for sixty years before its obliteration in the 1980s. In 1991 the area with the largest number of people working in the mining industry was the potteries, and these 'miners' were mostly women, presumably hand painting ceramics of one kind or another (Dorling and Thomas, 2004). Monotonous work, and far better done by robot spray brush than human hand, but work none the less that did not involve a constant feeling of being devalued while having to appear something you are not: happy.

By 2001, around the potteries, as much as anywhere – services of one kind or another now employ almost all who are employed. The best known perhaps is the theme park of Alton Towers. And the person most likely to greet you as you take your seat for a meal there grew up in Warsaw rather than Stoke. For those with hope and a future, university students, well educated Polish immigrants, gap year working-tourists, asking minute after minute exactly the same questions or groups of people taking their plastic seats to eat plastic food - people who quickly blur into exactly the same customers - becomes not only monotonous, but a demeaning occupation.

It is demeaning because the interaction is directly and repeatedly with people and their money, not with putting colours on white clay. Factory work is brain numbing, but other than in Cadbury's Bournville Chocolate factory (where tourists can pay to see those who help run the conveyor belts) it is not a spectacle. Today's acts of service are. And you are no longer the servant of a rich family, who might at least get to see you as slightly human out of familiarity. Today's service worker is the 'annoying' voice of the call centre, never the same twice; the 'surlly' receptionist; 'slow' bar tender; or 'immigrant' restaurant work in a theme

¹ A colleague who kindly commented on an earlier draft of this piece told me they once worked for a multinational firm where the uniform included trousers with no pockets below management level. Only the managers were trusted not to steal. When you are next in a cinema, fast-food restaurant, or similar establishment, have a look for the pockets (but please try not to be obvious in your glances).

park. You don't really like them – and they have to be nice to you and what you blow your money on: valueless stuff that they could not afford.

Every time they return your change for that drink in the chain-pub they are reminded that they are worth less an hour than a minute's profit that passes through their fingers. Every time they listen to you on the phone transfer money between your bank accounts, order consumer goods, holidays, hotel rooms, they are made aware of how little they have. Look how old the next person serving you is, or ask the one on the phone. They are almost always under thirty. I don't think that is because of an ageist recruitment practise. Almost no one who could see there were betting things being had all around them could take the drudgery for long, who did not know it would only be temporary. If it were me, if I had to face the idea that such work was my only option, for year after year, I'd begin to feel tired all the time... Think about doing it yourself, the hours, the pay, the conditions. Doing this kind of work makes people ill, as will the thought of doing it.

Direct visual contact is not all that is required to feel demeaned. Those working in call centres only hear the (not 'their') customers. Those changing the sheets in hotels only get to smell the customer. But the constant realisation that so many people can afford the luxuries they order through your ear, or don't have to make their own beds, begins to grate. It was only a few years ago that people applied for a mortgage, rather than shopped around for one. Then the building society clerk looked down on, or more often across to, you as customer. In most cases a local customer. It was not much further back in time that only the very rich stayed on hotels. Far fewer beds needed changing by others' hands each morning (leaving aside who made beds in the home – and who was most depressed back then).

Now millions want their bathrooms to look like those in hotels, they represent the norm and they live lives that are diverging rapidly from those who serve them (Dorling et al. 2007). Providing badly paid service labour is less and less a respectable profession, career, or something that makes you part of the old working class majority – cohesive at least in the collective experience of living at the whim of a small minority of the affluent. If you knew that most other people were reading scripts in answer to customer queries, changing bed sheets, serving at tables, or repeatedly asking whether folk wanted to "go large" or not, you might convince yourself that this is as good as it gets. But you'd have to be quite unaware of how much most others get, let alone how much today's most affluent get to be happy with your lot.

Still, at least the magazines and daytime TV shows are not full of detail on the lifestyles of the rich and famous. Popular culture is not obsessed with what kind of home or second home you can purchase for that odd extra couple of hundred thousand in your 'budget'; or with locations for exotic holidays; with quick fixes whereby nobodies can become famous; with a message that says that if you are not beautiful, thin, non-smoking, rich, attractive, interesting and enjoying a great job – it is your fault for not trying hard enough. At least we are not surrounded by advertising for what we cannot afford. At least state schools do not charge for school trips to embarrass the poorest of children and their parents. At least we have a progressive taxation system whereby those who get more pay more. At least the extra university places go to those who work hardest and widen participation. At least the great leader loves every one of us personally. I'm sorry, I think I've gone off message, but honestly – you could not have made this up when I was growing up – and that was not so very long ago. But back to 'reality', to government working groups and the mentally ill and being part of the solution rather than harking on about the problems. What is the solution?

