Measuring Social Inclusion:
The challenge of compulsory voting

Tim Coombs*

Abstract: This brief paper reflects on the measurement of an important aspect of social inclusion - active citizenship through participation in voting. It highlights some of the challenges of understanding voting and its implications for the measurement of citizenship for people with mental illness. Given the challenges, it concludes by acknowledging that the work undertaken by Peter Huxley makes a significant contribution to the measurement of an important aspect of social inclusion.

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***Correspondence:** timcoombs@live.com.au

University Wollongong. Australian Mental Health Outcomes and Classification Network (AMHOCN). Institute New South Wales Health.

Tim Coombs is a senior nurse who has had leadership roles in supporting the implementation of routine outcome measurement in mental health services in Australia and the development of the measurement of consumer experience of care and social inclusion. ORCID: https://orcid.org/0000-0001-8275-4794

Introduction

In contributing to Peter Huxley's Festschrift, I feel this is a great honour and privilege given Peter's long and illustrious career. I first met Peter at The Mental Health Services (TheMHS) Conference in Adelaide Australia, in 2011. At the conference, Peter presented the measure he was developing, the Social and Community Opportunities Profile or SCOPE. A little later, the Australian Mental Health Outcomes and Classification Network (AMHOCN), where I worked, was tasked with developing a measure of social inclusion that could be used to evaluate the Australian mental health reform agenda. (Australian Health Ministers,

2009). Australia was aiming to create a mental health system that was recovery orientated and strived to support social inclusion. I was aware of the SCOPE as a result of Peter's conference presentation, but a review of the literature found that the SCOPE was a potential candidate for the Australian evaluation of the reform agenda (Coombs et al., 2013).

Development of SCOPE

Peter and his team created the SCOPE as a measure that could be used for research and by mental health services as an outcome measure. It was also hoped that agencies might use the measure as part of the initial assessment process (Huxley et al., 2008).

A literature review indicated two broad schools of thought regarding social inclusion (Huxley et al., 2012). These can be seen as a rights-based view where social inclusion involves upholding the rights of a person or citizen of a particular group, community or country. The second school of thought views social inclusion as the opportunity to participate in key activities and functions of society. Both of these views are important in the context of mental health. The denial of rights has been a historical feature in the treatment of people with mental illness. Similarly, inequalities in the participation of people with a mental illness, for example, in education and employment, remain a concern.

The literature showed that social inclusion is rooted in four different types of social relations. These relations include market (exchange), bureaucratic (rational-legal), associative (common interest) and communal (shared identity and reciprocity). These relations occur at different levels, including the individual, family or close relationships, local community and broader government policies. The reading of the literature by Peter and his team indicated that social inclusion was relative to a given society or time and place, multidimensional in terms of rights and participation, and dynamic in that it is a process rather than a state and multilayered, operating at an individual, family, social and global level.

A series of focus groups were also undertaken, bringing together people who used mental health services, professionals, service managers, and academics. Participants ranged from members of the general public to first-year social work students, with each group emphasising different aspects of social inclusion. These focus groups enabled Peter and his team to generate a concept map of social inclusion and a subsequent matrix of domains of social inclusion. This matrix included family and social activities, work, income, community facilities and financial services, neighbourhood safety, housing quality, transport, leisure

activities, mental and physical health services, educational opportunities, and political and civic opportunities.

Peter and his team then searched for potential questions to populate each of these domains, wherever possible, drawing from UK national data surveys and other normative data. The British household panel survey 2006 was the source of one of the questions that aimed to populate the political and civic domain. The question chosen was, "did you vote in the May 2005 UK general elections". A rigorous process of cognitive testing, revision, refinement and field testing followed, and the psychometric properties of the SCOPE were established for both a long and short form (Huxley et al., 2012). The question "did you vote in the May 2005 UK general elections." survived this refinement process and contributed to measuring political and civic participation.

The AMHOCN literature review of social inclusion measures identified the SCOPE as a potential measure for use in Australia. However, we concluded that it was not quite fit for purpose and would require modification. In part, asking people if they voted in a UK election would not make sense in Australia, but more importantly, voting is compulsory in Australia. 97% of the population is enrolled to vote, and in the last federal election in 2019, nearly 92% of those enrolled turned out to vote on election day (Australian Electoral Commission, 2019). There are issues that need to be considered given different approaches to voting in different countries and their potential impact on measuring the political and civic aspects of social inclusion.

Compulsory voting In Australia

Compulsory voting is simply the legal requirement to attend the polls at election time. In Australia, talk of compulsory voting began in the 1870s, with paper nominations and private voting booths, and given the requirement that polling places had to be at least a hundred yards from the nearest pub, elections had become dull and orderly affairs. Some 50 years later, the matter came to a head with the low voter turnout in the 1922 national election, with less than 60% of eligible voters participating (in some states, less than 50%). A bill was introduced into the federal parliament in 1924, and after a debate of less than one hour, it was passed unanimously with no amendments (Brett, 2021).

Australia takes a general carrot and stick approach with regard to compliance with compulsory voting. Procedures aimed at facilitating attendance include elections being held on Saturdays. There is assistance for the aged and for people from non-English speaking backgrounds. Mobile polling stations are often set up in hospitals so that ill people have access to voting. There

are early voting opportunities and postal and absentee voting arrangements. There are sticks. Although applied leniently, electoral authorities enforce compulsory voting with fines associated with non-compliance. The courts have upheld these sanctions, and the system of compulsory voting has the support of the population (Bonotti and Strangio, 2021). Surveys indicate that around 70% of the population consistently supports compulsory voting (Sheppard, 2021). Indeed, elections are a day when the whole community comes out and celebrates with a 'democracy sausage' or a visit to the election day cake stall (Marshall, 2018).

