Social isolation in people with mental illness

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Social isolation in people with mental health problems is common and has a significant impact on wellbeing, recovery and community participation. It is important to ask patients about their relationships and whether they wish to improve these and, if so, to address potential barriers. Use should be made of relevant services, according to availability and preference.

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People with mental health problems can experience social isolation affecting all types of relationships, whether with friends or family. Social isolation can be a result of the symptoms of many mental health problems as well as a consequence of the associated stigma, disadvantage and social exclusion that people with mental illness can face. The problem may affect people who are living with others, where it may not be apparent, as well as people who are living alone.

According to the Australian National Survey of Mental Health and Wellbeing, almost one-third of Australians who have psychotic disorders are living alone and 39% of these people have no 'best friend' with whom they can share thoughts and feelings.[1] Although a proportion of people with mental illness withdraw from others as a way of managing symptoms such as paranoia, persistent auditory hallucinations or feelings of depression, poor energy and low self-worth, it is important to recognise that the majority desire more connections with others. In the above survey, 45% of participants felt they needed 'good friends'.[1]

THE IMPORTANCE OF SOCIAL CONNECTIONS

Making social connections is important for recovery and participation in the community. Growing evidence suggests that social isolation at the onset of mental illness and during its course is linked with poorer clinical and social outcomes.[2] In a national consultation, isolation and loneliness were identified as

MAINTAINING A RECOVERY FOCUS: HELPFUL HINTS

To maintain a recovery focus with patients with mental illness, it has been recommended[8] that the day-to-day contacts of health professionals include:

- maintaining a positive and hopeful stance
- focusing on strengths and working in partnership
- establishing realistic, achievable goals defined by the person
- being prepared to talk about meaning and feelings as well as symptoms and treatment
- identifying non-mental health resources that may be important to achieving goals (e.g. help with transport or child care).

These approaches are less focused on a 'cure' (clinical recovery) and more on emphasising a life beyond illness (social recovery). This is best achieved by fostering a positive, supportive and collaborative working relationship oriented towards social recovery.

greater problems than income disadvantage to people with mental health problems.[3]

The contemporary concept of recovery in mental health practice differs from the general view that health professionals may have of recovery, which concerns the control or elimination of symptoms of illness. This alternative (former) definition asks health professionals to recognise a 'nonclinical' interpretation of recovery that emphasises the relevance of hope, connection with others and the development of meaning and purpose in life.[4] This approach is supported by research showing that social recovery is only loosely related to symptomatic improvement.[5] Hence, patients may continue to experience symptoms and yet manage to make friends or return to work, if they are in the right kind of supportive environment.

Meaningful reciprocal relationships are a fundamental aspect of human existence; lack of these reflects social exclusion. People with serious mental illness have been identified as being among the most excluded in society,[6] in that they often lack a connection to a community where they share values, identification and a sense of cohesion. This is illustrated by a recent survey, in which over half of Australians with mental illness reported that they did not feel part of their local community.[7] Social exclusion for people with serious mental illness is reflected in their low representation in the workforce, poor health outcomes and lack of access to community support.

Some helpful hints for maintaining a recovery focus are listed in the box on this page.

SOCIAL ISOLATION AND SOCIAL INCLUSION

Social isolation experienced by a person with mental illness can be compounded by poverty, language barriers, cultural differences and coexisting health problems. It is important to be cognisant of this complex web of factors and to explore, assess and address them as far as possible. Further, supports to regain social connections should be individually tailored, taking into account the patient's strengths, interests and past experiences. Use should be made of mental health specific services as well as the services available to everyone in the community, according to availability and preference.

People with mental health problems are no different to anyone else in finding relationships through a variety of means, such as study, employment and religious or leisure activities. Thinking about recovery in this broad sense is likely to be helpful in supporting people to reconnect socially. Therefore, it may be helpful to encourage social leisure pursuits or to discuss employment options such as work in the 'mainstream' workforce, if necessary with support from a specialist employment agency (e.g. Commonwealth Rehabilitation Services or Disability Employment Services).

Examples of the recovery focus in building upon an individual's strengths and interests are shown in the box on page 77.

RESPONDING TO SOCIAL ISOLATION

Responding to social isolation may be helpfully considered through a framework that recognises working at various levels – the individual, family and social levels.

The individual level

Some initial considerations for assessing and managing social isolation at the level of the individual are listed below.

- 'Ask about the social.' Any assessment of an individual who has mental health problems should explore the quantity and quality of their social relationships, enquiring as to whether the individual is satisfied with them, and, if not, whether he or she wishes to change this.
- Even if patients desire more social contacts, they may identify difficulties in achieving them, such as decreased confidence, fears related to past failures, poor energy and motivation, and uncertainty about how and where to make a start. These factors should be identified and explored because they can potentially be addressed through supportive psychotherapy, practical support and provision of information.
- It is necessary to assess and adequately treat symptoms such as paranoid delusions, auditory hallucinations and depression because these can lead to social withdrawal and isolation.
- Social anxiety is common, either alone or in combination with other mental disorders, including depression and psychoses. Enquire about psychological and physical manifestations of anxiety, such as feelings of apprehension and palpitations, and whether these result in the patient avoiding social situations. If so, consider formulating an anxiety management and graded exposure

THE RECOVERY FOCUS IN ACTION

Mind Australia's framework of recovery places a strong emphasis on relationships, environment, sense of self and skill building, as well as connecting to the broader community. This can involve developing social, recreational, education and employment opportunities.

