



Guidelines for Supported Community Inclusion

1. PURPOSE AND SCOPE

The following guidelines address how support workers, peer supporters family and friends can assist people who live with mental illness to participate in community sport and recreation activities. The guidelines are divided into two sets, how to support individuals to be active in their community and how to assist community groups to welcome and include people with mental illness.

2. BACKGROUND INFORMATION

The Duty to Care Report (2001) provided evidence that people with mental illness in Western Australia are two and a half times more likely to die from a physical illness than the general population; are less likely to engage in health-promoting activities such as good diet and exercise; and that isolation and exclusion are key factors that influence the health of people with mental illness.

Community sport and recreation activities provide an ideal opportunity for people to be active in the community both physically and socially. Walking groups are a good example of a recreation activity that can be inclusive.

Inclusion means that people with mental illness are recognised as individuals with the right to take risks, to make choices, to make mistakes, to be independent and to reap the benefits of physical activity in the same way as any other person in the community. (Captive, 2008)

*Inclusive programs mean all people are provided with the opportunity to participate in sport and physical activity at the **appropriate level**, with the **appropriate support** and with the **dignity of risk**. (Captive, 2008)*

Evidence suggests that in general "People with a disability who want to participate in recreation, sport and leisure activities local to them often find it difficult to be accepted and included. At the same time providers of recreation, sport and leisure facilities want to be more inclusive of people with a disability but are unsure how to go about this". (Captive, 2008)

Key factors for creating inclusion include:

- 1. Individual Readiness:** It is essential that individuals are ready, motivated and able to participate in the activity of their choice. There is a duty of care to ensure individuals are matched to an activity that is realistic for their individual fitness, confidence and skill level, both social and physical. Individuals wanting to participate in physical activity should be assessed for their readiness to participate and for people who have been inactive a medical check from a medical professional is advised.
- 2. Creating a Supportive Environment :** (Policy & Procedures; Trained staff; Inclusive activities) In the same way that an individual needs to be ready, so does the community group or activity they are attending. It is essential that people with mental illness are introduced to a group that is welcoming of people of all abilities. The Disability Discrimination Act 1992 makes disability discrimination unlawful and aims to promote equal opportunity and access for people with disabilities. People with mental illness have the same human rights as all members of the community. Community groups have an obligation to try and include people in their groups and accommodate their needs (Australian Human Rights Commission). Groups can be prepared for including people by understanding mental illness better. Peer supporters play an important role in educating the community and creating awareness of mental illness, and role modelling positive ways to interact with and support people with mental illness.



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3. **Providing the right support.** One-to-one supported inclusion is recognised as the best approach for community inclusion. In this approach individuals are provided with the appropriate level of support, functional and social, to participate in the activity of their choice (Captive, 2008).

(Shand, 2008)

The role of the supporter in community inclusion is as a 'connector' between the person with a mental illness and the community. They break down the barriers to participation and inclusion in community activities and assist people to develop a support network by building relationships with local groups in the community. Supporters research and gather information about what activities and services are available in the local community, and are educators, role models and champions for community acceptance and recovery.

The Healthright Peer Support trial aimed to support adults with severe and enduring mental illness to recognise the importance of attending to physical health needs and to assist them, through peer support, to take the necessary steps to do so. A community walking group program which aimed to connect individuals with community walking groups was trialed and some difficult situations arose, sparking the need to develop guidelines for supporting people to become involved in community groups and activities. (Healthright Project, 2008)

HealthRight Peer Support Workers expressed the following barriers to inclusion in community activities.

Individual Factors

- Fears and anxieties
- Stigma
- Concern about being judged or labeled by others
- Appearance
- Self doubts, insecurity and confidence
- Concern about being accepted and seen as an equal by colleagues
- Past bad experiences
- Personal needs, motivations and goals
- Medication, weight Issues and other physical problems
- Lack of motivation and drive to be active
- Knowing where to go for information about groups and what activities and services are available

Community Factors

- Fear and anxieties
- Stigma
- Past bad experiences
- Difficulty in finding welcoming groups and places
- Difficulty in finding safe, supportive and welcoming environments
- Difficulty in finding suitable activities that accept people with mental illness
- Economic issues: Fees and Membership too much
- Lack of understanding of Mental Illness

(Healthright Project, 2008)



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3. GUIDELINES FOR PROCEDURE DEVELOPMENT

