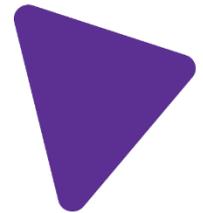


Social Inclusion and Recovery

TOM LANE, NCPS, CRPS

SENIOR DIRECTOR

COMMUNITY AND RECOVERY
SUPPORTS



Magellan
HEALTHCARE®

This webinar is for educational purposes only and not a substitute for speaking with your doctor. Find Magellan contact information here:

<https://www.magellanhealthcare.com/contact/>.

If you are in an emergency situation, you should do one of the following:

1. Call 911
2. Go directly to an emergency room
3. Call your doctor or therapist for help



Magellan
HEALTHCARE®

Agenda

- Speaker intro (bio later in slides)
- SAMHSA working definition of recovery
- Societal attitudes about recovery from various life experiences
- Recovery-oriented systems
- Social inclusion and social exclusion
- Social inclusion as a standard
- Summary



Learning objectives

- 1 List the three elements of a recovery-oriented system
- 2 Explore societal attitudes, perceptions and actions in context of a broad view of recovery
- 3 Define social inclusion and social exclusion
- 4 Identify strategies for applying recovery values and practices to promote social inclusion

Recovery



Recovery is a process of change through which people improve their health and wellness, live self-directed lives and strive to reach their full potential

Major dimensions that support recovery:

- Health – overcoming one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being
- Home – having a stable and safe place to live
- Purpose – conducting meaningful daily activities and having the independence, income and resources to participate in society
- Community – having relationships and social networks that provide support, friendship, love and hope

Recovery:

Societal attitudes, perceptions and actions



- Different experiences affect levels of perception, attitudes and actions about recovery
- Influenced by what people have been impacted by (what people might be recovering from)
- Values and attitudes vary
 - Society
 - Systems
 - Groups (e.g.- professions, age-specific, cultures)
 - Individuals

Recovery:

Societal attitudes, perceptions and actions



- Substance use/addiction
- Natural disasters (e.g. hurricanes, earthquakes, fires, flooding)
- Crime victims
- Economic
- Divorce
- Loss and grief
- Trauma
- Health (e.g. cancer, serious injury, heart attack)
- Psychiatric disability

Recovery-oriented systems



There are three elements of a recovery-oriented system. **A recovery facilitating system:**

1. Is person centered
2. Is consumer driven
3. Assists people to have a full and satisfying life in the community

Elements of a recovery-oriented system



A recovery-oriented system is **person-centered**

- Whole person/holistic approach
- Wellness lifestyle
- Encourages growth
- Renews hope
- Support strengths
- Culturally informed and respects diversity

Developed by Yale Program for Recovery and Community Health

Elements of a recovery-oriented system



A recovery-oriented system is **consumer driven**

- Consumer directs the recovery process
- Positive partnership with providers
- Self-managed care
- Consumers shape the system of care

Developed by Yale Program for Recovery and Community Health

Elements of a recovery-oriented system



A recovery-oriented system assists people to have a full and satisfying **life in the community**

- Community centered
- Satisfies basic needs
- Citizenship, human rights and accommodations
- Interpersonal connections, supportive relationships and sense of belonging
- Connection to others in recovery

Developed by Yale Program for Recovery and Community Health



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

- Collins Online Dictionary



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

- Collins Online Dictionary

Social inclusion/social exclusion



Social inclusion is a strategy to combat social exclusion to change the circumstances and habits that lead to (or have led to) social exclusion.

Social exclusion is about the inability of our society to keep all groups and individuals within reach of what we expect as a society... or to realize their full potential.

- Factors:
 - Social class
 - Living standard (poverty)
 - Minority status
 - Educational status
 - Disability
 - Culture and language



