12. Community Inclusion
Contents
Overview .............................................................................................................................. 3
Learning Objectives ........................................................................................................... 3
Resources ........................................................................................................................... 3
Required Reading ............................................................................................................ 3
Activities ............................................................................................................................ 3
Lecture Notes ..................................................................................................................... 4
  Introduction ...................................................................................................................... 4
  Community Inclusion Implies Full Participation .......................................................... 7
  Social Exclusion and Mental Health .............................................................................. 9
  The Importance of Social Capital .................................................................................. 10
  An Ecological Perspective ............................................................................................ 14
  Mental Health Professionals in the Mental Health Service Delivery System .............. 16
  Assessment and Interventions from an Ecological Perspective .................................. 17
  Challenges ..................................................................................................................... 18
  Summary ....................................................................................................................... 19
Sample Learning Activity ................................................................................................. 20
Sample Evaluation Questions ......................................................................................... 21
Lecture Notes Citations .................................................................................................... 21
Additional Resources ....................................................................................................... 25
Citing the Curriculum ...................................................................................................... 26
Overview
In this module we will discuss the importance of including people with serious mental illness in all aspects of community and society.

Learning Objectives
At the end of this module you will be able to:

- Describe two points related to the concept of social inclusion and discuss their relevance to recovery from serious mental illness
- Identify at least three intrinsic and extrinsic sources of stigma
- Discuss ten domains of participation that all individuals with or without serious mental illness should be included in to be full community participants
- Describe at least three effects of being excluded either intentionally or unintentionally, and discuss the downward spiral of marginalization

Resources
- Lecture Notes
- Required Readings
- Lecture Notes Citations
- Sample Learning Activity
- Sample Evaluation Questions
- Additional Resources

Required Reading

Activities
Complete the following activities:

- Read the lecture notes
- Read the required readings
- Engage in a learning activity related to this module
- Evaluate students’ understanding of this module.
Lecture Notes

People with lived experience of serious mental illness are strongly encouraged to be part of the delivery of the curriculum including being active participants in the delivery of the lecture. Refer to the curriculum Instruction module for additional information.

Introduction

This module provides an overview of community inclusion, also referred to as social inclusion, and discusses the implications of inclusion versus exclusion for people who are recovering from serious mental illness.

Community inclusion, or social inclusion, implies the integration of an individual or group into the community in which that person or group resides. Further, integration implies communication between and among the individual and others in the community, and also implies participation of the person in the activities of the community at large. Inclusion is the opposite of exclusion at all levels, but inclusion is often not the experience of people with serious mental illness. Intuitively, it would make sense that feeling accepted and included would have positive effects on one’s mental status (Keleher & Armstrong, 2005).

Social exclusion is linked to poverty and deprivation. Poverty is consistently mentioned as a key cause and also a product of social exclusion. The effects of poverty on health status are well established (US Government Accountability Office, 2007). Unfortunately, it is well known that people with serious mental illnesses are some of the poorest and most vulnerable in our society. The cycle of exclusion, poverty, leading to lessened opportunities, further poverty and exclusion, is very difficult to break, especially without assistance from those in the community with the resources and power to effect change. The experience of social inequality and the stress associated with dealing with exclusion can have pronounced psychological effects and impact negatively on physical health status as well. People who are isolated from community and friends and lack social supports, tend to have more physical health problems. Racial and ethnic differences in health status also tend to reflect differences in social and economic conditions (Braveman, Egerter, An, & Williams, 2009; Raphael, 2001).

Why are people excluded or made to feel unwelcome? One obvious reason is stigma. The effects of stigma are far reaching and have devastating consequences for those stigmatized, including poorer mental health and internalized stigma, referred to as self-stigma (Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012). People who are stigmatized have reduced opportunities for community inclusion and participation (Corrigan, Green, Lundin, et al., 2001; Lauber, Nordt, Falcato, et al., 2004; Mueller, Nordt, Lauber, et al., 2006). Stigma and discrimination are reflecting images that increase together and the effects of both are insidious. Creating opportunities for people with and without serious mental illnesses to meet and interact has been shown to break down stereotypes and reduce stigma (Vaughan & Hansen, 2004). This has been found to be especially true with respect to
reducing stigma due to perceived dangerousness, fear and social distance (Couture & Penn, 2003).

