Community Inclusion and Participation

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NYAPRS is a change agent dedicated to improving services, public policies and social conditions for people with mental health, substance use and trauma-related challenges, by promoting health, wellness and recovery, with full community inclusion, so that all may achieve maximum potential in communities of choice.
Objectives:

- Participants will examine the importance of Community Inclusion and Participation in their work.
- Participants will understand how Community Inclusion and Participation promotes Recovery
- Participants will recognize the provider role in fostering Community Inclusion and Participation with the people they serve.
The recovery paradigm views mental health issues as challenges that a person can grow beyond through the assistance of culturally appropriate, trauma-informed services and natural supports in the process of the person building a full and gratifying life in the community of their choice.
Clinical Recovery vs Personal Recovery

- Clinical Recovery refers to an “outcome:” the absence of signs, symptoms and impairments associated with a disorder.
- May occur in ~68% of individuals diagnosed with serious mental illness given proper support. (see Harding et al.: Vermont Longitudinal Study.)
- May take decades to achieve.
- Involves staff trained to believe in recovery
- Emphasizes normalizing goals like employment, mainstreaming people in natural settings and
- Utilizes a strong self-help component
Clinical Recovery vs Personal Recovery

- Personal Recovery refers to a “process” involving the reclaiming of a self-directed, meaningful life despite and in the face of enduring mental illness.
- May or may not result in clinical recovery.
- May be achieved in a shorter amount of time.
- Involves staff trained to believe recovery.
- Emphasizes normalizing goals like employment, mainstreaming people in natural settings and
- Utilizes a strong self-help component
- Is dependent on Community Inclusion as a primary catalyst.
Personal Recovery depends on a Culture of Inclusion and Participation
What does inclusion look like?

Courtesy of Dr Mark Saltzer
Segregation is about sequestering people away from the general population based on perceived inequality.

- Any sense of inclusion presumes clinical recovery.
- This was the philosophy behind long-term hospitalization and the creating of communities within those settings to approximate normalcy.
- Segregation limits opportunities and restricts the freedom of people.
- Sometimes it leads to self-stigmatization where some members see themselves as unable to enter into mainstream society.
Integration Includes people in the community but not living “like the rest of us.”

- For example, a person living in an Adult Home or Community Residence; they are technically living in the community as they are not in the hospital, however, they are not like everyone else because they don’t live like everyone else.
  - Sheltered workshops and special housing.
- Integration sets people as different from everyone else. They are tolerated (stigma) rather than welcomed, affirmed and accepted.
- Can result in self-stigmatization.
Integration is a right that allows for “in but not of.”

- Community Integration, however, is a right guaranteed by the Olmstead Decision and the ADA.
- Title II requires governments to give people with disabilities an equal opportunity to benefit from all programs, services, and activities (e.g. education, employment, voting and transportation).
- It is society’s responsibility to provide opportunities.
Inclusion is about accommodating people, recognizing them to be already “like the rest of us.”

- In inclusion, the goal is for people to live as fully participating citizens, just like everyone else.
- The group expands society’s awareness of what’s acceptable.
- In accommodation, human diversity is embraced.
- The point is not to try to make the person more acceptable; the point is to recognize that the person is already acceptable and to end the (oppressive) idea that they are not.
- Community Inclusion is the extent to which an individual chooses to live in the community like everyone else.
- Community Inclusion is not the same as social interaction: one can choose not to interact.
Community Participation is “my choice” and implies:

- The opportunity to live in the community and be valued for one’s own uniqueness “like everyone else.”
- Providing pathways from segregating services to mainstream services.
- Living without labels in communities of choice (i.e. a community not chosen by someone else based on their estimation of the person’s abilities).
- One has the right to be independent of the good will of others.
Community Participation is “my responsibility”

- It is the empowered, self-determined choice and action that individuals make to be involved in valued roles in their communities of choice across a variety of domains in their life.
- It is not an outcome of but means to recovery.
- In Community Inclusion and Participation, individuals define wellness for themselves and do not seek to meet the definition of someone else.
Medical Necessity = justification for services

If you want to know whether a specific service or intervention is medically necessary for a specific person, consider the following questions:

✓ Why is this person here?
✓ What are his needs?
✓ Does this service or intervention meet his needs?
✓ Does my documentation support the answers to the above questions?
The Reality of Barriers

- What is keeping the person from their goals?
- A Barrier is not a “flaw”.
Barriers

- What is keeping the person from his/her goals? What is the functional impairment?
  - Need for skill development
  - Intrusive or burdensome symptoms
  - Lack of resources
  - Need for assistance/supports
  - Problems in behavior
  - Challenges in activities of daily living
  - Threats to basic health and safety
  - Drug/Alcohol use
Community Inclusion and Participation and Medical Necessity

- It is especially when the illness is most severe, and because we do not have a cure, that people who have these disorders have no choice but to live in the face of them. This is the reality that takes priority in recovery-oriented care. (Larry Davidson)

- Individuals who feel connected to a community of their choosing are better able to avoid both physical illness and emotional stress.

