

# Social Inclusion and Recovery

This is an excerpt from the [Magellan Healthcare](#) March *eMpowered for Wellness* newsletter, which can be found [here](#). Sign up to receive this monthly newsletter [here](#).

*A message from Thomas Lane, NCPS, CRPS, senior director, community and recovery supports*

Welcome to Magellan's March 2020 edition of *eMpowered for Wellness*, featuring the topic of social inclusion and connectedness and how these factors impact recovery and personal well-being. In the feature article, here, we'll explore ways to advance social inclusion and look at some of the implications of social exclusion and poverty on mental health.

Social inclusion is directly tied to recovery, personal wellness and strengthening resilience. We are social creatures and isolation for whatever reason is not natural. It's not lost on me that there is a sense of irony in writing about social inclusion and the health risks associated with social exclusion, amid the COVID-19 pandemic. One of the primary responses to the virus has been to practice "social distancing." We see the disruption that's being caused in our day-to-day lives as a result, with events being cancelled, sports teams suspending their seasons and schools being closed. In effect, we are being advised to pretty much keep our distance from other people and not to go to places that people may gather, like malls and theaters.

I would ask everyone to reflect on what it must be like for people who experience social exclusion every day - folks who may have never been to a major sporting event in their lives and couldn't afford a ticket if they wanted to go. What about people who want to practice their faith, but don't have a ride to a place of worship? At a time when we are all feeling the impact of a threat to our health, there are many, many people whose health is negatively impacted by social exclusion. There's so much work to be done in this area, but we can make a difference, together. Let's all pledge to do something every day to promote inclusion and overcome exclusionary practices, starting now! I thank you in advance.

When we talk about social inclusion, I like this definition from Collins online dictionary:

*Social inclusion is the act of making all groups of people within a society feel valued and important.*

Social Inclusion is sometimes taken for granted. Yet for people who are already marginalized due to poverty, disability and stigma, social inclusion remains out of reach. This is true at multiple levels and across multiple systems, affecting how individuals move towards wellness and recovery in their day-to-day lives in their neighborhoods and communities.

Transportation barriers contribute to issues surrounding social inclusion, especially in rural and frontier communities. Built environment is another factor, with many neighborhoods in inner-city communities being negatively affected by urban development and infrastructure projects that effectively isolate some neighborhoods.

In order to develop strategies and practices that improve social inclusion, it's helpful to understand what we're working to overcome, i.e. *social exclusion* - what does it mean?

Let's go back to Collins online dictionary, which defines it as follows:

*Social exclusion is the act of making certain groups of people within a society feel isolated and unimportant.*

Note the definitions for social inclusion and social exclusion both include the word "act." In Latin, the word "act" means "do." Both of these terms imply intentionality, just as we learned about wellness in our last issue. Much like personal wellness, we have to commit to making decisions and choices that will promote *inclusion*. We have to be intentional and purposeful to make a difference.

In her 2011 review of the literature, researcher Sarah Payne reported on several findings related to social exclusion and mental health, including:

- Mental health problems can impact social exclusion, due to effects of the illness, including low self-esteem, loss of social contacts resulting from hospitalization or the impact of illness on sociability, the stigma experienced by many of those affected by mental illness, or a related lack of financial resources.
- However, poverty and social exclusion are also likely to lead to an increased risk of mental health difficulties as a result of stress or managing on a low income, living circumstances, local environment, discrimination and decreased opportunities for positive self-esteem, as examples.

Since Sarah's earlier work in 2011, more researchers are looking at this subject with similar findings. We can see how the impact of poverty and social exclusion on mental health can be a vicious cycle. Social exclusion negatively affects mental health, and mental health conditions can lead to social exclusion. How do we break this cycle?

