Breaking boundaries: a contribution for Professor Peter Huxley's *Festschrift*

(Edited by Professor Rob Poole and Professor Catherine Robinson)

Ben Hannigan

Professor of Mental Health Nursing, School of Healthcare Sciences, Cardiff University

Abstract

This paper begins with an overview of Peter Huxley's work across four areas: access to mental health care; understanding mental health and illness through a biosocial lens; social inclusion; and quality of life. Interconnected themes revealed in this body of research are then addressed, focusing particularly on: the commitment to interdisciplinarity; the value of conducting investigations which have demonstrable real-world application; measurement; and collegiality. The paper then moves to a personal reflection on Peter Huxley's rock-solid support for growing a programme of mental health services research in Wales, before concluding with a forward-looking account of the lasting impact of his contribution.

Defining the field

One of the editors of this volume, in a recent meeting at which I was present, remarked that Peter Huxley had practically invented social care research in the mental health field. Although Peter's arrival at Swansea University followed his engagement, some years earlier, as an advisor to the then Welsh Office in support of the development of a new strategy for mental health services (Welsh Office, 1989) his appointment to a Chair in 2006 presented itself, in this context, as something of a coup: for Swansea, for Wales, and for mental health research and services.

Peter's appearance in south Wales followed many notable years spent in research, teaching, and service development based at the Institute of Psychiatry in London and then the University of Manchester. With a professional background in social work and a training in the

social sciences Peter paved the way in making a case for, and leading, social care and mental health research in the UK and internationally. His work has been pioneering, dating back to a time when biomedical approaches to mental health and illness, and to research in this area, were predominant.

Prior to meeting and working with Peter directly I particularly knew of him for his work in four interrelated areas: access to mental health services (Goldberg & Huxley, 1980); understanding mental health and illness using a biosocial framework (Goldberg & Huxley, 1992); social inclusion (Huxley & Thornicroft, 2003); and quality of life (Oliver, Huxley, Bridges, & Mohamad, 2005). With regards to access, with co-author David Goldberg, Peter made the case for a five-level model with each level having filters through which people living with mental health difficulties might pass. Each level, in turn, reflected both individual need and the availability and concentration of professional expertise. This idea of layers, levels and movement through a system continues to resonate (Hannigan & Allen, 2006), even if in its initial formulation Peter's model spoke mostly to the inpatient part of the mental health system and had less to say about the dedicated, specialist, provision of mental health support in the community. This relative absence of a level addressing community care reflects, inevitably, the period during which the model was introduced, the early 1980s being when community mental health teams were still in their relative infancy. Peter's collaboration with David Goldberg continued with a detailed and developed approach to the understanding of commonly experienced mental health difficulties which placed emphasis on the physical, the social and the psychological. With Graham Thornicroft, Peter argued for a clear focus on community participation, employment and a proper income as strategies to promote social inclusion for people living with severe mental health problems. In the area of quality of life, Peter's co-authored volume opens with a review of the conceptual development of the term, approaches to its measurement and then a series of reports on its application in different health and social care environments.

Each of these four texts reveals important characteristics associated with Peter's scholarship, and his orientation to social care and to mental health services. First is a willingness to cross disciplinary boundaries, resulting in syntheses of ideas and evidence which draw equally on the physical and the social sciences. Second is a concern with practical utility. This manifests through a demonstrable concern to conduct research with clear relevance to the development of services, and to the improvement of people's lives. Third is an interest in measurement, and in counting things which actually 'count' for people in the real world. Fourth is a commitment to national and international collegiality, revealed through multiple co-authorships and collaborations. These characteristics I hold in mind as I reflect further on working with Peter in the period from the mid-2000s onwards, before focusing particularly on his work in the area of social inclusion and closing with a look forward.

Growing a programme of research

Peter's move to Swansea University in 2006 took place during a time of considerable change to the organisation and funding of government-supported health and social care research in Wales. An important development was the founding of the National Institute for Social Care and Health Research (NISCHR), the predecessor to today's Health and Care Research Wales. A strategic investment by NISCHR led to the establishment of a series of thematic research networks, of which one was the Swansea University-based Mental Health Research Network Cymru (MHRNC). The MHRNC, in turn, used its income to fund a number of research development groups (RDGs), each intended to be a driving force for new research ideas, and each supported as a vehicle for bringing people together across organisational, stakeholder and geographical divides. As a mental health services researcher working in Cardiff in the middle of the 2000s, with a background in mental health nursing and the social sciences and about to make the transition from doctoral student to post-doctoral investigator, I welcomed the opportunity to work with others to found and grow an RDG centred on the system of care. The MHRNC Service Delivery and Organisation

(SDO) RDG, from 2006 onwards, became this vehicle, and was soon able to count Peter Huxley as its most accomplished member.

