



## The 1<sup>st</sup> RADAR Debate:

“This House believes the majority of disabled people can and should work”

The Brit Oval, Monday 1<sup>st</sup> September 2008

Edited Transcript of the Speech in favour of the motion by Dr Rachel Perkins, Director of Quality Assurance, South West London and St George’s Mental Health Trust

20 RACHEL PERKINS: I can only lose this one can't I?  
21 I suppose in proposing this motion I make no apology for  
22 focusing on a group of people not normally focused on in  
23 a group like this and that is someone with mental health  
24 problems. No one used to pay much attention to us in  
25 the old days, but then we overtook in the IB stakes and

1           then everyone was very interested in how you got all  
2           these mentally people back to work I'm going to argue  
3           that most of us if not all can work if we're given the  
4           right kinds of support to do so. I once got accused of  
5           having some Arbeit Macht Fry argument ... actually it's  
6           an argument about the dignity of labour, the right of  
7           every one citizen to contribute their talents to the  
8           community in which they live and the responsibility of  
9           our society to make sure they've got the support they  
10          need to do that. I suppose the other thing I need to say  
11          is that I'm actually not a very good obedient child of  
12          New Labour. In the -- I remember the days that the  
13          minister was talking about, I first published a paper on  
14          importance of work for people with mental health  
15          problems 20 years ago called "You can't eat, drink, or  
16          make love for 20 hours a day". I suppose that was in  
17          the days when there were lovely figures on the top of  
18          County Hall, do you remember? The unemployment figures  
19          opposite the palace of Westminster and then they were  
20          trying to get everybody off benefits on to incapacity  
21          benefits, often saying they were depressed, actually,  
22          because that improved the unemployment figures.  
23          Actually with a view to the economic times ahead there  
24          were those of us who in those days argued if work was  
25          going to become a scarce commodity, it should be

1 reserved for those who need it most. I was going to say  
2 those with mental health problems but I don't wish to  
3 join that queue. I suppose as a former Freud --  
4 a relative of Freud said, that human beings needs two  
5 things: love and work. We can go back a bit further  
6 than the last 20 years for the importance of work. As  
7 the philosopher Galen in 176 AD said -- oh, good. Right  
8 I'm not that old, then! He actually said that work was  
9 nature's best physician and essential for human  
10 happiness. I personally am ashamed to live in a country  
11 where at least 80 per cent of me and my kind are  
12 unemployed. I think it's an incredible waste of talent  
13 that destroys lives. I guess I see it as being three  
14 things that prevent us from working: [firstly] simple  
prejudice.

15 You can't possibly have a schizophrenic nurse or a manic  
16 depressive bank manager, that's just unthinkable.

17 I suppose the second, importantly, is that we fail to  
18 provide people with the support adjustments,  
19 flexibilities they need in order to have the right to  
20 contribute their talents. I think thirdly, there's the  
21 horrible bit about the low expectations, isn't there.

22 I know a colleague of mine I'm sure is here today did  
23 some research in interviewing people with mental health  
24 problems who actually had jobs. 40 per cent of them had  
25 been told by an expert mental health professional they

1 would never work again. And they were the non-compliant  
2 ones. What about all the people who believed their  
3 doctors? I guess I ought to make it clear that I come  
4 from this whole area from three different perspectives.  
5 On the one hand I'm a mental health professional and  
6 I've spent the majority of my career setting up  
7 programmes that helped people with mental health  
8 problems get back to work. We've adapted various models  
9 developed in the US and at present in London the  
10 programmes we've developed have helped 600 people with  
11 serious mental health problems to get and keep jobs  
12 every year. But I'm also an employer of mental health  
13 problems, way back in 1993 I had this crazy idea that if  
14 I was going to ask for Sainsbury or Tesco to employ  
15 people with mental health problems I had to put my own  
16 house in order first. And let's remember that the NHS  
17 is the largest employer in Europe since they disbanded  
18 the Red Army. So I think we've got to see ourselves as  
19 an employer as well a provider of services. I'm not  
20 talking about creating special jobs for loonies either.  
21 I'm talking about helping people to get jobs, ordinary  
22 existing jobs on the same terms and conditions as  
23 everyone else. And now I have to issue a health  
24 warning: if you come to south West London the lunatics  
25 are running the asylum. Last year 25 per cent of the

