

The Mental Health Association of Central Australia (MHACA) & Mental Health Carers NT
in collaboration with the Mental Illness Fellowship of Australia

invite you to celebrate
Schizophrenia Awareness Week 2009

1-hour Public Forum

**“Social Inclusion for People
with a Mental Illness”**

★ **Wed. 27 May @ 3.30-4.30pm** ★

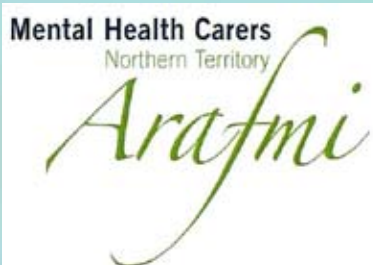
@ Gum Tree Room, Alice Springs Resort, Stott Tce, Alice Springs

Guest speaker Prof. David Morris, Program Director of the National Social Inclusion Program (NSIP- UK) is visiting Australia for a national tour in honour of Schizophrenia Awareness Week



This promises to be a fascinating event as David shares his expertise on social inclusion based on his long involvement with national social inclusion initiatives and his career spanning statutory and voluntary sectors, central and local government, academia, social care and health. Through the NSIP, David has led implementation of the Mental Health and Social Exclusion Report's 27 sets of recommendations across government, working with universities, professional colleges, primary and specialist mental health services and a wide range of statutory and non-government organisations beyond the mental health sector, as well as key UK Government Departments. He has contributed independently and through the International Initiative for Mental Health Leadership to collaborative learning and development initiatives in Europe, the US, New Zealand and Latin America and is currently working with a World Health Organisation initiative on primary care in the Health Service and Population Research Dept of the Institute of Psychiatry, London.

Everyone is very welcome - service providers, carers, consumers, students, other professionals ...
RSVP to rita.riedel@mhaca.org.au or 8950 4613



Governments Key to Social Inclusion

Social inclusion has been a priority of the British Government for the past five years but 2009 Woodcock lecturer Dr David Morris says it is important to see the issue in global terms as one that must be addressed by all levels of government.

This is an independent article separate to the talk Prof. Morris gave in Alice Springs, but highlights some of his main concerns.

How do you define social inclusion?

The National Social Inclusion Programme (NSIP) has adopted the definition of the Social Exclusion Unit: "What happens when people suffer from a combination of linked problems – unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown – characterised by the inter-relatedness of problems that are mutually reinforcing." The key point about this definition is that of inter-relatedness.

What are the biggest problems faced by those who are socially excluded?

Discrimination, social marginalisation, barriers to accessing ordinary things in many domains of life.

Have these been quantified?

To some degree. There is clear, quantitative evidence, for example, on the extent of exclusion from the labour market

Is there one factor that is a particular catalyst, or one factor you think needs to be targeted more by government?

Unemployment is the issue which has received most 'singularity' of government attention. In terms of a clear evidence base, this is justified. We know the extent of



exclusion and we know how important good work is in helping recovery and confirming esteem. Nevertheless, the recognition by the Social Exclusion Unit of the inter-relatedness of these factors is key. Arguably, especially in a recession, the question of how to address the skills gap and reduce unequal access to learning opportunities is just as important.

What are the biggest benefits of social inclusion?

Greater social justice and equality; more reciprocity; richer, more sustainable communities.

How much of a priority is it to the British Government?

It has been an explicit policy priority for some five years.

What was the situation like before then?

The policy context in the UK became favourable to mental health in the late 90s, with the National Service Framework for mental health being published in 1999. Policy on inclusion and significantly increased investment in mental health has followed this. Prior to the 90s, the focus was largely on re-providing long-stay hospital services – de-institutionalisation.

What do you think the next five years will hold in terms of priorities and public perception/acceptance?

Work on inclusion, public mental health, and stigma and discrimination will impact positively, if slowly (particularly given the impact of the new economic conditions) on public perception and acceptance. For that to happen these policies must be translated into practical ways of transforming organisations, creating new ways of working across conventional boundaries with many kinds of communities to which people belong. In my view it is fundamentally important to future success that we understand the need for an integrative approach, one that creates the right to be pursued over time. Funders rightly demand outcomes; equally, an agenda of this kind and size is not a short-term one.



Is social inclusion seen as a national issue, or one for local councils?

Both, and this is important. In my view, an essential aspect of a policy successfully implemented is action at all levels, linked 'vertically' from local settings in regional government to central government.

Has this emphasis always been the case?

No. It is a product of broader contextual changes in the ways in which health and social care services are commissioned and provided.

Are there any issues that you think are unique to Britain, or are they applicable internationally?

Most of the issues have international application. However, the *National Service Framework* and a succession of other policy documents have set a course for services into which inclusion can be inserted in a very distinctive way.