An example is the Sprout community garden pictured here.

PHOTOGRAPH COURTESY OF MIND AUSTRALIA

program; advice from, or referral to, a psychiatrist or psychologist may be helpful in devising this.

- Side effects of medication, such as sedation, can be a barrier to socialisation. It may be possible to adjust the formulation, dosage or scheduling to minimise the amount of sedative medication taken during the day.
- A patient's personal interests and goals (even if not being currently pursued) can guide an individualised management plan to address isolation.
- It is useful to explore the impact of co-occurring substance use on relationships. Although it may provide a substance-using peer group, it can also be associated with isolated patterns of use and/or alienation from other friends and relatives.
- It is important to assess the patient for comorbidities (e.g. poor physical health) or destructive habits (e.g. gambling) that may restrict capacity to socialise.

The family level

Carers and family members of people with mental illness often experience social isolation as a result of stigma or the caregiving burden, which may compound the problems experienced by people with mental illness. Also, relationships within families may break down as a result of the impact of mental illness and lack of information and support. To restore family relationships, patients might require professional assistance to help demystify and explain the impact of mental illness on thoughts, behaviour and mood, and – subsequently – relationships.

At the family or carer level, there are several practical strategies that can be used to reduce social isolation.

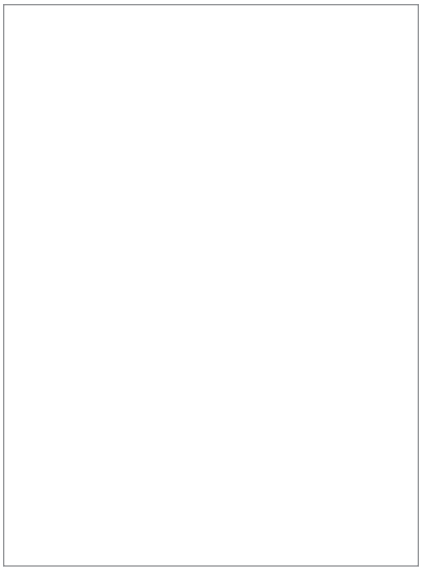
- If the patient is living with family, meet with them and assess the extent to which they also are isolated and how they understand what is happening to their loved one. Provide explanations about how mental illness is affecting the patient.
- Assist families in gaining access to information and the support of people such as carer consultants in mental health services in the local area or carer support organisations (e.g. Carers Australia).
- Arrange respite, which may relieve the burden of caregiving and maintain relationships.
- Refer to programs offering evidence-based family interventions, which improve family coping strategies. These programs may be available through mental health services or the non-governmental sector.

The social level

Assessment and intervention at the social level may involve referral to mental health specific services or non-governmental organisations (as well as consideration of ordinary community resources). Here are some suggestions.

- Specialist mental health services offer community-based case management that can assist with recovery goals such as improving social connections. People with more complex needs may benefit from residential rehabilitation services or assertive outreach teams. Detailed information about locally available services is provided on State and Territory Department of Health websites.
- The MBS items for 'focussed psychological strategies' can be used to refer to a psychologist, appropriately trained doctor, social worker or

occupational therapist for relevant assistance. The MBS items for psychological therapy by a clinical psychologist may also be relevant.
- Under the Mental Health Nurse Incentive Program, it may be possible for a mental health nurse in general practice to assist with arranging the patient's access to other professionals.
- Social contact may be increased when people participate in group activities, such as those provided by community health centres and the Divisions of General Practice.
- Referral to a mental health specific service focused on psychosocial rehabilitation and recovery may be useful for increasing social contacts. These programs are often available through the non-governmental sector and have a strong focus on maximising opportunities for people to make social connections in the community. For information, contact your State or Territory peak body that represents the non-governmental sector in jurisdictions where the sector is well developed (e.g. Vicserv in Victoria, or the Mental Health Council of Tasmania) or the national or State health department.
- Specific programs can be considered that aim to befriend and reconnect individuals with the local community and support them to engage in social and recreational activities. These are often run by local councils, community health or non-governmental organisations. PALS (Partnership And Linkage for people living with mental illness) is an example of a program that successfully links volunteers with people with mental illness in a befriending capacity. The PHaMs (Personal Helpers and Mentors) program assists people aged 16 years and over whose ability to manage their daily activities and to live independently in the community is affected by severe mental illness. However, the program does not require a formal diagnosis of mental illness to confirm eligibility, thus increasing its accessibility for anyone who has been negatively affected by serious mental illness.



- Peer support programs and consumer-run agencies are also recommended for people with mental illness who are experiencing social isolation. An example is GROW, a national organisation that 'provides a peer supported program for growth and personal development to people with a mental illness' (www.grow.net.au). Contact the mental health consumer-peak body in your State or Territory for information about other programs.

CONCLUSION

For many people who experience mental health problems, social isolation has a significant impact on wellbeing, recovery and community participation. It is therefore important to ask patients with mental illness about their relationships and whether they wish to improve these, and to address symptoms, side effects, comorbidities and internal states such as low self-esteem that may be barriers to this. Families may need assistance in understanding and responding to the consequences of their relative's mental illness. In responding to social isolation, a recovery focus is helpful in building upon a patient's strengths and interests. Use should be made of both mental health specific services as well as the services that are available to everyone living in the community. MT

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