In contrast to my musings, the government's PFMHTWG report does not concern itself too much with the cause of the main component of the huge rise in mental illness however. Instead it just says that such depression is "very amenable to therapeutic interventions" (*ibid* page 8). It used to be psychoanalysis, but today there is medication, and if the drugs don't work... evidence can be created to show that they do (Dumit, 2005). There is a huge danger in implying that mass medication may be needed to get hundreds of thousands of depressed

working age people to work. What is needed, but lacking in almost all of this debate, is an understanding of how we came to organise our working lives to exclude so many who would like to work and compel so many more to do jobs that might well make them ill. In the remainder of this editorial I concentrate on what is being suggested for the non-working mentally ill of working age in Britain to illustrate why that need for better understanding has become so vital now.

There are some sensible suggestions in the PFMHTWG report that suggests how more of the mentally ill can be coerced to work. It says that a new PCA should not be so biased against the mentally ill, scoring their afflictions so lightly; it could concentrate on the positive rather than the negative; it could involve practical help for people to find work rather than just simply assess their benefit entitlement status; it could be better linked to the pathways to work initiatives lauded as so successful in another more recent and much public DWP Report (Freud 2007). Often reports such as this have positive things to suggest as well as dis-ingenuities, but if the experiences of those who responded to the Ministers' blog are representative, concentrating on the positive will be a whole new ball game for the DWP subcontractors.

Incidentally don't be fooled by the figures in the (DWP commissioned) Freud report suggesting spectacular falls in the number of Incapacity Benefit claimants in pathways pilot areas (a 9.5% fall on page 44 of his report). David Freud got his numbers wrong (to verify this simply read the sources he cites – they do not apply to all claimants as he implies, most of whom have been claiming for years, but only to a small minority), but then he is not a social scientist but a banker – so why should counting be his strong point?²

David's report is titled "independent", but both commissioned and published by the DWP. Independent no longer means independent. The point of independent reports to government and ministers today is that they are not written by people who are independent of government but by folk whose lives and connections are intimately wound up in the machinery of government and elite civil society. For those who enjoy unravelling these connections, and given the journal this is written in, it is relevant to point out that David is the great grandson of Sigmund, and Sigmund was briefly associated with the Institute for the Scientific Study and Treatment of Delinquency (CCJS, 2007). Delinquency was thought then and still by many now to be a mental illness, possibly inherited. Although such thinking is now discredited the use of some of Sigmund's thinking to sell ideas to the public is continuous and underpins a huge consultancy industry: public relations (PR).

The DWP Working Group's report on the PCA was not written as an exercise in public relations. It is not all advertisers bluff to try to get the public to purchase ideas that they should not really want to buy (if an idea is good it does not need PR which is needed most the worse an idea is). Also parts of the report are not all carrot and stick. For instance, it suggests that as the PCA currently stands, it writes off too quickly people deemed to have learning disabilities and other conditions affecting their ability to think as not being able to

² This is not an isolated example of innumeracy in the Freud report. Earlier, on page 37, he suggested that: "By 2009, over half the new entrants to the labour market are anticipated to be people in ethnic minorities." Again Freud has misread the source he quotes (which is referring to half the increase, not half the total for new entrants). These errors do need pointing out as we should record how poor the "evidence base" became in the dog days of the Blair government, when – presumably because so few civil servants had managed to maintain enthusiasm for the spin and were bothering to fact check even simple things any more – such errors could emerge. For this error to be true would require (say) all new jobs to only be in London. And even then for their distribution to be skewed towards ethnic minorities dramatically, to redress old inequalities in employment in that city. Put another way, the only way David Freud could be correct is if Ken Livingstone became prime minister. I may be missing something here – but I really don't believe Ken's ascendancy is the establishment plot.

work without considering their rights to work and support to work. Having a series of the most minor levels of physical ailment that can be recorded by the current system can entitle an individual to benefits whereas the same is not true of mental illnesses. The report also identifies the current self assessment questionnaire as being 'hardly user-friendly', and advocates a widening of the approach currently being piloted in 'Pathways to work' areas where the doctor carrying out the PCA reports on each "claimant's residual functional ability" PFMHTWG (2006, page 19). 'Residual Functional ability' (RFA) is not a phrase someone working in PR would applaud.