| ELEMENTS OF EXCLUSION | DIMENSIONS | ELEMENTS OF INCLUSION |
|---|----------------------|---|
| Disadvantage , fear of differences, intolerance, gender stereotyping, historic oppression, cultural deprivation. | CULTURAL | Valuing contributions of women and men to society, recognition of differences, valuing diversity, positive identity, anti-racist education. |
| Poverty , unemployment, non-standard employment, inadequate income for basic needs, participation in society, stigma, embarrassment, inequality, income disparities, deprivation, insecurity, devaluation of caregiving, illiteracy, lack of educational access. | ECONOMIC | Adequate income for basic needs and participation in society, poverty eradication, employment, capability for personal development, personal security, sustainable development, reducing disparities, value and support caregiving. |
| Disability , restrictions based on limitations, overwork, time stress, undervaluing of assets available. | FUNCTIONAL | Ability to participate , opportunities for personal development, valued social roles, recognizing competence. |
| Marginalization , silencing, barriers to participation, institutional dependency, no room for choice, not involved in decision making. | PARTICIPATORY | Empowerment , freedom to choose, contribution to community, access to programs, resources and capacity to support participation, involved in decision making, social action. |
| Barriers to movement, restricted access to public spaces, social distancing, unfriendly/unhealthy environments, lack of transportation, unsustainable environments. | PHYSICAL | Access to public places and community resources, physical proximity and opportunities for interaction, healthy/supportive environments, access to transportation, sustainability. |
| Denial of human rights , restrictive policies and legislation, blaming the victims, short-term view, one dimensional, restricting eligibility for programs, lack of transparency in decision making. | POLITICAL | Affirmation of human rights , enabling policies and legislation, social protection for vulnerable groups, removing systemic barriers, will to take action, long-term view, multi-dimensional, citizen participation, transparent decision making. |
| Isolation , segregation, distancing, competitiveness, violence and abuse, fear, shame. | RELATIONAL | Belonging , social proximity, respect, recognition, cooperation, solidarity, family support, access to resources. |
| Discrimination , racism, sexism, homophobia, restrictions on eligibility, no access to programs, barriers to access, withholding information, departmental silos, government jurisdictions, secretive/restricted communications, rigid boundaries. | STRUCTURAL | Entitlements , access to programs, transparent pathways to access, affirmative action, community capacity building, inter-departmental links, inter-governmental links, accountability, open channels of communication, options for change, flexibility. |

Individuals living with psychiatric disabilities experience social exclusion in the extreme.

Even as we recover, there are still major barriers and obstacles to social inclusion and full citizenship.

Peers can help promote social inclusion by modeling recovery values.

Overall health and well-being is best achieved when we have full social membership.

Speaking the same language



- Similarities
 - Barriers to recovery
 - Elements of exclusion
- Approaches
 - Individual
 - Organizational
 - Community-based
 - Systems level
- Solutions
 - Focused on promoting inclusive practices, overcoming factors that perpetuate exclusion



“They say that time changes things, but you actually have to change them yourself.”

ANDY WARHOL

From recovery to social inclusion



Isolated, excluded, opportunities for recovery are limited

Recovery values are present, realized to some extent, exclusion persist

Social membership, self-defined valued roles, equal opportunities, personal safety, personal health and wellness, no poverty

Social inclusion framework



Social inclusion as the standard: social membership



Acceptance and participation

- Avoid replication of community resources – don't promote isolation
- Think community! Is your organization including your community?
 - Health promotion (American Diabetes Association, public health dept.)
 - Small Business Assoc., business leaders, workforce development board
 - Civic leaders and policy makers, artists, writers, colleges, universities
 - Diverse cultural communities, broadly defined
- Become part of the community: as individuals and groups
 - Volunteerism (Adopt-a-Highway, political campaigns, civic events)
 - Civic process, voter registration, VOTE!

Social inclusion as the standard: social equity and citizenship



Free from discrimination and equal opportunities

- Develop partnerships with housing authorities and Equal Employment Opportunities Commission (EEOC)
- Know your rights related to Social Security Administration and representative payee status
- Develop partnerships with Office of Student Disability Services at colleges and universities
- Address societal misconceptions (public education, rights issues, success stories)
- Consider impact of poverty, decisions related to entitlements, work incentives, and employment

Social inclusion and mental health services: aligning personal choices



- Recovery practices must be in place and honored
 - Consumer-driven
 - Person-centered
 - Community-based
- Peer support is especially valuable when provided in the community
- Treatment/recovery plan goals and objectives should reflect choices that promote and support social inclusion
 - Well-being, health and quality of life
 - Choices in where we live, learn, work or volunteer
 - Choices in relaxing, worshiping and building and keeping a circle of supportive friends and family
 - A valued role, as defined by the individual, in communities of our choice, where our culture and beliefs are respected

