



Social Participation and Mental Health

June 2022



“People feel more well when they belong somewhere to something”¹

Social participation is strongly related to better mental and physical health. Many people with experience of mental health challenges say connecting with others is really important in their recovery journey.

Research also shows that social connection protects and promotes mental health.² Social connection is one of the most influential factors in people’s quality and length of life.³

Social participation should be a focus for people wanting to improve their mental health, and government health interventions.

How does social participation affect mental health?



“Well you know what started me off on the right track, it was definitely [community connection program]. If I didn’t have them then I probably wouldn’t be here now, that made a big difference to me”

Social participation is about engaging with other people. It’s related to personal feelings of connectedness, and societal inclusion. Social participation is important for *everyone’s* mental health and wellbeing, as well as supporting recovery for people with experience of mental ill-health.

Research is continuing to explore how social participation improves mental health. Studies suggest connections with others can help through support to deal with life difficulties and stress, and a sense of meaning and belonging.⁴

However not all engagement with others is positive. Social participation is more likely to improve mental health if people have choice about engaging with others, and *feel* connected.⁵

People with experience of mental health challenges can face barriers to social participation. Mental Health Australia members identified stigma and discrimination, and lack of support to connect with the community as key barriers to social participation.

Stigma and discrimination

People with experience of mental health challenges should be able to participate in the community in an equal way with others. However, stigma and discrimination related to mental ill-health is still common. A national survey of people with complex mental health issues, found over 70% had avoided socialising as much as they would like because of stigma.⁶ People surveyed said community education and acceptance are key to reducing stigma.

Stigma can be reduced through education about mental health and engaging with people with lived experience of mental ill-health.⁷ A range of campaigns and programs are working to reduce stigma in Australia, however they are not widely available enough.

Mental Health Australia has provided [advice](#) on the development of a National Stigma and Discrimination Strategy, due to be released in December 2022. Mental Health Australia calls on governments and the community to expand efforts to reduce stigma and implement this strategy in full.




“Social participation is not just about specific programs, it’s about the community accepting people with mental illness”

Social determinants of mental health

Social participation is connected with other social determinants of health.

Poverty, insecure housing and disadvantage limit how people can engage in the community, and are linked with poorer mental health.

Employment is a key way of increasing social participation. But people with mental ill-health, and household members who care for them, are less likely to be employed than others.⁸



“statistics on the number of people with mental illness who are excluded from employment are ‘unacceptably high’ ”

Mental Health Australia urges governments to do more to address these social determinants of health and participation. Key actions to address these areas are outlined in Mental Health Australia’s previous work on [income support](#), [housing](#) and [employment support](#).

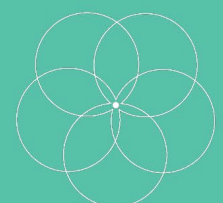
While social connectedness affects everyone’s mental health, people are at greater risk of isolation and mental ill-health across different ages and stages of life. Young people, new parents, people who have recently lost or separated from a partner and older people experiencing isolation are more at risk of loneliness.⁹ People from First Nations, LGBTIQ+ and culturally and linguistically diverse communities also experience greater social exclusion, though can have strong connections within these communities.¹⁰

Social isolation and the COVID-19 pandemic

The COVID-19 pandemic has highlighted the importance of social connectedness for wellbeing. In 2020, one in two Australians reported feeling more lonely since COVID-19.¹¹

The spikes in loneliness and mental ill-health related to lockdowns have eased. However, the demand for some crisis and mental health services is still higher than before the pandemic.

Many people living with mental ill-health or caring for someone with mental ill-health experienced social isolation before the pandemic. Research suggests the pandemic could have an ongoing effect on mental health, particularly in worsening pre-existing isolation and inequality.¹²



What can we do to improve social participation?

There are many ways to support greater social participation for people experiencing mental health challenges. Mental Health Australia members said personalised support to participate in the community, and support to connect with community groups should be the highest priorities to better support social participation. This was followed by [social prescribing](#), respite support for carers and grants for community groups.

Support for everyone

Community groups such as spiritual or cultural associations, sporting clubs, art centres and informal groups and activities provide essential opportunities for anyone in the community to connect and participate.