The stigma and discrimination that accompanies serious mental illness comes from several sources, some of which are intrinsic and some of which are extrinsic. Intrinsic sources include those coming from the person such as odd behaviors, poor hygiene, fear of rejection, discomfort that occurs when around others, etc. Extrinsic factors that lead to stigma include media portrayals of people with serious mental illness as dangerous, a mental health treatment system that often knowingly or unknowingly encourages segregation and stigma, community members who influence others to exclude individuals with serious mental illness, community rules about acceptable behaviors, and a general unwillingness to accept anyone who seems a bit different.

Efforts to reduce stigma have been undertaken in many parts of the world, but people with serious mental illnesses continue to be highly stigmatized, especially when exhibiting, or known to exhibit behaviors associated with psychosis. A major contributor has been the media which often highlights actions carried out by individuals thought to have a mental health disorder. Recently, media personnel have become more aware of this skewed reporting and some have made efforts to be more factual and even-handed in their reporting. A recent international conference devoted to examining stigma and looking at ways to overcome its effects published the following conclusions:
Together Against Stigma: Changing How We See Mental Illness - A Report on the 5th International Stigma Conference

Conclusions

Out of the enormous volume of content covered during the conference, a number of observations and key messages repeatedly emerged. Among the most prominent were:

1. Including people with lived experience (those with mental health problems and illnesses and their family members) is critically important when designing services, developing and delivering solutions, and executing programs to combat stigma. "Nothing about us without us" was an oft-repeated mantra.

2. Contact-based education facilitating interactions between those with lived experience and groups that might hold stigmatizing attitudes is highly effective in reducing stigma. Contact-based encounters can be both live and electronic, such as video.

3. We must go beyond changing attitudes and seek to change behaviour to effect real change where stigma is concerned. Behavioural changes should be measured.

4. A need for greater research into understanding how—and to what degree—stigma affects help-seeking among those with mental health problems.

5. Working with the media to raise awareness of mental health issues and establish best practices for reporting and for depicting mental illness is an effective approach with potential to have a positive impact on public perceptions.

6. Engagement in creative arts not only facilitates recovery but may also help break down barriers and reduce stigma.

7. Programs must be tailored to specific audiences in consideration of culture and context to achieve optimal outcomes. One-size-fits-all approaches are less effective.

8. Prejudice and discrimination are prevalent within the health system and must be recognized as such. Programs are needed to address this—from better mental health education at post-secondary institutions to contact-based initiatives in the field.

9. Youth are an essential audience to reach through anti-stigma programs, as mental health issues often first present in the teenage years. Dispelling stigma will encourage help-seeking and foster hope and confidence in recovery.

10. Work plays an important role in establishing a sense of worth, purpose, and social inclusion. Work opportunities for persons with mental illness have to be fostered and the workplace and capitalised on as an environment for anti-stigma intervention.

11. We must adopt a human rights and social justice framework to bring about structural changes and support those living with mental illness—ensuring that individuals retain their rights and freedoms, and are able to exercise them (with support during periods when they cannot).


Interestingly, studies from the World Health Organization (WHO) have shown that people with serious mental illnesses who live in developing countries where they are more readily accepted as part of the community may fare considerably better than their developed country counterparts. This conclusion has been discussed at length in the literature (Harrison, Hopper, Craig, et al., 2001; Hopper, Harrison, Janca & Sartorius, 2007; Jablensky, Sartorius, Cooper, Anker, et al., 1994; Jablensky, Sartorius, Ernberg, et al., 1992; World Health Organization, 1973; World Health Organization, 1979). The WHO work has been highly referenced and in the latest available publication, the authors stated:

The study demonstrated clearly a diversity of outcomes but "did not identify any particular pattern in the course and outcome of schizophrenic illnesses which could be
regarded as specific to a given area or culture.” The outcome of patients in the developing countries was not uniformly better, as compared to the outcome in developed countries. While high rates of complete clinical remission were significantly more common in developing country areas (37%) than in developed countries (15.5%), the proportions of continuous unremitting illness (11.1% and 17.4%) did not differ significantly across the 2 types of setting. Patients in developing countries experienced significantly longer periods of unimpaired functioning in the community, although only 16% of them were on continuous antipsychotic medication (compared with 61% in the developed countries). Across all centers, the best predictors (P < .001) of outcome were type of onset (insidious vs acute) and type of setting (developed vs developing country), followed by marital status (P < .01) gender (P < .05), social isolation (P < .05), and drug abuse (P < .05). Neither type of family household (extended vs nuclear) nor experienced avoidance by others (a putative marker of stigma) reached statistical significance as predictor of outcome.