Getting there from here: overcoming challenges to social inclusion



- Poverty is the single biggest challenge!
 - Economic disadvantage keeps people isolated and with very limited choices
 - Lack of transportation limits participation, perpetuates exclusion
- Stigma and self-stigma must be addressed!
 - Start within the mental health system
 - Personal empowerment must replace self-stigma

Getting there from here: overcoming challenges to social inclusion



- Societal Misconceptions
 - Education – individuals, organizations, community, policy-makers
 - Outreach – strategic partnerships
- Lack of hope and support
 - Peer support – formal, informal, individual, group
 - Build on successes, networks of support in the community

Have you reframed your thinking?



Ask yourself these questions going forward in your work and advocacy efforts.

- If you work with people living with psychiatric disabilities, think about these in terms of how you impact their lives:
 1. Am I translating recovery values and practices to promote social inclusion?
 2. Are there areas I'm involved in that could do more to promote social inclusion? What can I do to move this forward?
 3. How can I be a role model for others in promoting social inclusion?
 4. Am I contributing to social exclusion in any way?



“We all want something to offer. This is how we belong. It's how we feel included. So if we want to include everyone, we have to help everyone develop their talents and use their gifts for the good of the community. That's what inclusion means - everyone is a contributor. And if they need help becoming a contributor, then we should help them, because they are full members in a community that supports everyone.”

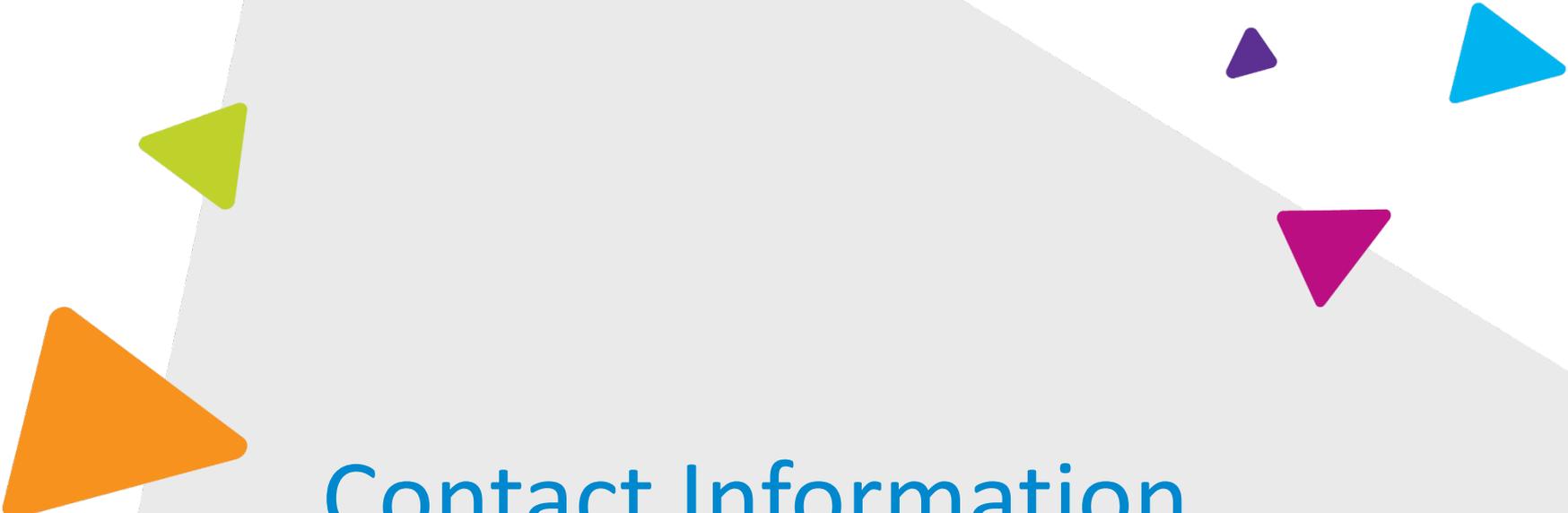
MELINDA GATES



Magellan
HEALTHCARE_®

A large blue triangle on the left side of the slide contains several smaller, colorful triangles: a large orange one, a smaller lime green one, and a purple one. On the right side, there are three more triangles: a small purple one, a medium blue one, and a medium magenta one.