Government planning and investment in community infrastructure lays the foundation for such social participation. This includes public transport, communal spaces and support for community organisations. For example, the English Government has a \$20m Building Connections Fund, which is successfully reducing loneliness through grants to community organisations to provide a range of activities.¹³

Further, volunteering is a way people can participate in and contribute to society, and is linked with positive mental health outcomes. Volunteering Australia is developing a [National Strategy for Volunteering](#), to be released in December 2022. Mental Health Australia looks forward to the implementation of this strategy.

Large-scale campaigns can also improve social participation. For example, the Act Belong Commit campaign in Western Australia promotes social connection and participation, and is achieving positive outcomes.¹⁴ Similarly, the Neighbour Day campaign run by Relationships Australia has been shown to decrease loneliness and increase social cohesion, with people feeling these benefits even six months after Neighbour Day events.¹⁵

Support through the health system

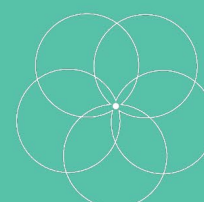
Given the importance of social participation for health outcomes, models of “social prescribing” are emerging. This is a way for health professionals to support people to build community linkages. For example, under the social prescribing model, a doctor could refer someone to a “link worker”, who supports them to connect with community groups and activities in their area. This holistic care also supports the sustainability of the health system, as people who use health services a lot have been found to use health services less when they become more socially connected.¹⁶



“It’s one thing to have the group, and another thing to connect people to it”

Technology

There are also digital tools that can support social participation, for example with specific apps being developed to promote mental health and social connection. The relationship between technology, social connection and mental health is complex, where technology can be used to promote connection or exclusion. The increasing use of digital platforms to deliver services means government support to ensure everyone can access, afford and use technology is vital.¹⁷



Support for people with experience of mental ill-health and carers

Programs that support people to connect with social groups have been found to successfully increase social participation and mental wellbeing.¹⁸ Drop-in centres, recovery colleges, community-run groups, peer or mutual support groups and group therapy programs all support connection to broader social networks and improved mental wellbeing. People with lived experience of mental ill-health and recovery can play a particularly powerful role through such groups, empowering others in their recovery journeys.¹⁹

Such programs are an essential part of the mental health ecosystem and compliment to other kinds of treatment and support. However, many of these services have become very limited due to their funding being moved into the National Disability Insurance Scheme (NDIS).

The NDIS has provided many people with psychosocial disability better personalised support to participate in the community. However, for people who are not able to become an NDIS participant, access to these types of services has been reduced. This includes carers accessing respite support in their own right. A range of service options are needed to reflect the diversity of needs of people experiencing mental ill-health and carers, whether they have NDIS support or not.

Actions

Together, governments and communities should take these actions to support social participation and mental health:

Community infrastructure – prioritise planning and investment in community infrastructure, including grants for community groups and activities

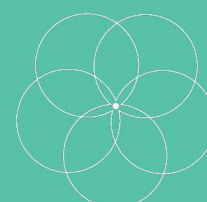
National campaigns – expand effective campaigns to promote social participation

Research and evaluation – invest in more research to understand the best ways to improve social participation; this should include continuing to track the effect of the COVID-19 pandemic on social isolation and mental health

Social prescribing – fund further trials of social prescribing (as recommended by the Productivity Commission),²⁰ and promote connection to non-clinical services through government health and mental health services

Community mental health services – address the gap in non-government community mental health services outside of the NDIS, including carer respite

Group programs – increase availability of group programs that successfully promote social participation for people with experience of mental ill-health.



