SOCIAL INCLUSION
& Participation

SOCIAL INCLUSION + PARTICIPATION

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Social inclusion is about both the degree to which individuals feel connected with their communities and the strength of governments, other organisations and communities to sustain and nurture the positive mental health of members of the community. It is about belonging, contributing and being valued and fits in with the Australian national social inclusion agenda in which all Australians can participate in our community as part of nation-building (Social Inclusion Board: 2013).

The Centre for Economic and Social Inclusion (2007) further describes social inclusion as:

'the process by which efforts are made to ensure that everyone, regardless of their experiences and circumstances, can achieve their potential in life. To achieve inclusion, income and employment are necessary but not sufficient. An inclusive society is also characterised by a striving for reduced inequality, a balance between (an) individual's rights and duties and increased social cohesion'.

Mental illness is the leading cause of disability and almost half of Australians will experience some form of mental illness during their lives (SANE Australia: 2013). Mental illness impacts not only the person experiencing it, but their family, friends, colleagues, and carers. As a result of mental illness, it can be difficult to finish school or studies, maintain stable housing or employment, and remain connected with family and friends. It is a significant problem for our society and our values of a fair go.

Good mental health is crucial to living a satisfying life and social inclusion is a key factor in promoting mental health and wellbeing. Research from the Mental Health Co-ordinating Council (2007) shows that:

· People do recover from mental illness.
· Social inclusion aids recovery.
· Social exclusion impedes recovery.
· Attitudes of other people strongly influence how well people recover.

The image below shows social inclusion as having the depths of an iceberg. Deinstitutionalisation has enabled people with a mental illness to be present in society but to fully participate they still have to overcome exclusionary barriers, stigma and discrimination. Governments can help support social and economic participation, and promote positive attitudes towards people with mental health issues. Yet for people to fully belong, the community as a whole must embrace diversity, strengthening families, communities and the informal networks around each person who is isolated or stigmatised.

The stigma and lack of support for people with mental health issues often facilitates attitudes that are in opposition to our sense of Australia as an inclusive society. People who have had mental illness talk about the loss of hope and the lack of belief of others (including services) in their recovery journey. In many ways we have replaced the physical walls of the big institutions with the invisible walls of stigma, locking people out of the opportunities that enable them to create a decent life for themselves and their loved ones.

People who have experienced mental health issues must have the same opportunities and potential for participation as other Australians. A social inclusion framework focuses on people's strengths and capabilities rather than their deficits. A social inclusion-driven public policy approach is holistic, considering economic, social and cultural participation. Such civic participation includes opportunities for consumers of mental health services to re-imagine how our society can support them in the recovery journey and to experience full inclusion in our community. While there are no easy answers, social inclusion provides new ways of looking at old problems.

Health, education, employment, housing, family, youth and community sectors need to work together, with all levels of government, to ensure that people receive the support they need. This can be achieved most effectively through constant communication between sectors and service providers, collaboration facilitated by a community-based catalyst or a governance body, co-location of services, and key leaders within the community driving the people-centred approach. However, we can see from the iceberg analogy that the actions of governments and organisations are not enough — social inclusion is a whole-of-community issue.

Services in Australia need to be accessible, affordable, quality based, holistic, coordinated, and available when, where, and for as long as people need them. A good example of such a program is headspace. headspace — the National Youth Mental Health Foundation — was established in 2006 (see Patrick McGorry's article) and is funded by the Department of Health and Ageing under the Youth Mental Health Initiative Program. The primary focus of headspace is the mental health and wellbeing of young Australians aged 12-25. It brings together multiple practitioners under one roof, providing services that span physical health, drug and alcohol assistance, mental health and vocational advice.

The Foundation also provides referrals to a broader range of services, its multidisciplinary nature increases the accessibility of services for young people, enabling them to address issues across their whole life.

Personal stories

The following stories illustrate the use of a multifaceted approach to promote social inclusion for people experiencing mental health issues.

