

Mental Health is about Social Inclusion

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It is now well known that an important part of having and maintaining good mental health lies in feeling included within society. For people living with a mental illness, social inclusion plays a central role in recovery.

In relation to this, the literature tells us four main things:

1. recovery from mental illness does occur;
2. social inclusion aids recovery;
3. social exclusion impedes recovery; and
4. attitudes of other people strongly influence how well people recover.

Following is an outline of some key evidence relating to these four things in turn.

1. Recovery occurs

The 1990s has been labelled the “decade of recovery”, as it was during this period that the concept of recovery gained credibility, largely through the emergence of consistent evidence that showed people can recover from mental illness, and, following the initial onset of mental illness, further episodes can be prevented.

Prior to this, it was generally thought that recovery did not routinely occur, and this informed how mental health systems were set up and run. It was thought that the condition of people diagnosed with mental illness would, at best, remain constant, and at worst, deteriorate, and mental health systems were therefore designed to maintain people in a state of illness rather than focusing on how to enable and support recovery. In this context, it is clear to see the thinking behind the concept of asylum and indefinite detention.

We now know that most people do recover or significantly improve following a diagnosis of mental illness, if they are provided with quality care and support. This evidence has come from consumer accounts and a series of outcomes studies.

As Mead and Copeland (2000) state:

Now the times have changed. Those of us who have experienced these symptoms are sharing information and learning from each other that these symptoms do not have to mean that we must give up our dreams and our goals, and that they don't have to go on forever. We have learned that we are in charge of our own lives and can go forward and do whatever it is we want to do. People who have experienced even the most severe psychiatric symptoms are doctors of all kinds, lawyers, teachers, accountants, advocates, social workers. We are successfully establishing and maintaining intimate relationships. We are good parents. We have warm relationships with our partners, parents, siblings, friends and colleagues. We are climbing mountains, planting gardens, painting pictures, writing books, making quilts, and creating positive change in the world.

Consumer accounts, particularly in the USA, have provided compelling personal stories of a broad range of “the many and varied individual pathways of recovery”. Unzicker, for example, has told her recovery story, a journey from 10 years of “pills, shrinks, labels, powerlessness and hopelessness” to a position of wellness, engaged and active in society. Dr Daniel Fisher, a psychiatrist with a history of hospitalisation for schizophrenia, became a strong advocate for recovery and consumer empowerment, and openly discusses his recovery in presentations and publications.

In the late 1980s and early 1990s, Harding and colleagues were among the first to conduct outcomes studies showing people diagnosed with severe mental illness were recovering. Their Vermont longitudinal study of long term outcomes of people diagnosed with schizophrenia in the 1950s, showed that more than 60% of the sample of 118 consumers had fully or largely recovered. In a subsequent paper that compared the findings of five long-term outcomes studies, Harding et al found that the papers consistently showed between half and two thirds of patients recovered.

Alongside this came improvements in medications, and an increased focus on human rights, lending further support to the idea that long term institutionalisation is unacceptable and, in most cases, unnecessary.

2. Social inclusion is good for mental health and recovery from mental illness.

Social relationships and social support are important for good mental health for all people, and for those recovering from mental illness, reconnection with society promotes recovery and decreases the chance of relapse.

Social connections include engaging with friends and peers, maintaining employment and economic wellbeing, undertaking education, art, hobbies, and other activities, physical exercise, leisure and recreation, and social relationships. Engagement in society encapsulates the principles of having a sense of purpose and agency, feeling safe and secure, being free from violence or the threat of violence, and having hope for the future.

There is little prospect of accessing work or community activities by people whose housing is unstable, who have problems with money, who are unable to access affordable transport, and who feel isolated by stigma and the fear of discrimination.

People with serious mental illness are more likely to have smaller social networks (average size is 5 to 13 people) than the general population (25 people), and their network tends to decrease in size as the duration of illness increases.

A number of studies have confirmed the link between social inclusion and recovery from mental illness. Pevalin and Goldberg, for example, in a large-scale UK study of over 15,000 people, demonstrated that low social support increased chances of onset and decreased chances of recovery.