The authors concluded:

Nevertheless, “a strong case can be made for a real pervasive influence of a powerful factor which can be referred to as “culture,” as the context in which gene-environment interactions shape the clinical picture of human disease” (Jablensky & Sartorius, 2008, p. 254).

From this, most have concluded that the community inclusiveness and support that is often evidenced in poorer communities (developing countries), may be facilitative of recovery for people with serious mental illness. Indeed, health authorities in several countries have adopted community/social inclusion as part of their mental health policy.

**Community Inclusion Implies Full Participation**

Full community or social inclusion implies engagement of people with and without serious mental illness in all aspects of community living, i.e., the full array of life domains: socialization, including friendships and intimate relationships, leisure activities, employment, education, housing, religious and spiritual activities, access to medical services and freedom to make decisions about those services and about providers, protection of legal rights, freedom from discrimination, solicitation of and respect for one’s opinion including expression of those opinions at voting polls, the right to free speech and to make decisions for oneself – all of those participation components that most of us take for granted (Salzer, Menkir, Shair, Drain, & McClaine, 2006). Yet people with serious mental illness rarely have free access to these everyday aspects of community life. In most cases, those with serious mental illness are stigmatized and deemed not fit to participate. According to Elliott and colleagues:

This occurs because of a perception that they lack the skills or abilities to carry out such an interaction, and is also influenced by judgments about the dangerousness and unpredictability of the person. Once the person is considered illegitimate then they are
beyond the rules of normal social behaviour and may be ignored or excluded by the group (Elliott, Ziegler, Altman & Scott, 1982).

The resulting social exclusion occurs at home, at work, in personal life, in social activities, in healthcare and in the media (Link, Struening, Neese, Asmussen, & Phelan, 2002; Wahl, 1995) and leads to self-stigmatization as the individual internalizes the experienced stigma. Those with serious mental illnesses are also typically patronized and have decisions made for them, or they are openly denied access to opportunities, or they are so heavily questioned and ostracized that they simply choose to avoid taking advantage of the everyday rights and responsibilities that most citizens take for granted.

Most countries recognize the right of all individuals, including those with disabilities, to full community integration (UN Convention on the Rights of Persons with Disabilities, 2006). The United States affirmed this right with passage of the Americans with Disabilities Act (1990), which was updated in 2008 (Americans with Disabilities Act Amendments, 2008). The U.S. Supreme Court upheld the provisions of the Act by finding that unnecessary institutionalization of persons who, with proper supports, could live in the community, is a violation of the Act (Olmstead vs. L.C., 1999). The right to full inclusion is one which people with serious mental illness have yet to fully realize but is one that is at the heart of the recovery philosophy. Without full inclusion and acceptance, recovery from serious mental illness is considerably more challenging, if not almost impossible.

Social inclusion can be viewed as the degree to which individuals feel connected with their communities and others within and outside their communities and can be seen in contrast to social exclusion. When individuals are excluded they are marginalized and individuals from marginalized groups are often excluded. Individuals generally agreed to be most at risk of social exclusion include:

- Members of racial and ethnic minority groups
- People who are unemployed
- Those from “undesirable” groups such as prostitutes, users of illegal drugs, or those who espouse non-traditional values
- Immigrants and refugees
- People with physical and mental health impairments
- Those who are homeless

Community inclusion implies an additional concept, that of citizenship, with the attendant rights and responsibilities that go with that status. Both community inclusion and citizenship are tied to recovery and persons in recovery have responsibilities that are tied to citizenship. These include being a good neighbor, becoming involved in community activities, exercising the right to vote, fulfilling other citizenship duties such as obeying the law and helping others, etc. However, ensuring that all people, including those with
serious mental illnesses, are included as valuable members of their community is the responsibility of all and should not be seen as the responsibility of the person with the illness. The extent to which one is seen as a full citizen can be an indicator of the extent to which one is afforded, and exercises, rights to participation and making respected contributions to society (Rowe, Kloos, Chimnan, Davidson & Cross, 2001).