This phase (RFA) will not make it to the final wording of the law I suspect: there is much work yet to be done on the language. But although the wording will change, it is unlikely that the underlying thinking and prejudices behind much of this current policy making will alter a great deal. These are not policies being made for the people making them – but with others in mind. Reading the report it is clear to me that most of those who wrote it never expected to be sitting being assessed by these criteria, nor do they expect that for their children, lovers or friends. But they should, because the current numbers and trends make it very likely that all of us or someone very close to us will one day soon be assessed for whether our mental health means we are up to labouring. Much public policy concerns rarer events and it is hard to convince policy makers to put themselves in "client's" shoes (client a PR term by the way, not a mechanism for empathy but for turning those we once worked with into customers to be fleeced). If planners knew they were to live in the flats they built, and doctors were treated as unqualified members of the public in the hospitals they ran, and all minister's children went to a school at random (not just a state school but any state school), policy would be very different. Sadly, in one of the few cases where so many of us are likely to be affected – mental health – we like to pretend poor health is rare and so reports such as the one that has dominated this piece are rarely queried.

I don't know how your residual functional ability is today, but mine's just taken a knock on wading through the working groups' recommendations. But who is looking at them? It is worth repeating again that any of us, or our children, friends and family, could find ourselves being take step by step through the new system in the years to come, by a physician whose first responsibilities are to the share-holders of the private firm who employees her (or him) . It is said that the new style PCA will attempt to be positive, exploring claimants' motivations, aspirations, self-confidence and whether their current medication (if they are on any) has detrimental effects and what could be done about that – but it is all focussed on the individual. The problem of lack of work in Britain is not the problem of individuals, of those currently outside of the workplace, but of the lack of a suitable supply of suitable work, just as with education, housing and health care and opportunity (Dorling 2006). In the past when there was enjoyable (or at least not so demeaning) work, and enough work of the right kind at the right time, far more people suffering a variety of mental illnesses worked and there was less mental illness (see Beatty et al., 2007, and much of their work that precedes it).

It would be wrong to think that those making the new PCA assessments, to be carried out by trained healthcare professionals, will have only the financial health of their employers' share holders at heart. Their employers will be paid by the DWP and so they will also have the ministry's interests and rules at heart (or at least in their heads). Those rules include that trained healthcare professionals will not discuss their reports with those they are reporting on. That would be far too time-consuming. And, after all, the reports are the property of DWP. Instead they will pass them on to presumably medically untrained personal advisors who will discuss them with the claimants. The report will also be given to "private and voluntary sector providers of condition management programmes, and to the person's GP" PFMHTWG (2006, page 19). Later in the report it says that passing on to the GP might be with the claimant's consent. No comment is made as to whether claimants assessed as mentally ill will have any opportunity to give their consent before their details are passed on

to the arms length condition management programme provider (another of those phases and institutions we managed to live without when I was younger).

Feelings such as being powerless; that others do not have your interests at heart; that you have little control over your future; that you should be anxious and that you are inadequate; should be pessimistic and your opinions and you are not worth much may well all result from such a process as is implied though the introduction of arms length condition management programme providers. Without an understanding of why there has been such a great rise in the numbers of people with mental illnesses unable to work, this process could well add to the burden of such illness. The working groups' report makes no comment as to what level of support people should be able to expect at work, to help them back to work, other than implying that all that can be expected is that which a 'reasonable employer would be expected to provide to any person in employment' (*ibid* page 23). No special treatment apparently. With luck, and as such unthinking ambivalence is at odds with other legislation, and with hope, some of the piloting will soften the edges of the recommendations a bit. However, at the heart of this official thinking is a very individualist view of society made up of autonomous people, some of whom are problems. For me it is because their basic view of society is wrong, that their policies will not work. We should be looking first at way the way we now organise ourselves makes so many of us ill (Dorling 2007), but we don't and that is the first of our collective mistakes with the real mental health bill. So who is making these mistakes?