References

- 1 Highlighted quotes in this position statement are from people with lived experience of mental health challenges or carers, in consultation with Mental Health Australia or previous inquiries and research - full references available upon request.
- 2 Alexander Saeri, Tegan Cruwys, Fiona Barlow, Samantha Stronge and Chris G Sibley, "Social Connectedness Improves Public Mental Health: Investigating Bidirectional Relationships in the New Zealand Attitudes and Values Survey", *Australian & New Zealand Journal of Psychiatry* 52, no. 4 (2018): 365–74. <https://doi.org/10.1177/0004867417723990>
- 3 Julieanne Holt-Lunstad, Theodore Robles and David Sbarra, "Advancing social connection as a public health priority in the United States." *American Psychology* 72, no. 6 (2017):517-530. doi:10.1037/amp000103
- 4 Peggy Thoits, "Mechanisms Linking Social Ties and Support to Physical and Mental Health", *Journal of Health and Social Behavior*. 52, no. 2 (2011):145-161. doi:10.1177/0022146510395592
- 5 Martin Webber, Martin and Meredith Fendt-Newlin, "A review of social participation interventions for people with mental health problems" *Social Psychiatry and Psychiatric Epidemiology*, 52 (2017), doi: 10.1007/s00127-017-1372-2
- 6 Christopher Groot et al, Anne Deveson Research Centre and SANE Australia. *Report on Findings from the Our Turn to Speak Survey: Understanding the impact of stigma and discrimination on people living with complex mental health issues* (Melbourne: 2020)
- 7 Amy Morgan, Judith Wright and Nicola Reavley, "Review of Australian initiatives to reduce stigma towards people with complex mental illness: what exists and what works?" *International Journal of Mental Health Systems*, 15, (2021) doi: 10.1186/s13033-020-00423-1
- 8 Australian Bureau of Statistics *Mental Health* (2018) <https://www.abs.gov.au/statistics/health/mental-health/mental-health/latest-release>
- 9 Grace Jennines-Edquist, ABC, *Feeling isolated? You're not alone. Here's why 1 in 4 of us is lonely*, (2020) <https://www.abc.net.au/everyday/social-isolation-why-are-we-so-lonely/10493414>
- 10 Deborah Warr, Jennifer Cox and Sarah Redshaw *A review of associations between social isolation, loneliness and poor mental health among five population groups* (n.d.), https://cdn.csu.edu.au/__data/assets/pdf_file/0003/3583182/V1008_Mental-Health-summary-report_v1_A4.pdf
- 11 Michelle Lim, et al. *Health and wellbeing survey: Monitoring the impact of COVID-19 - Wave 1 Summary Findings*, (2020) <https://www.swinburne.edu.au/research/institutes/iverson-health-innovation/shaw-laboratory/>
- 12 Australian Institute of Health and Welfare, *Mental health services in Australia* (2022) <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/covid-19-impact-on-mental-health>
- 13 Abigail Rose, Thomas Abrams, Elizabeth Parker, and Giulia Todres, New Philanthropy Capital, *The Building Connections Fund: Part One – Evaluation of the Building Connections Fund prior to the COVID-19 pandemic* (2021), <https://www.gov.uk/government/publications/building-connections-fund-evaluation-final-reports>
- 14 Julia Anwar-McHenry, Robert Donovan, Geoffrey Jalleh and Amberlee Laws, "Impact evaluation of the Act-Belong-Commit mental health promotion campaign", *Journal of Public Mental Health*, 11, no. 4 (2012):186-194. doi.org/10.1108/17465721211289365
- 15 Polly Fong, Tegan Cruwys, Sam L. Robinson, S. Alexander Haslam, Catherine Haslam, Paula L. Mance, Claire L. Fisher, "Evidence that loneliness can be reduced by a whole-of-community intervention to increase neighbourhood identification," *Social Science & Medicine*, 277, (2021) <https://doi.org/10.1016/j.socscimed.2021.113909>.
- 16 Tegan Cruwys et al. "Social Isolation Predicts Frequent Attendance in Primary Care" *Society of Behavioural Medicine* 52, (2018):817-829, DOI: 10.1093/abm/kax054
- 17 Digital Inclusion Index, *Digital inclusion: the Australian context in 2021* (2022), <https://www.digitalinclusionindex.org.au/digital-inclusion-the-australian-context-in-2021/>
- 18 Tegan Cruwys, Catherine Haslam, Joanne A Rathbone, Elyse Williams, S Alexander Haslam, Zoe C Walter, "Groups 4 Health versus cognitive-behavioural therapy for depression and loneliness in young people: randomised phase 3 non-inferiority trial with 12-month follow-up." *British Journal of Psychiatry*. 220, no. 3 (2022):140-147. doi: 10.1192/bjp.2021.128.
- 19 Grow, *Mutual Support in Mental Health Recovery: Applying the evidence* (2015) https://grow.org.au/wp-content/uploads/2020/08/Mutual-support-in-mental-health-recovery_v1.pdf
- 20 Productivity Commission, *Mental Health*, (Canberra: 2020), p715, Action 16.3