Social Exclusion and Mental Health

Exclusion can lead to limitations on an individual’s ability to participate in the economic, social, legal, and civic opportunities available in the community. Being included and given the opportunity for community participation is recognized as an important ingredient for recovery from serious mental illness (Bromley, Gabrielian, Brekke, Pahwa, Daly, et al., 2013) and was depicted by Salzer in the following diagram:

![Diagram showing community integration outcomes]

*Source: Salzer, 2006*

And from a person with lived experience of serious mental illness:

“For some of us, an episode of mental distress will disrupt our lives so that we are pushed out of the society in which we were fully participating. For others, the early onset of distress will mean social exclusion throughout our adult lives, with no prospect of training for a job or hope of a future in meaningful employment. Loneliness and loss of self-worth lead us to believe we are useless, and so we live with this sense of hopelessness, or far too often choose to end our lives. Repeatedly when we become ill we lose our homes, we lose our jobs and we lose our sense of identity. Not only do we cost the government money directly in health, housing and welfare payments, we lose the ability to contribute our skills and economically through taxes.

“So we are perceived as a social burden. We lose sight of our potential, and when we try to move on, discrimination and stigma prevent us getting jobs that use our skills and experience and push us out of housing and education. The jobs we do get are poorly paid, and don’t utilise our skills and experience. And there are practical considerations – we stand to lose our financial security, whether state benefits or private insurance, when we attempt to rebuild our lives. We also stand to lose the health and social services that we find helpful, so that at the time when we most need support, our coping mechanisms are undermined. Moving back into society becomes a risky business.”

*Source: Office of the Deputy Prime Minister, 2004*

This summary of the effects that serious mental illness can have on a person’s life is telling and shows that mental health problems can be both a cause and a consequence of social exclusion. It identifies the circular impact of illness, loss of opportunity, exclusion, and
increased emotional stress leading back to where the cycle begins again. The downward cycle of illness, marginalization, and exclusion is very difficult to escape. Even a short episode of mental health problems can have a long-term impact on a person’s life, relationships and employment opportunities. A single hospital admission or period of sickness, or absence from work can lead to unemployment, homelessness, debt and social isolation. This can in turn lead to worsening mental health and the cycle of exclusion. And, mental health problems affect the whole family, not just one individual.

**Cycle of Exclusion**

![Diagram of Cycle of Exclusion]

*Source: Office of the Deputy Prime Minister, 2004*

For example, a person who is slightly marginalized may be socially isolated and excluded (either intentionally or because he or she has not been involved before and is inadvertently left out), and the exclusion leads to loss of opportunities (for employment, housing, fulfillment of civic duties, etc.) and further marginalization and isolation. A person in such a circular circumstance can find it difficult to become involved, leading to further exclusion and isolation. Anyone who has ever been left out knows that this kind of situation can be hurtful and it is easy to see how it could be traumatic for a person trying to recover from serious mental illness.

**The Importance of Social Capital**

Development of social capital, i.e., the connections and sense of valuation between an individual and other members of society, is at the crux of community inclusion. Simply living in the community does not mean that one is included; rather, having social capital, being valued and connected to other members of the community fosters inclusion. In fact, a recent journal issue devoted to housing and social inclusion concluded that simply
providing housing, while undeniably important for well-being, did not increase perceptions of inclusion or participation among people with serious mental illnesses (Rosenheck, 2012).

The social networks (capital) that one has can be the determining factor in locating acceptable housing, becoming employed, and ultimately escaping from the cycle of marginalization, poverty, and exclusion. Several studies have highlighted the importance of social networks in finding suitable employment. For example, it is estimated that between 40% and 70% of people find their jobs through contact persons in their social networks (Fernandez & Weinberg, 1997; Granovetter, 1995; Putnam & Feldstein, 2003), and that good social networks play a part in increased wages and occupational prestige (Lin, 2001), although the impact on real wages has recently been disputed (Franzen & Hangartner, 2006). There is no question that a wider social network and contacts outside one’s own immediate family and friends allow greater access to sources of information and opportunities.