Peter's contribution to the SDO RDG, often in collaboration with Sherrill Evans, was transformational. Peter's boundary-spanning, allied to his rock-solid methodological expertise, informed the development and submission of multiple applications for applied research funding addressing vitally important areas for mental health services and support. With Peter as mentor and co-applicant I benefited from a first opportunity to apply for funding from the National Institute for Health Research (NIHR), for a project intended to explore the then-new role of approved mental health professional and its impact on service organisation and experiences. The fact that our grant was not funded – an altogether familiar experience – is immaterial in the context of this chapter. There would have been no funding submission, at all, without Peter's time, expertise and willingness to support. Further lines of enquiry, with Peter as a co-applicant or sometimes with his ideas used to frame a plan of work, followed. An example was a successful grant application to NISCHR to examine quality of life and social connections amongst people using mental health social care services (Coffey et al., 2019). Tools and measures developed by Peter and his collaborators made sure that this project bore his imprint, including through use of a dedicated quality of life scale reflecting Peter's long interest and expertise in this area (Priebe, Huxley, Knight, & Evans, 1999) and the use of a scale to assess complexity of need (Huxley et al., 2000).

Working with Peter in this period revealed his unfaltering generosity of spirit, his deep and considered appreciation of the value of complementary methods of enquiry, and his ability to wear his many accomplishments lightly. Without question, this period also exemplifies Peter's commitment to research as a tool for improvement. Our quarterly SDO RDG reports to the MHRNC always looked thin until Peter, and Sherrill, had added their activities. And add them they always did, without exception. With time the SDO RDG dissolved as a formal body in the face of a further reorganisation of health and social care research in Wales, but many of the collaborations and connections endure. Peter's move to the Centre for Mental

Health and Society at Bangor University – a natural home given his interests and expertise – looks to have allowed him to continue doing what he always has: to ask important questions, to find helpful answers and to work with others in pursuit of better services.

Social inclusion

Peter's contribution towards understanding and measuring social inclusion serves as a case study in how to grow a programme of impactful research, and to make a difference in social and health care. Social inclusion refers to the extent to which individuals and groups are able to participate in society, and global action in this area is directed at improving opportunities for people who face disadvantages (World Bank, 2013). Measuring social inclusion is thus a good example of counting something which really 'counts'. A summary search of the Scopus database, from inception to January 27th 2022 using the combined terms 'social inclusion' and 'mental illness' produces 226 citations with the first dating back to 1999. This date range makes good sense in a UK mental health policy context, where the concept of social inclusion was closely associated in the first instance with the New Labour government elected in 1997 (Hannigan & Coffey, 2011). Most of the literature identified in this search has appeared in the last decade or so, with Peter clearly identifiable as a key contributor largely in the context of his collaborative development of the Social and Community Opportunities Profile (SCOPE). This is a multidimensional measure of inclusion designed for widespread use (Huxley et al., 2012), which has most recently been extended to samples of people living in Hong Kong (Huxley et al., 2015) and Poland (Balwicki, Chan, Huxley, & Chiu, 2018).

Evidence from the use of SCOPE around the world points to the enduring exclusion experienced by people with mental health difficulties (Santos, Barros, & Huxley, 2018). Knowing this, quantitatively, reveals the gaps between international aspirations that people with mental ill-health should enjoy opportunities for participation equal to those available to general populations, and the realities of people's everyday, lived, experiences. From studies completed by the Mental Health Policy Research Unit, alongside examples of resilience and of peer support there is international and UK evidence of many people living with severe

mental health problems being disproportionately affected by the coronavirus pandemic, with reports of isolation and loss of access to services (Gillard et al., 2021; Sheridan Rains et al., 2021). Much work, very clearly, remains to be done to realise ambitions around tackling exclusion with the pandemic serving as a considerable set-back.