My first recommendation is to look for ways to include folks who receive services in activities and projects designed to improve those services. Many community mental health centers, peer- and family-run organizations, and other agencies have convened advisory committees or councils as a way for people receiving services to formally participate and inform operations. Not only does this help advance inclusion in a really important segment of the healthcare field, it also provides opportunities for decision-making and developing advocacy skills. There are many resources available on the web that would be helpful to anyone looking to start an advisory body. This type of activity can lay the foundation for other initiatives and actions designed to promote social inclusion in a broader context. I believe it's good to start initiatives like this in your own backyard, so to speak.

My second recommendation is to conduct an audit or environmental scan of any practices, policies and programs that may be unintentionally contributing to social exclusion. At the same time, be open to new approaches that will advance social inclusion. Here are some real-world examples from my experience.

A community mental health center's case management program had converted space to serve as a free clothes closet for people receiving services. This was duplicating resources that were already established in the community (e.g. faith communities, etc.). Also, the clothes that had been donated were pretty much worn out, and the whole room smelled like an old musty attic or basement. This is an example of something that was put in place with all good intentions, but there was a better way.

We got rid of the clothes closet. Sadly, most items had to be discarded, but we were able to salvage some, launder and donate them to the community resources focused on this need. We educated people receiving services about where in their local communities they might find clean, wearable clothing items for little or no costs. We wanted to create touchpoints in the communities we served for the people we served.

We converted the former clothes closet into a resource room where folks could learn more about what was available in the community. Peers took charge of the day-to-day work of keeping the resource room tidy and organized. It was a great win-win for everyone.

I have another good story about overhauling a partial hospitalization program into an adult learning center modelled on a community or technical college, where people were viewed as students, not patients. We had faculty, a student body and newsletter; it was so much fun!

It's a great story of how people were able to make positive change in their lives by re-defining their role and how they saw their peers. We can all relate to the rewards of learning new things. I'll finish the story in our next issue.

I always like to include additional resources on any topic I'm writing about, so below you'll find some web resources that will help us all have a greater understanding of social inclusion and the complexities of addressing exclusionary practices. Much of the work around social inclusion and persons with disabilities, particularly psychiatric disabilities, was done in the UK. Here in the U.S. there are some great academic partners focused on inclusion, as well; notably one of my go-to resources for all-things inclusion, [Temple University's Collaborative on Community Inclusion](#). I encourage everyone to spend some time learning about the excellent work the Collaborative has been doing for years.

Take a look at these:

- Check out [Social Inclusion for the United States](#). This working paper from April 2007 was funded by the Annie E. Casey Foundation, and brought together leading experts on social inclusion from the U.S. and UK. partner organizations including the Center for Economic and Policy Research (CEPR) in the U.S. and the Center of Employment and Social Information (CESI) in the UK. The findings and recommendations, while now 13 years old, are still relevant. I'd put this in the "must read" category. Here's an excerpt from the very first page before the introduction.

*Social inclusion is based on the belief that we all fare better when no one is left to fall too far behind and the economy works for everyone. Social inclusion simultaneously incorporates multiple dimensions of well-being. It is achieved when all have the opportunity and resources necessary to participate fully in economic, social, and cultural activities which are considered the societal norm.*

- Visit [Poverty and Social Inclusion](#) on the web. This is an awesome resource in the UK, where some really good work has been done to overcome social exclusion. Much of their work focuses on poverty and the ripple effect of living in chronic poverty. Spend some time learning what is going on across the pond.
- Another amazing resource based in the UK is [The Inclusion Web](#). I had the good fortune of doing some collaborative work with the developer of this tool, Peter Bates, back in 2008. Peter is one of the world's leading experts and thinkers when it comes to social inclusion and persons with disabilities.

The Inclusion Web can be used to:

- Help get to know yourself better or get to know another person by asking really good questions and recording what you learn on a chart
- Help you plan and build an included life full of positive roles and relationships in the wider community beyond the health and social care system
- See at a glance how things have changed over time by repeating the exercise and comparing the charts
- Generate numbers and apply statistics to find out if your efforts have been effective