In a recent New Zealand survey with people who had recovered from mental illness, help from others was by far the most frequently mentioned theme, and all 40 participants identified assistance from other people as important to their successful recovery. Family and mental health workers were the most common source of help, and each was mentioned by over half. More than half also referred to help received from groups, including support groups and therapy groups. Another study found that friends were rated by consumers as the most important contributing factor to staying well.

Part of the recovery framework includes working on the broader impact that mental health problems can have on an individual's life. This includes the impact of losing a job, interrupted schooling, and losing contact with friends and family. It also includes the increased sense of isolation that other people's attitudes to mental illness can bring.

Serious mental illness can also have a devastating impact on functioning which contributes to the ongoing level of disability. Functioning includes the activities of daily living such as preparing food, maintaining hygiene, taking care of one's living space, having a routine – in other words, those basic skills required for community living.

While it is clear a reduction in symptoms is necessary for recovery, it has been increasingly recognised that many people need help to build or re-build their ability to function well, as improved functioning does not automatically follow a decrease in symptoms. This can require the support of a number of different kinds of support agencies. Consumers and carers value improved functioning very highly, and one study found that they value this more highly than improvement in symptoms.

The central role of engagement and functioning in society to recovery from mental illness can make the recovery process quite complex, and we need to be working with each individual to identify what their needs are, including both medical and social. This calls for a multilayered approach, well beyond what is possible within the biomedical model alone. The Sainsbury Centre for Mental Health offers a useful framework, identifying three different ways of thinking about inclusion and how this might be applied for each person's recovery process: a) as access to information and decision-making; b) as standard of living, including health, opportunities to learn skills, earn a wage, and live in safety; and c) as relationships with others replacing dependence on the mental health system.

3. Social exclusion impedes recovery

The experience of mental illness can be profoundly isolating, and this is only made worse when combined with the additional experiences of social stigma and isolation.

People diagnosed with a mental illness can enter a vicious cycle of social isolation. The diagnosis can be alienating, which can make the consequences of the diagnosis worse, which can lead to greater isolation, and so on. Stigma and social rejection are strongly linked to this vicious cycle, and one outcome of this

cycling is limited access to health treatment and to justice, presenting almost impenetrable barriers to recovery.

Consumers commonly report difficulties with making and sustaining relationships, maintaining formal and informal networks, and managing tasks of daily living. These difficulties can exacerbate feelings of low self-esteem and lack of agency, which spirals into serious exclusion and isolation. Their lives can become “dominated by a fight to overcome personal and social problems and access appropriate support”.

In the context of mental health care, when people are isolated from the general community during their recovery, they can become trapped in a system that “reinforces social stigma, reduces access to normative feedback and resources, encourages passive adjustment, and solidifies social withdrawal”

In other words, isolation during illness and recovery adds to the burden of the illness, and directly impedes the healing process.

4. Other people’s attitudes are crucial

The consequences of mental illness, including discrimination and stigma, can be just as debilitating (or more so) than the illness itself. Further, they add to the longevity of disablement and disadvantage.

In the Waikato University Mental Health Narratives Project, just as the support of others was the most commonly identified factor in facilitating recovery, it was the attitudes and behaviour of other people which were far and away the most common hindrance to recovery. What got in the way of recovery were other people’s fears, their stigmatising behaviour, their lack of understanding, and their rejecting behaviour in relation to mental ill health.

Stigma and discrimination work directly against recovery, as they directly lead to and reinforce social exclusion at both an individual and systemic level. In one study, the researchers found that more than one third of employers believed people with a psychiatric disability to be violent or stupid. Frost and colleagues conclude that employers’ reluctance to hire people known to have a mental illness is likely to be due to a lack of understanding, while Graffam and colleagues cite several studies showing that previous positive work-related experiences make employers more positive towards hiring people with disabilities. In other words, once the mythology based on myth and stereotype is broken down by exposure to someone with mental illness, attitudes do change. From changed attitudes comes inclusion, which leads to further changed attitudes, and so on.

Combating negative stereotypes and attitudes remains one of the most crucial aspects of promoting mental health for all people. Better engagement and social inclusion of people living with mental illness will both help this process and be helped by it.