- Community Inclusion and Participation are not outcomes from but means to recovery.

- Community Inclusion and Participation can even lead to clinical recovery over time.
Community Inclusion and Participation and Medical Necessity

- Community Inclusion and Participation can improve mental health symptoms by providing social support, meaningful activity and a sense of belonging.
- Community Inclusion and Participation can reduce the risk of relapse by providing a stabilizing influence that can help to prevent people from becoming isolated and overwhelmed.
- Community Inclusion and Participation can improve quality of life by providing people with opportunities to pursue their interests and contribute to their communities which can enhance quality of life.
What can we do right now?
Community Inclusion and Participation and Skills

- Often skills taught in segregated systems are not generalizable.
- The sociologist, Erving Groffman says of this, “It’s like taking a drowning person out of a lake, teaching them to ride a bike, and then putting them back in the lake.”
- For Community Inclusion, skills and supports have to support life in the world just like for the rest of us.
- With modeling and support, people can hope to become involved in the meaningful activities of their choice.
Core Values: What should be expected of Person Centered Planning

- A **commitment** to know and to deeply seek to understand the individual.
- A **conscious resolve** to be of genuine service.
- **Openness** to being guided by the individual and a willingness to assist in the struggle towards difficult goals.
- **Willingness** to stand by values that enhance dignity.
- **Flexibility, creativity, and openness** to trying what might be possible; including innovation, experimentation, and unconventional solutions.

*Adapted from Michael Kendrick*
Support people in developing their goals, goal planning and building their natural supports.
Kinds of supports people have found useful

- Having supportive people who believe in the individual.
- Offering hope: tangible and living proof of the possibility of recovery. (Peers)
- Bringing people to opportunities: Clear direction, instruction, expectations, and the ability to ask for clarification. (The big question in going into a job might not be “How will I do?” or “Will people like me?” but “Where is the bathroom and how do I ask to go?”)
- Offering tools, e.g. memory aids like an alarm clock or a note pad as a means to structure time. (People may not have needed these when they were not working or were otherwise involved in the world.)
- People need supports to step out of their comfort zones to try new things (just like everyone else).
Questions to help explore for goals...

◊ What are the things you enjoy doing most?
◊ What are the things that you value in life?
◊ What are the things that give you a sense of meaning and purpose?
◊ When have you been happiest in the past?
◊ Can you remember a time when you did have an idea what you wanted to do? What do you remember?
continued...

• Have you ever used peer support?

• Have you ever attended spiritual or faith-based activities?

• Do you feel strongly about any social issues?

• Have you ever been a member of a community organization?
The Pathway to Personal Medicine:
Utilizing what you know helps you…

- Volunteering
- Seeking employment opportunities
- Exploring nature
- Parenting
- Reclaiming a lost role
- Enjoyable activities/hobbies

Personal Medicine is a phrase coined by Pat Deegan
Examples of Natural Supports

- Friendships
- Spiritual and faith-based communities
- Sports and recreational activities
- Community organizations/activities
- Cultural activities and associations
- Social and political activism
- Peer support
Community Inclusion and Participation References:
The foundational documents of this training.

- **Well Together -- A blueprint for community inclusion: fundamental concepts, theoretical frameworks and evidence.** Prepared for Wellways Australia Limited by Mark S. Salzer and Richard C. Baron from the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities (Philadelphia, PA. USA)
  - Has an extensive bibliography.

- **The Importance of Community Inclusion, Larry Davidson, NE-MTTC Director:** [1605] The Importance of Community Inclusion – YouTube
  - He led the fourth and final session of a webinar series that discussed the principles of recovery-oriented systems of care. In this session, he addressed the importance of community inclusion in the mental health treatment and recovery process in patients.

- **NYAPRS: I Can Do It: Community Inclusion and 8 Steps to Feeling Whole**

- **Theramin Trees: Coming Out** [1238] coming out | a road map for before, during and after [cc] – YouTube 21:55-23:12
Community Inclusion and Participation References: The foundational documents of this training.

- Recovery from Severe Mental Illnesses: Research Evidence and Implications for Practice Vols 1 and 2, Eds. Larry Davidson, Courtenay Harding, and LeRoy Spaniol, Center for Psychiatric Rehabilitation, Boston College, 2005.