Developing inclusiveness for all requires action at many levels ranging from individual and family levels to school levels and on to the wider community, and has wide ranging benefits for the larger society. The levels and benefits are depicted in the table below:
Framework for the Promotion of Mental Health and Wellbeing

Source: Keleher & Armstrong, 2005
People with serious mental illnesses can recover from the effects of the illness, isolation and the exclusion that typically ensue, but need help and support from others. Examples of what is needed include:

- Inclusive communities: a willingness to accept “outsiders” by helping to reduce stigma and discrimination within the local community. The aim is to support reintegration and acceptance of people with mental health problems as equal citizens and community partners whose contributions are valued.
- Early intervention: offering support and help in a way that is non-stigmatizing and easily accessible before people reach a crisis point.
- Empowerment and the right to individual choice: breaking the perceived link between mental health problems and incompetence to provide individuals with control over their own care and future.
- A focus on employment: recognition that jobs provide a sense of worth and identity as well as financial security. People with serious mental illness often report that becoming employed is one of the most important goals they have. Despite this, extremely high levels of unemployment (80% to 85%) have been reported for people with serious mental illnesses (U.S. Census Bureau, 2007). In addition to the desirability of employment, working is associated with better health outcomes and reduced need for health and other services.
- Promoting broader social participation: education, training or volunteering, particularly in mainstream settings, can increase employment prospects as well as being valuable in their own right. These opportunities can help build self-confidence and social networks (capital), as can sports and arts activities. Like working, sports can help improve people’s physical as well as mental health.
- Securing basic entitlements: decent housing, basic financial and transport services, and ensuring people are aware of their rights to these and other basic services.
- Acknowledging people’s social networks and family relationships: recognizing the central role that family members and friends can play in reintegration into communities.
- Building confidence and trust: making services more welcoming and promoting understanding of different needs to encourage people who may mistrust statutory services, such as people from some ethnic communities, to engage with services earlier (Office of the Deputy Prime Minister, 2004).

A framework for mental health policy that highlights community inclusion can be seen from the following which outlines three social and economic tenets:

1. Social inclusion, including:
   - Social and community connections
- Stable and supportive environments
- A variety of social and physical activities
- Access to networks and supportive relationships
- A valued social position

2. Freedom from violence and discrimination, including:
   - The valuing of diversity
   - Physical security
   - Opportunity for self-determination and control of one’s life

3. Access to economic resources and participation, including:
   - Access to work and meaningful engagement
   - Access to education
   - Access to adequate housing
   - Access to money (Keleher & Armstrong, 2005).

**An Ecological Perspective**

The idea that individual behavior occurs within the context of a variety of other factors which could be labeled “culture” is widely acknowledged and was espoused succinctly by the Task Force of the Association of Applied Behavior Analysis which concluded that “behaviors occur within a context and often are a function of the person’s physical, interpersonal and programmatic environment” (Van Houten, Axelrod, Bailey, Favell, Foxx, et al., 1988). Most assume that acceptance of individual differences and provision of social support can lead to a more normalized experience as individuals are considered part of the community with full participatory expectations and rights.

This view of social inclusion and the effect that factors external to the person can have on behavior is often referred to as an ecological framework or perspective. An ecological perspective takes into account both individual characteristics and the surrounding environment. The interaction between individual variables and those of his or her environment is frequently complex. Individuals live and interact within an interpersonal and environmental context and behavior is generally a function of the interplay between a person's physical and interpersonal environment. This is depicted below:
Elements of Mental Health – Positive and Negative Influences

Promoting Elements

Ensuring Environmental Quality
This encompasses a range of environmental influences, creating sustainable conditions and structures for the development of, for example, a clean environment, positive housing and transport systems, attractive buildings and landscaping, such as parks, play areas and increased accessible leisure facilities, all of which can have a positive effect upon our mental health.