Guidelines on how to support individuals to be active in their community

- 3.1 Have referral guidelines in place to ensure appropriate referral**, meet with case manager or referring health professional before meeting with the person with mental illness to find out more about their mental health and determine their readiness. Ask case managers about the person's mental illness, early warning signs, triggers, impact of medications and what to look for, so the right support can be provided.
- 3.2 Assess individual readiness and suitability to an activity**, including physical activity level; fitness levels; social skills; and specific skills for the activity they will be participating in. Refer to a GP for a physical health check if required.
- 3.3 Set Realistic Personal Goals**, both Health Goals and Inclusion Goals, to ensure that individuals participate at the level of their choice. Understand that not everyone wants to join a general community group or activity, some people prefer to be in separate groups with other people with mental illness.
- 3.4 Provide Information**, about what activities and services are available in their local community, help people to find an activity that they enjoy.
- 3.5 Match people to a suitable activity** that suits their personal needs and abilities, age and gender as well as level of inclusion. Some people may have limited experience with activities and you may need to trial a few different activities before finding one that suits their needs.
- 3.6 Develop personal skills before introducing a person to a community activity**, this may include functional skills, physical fitness level, specific skills for the activity they are participating in or social skills and confidence.
- 3.7 Use a 'Stepping Stone Approach'**, some individuals may start with a separate activity with other people with mental illness where they can build skills, confidence and fitness levels. Then move to a community activity, when they are ready. What is important is that individuals participate at the level of their choice and are supported to set their own personal goals for inclusion.
- 3.8 Seek supervision**: If you are a Peer Supporter, work closely with Case Managers, Occupational Therapists or other Health Professionals. Peer Support Workers need regular contact with a supervisor to debrief, seek advice, and share experiences with other peer supporters. Involve friends and family members if possible.
- 3.9 If you yourself have a mental illness, be a positive role model**, take pride in your experience with mental illness. Demonstrate how to interact with community members and manage your mental illness in a positive way.
- 3.10 If you are a person who has experienced mental illness, practice self care**, and manage your mental illness. Get enough rest; eat a balanced diet; drink lots of water; avoid caffeine, alcohol, tobacco, or other drugs; take part in physical activity and doing something that for you is fun or relaxing (go to a funny movie, take a walk on the beach, listen to music, read a good book, talk to a friend, etc.) (Borninkhof, 2008)



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Guidelines on how to assist community groups to welcome and include people with a mental illness.

- 3.11 Contact the group and determine suitability**, note the details, such as times and frequency of sessions and skill level. It is not recommended to discuss mental health on the phone. Be selective and strategic about how much and when you disclose information about the person's and your own mental health and recovery.
- 3.12 Meet with the Group Leader or Group Representative first**, at this stage you may like to ask them about their inclusivity and welcoming philosophy. Make a second meeting to introduce the person with mental illness to the group leader before joining in the group activity.
- 3.13 Make a good first impression**, role model positive behavior. Peer supporters may choose to share their own experience of recovery and share insight into living with mental illness.
- 3.14 Establish Credibility**, explain your role as the supporter and, where relevant, identify yourself as part of a structured program, provide information about the program and other key contact people such as supervisors and case managers.
- 3.15 Work as a Team**, ask a Health Professional or case manager to join you at this first meeting with the group leader. (It will give the program credibility)
- 3.16 Build Rapport and Relationships**, ask the group or community what they need from you, how can you help them support people with mental illness, what information do they need?
- 3.17 Research any legal or medical requirements** for example fitness tests or letter from GP to participate in physical activity.
- 3.18 Be a positive role model**, for all persons in the group and in all contact with the group, so group members can learn how to interact with a person with mental illness and how to support them.
- 3.19 Share Success Stories and promote the benefits of inclusion**, peer supporters can share their personal story of recovery, share other success stories where recreation or being active has assisted with recovery or when a person with mental illness has successfully joined in community activities.
- 3.20 Be a champion, educate groups about mental illness**, groups can be prepared for including people by understanding mental illness better. Link them to information and provide practical tips on how to assist a person with a mental illness or support an individual's specific needs.

4 MONITORING AND REVIEW OF THE GUIDELINES

These Guidelines for Supported Community Inclusion are based on the findings of focus groups implemented during the HealthRight Healthy Lifestyle Project 2007_2008 and experiences of people who have worked on the project. They are not monitored and it is suggested that the guidelines be included in the policy and procedures of NGO's and Health Services that support people with mental illness.

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Healthy Body
Healthy Mind

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5 REFERENCES AND LINKS TO MORE INFORMATION.

Australian Human Rights Commission: www.hreoc.gov.au/disability_rights/sport

Borninkhof, J. (2008) *Mental Health Awareness*. Available from <http://www.healthright.org.au/go/service-providers/mental-health-awareness>

Captive Inclusion Toolkit: Available from http://www.walga.asn.au/about/policy/community_development

Duty to Care Report: Available from <http://www.healthright.org.au/go/top-nav/about-healthright>

HealthRight Project : <http://www.healthright.org.au>

Office of Mental Health: <http://www.health.wa.gov.au/mentalhealth/home>

Service Standards for Non-Government Providers of Community Mental Health:

<http://www.waamh.org.au/docs/Service%20Standards%20for%20NGO.pdf>

Shand, M. *Community Inclusion*. Available from <http://www.healthright.org.au/go/healthright-organisations/community-inclusion>

WA Association of Mental Health: <http://www.waamh.org.au>

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