Looking forward

Work to promote social inclusion will continue, with part of Peter's enduring contribution being the development of a measure to assess this. More generally, in a field where practices, ideas and enquiry are often contested and where debate is occasionally fraught, Peter's demonstration of personal kindness, collegiality and concern for the things which matter remains the model to follow. If there is, now, a widespread appreciation of the importance of social and environmental conditions in understanding mental health and illness, and an acceptance of the importance of quality of life, social inclusion and the complex interconnections between different parts of the system, then this is in no small part due to the contribution that Peter has made in these areas. Similarly, if it now seems entirely normal for social workers, nurses, and other non-medical health professionals to contribute to, and to lead, applied social and health care research then this is because Peter played a leading part in paving the way.

References

Balwicki, Ł., Chan, K., Huxley, P., & Chiu, M. (2018). Applying SCOPE to measure social inclusion among people with mental illness in Poland. *Journal of Psychosocial Rehabilitation and Mental Health, 5*(1), 89-100.

Coffey, M., Hannigan, B., Meudell, A., Jones, M., Hunt, J., & Fitzsimmons, D. (2019). Quality of life, recovery and decision-making: a mixed methods study of mental health recovery in social care. *Social Psychiatry and Psychiatric Epidemiology, 54*(6), 715-723.

Gillard, S., Dare, C., Hardy, J., Nyikavaranda, P., Rowan Olive, R., Shah, P., . . . NIHR Mental Health Policy Research Unit Covid coproduction research group. (2021).

Experiences of living with mental health problems during the COVID-19 pandemic in the UK: a coproduced, participatory qualitative interview study. *Social Psychiatry and Psychiatric Epidemiology, 56*(8), 1447-1457.

Goldberg, D., & Huxley, P. (1980). *Mental illness in the community: the pathway to psychiatric care*. London: Tavistock.

Goldberg, D., & Huxley, P. (1992). *Common mental disorders: a bio-social model*. London: Routledge.

Hannigan, B., & Allen, D. (2006). Complexity and change in the United Kingdom's system of mental health care. *Social Theory & Health, 4*(3), 244-263.

Hannigan, B., & Coffey, M. (2011). Where the wicked problems are: the case of mental health. *Health Policy, 101*(3), 220-227.

Huxley, P., Chan, K., Chiu, M., Ma, Y., Gaze, S., & Evans, S. (2015). The social and community opportunities profile social inclusion measure: structural equivalence and differential item functioning in community mental health residents in Hong Kong and the United Kingdom. *International Journal of Social Psychiatry, 62*(2), 133-140.

Huxley, P., Evans, S., Madge, S., Webber, M., Burchardt, T., McDaid, D., & Knapp, M. (2012). Development of a social inclusion index to capture subjective and objective life domains (Phase II): psychometric development study. *Health Technology Assessment, 16*(1).

Huxley, P., Reilly, S., Gater, R., Robinshaw, E., Harrison, J., Mohamad, H., . . . Windle, B. (2000). Matching resources to care: the acceptability, validity and inter-rater reliability of a new instrument to assess severe mental illness (MARC-1). *Social Psychiatry and Psychiatric Epidemiology, 35*(7), 312-317.

Huxley, P., & Thornicroft, G. (2003). Social inclusion, social quality and mental illness. *British Journal of Psychiatry, 182*(4), 289-290.

Oliver, J., Huxley, P., Bridges, K., & Mohamad, H. (2005). *Quality of life and mental health services*. London: Routledge.

Priebe, S., Huxley, P., Knight, S., & Evans, S. (1999). Application and results of the Manchester Short Assessment of Quality of Life (MANSA). *International Journal of Social Psychiatry, 45*(1), 7-12.

Santos, J., Barros, S., & Huxley, P. (2018). Social inclusion of the people with mental health issues: compare international results. *International Journal of Social Psychiatry and Psychiatric Epidemiology, 64*(4), 344-350.

Sheridan Rains, L., Johnson, S., Barnett, P., Steare, T., Needle, J. J., Carr, S., . . . Simpson, A. (2021). Early impacts of the COVID-19 pandemic on mental health care and on people with mental health conditions: framework synthesis of international experiences and responses. *Social Psychiatry and Psychiatric Epidemiology, 56*(1), 13-24.

Welsh Office. (1989). *Mental illness strategy for Wales*. Cardiff: Welsh Office.

World Bank. (2013). *What do we mean by social inclusion?* . Washington: World Bank.