Raising Self Esteem
By self-esteem we mean the belief about our self-worth, which we learn through our social interactions. Sometimes said to be “the reputation you have with yourself”. It is about encouraging the development of a positive self-image. Creating opportunities for personal achievement, development of a sense of self-worth and feeling valued through, for example, school and employment.

Encouraging Emotional Processing
By this we mean promoting an awareness and respect for our own emotions and those of others. Developing a wide emotional vocabulary as well as having the esteem and skills to express our emotions and hear them in others. It is about giving people the opportunity from an early age to learn how to, or be able to feel comfortable, expressing emotions in a creative and productive way throughout their life. Where the expression of a range of emotions is encouraged and socially accepted in different situations, for example, in the home, in school and in the workplace.

Developing Self Management Skills
Such skills are not just coping; they are more varied, holistic, more proactive and involve an internal locus of control (i.e., a sense that we can influence what happens to us in our lives). It includes activities that create opportunities, so that from an early age and throughout life, people can learn and develop the skills to manage in difficult situations and circumstances and manage change positively. Importantly it involves activities that ensure access to resources, for people and communities to enable a sense of being in control of their lives.

Encouraging Social Participation
This is about creating the opportunities for active involvement and active participation for people, coming together for the positive development of their communities; creating the conditions where positive relationships are based on the acceptance of difference and diversity; creating a sense of citizenship, that is the entitlement of social rights as well as the acceptance of social responsibilities; creating structures to support increased social systems and networks, for example with families, communities, in the workplace and school.

Demoting Elements

Reducing Environmental Degradation
Including for example, reducing poor housing, lack of safe play areas, lack of transport, threats of violence, poverty and debt. Toxic pollutants, alcohol and other drug use.

Eradicating Emotional Abuse
Emotional abuse can be described as the systematic denial and destruction of self esteem and involved the abuse of our powers as other parents, peers, teachers, partners, carers or employers, by limiting, deforming or in other ways harming full emotional growth. It shouldn’t be tolerated but unlike other forms of abuse it often is.

Ten Elements of Mental Health
Its Promotion and Demotion
The ten-element map describes different elements of mental health, five which promote mental health (above the dotted line) and need to be increased and five which denote mental health (below the dotted line) and need to be reduced.

Ten Elements of Mental Health - It’s Promotion and Demotion

Source: McDonald & O’Hara, 1998

Relationship between the Levels

Integrated action must occur across the levels between individuals, families, communities, organizations, and policy makers. So for example, work on self-management skills within a schools personal and social education program is clearly going to be jeopardized if bullying behavior of staff or children across the school (organizational level) is undermining good work in the classroom (individual level). In addition, the work is likely to be more effective if it addresses other interpersonal issues in the life of the school and its community (organizational and community level). For example, how teachers, parents and children communicate with each other, approaches to reward and punishment, etc. instead of just concentrating on work with individuals. Interconnected problems require interconnected solutions.
Several of the factors depicted above are central to the promotion of social inclusion and mental health. Some focus on increasing positive components and others focus on decreasing less desirable components. By encouraging people to feel good about themselves, helping them to develop skills that will help them achieve their goals, assisting with attainment of good housing, social activities, and employment opportunities, while at the same time refusing to accept or sanction (even by silence or inaction) discrimination, stigmatization, marginalization, or policies and practices that are, or have the potential to lead to exclusion, and by working to change environments that are dehumanizing and emotionally toxic, psychologists can actively promote social inclusion and an environment conducive to recovery from serious mental illness. When communities do not focus on increasing positive components and decreasing negative ones, individuals with serious mental illnesses often exclude themselves for fear of further stigmatization, rejection, behavioral flare-ups, and instead seek out situations where others with similar conditions are present and where they will be more readily accepted (Bromley, Gabrielian, Brekke, Pahwa, Daly, et al., 2013).

**Mental Health Professionals in the Mental Health Service Delivery System**

To ensure that all people are afforded the opportunity for full and respectful participation, health and social policies must encourage that individuals from potentially marginalized groups are sought out and informed of opportunities to be involved and participate. Unfortunately, despite the good intentions of most mental health services, there are typically few if any, attempts to build social networks outside of the mental health service (Condeluci, 2008). Some would even argue that peer support networks, despite the unquestionably important role they play in connecting people to others in recovery and providing strong emotional support, may foster closed networks that keep individuals from developing wider social ties.