1 people we recruited had mental health problems and they  
2 weren't all in low level jobs. Forty per cent of the  
3 executive directors have seen the wrong side of the  
4 mental health service and we've got lots of doctors and  
5 nurses and things as well. There's your health warning.  
6 I also personally am a user of mental health services  
7 with a diagnosis of manic depression I frequently take  
8 journeys to the dark side of the moon. Maybe I'm  
9 showing my age. I'm one of the lucky ones. Back when  
10 I was first diagnosed there wasn't a thing called  
11 disability discrimination act, actually there was a bit  
12 of Government guidance. It said you shouldn't be  
13 employed in the health services within 2 years of having  
14 received treatment for a mental health problem. So  
15 I could just have been sacked like that, and wouldn't  
16 that have been a waste of my 24 years of expensive state  
17 education. I guess what we've got to get our heads  
18 around is it's become fashionable to talk about how bad  
19 work is for you, the stress, [but] it only takes ten minutes  
20 of unemployment to realise that's far worse. We all  
21 know the stuff. You're more likely to get physical  
22 illnesses, mental illnesses, you're more likely to kill  
23 yourself and if you have mental health problems you're  
24 more likely to relapse and be hospitalised if you're  
25 unemployed. But it's not just about health; there's also

1 the wellbeing arguments - whether we like it or not it's  
2 work that gives us a reason to get up in the morning.  
3 It gives us that kind of status and identity in society.  
4 The second question you ask when you meet someone new:  
5 what's your name, what do you do? And doing manic  
6 depression is a serious conversation stopper. We've  
7 also got to recognise that work leads us to our  
8 communities but more importantly it gives you the  
9 opportunity to contribute to your community. The sad  
10 thing is, if you've got mental health problems you  
11 always end up on the receiving end of everybody else's  
12 good works. You do not have mums and dads and partners  
13 and lovers, you have carers, and people talk about  
14 social care and care in the community. I guess one of  
15 the things that I would argue is that we need a bit less  
16 care and a bit more opportunity and the support and  
17 flexibilities we need to exercise those opportunities.  
18 But of course the reality is we also can meet most of  
19 our nearest and dearest either in work or at education.  
20 That's where our friends and partners come from. Of  
21 course, work is where we get the opportunity to do all  
22 the other things. I guess when I was first diagnosed  
23 one of my greatest fears was I'd lose everything I held  
24 dear and that wasn't unfounded. Every day I see  
25 hundreds of people for whom that fear has become a very

1           daily reality. My first psychiatrist. She wasn't so  
2           much trying to find work, she was trying to find  
3           something less stressful. Maybe I couldn't be a  
4           clinical psychologist but I know a psychiatrist who  
5           wrote a wonderful report on me, he said, "Well she may  
6           be able to work now but it won't last. The nature of  
7           her condition is she'll get worse and worse and not be  
8           able to work." Fortunately, I was non-compliant and  
9           they were both wrong. But, heaven help me, I believed  
10          them, and too many people do. I guess they were right  
11          in one way: my problems haven't gone away. I still  
12          get ill, and I guess the nature of my problems is that  
13          they are recurrent so if I think I've got to get right  
14          and properly better before I work then I'll be  
15          unemployed forever but Rachel of course you're not  
16          typical. Apart from [the fact] that I've never met the  
17          typical  
18          mental patient, actually I'm not, because I had the  
19          opportunity and support I needed to do the things I've  
20          done in life. There's been loads of research on mental  
21          health and employment. People have spent years trying  
22          to find what makes people employable, and they've  
23          failed. Can't find a relationship with diagnosis,  
24          nature of your impairments, how long you've had them,  
25          whatever. What they have found is the sort of support  
          you have makes all the difference as to whether you're

1           actually going to be able to work. I'm not going to  
2           bore you with the detail but there's endless  
3           experimental randomised controlled trials that show if  
4           you provide people with mental help the problems with  
5           the right support, they can work. People with serious  
6           mental health problems I'm talking about. I'm not going  
7           to go into details but we've got to put together health  
8           and employment. Getting away from the notion that  
9           first of all you treat people then rehabilitate them and  
10          then employ them. Treatment and employment support have  
11          to go hand in hand, together right from the start. And  
12          early intervention is dead important; even my granny  
13          knew that if you fell off a bicycle you had got to get  
14          straight back on it again. It's not rocket science.  
15          We've also got to remember that we've got to help people  
16          to get real jobs, get off our addiction to - if you have  
17          with learning disabilities as well - sheltered workshops  
18          and work training that goes on and on forever. We all  
19          get the same jobs, don't we? We've got to get away from  
20          [that to]  
21          finding people real jobs as quickly as they can and  
22          provide them with support but support without limit of  
23          time to keep those jobs. And we've also got to provide  
24          them with a bit of support as to how you negotiate the  
25          benefits system. But that's  
another story. I guess the reality is that that sort of