Specifically, would they work in Australia?

Yes. There may be necessary complexities and challenges but major accomplishments of international note in wellbeing and health promotion would seem to represent important resources for effective programs.

Your work on social inclusion has taken you around the world. How do Britain's policies stack up with those of other countries?

I think that our policy on inclusion stands up very well against that of most, perhaps all, other countries and I think that our focus on cross-government and multi-level activity is distinctive. Equally, the work of other countries that derives from policy on equality, diversity, disability rights and challenging discrimination often presents a different and equally important lens for viewing inclusion work. The appreciation of how service user, carer and other communities are partners in the process also often an international one and one on which shared and joint learning can be based. The possibility for shared learning across national boundaries is always as important as the policy of a single government.

Is there such a thing as an easy solution to the problems of social exclusion?

No. The objective is simple, but complex systems invariably generate complex solutions. NSIP's approach has always sought to range widely across sectors and initiate action and learning in and across many domains – services, professional bodies, service users, carers, mainstream organisations, communities.



Is it a question of money, more government will or greater public perception?

All of these. There is no single solution. Any route map will have side turnings and long circuits. There are, though, some necessary conditions and government commitment is one. Another is the power and authority of service users. In my view, community engagement is also key and without this, the changes in public perception associated with sustainable long-term progress will not happen.

Is social inclusion making on a difference in the UK?

If you mean is social inclusion policy in respect of mental health making a difference I think the answer is yes. Mental health services now widely cite the importance of inclusion practice and outcomes. Inclusion is seen by many – perhaps the majority – as core. Examples include setting up employment schemes and working with mainstream organisations to promote opportunity.

Dr David Morris PhD, BA, CQSW

Program director of the National Institute for Mental Health's National Social Inclusion Programme in England

Full biography next page ...



Biography

David Morris,

PhD, BA, CQSW, DASS

- Professor of mental health, inclusion and community at the University of Central Lancashire's International School for Community, Rights & Inclusion

- Visiting academic associate at the Institute of Psychiatry, Kings College, London.

- Worked with the Social Exclusion Unit at the then Office of the Deputy Prime Minister to produce the national report Mental Health and Social Exclusion (June 2004)

- Founded and led a number of partnership-based development programs in the field, including the Community and Citizenship Program at the Sainsbury Centre for Mental Health in 2002-3.

- Works with a World Health Organisation initiative on primary care in the Health Service and Population Research Department of the Institute of Psychiatry, London.

David Morris is Professor of Mental Health, Inclusion and Community at the International School for Communities, Rights and Inclusion, University of Central Lancashire, where from April 2009 he is also to become Director of the Inclusion Institute, a new centre of excellence for learning, evidence, innovation and practice on inclusion and community. He also holds a Visiting Academic Associate post at the Institute of Psychiatry, Kings College, London.

Since 2004 David has been Director of the cross – government National Social Inclusion Programme (NSIP) at the National Institute for Mental Health in England. Before establishing NSIP he worked with the Social Exclusion Unit at the then Office of the Deputy Prime Minister to produce the national report 'Mental Health and Social Exclusion' launched in June 2004. Through NSIP, he has led implementation of the report's 27 sets of recommendations across government, working with universities, Professional Colleges, primary and specialist mental health services and a wide range of statutory and non-government organisations beyond the mental health sector as well as key UK Government Departments.

David also contributed to the work of the Prime Minister's Strategy Unit on inclusion and its Social Exclusion Action

Plan (2006), has had lead responsibility for the key action points of that report on employment and mental health and for supporting the development by the Cabinet Office of the new cross-government Public Service Agreement on Social Inclusion.

David has had a long - standing professional and research interest in social inclusion and community engagement. His PhD at Manchester University was entitled 'Community Engagement and Social Inclusion in Mental Health; the Development of Policy and the Role of Primary Care in Inclusive Practice'. He has founded, and led a number of partnership - based development programmes in this field, including in 2002-3, the Community and Citizenship Programme at the Sainsbury Centre for Mental Health. He has contributed widely both nationally and internationally in advisory and consultative roles and through programme and journal editorial boards, conferences, research, learning and leadership networks to the development of policy and practice on inclusion and community. He has contributed independently and through the International Initiative for Mental Health Leadership to collaborative learning and development initiatives in Europe, the US, New Zealand and Latin America and is currently working with a World Health Organisation initiative on primary care in the Health Service and Population Research Department of the Institute of Psychiatry, London.

With a professional background in social work and management of Mental Health services in local authority social care, David's career has spanned statutory and voluntary sectors, central and local government, academia, social care and health, where he led on mental health and community services for South Thames Regional Health Authority, subsequently the South East Region of the NHS Executive. He has also held non-executive member or Chair roles in social housing and education organisations.