Psychologists and other mental health providers have a responsibility to work to ensure full integration as part of the treatment and rehabilitation services provided rather than assuming that these will be taken care of by someone else after the person leaves the service system (Farkas & Anthony, 2010; Tondora, 2011). Research has shown that education and contact with people with serious mental illnesses are critical to reducing stigma, discrimination, and to increasing acceptance and inclusion. A recent meta-analysis of research has identified that while both education and contact are important, there may be differential benefits depending on the age of the individuals involved. These authors found that

…contact was better than education at reducing stigma for adults. For adolescents, the opposite pattern was found: education was more effective. Overall, face-to-face contact was more effective than contact by video (Corrigan, Morris, Michaels, Rafacz, & Rüsch, 2012).
Ideally, psychologists would take an active role in promoting full inclusion of people with serious mental illness. The American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct (2002) encourages psychologists to advocate for the rights of all individuals, especially those who are most vulnerable:

Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior (Preamble, p. 3).

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making (Principle E: Respect for People’s Rights and Dignity, p. 4).

What can psychologists do to help facilitate community inclusion? Psychologists and other practitioners can ask themselves what their true beliefs are about including people with serious mental illnesses in full community participation and look inward to see if their behaviors reflect an openness to inclusion. At the same time, psychologists have an ethical duty to actively advocate for real inclusion of all individuals, in workplaces, community centers, religious institutions, and in social circles.

Community level interventions such as those in the examples below may be needed to help people with serious mental illness become and remain connected to their communities, avoid isolation, and ultimately achieve recovery. Unfortunately, mental health service delivery systems rarely take responsibility for ensuring that these are in place, resulting in a substantial void and differential between what we know should be done and what is actually available. Given the ethical mandate that psychologists have to advocate for the rights of individuals who are most vulnerable, psychologists should feel compelled to take on the responsibility for ensuring that needed supports and services are available. Some examples of these services and supports include:

- Social support programs designed to reach out to isolated individuals
- Opportunities for volunteering
- Workplace mental health promotion
- Structured community opportunities for participation
- Media campaigns for mental health promotion

Assessment and Interventions from an Ecological Perspective

Because of the influence of external factors, the totality of the person’s experience should be accounted for when conducting assessments, helping with goal definition, and developing intervention strategies. People with serious mental illness have reported that they have
sometimes felt traumatized by assessments. Not only are psychologists required to be sensitive to the needs and circumstances facing every individual, consideration of the external variables that may have a significant impact on one’s behavior is essential. Without such consideration, a high proportion of the variance that could account for the person’s behavior will likely be unaccounted for. Likewise, helping a person identify strengths and deficits and set goals and without taking into account the people and other resources available, does a considerable dis-service to the person who will likely have assets or needs that are crucial to attainment of the goal. A person centered and strengths based assessment framework will go a long way to helping individuals feel valued, be more involved in their mental health team, become true partners in their recovery process, and, thereby become less isolated.

Interventions designed to teach people skills needed to achieve their goals can be aimed at assisting individuals to feel confident about participating in community activities. Interventions can be dependent on available resources, either those that the community has to offer or those that individual family, friends, or helping professionals have to offer, but must always be geared to helping the individual reach his or her goals.

Promoting community inclusion involves interventions designed to build social capital, promote community wellbeing, overcome social isolation, increase social connectedness and address social exclusion. Psychologists can assist individuals by using behavioral shaping methods to teach skills for accessing and using community facilities, teaching social and communication skills to ensure individuals feel confident about their abilities to participate and helping people to become connected to support and peer groups. CBT and other psychological treatments to improve cognition, self-esteem and confidence can be of great help to those struggling to deal with the devastating effects of internalized and external stigmatization (Thornicroft, Brohan, Kassam & Lewis-Holmes, 2008).

All of these components, i.e., inclusion versus exclusion, encouragement of community policies that welcome and encourage participation, incorporation of an ecological view into assessments and intervention development, person centered care, and advocacy for social inclusion policies, are important components of the mental health practitioner’s toolbox that should be used by psychologists to help people with serious mental illnesses achieve the goals they set for themselves.