Questions and discussion

A large light gray triangle points from the top-left towards the bottom-right. Several smaller, colorful triangles are scattered around it: a large orange triangle on the left, a lime green triangle above it, a purple triangle, a blue triangle, and a magenta triangle on the right side.

Contact Information

tLane@magellanhealth.com

Bibliography



- Addi P L van Bergen, Judith R L M Wolf, Mariam Badou, Kimriek de Wilde-Schutten, Wilhelmina IJzelenberg, Hanneke Schreurs, Bouwvine Carlier, Stella J M Hoff, Albert M van Hemert, (2019). The association between social exclusion or inclusion and health in EU and OECD countries: a systematic review, *European Journal of Public Health*, Volume 29, Issue 3, 575–582.
- Chronister, J., Chou, C., & Liao, H. (2013). The role of stigma coping and social support in mediating the effect of societal stigma, mental health recovery, and quality of life among people with serious mental illness. *Journal of Community Psychology*, Vol. 41, No. 5, 582-600.
- Gordon, S., Davey, S., Waa, A., Tiatia, R., & Waaka, T. (2017). Social inclusion and exclusion, stigma and discrimination, and the experience of mental distress. Auckland: Mental Health Foundation of New Zealand.
- Hall, T., Kakuma, R., Palmer, L. et al. (2019). Social inclusion and exclusion of people with mental illness in Timor-Leste: a qualitative investigation with multiple stakeholders. *BMC Public Health* 19, 7042-4.
- Mfoafo-M'Carthy, M., Sossou, M. (2017). Stigma, Discrimination, and Social Exclusion of the Mentally Ill: the Case of Ghana. *J. Hum. Rights Soc. Work* 2, 128–133.
- Rosenberg, D., Svedberg, P., & Schön, U.-K. (2015). Establishing a recovery orientation in mental health services: Evaluating the Recovery Self-Assessment (RSA) in a Swedish context. *Psychiatric Rehabilitation Journal*, 38(4), 328–335.

About the presenter



Tom Lane, NCPS, CRPS, has 20 years of experience and leadership developing peer-provided services and supports across multiple systems of care and settings. He is an expert regarding the inclusion of these services and supports in multiple healthcare systems, from publicly funded (e.g. –Medicaid, Federal block grant, county) systems, commercial health plans and managed care environments to Federal/DoD peer support initiatives and models designed to serve military members and their families. A particular area of interest for Tom is the intersection of behavioral health, first responder systems and peer-run organizations. He has done extensive work with justice system partners as a Crisis Intervention Team trainer for multiple jurisdictions and the Federal Bureau of Investigation. He has provided consultative services to SAMHSA, CMS, NASHMPD, MHA, the National Institutes of Corrections, the Council of State Governments, as well as multiple state mental health authority and behavioral health planning council entities.

Tom was an early recognizer of the impact of social exclusion and social determinants of health on individuals who rely on publicly-funded healthcare and other social support services. Over the course of his career, he has applied these learnings to develop innovative solutions and operational processes aimed at increasing access to effective peer support services, improving community connectedness and enhancing decision support opportunities so individuals can realize improved personal wellness outcomes and improved quality of life.

Tom previously served as a member of the National Advisory Board of the Temple University Collaborative on Community Inclusion, the American College of Emergency Physicians Coalition on Psychiatric Emergencies and the National Quality Forum Collaborations and Partnerships workgroup. From 2014 – 2017, he served on the national board of directors for the Depression and Bipolar Support Alliance, the country’s leading advocacy group for people living with mood disorders.

Thank you all!





This presentation may include material non-public information about Magellan Health, Inc. (“Magellan” or the “Company”). By receipt of this presentation each recipient acknowledges that it is aware that the United States securities laws prohibit any person or entity in possession of material non-public information about a company or its affiliates from purchasing or selling securities of such company or from the communication of such information to any other person under circumstance in which it is reasonably foreseeable that such person may purchase or sell such securities with the benefit of such information.

The information presented in this presentation is confidential and expected to be used for the sole purpose of considering the purchase of Magellan services. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential. The attached material shall not be photocopied, reproduced, distributed to or disclosed to others at any time without the prior written consent of the Company.