As to who produced the PFMHTWG report, membership of the working groups we are told reflected a wide range of expertise in relevant fields although none of the authors are named up front other than the chair, the Head of the DWO Health and Benefits Division herself. Rather like MI5 now naming 'M', it appears that the moniker of the head of Health and Benefits can also now be spoken although, just as with M, no pictures are provided. The other members of the group apparently worked closely with stakeholders although they only consulted in a limited way with "service users". An annex lists who they were. Several are associated with private providers or insurers (including a representative of the international information technology services company Atos Origin which currently profits from carrying out DWP assessments). Apparently, whenever the group felt it was not fully equipped to do the job other experts were quickly co-opted to share skills. And the purpose of the group is indeed for laying the ground work to produce "a product" available for the Welfare Reform Bill, and secondary legislation's passage through Parliament (*ibid* page 5). The Welfare Reform Bill was given Royal Assent on Thursday May 3rd 2007.

For the architects of the Welfare Reform Bill, the real Mental Health Bill, there is much more work to be done, but as is increasingly the case with reports such as that of the PFMHTWG, clues are given in the remit of that future work as to what the answers will be: "to validate it as a fairer, more robust, and more accurate assessment of benefit entitlement ... most appropriate evidence from the most appropriate source..." and no, I didn't make that up, they really do hint at what the answer should be in their question (*its ibid* page 6) in the best of all possible worlds that we now inhabit. And how did the democratically elected Member of Parliament, the responsible government Minister, report on the ascendancy of his bill into law when communicating to the masses via his 'blog':

'The main change I mentioned will be the introduction of the Employment and Support Allowance which will replace Incapacity Benefit and Income Support based on incapacity or disability next year. This will bring to life a fundamental change in the welfare state that we have been talking about on this blog in some detail, namely the move towards your ability to work, not your incapacity to work.

This is an author produced version of an editorial published as 'Dorling, D. (2007). Guest Editorial: The real Mental Health Bill. *Journal of Public Mental Health*, 6(3), 6-13.' This paper has been peer-reviewed but does not contain final published proof-corrections or journal pagination.

The new Personal Capability Assessment will mean this approach is embedded into the system and I think we can look forward to more people getting better, targeted help in getting them back to work.

For the majority of people, this will mean additional responsibilities to be actively preparing or looking for work.'

(<http://www.dwp.gov.uk/welfarereform/blog/> - May the 4th)

As I write seventeen days later and not a single loyal subject has hit the "to comment" button and responded. In the House of Commons debate of May 17th there was no dissent from the cross party committee considering DWP's aims, including their aim of getting 4 out of 5 folk into paid work, almost regardless of what that work might do to these workers:

"The whole Committee agrees that the 80 per cent. target is wonderful;..." (Engel 2007).

Perhaps all other MPs and folk in cyber space were keeping their heads down? Better not to be identified as a dissenter in this brave new world where more people will get better, more will work harder, more will be responsible, even if Natascha Engel ended her sentence above with a tiny note of caution. Here is what she said in full "...The whole Committee agrees that the 80 per cent. [sic] target is wonderful; it was just the way to reach it that we had slight concerns about."

So what do I think is the best response to Jim Murphy's website and proposals over the future support for those with mental illness and the political landscape? I read it and then and I come to believe more than ever that we need to think more carefully about why so many of us have become so ill in recent years (Wilkinson 2005). The alternative to this is that in the not too distant future we will have mass medication, 80% in work, and more and more frequently we will come across comments such as the following and wonder just what was going through the mind of their authors when they wrote:.

"Very interesting and beautiful site. It is a lot of full information..."

Stop press

At the end of June 2007, Jim Murphy was appointed Minister of State for Europe, and Caroline Flint was appointed Minister of State for Employment and Welfare Reform. The links above to Jim Murphy's blog may well have disappeared from the internet by the time you read this. Jim's mind will probably be on other things too.

References

Anon (2006) Comment 1:

<http://www.dwp.gov.uk/welfarereform/blog/index.php/2006/10/19/mental-health-action/#comments>

Beatty, C., Fothergill, S., Gore, T., and Powell, R., 2007, *The Real Level of Unemployment*, Report, Sheffield: CRESR

This is an author produced version of an editorial published as 'Dorling, D. (2007). Guest Editorial: The real Mental Health Bill. *Journal of Public Mental Health*, 6(3), 6-13.' This paper has been peer-reviewed but does not contain final published proof-corrections or journal pagination.

