Research Bulletin 12



Social inclusion and mental illness

How well does Australia's social inclusion strategy serve one of our country's most disadvantaged groups? This 'report card' from people living with a mental illness shows there is a long way to go before they are genuinely included in our society, and valued for the contribution they can make . . .

What does 'social inclusion' mean for people living with a mental illness? The term is often misunderstood, but was clearly defined in 2007 by Prime Minister, Julia Gillard:

[Social inclusion means] replacing a welfarist approach to helping the underprivileged with one of investing in them and their communities to bring them into the mainstream market economy. It's a modern and fresh approach that views everyone as a potential wealth creator and invests in their human capital.

Social inclusion is not about Big Welfare, then. It's not simply about increasing spending on social programs. Rather, it seeks to invest in people and empower them – so that they can contribute to and be part of society, rather than be solely recipients of welfare services.

The Australian Government's Social Inclusion Strategy identifies four domains in which this occurs: *Learning*, *Work*, *Engagement*, and *Having a voice*. This Research Bulletin investigates how far people with a mental illness feel 'included' in these areas, and what needs to be done to make social inclusion a reality for them.

The survey was conducted in March-April 2010, using a convenience sample of 559 people who completed an anonymous questionnaire. The most common diagnoses reported were depression (40%), bipolar disorder (22%), anxiety (13%), and schizophrenia (12%).



Education is crucial to finding a job and a place in society. Over 50% of respondents to the survey, however, reported that mental illness had cut short their education, and they had not been offered support to continue this later.



Most respondents (75%) were Centrelink clients. Of these, two-thirds (66%) were dissatisfied with the help provided by Centrelink and the disability employment services to which they referred people.

Centrelink staff often did not understand the impact of mental illness, it was reported. Many employment service staff also had difficulty understanding the needs of clients with mental illness, or had unrealistic expectations of them.



Over half of the respondents (52%) reported that they did not feel part of their local community. Many reported that they had been treated disrespectfully at some time because of their mental illness (42%).

A 'digital divide' was also identified. While 72% of the general population use the Internet from home to engage with others, only 47% of respondents reported being able to do this.

Research Bulletin 12 Continued Social inclusion and mental illness

Social inclusion: Having a voice

No experience of discrimination



Stigma and discrimination are major barriers to inclusion of people with a mental illness in society – preventing their voice from being heard, and perpetuating lack of action on urgently-needed services.

The majority of respondents (69%) reported experiencing discrimination at some time because they have a mental illness. Despite this, a similar proportion (71%) did not know where to make a complaint, and were unable to name a single human rights agency. Of the few (6%) who did approach a human rights agency, the majority (81%) did not proceed with a complaint as the process was too complex and stressful, or they did not find the agency helpful.

Respondents were also highly concerned that while others groups in society are protected by the law from vilification ('public mockery and contempt'), this protection is unavailable to people with a mental illness or other disability. Nearly all (93%) supported amending discrimination legislation to close this loophole.

In summary

- Many people with a mental illness experience disruption of their education, and receive no support to resume this.
- Centrelink and employment service staff are inadequately supported and trained to help people with a mental illness find work.
- People with a mental illness often feel they are not part of their local community, and are not welcome there. They are also far less likely to be connected to others because of a lack of Internet access.
- Most people with a mental illness do not know where to go for help regarding discrimination, or find the process unhelpful. While other groups in society are protected from vilification (on grounds of religion or culture, for example), this protection is unavailable to people with a disability.

Recommendations

1 SOCIAL INCLUSION: LEARNING Education is especially important for people who have had studies interrupted by mental illness.

Helping people resume education needs to be made a routine part of treatment and rehabilitation protocols. The Government's Higher Education Participation and Partnership Program also needs extending to people living with a mental illness, as well as those in low-income families.

2 SOCIAL INCLUSION: WORK

The Australian Government has made significant changes in recent years aimed at improving access to employment for people with a disability, including mental illness – through the Disability Employment Services and support of innovative projects, for example. Staff at government-funded agencies are often unprepared to help clients with a mental illness however.

Centrelink and employment service staff urgently need resourcing and training to better understand people with a mental illness and how to help them prepare for, find, and be supported in employment.

3 SOCIAL INCLUSION: ENGAGEMENT

Australia has some excellent services to help people with a mental illness engage with their local communities, including rehabilitation programs, the Personal Helpers and Mentors (PHaMs) programs, and others provided by local councils. Nevertheless, only a minority of people needing these services actually receive them.

All levels of government need to make a commitment to invest significantly more in these services, so that they become the rule and not the exception.

4 SOCIAL INCLUSION: HAVING A VOICE *The Australian Government's* Mindframe Initiative *has made a significant contribution to reducing stigma. Discrimination and prejudice persist in the community, however – not helped by the fact that many people have difficulty finding redress through human rights processes.*

Human rights agencies urgently need to improve promotion of their services to people with a mental illness, as well as the level of support they provide to them. The Disability Discrimination Act also requires amendment to close a loophole which means it is lawful for people with a mental illness (or other disability) to be publicly vilified.

SANE Australia

A national charity working for a better life for people affected by mental illness – through campaigning, education and research.

Supported by the R. E. Ross Trust.

SANE Research Bulletin 12: Social inclusion and mental illness (July 2010) ISSN 1832-8385

PDF version available at www.sane.org

