
INTERVIEW WITH **FRAN TILLEY** BY **PEGGY HAILSTONE**

Social inclusion and mental illness – a walk alongside

In western developed nations mental illness is more common than asthma. And while one in eight women will be affected by breast cancer by the age of 85, one in five Australians will experience some form of mental illness every year. It's enough to take your breath away.

My own situation is typically Australian. I am the sister of a 46-year-old sufferer of schizophrenia. My best friend's next-door neighbour suffers from schizophrenia, and a work colleague has a brother who has been in and out of care due to mental illness. We don't talk about it much. There's the stigma surrounding the illness, the stigma of having mental illness in the family or neighbourhood, and often there's stigma around the way the person lives. Yet if our relative suffered cancer or asthma, or one of a dozen other common health conditions—conditions which are similarly outside an individual's control—there's little doubt our conversations would be more open, more honest, and would occur more often.

It's often said, *what doesn't kill you makes you stronger*. Nowhere could this be further from the truth than in regard to severe mental health conditions—typically those such as schizophrenia, bipolar disorder, psychoses—which place the sufferer in a vicious circle of unemployment and low income jobs, homelessness or inadequate housing, reduced social networks, limited social activities, and third rate physical health.

The result for the sufferer, typified by my sister, my friend's neighbour, and my colleague's brother, is social exclusion. Jennifer Rankin, author of *Mental Health and Social Inclusion*—a (2005) Institute for Public Policy Research working paper—explains social exclusion as, 'a series of interconnected problems around poverty, discrimination, unemployment, low skills, bad housing and poor health.' Rankin suggests that social exclusion has far reaching impact, which adversely affects both the sufferers of mental illness and their families.

Rather than making sufferers stronger, the day-to-day outcomes for people with a mental illness reads something like the script of a Hollywood disaster movie: 49 per cent of sufferers have no close relationship with another person, 47 per cent of sufferers live in unsatisfactory accommodation, 38 per cent have an annual income of less than \$20,000, 90 per cent of people with a mental illness also have a chronic physical health problem, 56 per cent cannot afford private health insurance, and 41 per cent cannot afford dental care (figures from SANE Australia Research Bulletins, 2006-2009).

Fran Tilley, Executive Manager, Mental Health and Disability Services, UnitingCare West (UCW), agrees you have to understand social exclusion before you can understand social inclusion. 'I think that programs that are particularly designed to facilitate social inclusion have to be very, very person centred. They have to be very focused on addressing the needs of that group, and being flexible and understanding that even within groups there's huge levels of uniqueness and diversity.'

In her role with UCW - Perth based Fran says that many non-government organisations have been working on, and addressing, social exclusion for many, many years. 'Organisations such as UCW have had a real focus on walking alongside people, being there for the journey, supporting people with pretty much whatever it takes,' she says. Unlike the Brits who have led the campaign against social exclusion, in Australia we tend to be more upbeat and speak about social *inclusion*. 'It's a much more positive term,' Fran argues.

One of UCW's recent socially inclusive offerings is *The Aboriginal Family Respite Service*; a collaborative partnership developed in conjunction with the Aboriginal Health Council of Western Australia, the Mental Illness Fellowship of Western Australia, and Meerilinga Young Children's Foundation. The program came about in relation to a specific need. 'UCW had significant contact with the Aboriginal population in the Meriwa area because we provide emergency relief services from a centre that we run. So we became very aware that a lot of families had strong support needs.'

Commenced in July 2009, the two year program is funded by the Department of Families, Housing, Community Services and Indigenous Affairs, under their Mental Health Respite Program. It offers respite to carers and their family on a monthly basis. Activities include getting people to sit down and chat about issues they are facing, helping people to access health care services, helping families access emergency relief, organising guest speakers, linking families to other services, and making printed literature available for families to take with them.

'We offer a very simple service, which provides a regular opportunity for the family to have a break altogether,' Fran explains. 'We provide a venue and food, information and support, and activities that are appropriate for the family member with a mental health problem, people who are doing the caring, or the extended family.' Other

activities being trialled include massage and painting. 'A lot of the conversations that [need to] happen are occurring while participants are engaged in something else,' Fran divulges.

While the program is in its early stages, the results of the approach look promising. Attendance has been good, people are coming back a second and third time, and word of mouth is starting to spread the message.

When asked what's unique about the program, Fran explains that traditional models of respite care were not well received. 'For Aboriginal families, in-home care is often seen as invasive and very few of them are interested in that form of respite.' The other form of respite, where the person with the mental health problem is taken out for the day or provided with care to give the family a break, also did not work well. 'Aboriginal families were often so worried about what might be happening for their family member that they were very loathe to try that kind of a service.' Instead of separating the person with a mental health problem from the rest of the family, the UCW program is about providing inclusive support to the whole extended family.

Fran also says an additional program purpose is advising about what services are currently available or could be available. 'What we are trying to do with this program is make it flexible and very socially inclusive.'

Paradoxically, social inclusion is not just about the absence of social exclusion. In an article on socially inclusive practice, the authors Bates and Seddon (2008) explain the paradox: 'Inclusion is not merely the absence of exclusion but a positive force that converts tolerance into welcome, attendance into belonging and participation into contribution'. A socially inclusive society is one that offers full citizenship equally to all members.

Many theorists would agree that the first step toward full citizenship is for socially inclusive directives and goals to be embedded into

policy frameworks. These overarching goals go a long way toward paving a path toward removal of barriers such as stereotyping, discrimination, and stigmatising. And as Fran points out, it doesn't matter where we start, so long as we start somewhere.

Paving a path toward a more socially inclusive society is what the Rudd Government is facilitating. On 18 September 2009 Commonwealth, State and Territory Social Inclusion Ministers met for the first time, agreeing that social inclusion is a priority for all jurisdictions. The Ministers' communiqué, released following the September meeting, defined a socially inclusive society as, 'one in which all Australians feel valued and have the opportunity to participate fully in social and economic life'.

According to the Federal Government's Social Inclusion website, priority areas of concern are jobless families, children at risk of long-term disadvantage, locational disadvantage, employment for people living with a disability or mental illness,

homelessness, and closing the gap for Indigenous Australians. As a result of the September 2009 all-of-government's meeting, a Draft Action Plan on social inclusion is to be released in early 2010.

As an idealist at heart, and as someone who has for many years walked alongside a loved one with a mental illness, I also look forward to the Government's draft plan. I look forward to the brave new inclusive world that will result; one that extends a welcoming hand to my sister and to sufferers of mental illness throughout our country, and one that promotes full citizenship for each and every one of us, regardless of life circumstances.

Note: Consent has been received by the author from the people referred at the beginning of the article - to refer to them

References

- Bates P & Seddon J (2008), *Socially Inclusive Practice* in T Stuckley & T Basset (eds), *Learning About Mental Health Practice*, John Wiley & Sons Ltd, England
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