<http://www.shu.ac.uk/cresr/downloads/publications/The%20Real%20Level%20of%20Unemployment%202007-.pdf>

CCJS (2007) Centre for Crime and Justice Studies, History of the CJS:
<http://www.kcl.ac.uk/depsta/rel/ccjs/history.html>

Cook, F (2007) Public Bill Committee, Mental Health Bill, Afternoon session, Tuesday 15th May, End Column 416.
(<http://www.publications.parliament.uk/pa/cm200607/cmpublic/mental/070515/pm/70515s01.htm>)

Dorling, D. and Thomas, B. (2004) *People and Places: a census atlas of the UK*, Bristol: Policy Press.

Dorling, D. (2006) Inequalities in Britain 1997-2006: the dream that turned pear-shaped. *Local Economy*, 21(4) 353–361.
http://sasi.group.shef.ac.uk/publications/2006/dorling_inequalityinBritain1997_corrected.pdf

Dorling, D. (2007) Health, in *Compass* (Eds) Closer to equality? Assessing New Labour's record on equality after 10 years in government, London: Compass.
<http://clients.squareeye.com/uploads/compass/documents/closetoequality.pdf>

Dorling, D., Rigby, J., Wheeler, B., Ballas, D., Thomas, B., Fahmy, E., Gordon, D., and Lupton, R. (2007) *Poverty, wealth and place in Britain, 1968 to 2005*, Bristol: Policy Press.

Dumit, J. (2005) The depsychiatrisation of mental illness, *Journal of Public Mental Health*, 4, 3, 8-13.

Elliott, L. and Atkinson, D., 2007, *Fantasy Island*, London: Constable and Robinson. For a long extract of the book see: <http://books.guardian.co.uk/extracts/story/0,,2082838,00.html>

Engel (2007) Column 341WH, Mp for North East Derbyshire, contribution to Westminster Hall debate on the Government Employment Strategy, Thursday 17 May, London Hansard: <http://www.publications.parliament.uk/pa/cm200607/cmhansrd/cm070517/halltext/70517h0003.htm>

Freud D. (2007) *Reducing dependency, increasing opportunity: options for the future of welfare to work; An independent report to the Department for Work and Pensions*, London, Department for Work and Pensions.

PFMHTWG (2006) *Physical Function and Mental Health Technical Working Groups, Transformation of the Personal Capability Assessment*, Department of Work and Pensions, September <http://www.dwp.gov.uk/welfare-reform/tpca.pdf>

Wilkinson, R. (2005) *The Impact of Inequality: How to Make Sick Societies Healthier*, London: Routledge, see also
<http://books.guardian.co.uk/reviews/politics/philosophyandsociety/0,6121,1538844,00.html>

Footnote (not included in published version)

People's jobs can be classified by the industry they work in. Thus in the mining industry, although for decades only adult men were allowed underground, there were (mainly) women who cooked the food that miners ate after their shift, clerks who worked on the surface, managers, and cleaners among many other occupations employed.

The industry was repeatedly decimated to such an extent before and especially after the miner's strike of 1984 that by 1991 the largest single group of people classified as working in the industry of mining by the Office of National Statistics (ONS) in any one local authority then were (mainly) women working in districts in the potteries. Ceramics were included in the extractive mining industries as clay has to be extracted from the ground just as coal is. When this decision was made it is almost certain that no one in the bodies that preceded ONS ever thought that the greatest concentration of "miners" would be women in Staffordshire.

Incidentally the industry continued to collapse to 2001 employing only a seventh of the workforce of 1991. The potteries (and the Stoke area) suffered most, and the greatest concentrations remaining by 2001 were of people associated with the north sea oil industry working in Scotland, and a rise of people working in "mining" in the centre of London – these being consultants associated with multinational mining companies working with bankers there (all recorded in the 2001 population census as "miners").

Britain makes more money from mining than it ever did – it just that most of the miners are now in copper, coal, iron and diamond mines in very far flung parts of the globe. The future for mining in Britain was far worse than anyone envisaged in 1984 there was no fall in the numbers of people working in dangerous conditions down holes in the ground – they were just working on holes in the ground in other countries – and many of the new miners are, of course, children.