Lucy has been unemployed or underemployed since 2006. A mature age person with no family and a small mortgage, she has to be self-reliant. Her underlying condition is a form of paranoia and schizophrenia. Since losing a librarian position in a university cutback, she has had a number of short-term contract or temporary roles but has been hampered by paranoid thoughts and negative experiences caused by rare delusional behaviours.

Lucy was volunteering in an op shop and gradually improved her trust and socialising confidence. With support from an employment service, she applied for many jobs without much success.
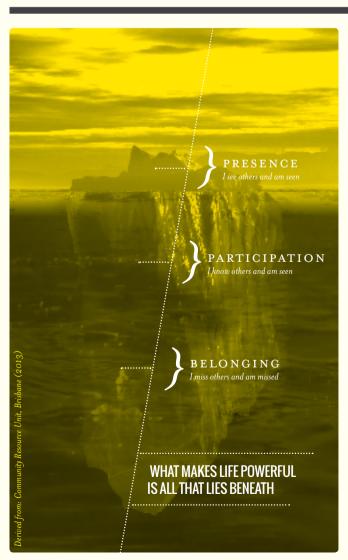
Lucy had been aiming for backroom work where social interactions might be minimal in order to feel comfortable with her condition and being in a workplace. She successfully trained and started a part-time job as a driver and noticeboard worker. During this time, Lucy successfully obtained a contract full-time position with the Australian Bureau of Statistics undertaking data processing for the census. She is now working in a small team and has established good relations with colleagues and supervisors. Lucy feels well supported there and is receiving ongoing support from her employment consultant.

Mary is a 43-year-old woman diagnosed with schizophrenia and anxiety in her early 30s. She lives with her long-term partner who also has a serious mental illness. She maintained full-time work for a number of months after her diagnosis, but was unable to continue. Mary and her partner experienced significant financial stress from living on their low fixed income while paying private rental. Mary's illness results in difficulties with sleep, diet, exercise, housework, self-care and engaging in community activities. Mary's general practitioner (GP) referred her to a service called GP Access for support, with a request for support with social isolation and financial difficulties.

GP Access's multifaceted approach to assisting Mary linked her with financial counselling and affordable housing. It engaged with her psychiatrist and GP in treatment and making healthy lifestyle options, leading to a more physically active and mentally engaging lifestyle. Her partner was also involved and this has particularly helped them with their finances. Mary is now participating in a range of community-based activities including a weekly cooking group, volunteer work with the Red Cross, Tai Chi and a monthly walking group. She plans to study and return to employment.

PRESENCE
I see others and am seen

PARTICIPATION
I know others and am seen

BELONGING
I miss others and am missed

WHAT MAKES LIFE POWERFUL IS ALL THAT LIES BENEATH

Derived from: Community Resource Unit, Brisbane (2013)

Supportive attitudes

Supportive and accepting attitudes, linked with the identification of appropriate pathways and opportunities, are needed to support people with debilitating mental illnesses to re-engage with work. To prevent society's assumptions and prejudices from limiting people, we need to identify and build on people's strengths, and address the structural factors that limit their involvement in the workforce or the community.

There is a swing within social policy towards people-centric, social inclusion approaches in many social service sectors. This approach is becoming more ingrained within policy making; with socially inclusive service delivery becoming a more common way to assist people with multiple and complex needs, including all people in our community, regardless of disability or mental health issues. The government is pursuing a diverse reform agenda: over the last few years it has announced a $2.26 billion National Mental Health Reform package and the insurance scheme, DisabilityCare Australia. These reforms have been developed within a social inclusion framework and its parameters.

The social inclusion approach provides service providers and government agencies with a rationale and roadmap for working that has been shown to enhance the life experiences of people living with a mental illness, and to be of benefit to the broader community. But it is not just the responsibility of government or service organisations. Social inclusion is about engaging that broader community — business, sporting clubs, neighbourhoods, schools, hospitals — in the development of an inclusive and just society, communities in which everybody can contribute, belong and be valued.

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