1 support was not available; if it was a kidney machine or  
2 premature baby unit there would be outcries in the  
3 press. I think I see a little bit of light in the  
4 current Government policy, let's have some real better  
5 joint working between health and employment, and I quite  
6 like the idea of increasing the Access to Work budgets  
7 but let's actually make sure we use them to provide  
8 people with the sort of ongoing support they really  
9 need. And let's remember that actually, employment is  
10 about the relationship between employer and an employee.  
11 I used to spend time going round doing awareness  
12 training for employers but I gave it up 3 years ago,  
13 because I decided it was a waste of time. People don't  
14 like having their awareness raised, what they actually  
15 want is support, a telephone number to call if you don't  
16 know what to do is worth a million awareness training  
17 courses. One young man we helped get a job in  
18 a removals firm. The owner of the removals firm said he  
19 will take him on but if he goes peculiar, can we put him  
20 in a van and bring him up here? It might not be the  
21 language we use but the reality was, what he had said was,  
"Can  
22 he have support?" That young man is now driving the  
23 van, he has been there for 5 years. I think he was put  
24 once in the van but they got good results, he needed  
25 support, and it works if you do. I want to finish up

1 with two cautions and a suggestion. The first caution  
2 I'd make, and again, Andrew, I think a lot of the learning  
3 disability lobby would agree with this, we've really got  
4 to make a reality of flexibilities in employment. I can  
5 work for about, I'm off work for about six to eight  
6 weeks every 2 years with my problems. That's all right,  
7 my employer can deal with that. What about my friend  
8 who is off work for 12 months in 2 years? What about  
9 the person who can only work a few hours a week? The  
10 person who's problems fluctuate so there may be days  
11 when they can't work? If we're not going to put people  
12 like that on the scrapheap, and we shouldn't be, then we  
13 have to look at how we really help people with flexible  
14 short-term working, and I don't think we can give it all  
15 to employers to do I'm an employer. I wouldn't employ  
16 someone who could only work 12 months in 24. I think we  
17 have to look at how we work together as a state to make  
18 that work I think the second thing is we've got to be  
19 aware of scaring people off with threats of removal of  
20 benefits ... that's had paradoxical effects in the  
21 schemes where I work. It used to be people were  
22 demanding the right to work. Now we're seeing calls for  
23 the right to benefits, and people feel they have to  
24 prove how bad they are in order -- and don't really want  
25 to try working just in case it doesn't work and they

1       lose all their money. I think what we've got to do is  
2       think how we can move away from threats to providing  
3       support. If you provide support, more people want to  
4       work. National patient survey and mental health shows  
5       that 52 per cent of people with mental health problems  
6       have written themselves off as unable to work. Where I've  
7       got employment specialists and teams, that's been  
8       reduced to about 26 per cent, who have written  
9       themselves off, and to create opportunities, you create  
10      possibilities and enable people to believe it's  
11      possible. The final thing I'm going to ask is that you stop  
12      trying to divide us into the employable and the not  
13      employable. Or whatever euphemisms you want, the closer  
14      to and further away from the labour market. I think  
15      this is pernicious and I think we ought to stop having  
16      reserved groups and stop having assessments to say  
17      whether we are capable of working, why don't we ask  
18      instead what it would take to enable someone to work?  
19      You see I think if we asked what it would take, that  
20      would actually get rid of a lot of fear and stop putting  
21      people on the scrapheap because the reality is what  
22      renders a person able to work isn't their impairments.  
23      What it is is whether or not we provide the  
24      opportunities for support adjustments, flexibilities,  
25      that enable them to work. I don't know of anyone who

1           can't work if they've got a job coach with them all the  
2           time. But we might decide I'm not naive, that sometimes  
3           it costs too much to enable someone to work but that's  
4           a different decision. That's us saying we do not choose  
5           to give this person what it takes to enable them to  
6           work, it doesn't say they're not capable of work.  
7           I suppose as is always the case in these things,  
8           I actually want to amend this motion slightly. I want  
9           to say this house believes most disabled people can work  
10          and should do if, provided with the support, adjustments  
11          and flexibilities that they need. I think it is  
12          important to say. If we don't say that people can  
13          work, then we never get around the culture of local  
14          expectations that has stopped so many people from  
15          contributing their talents. I guess the only people  
16          I don't think can work are the people who choose not to  
17          give, not to spend the money on the supports that they  
18          need. I'm going to shut up there.