**Challenges**

The U.S. has a long history of excluding those who seem a bit different: people with disabilities and impairments of all kinds, people from non-majority cultures, people from non-majority religions, people who are poor – the list could go on and on. Changing the perception of decision makers and other influential members of society so that people with serious mental illnesses are seen as valued members of the community, especially when many individuals with such illnesses exhibit odd behaviors, can be difficult. It is only when
education is provided and contact is made between individuals with, and without, these illnesses, that the added value of incorporating everyone can be appreciated.

Mental health services themselves and the people who work in them also have biases and exhibit exclusionary practices. A simple example is that in many mental health systems, there are separate restroom facilities for staff versus clients of the service. This would seemingly be an easy place to start to break down barriers and demonstrate inclusiveness. Yet, even mental health professionals often resist such changes. Changing the values and practices of communities will continue to be difficult as long as psychologists and other mental health providers retain their own biases and stigmatizing behaviors.

**Summary**

Including people as part of their community is important whether or not they have a serious illness. This can be critical for people with serious mental illness because they are more prone to social isolation due to stigma, fear of rejection, possible alienation from family, and financial issues that place limitations on their participation.

Social inclusion implies full acceptance of and participation by, all those in the community, in all aspects of society from leisure activities through to civic rights such as decent housing, voting rights, and equal protections under the law. However, people with serious mental illness cannot recover in isolation from the larger community. In order to accomplish movement out of the treatment system and into the mainstream of society, regular activities and opportunities must be available and encouraged for everyone. Unless true access is afforded with encouragement and support for participation, individuals with serious mental illness will continue to feel excluded and will not attempt to make the leap into mainstream society.

Results of international research have consistently indicated that there may be benefits that derive from cultures where people with serious mental illnesses are integrated into their communities although other factors such as medication availability, acute versus insidious onset, etc. most likely contribute to this effect as well. Although the relationship is not totally clear, most agree that excluding people with serious mental illness is neither beneficial nor conducive to their recovery.

When taken together, the multiple factors in which people live and interact influence behavior, which in turn can influence future interactions. These complex interactions must be taken into account when assessments and interventions are developed.

Psychologists should ensure that their own biases do not contribute to stigmatization and isolation of people who are different, who are ill, who are poor, etc. Psychologists and other mental health professionals must become actively involved in advocating for full inclusion of all members of society, especially those who are most vulnerable in order to ensure full participation and facilitate the process of recovery.
Sample Learning Activity

This activity involves discussion about the implications of inclusion versus exclusion based on marginalization that usually accompanies serious mental illness and should ideally be completed with one or more consumers as participants.

1. Discuss how easy it might be to become marginalized based on economic disparity, race, gender, sexual preference, health or disability status including mental health status, etc.
2. What actions are required to promote inclusion and full participation of people with serious mental illnesses in society?
3. What are the pros and cons of encouraging people with serious mental illness to become actively involved in the election of local and national officials?
4. What are the ethical responsibilities of psychologists in promoting social policies that favor full social inclusion?
# Sample Evaluation Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People with serious mental illness do not want to be offered opportunities to participate in their community because these opportunities are too frightening and demanding</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Building a life in the community is a task that begins in advanced stages of recovery when someone is preparing for discharge</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Although people with serious mental illness should have full civil rights, they should be discouraged from voting or making important life decisions because of their cognitive impairments</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4. The quality of one’s environment is not relevant to serious mental illness because these are brain disorders that will influence a person for the rest of his or her life</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5. The behavior of people with serious mental illness should be attributed only to factors within the person so that interventions can be developed that assist the person to control these internal variables</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Lecture Notes Citations


**Additional Resources**

American Psychological Association Recovery to Practice Initiative. 
http://www.apa.org/pi/rtp


Citing the Curriculum

Citation for this Module:

Citation for the full Curriculum:

For additional information, contact:
Recovery to Practice initiative at the American Psychological Association, www.apa.org/pi/rtp

or
Mary A. Jansen, Ph.D., at Bayview Behavioral Consulting, Inc., mjansen@bayviewbehavioral.org or jansenm@shaw.ca