Arguments for and against compulsory voting

Birch (2008), in an analysis of the arguments for and against compulsory voting, has identified the legitimacy of governments, public engagement in the electoral process, political outcomes and the obligation to vote as central.

Issues of the legitimacy of governments are raised by low voter turnout. Politicians may be concerned that they do not have sufficient legitimacy to govern if only a few eligible voters elect them. Compulsory voting can be seen as a necessary means of achieving accurate representation by binding people together and ensuring taken decisions have democratic legitimacy. However, this legitimacy should be viewed with caution. Suppose there is substantial opposition to compulsory voting or the significant casting of spoiled ballots. In that case, it could simply result in the de-legitimisation of political institutions, and it would be difficult to argue the process was democratic.

Compulsory voting may engage people in the electoral process, increasing levels of awareness and interest in politics and ultimately educating the population about politics. The counterargument is that compelling voting may lead to apathy rather than positive engagement, as centrally determined measures to make people vote will not solve any underlying problems of disaffection.

Some argue that compulsory voting leads to social justice and more just policy outcomes. Skewed participation in the electoral process, as a result of voluntary voting, can create policies that appeal to a subset of the population. This bias creates a vicious cycle where the marginalised become increasingly disengaged from the process. Compulsory voting can ensure that policies reflect the view of the population as a whole. In contrast, others argue that much of the population is ill-informed on policy and does not make decisions that actually serve their interests or may generally negatively impact the quality of decision-making.

Finally, voting is seen as a necessary attribute of citizenship, a moral obligation and a duty. In a democracy, all community members have a duty to contribute to collective decision making if they are to enjoy the benefits of that decision making. John Stuart Mill argued that if voting was a right rather than an obligation, people could do what they liked with their vote, such as selling it to the highest bidder (Birch, 2008). However, voting is both a right and a duty that naturally go together. Democracy confers advantages like rights, but imposes duties. These duties might be against the person's will, but people must bear the responsibility for those advantages. Should these rights and responsibilities be made legally obligatory?

It has been argued that the right to vote implies the right not to vote and that any legal obligation to vote places an unacceptable limitation on the individual's freedoms. In essence, compulsory voting is inherently undemocratic. However, the duty and right to vote have been made legally binding in Australia. One defence of this position is that in modern democracies, there is pervasive legal compulsion, such as mandatory education for children or the paying of taxes. However, there are obligations that citizens undertake in the interest of society, like wearing seatbelts in cars or undergoing safety checks at airports, or responsibly disposing of rubbish. Indeed, the European Court of Human Rights has ruled that compulsory voting does not violate freedom of thought, conscience or religion, as long as voting allows the casting of a blank or spoilt ballot. This opportunity means that electors in systems of compulsory voting still have the ability to express their dissatisfaction with the political process (Birch, 2008).

Mental illness and voting in Australia

Australia has embraced compulsory voting. However, in Australia, while voting is compulsory, a person is disqualified from voting by reason of being of unsound mind. This includes those with actual or impaired decision-making capacity resulting from chronic or acute mental illness (Ryan et al., 2016). This exclusion first appeared in the 1900s when the only other groups excluded from voting were convicted criminals and 'aboriginal natives' (Ryan et al., 2016).

While this legislation has subsequently been amended because the 19th century anxieties about gender, race and class and their participation in the electoral process have passed, other than citizenship and age, mental unsoundness is the only status-based cause for disqualification from the voting process. Recently, there has been a movement toward a more inclusionary approach that does not place the burden of proving capacity on people with a mental illness, something that no other Australian citizen is required to bear (Ryan et al., 2016).

Australia, however, is not alone in excluding the mentally ill from voting. Bhugra et al. (2016), in a review of legislation and/or constitutional provisions of 167 countries, found that only 11% placed no restrictions on the right to vote by people with mental health problems, and over 36% of countries barred people with mental health problems from voting. The main argument for excluding the mentally ill was the need to maintain the integrity of the electoral process, which requires a certain level of informed choice by people who can make those choices. The implication is that people with a mental illness cannot make informed choices. In a concerning observation, Walker et al. (2016) have found that there has been an increasing trend in the political rights of people with a mental illness, including the right to vote across states in America.

While the legislative intent may be to exclude the mentally ill from participating in the electoral process, does this intent translate to practice? Lawn et al. (2014), in a study of practice, found that while staff supported people with a mental illness to attend mobile polling stations on election day, there was no transparent process for how staff judge the willingness or capacity of the individual to vote. Instead, they rely on their judgements about how well the person is and the logistics of getting the person to the polling booth. Lawn et al. (2014) acknowledge that people with a mental illness are getting the opportunity to vote even when detained in an acute psychiatric unit, but the process is too idiosyncratic and haphazard for something as important and symbolic as the right to vote. However, establishing consistent approaches to the assessment of capacity has plagued many jurisdictions (Hurme and Appelbaum, 2007). Ensuring consistency in practice is essential, Nash (2002) argues; voting has a therapeutic value. It can make people with a mental illness feel more integrated into their local community, reducing their fragmentation and fostering social reintegration.

Singh (2021) believes that compulsory voting is only justifiable if the benefits to society outweigh the infringement of democratic liberties. Given that voting is an indication of social inclusion and has the potential for therapeutic effects, an argument for infringing the rights of a person with mental illness through compulsory voting can rest simply on utilitarian grounds, bringing about the greatest good for the greatest number.

Wright and Stickley (2013) have warned, social inclusion is a highly complex idea that has become embedded in modern political thought. As this brief survey of the issues has made clear, voting, compulsory voting and the place of mental illness are highly complex issues loaded with moral, political, and clinical implications.

Conclusion

In conclusion, participating in the democratic process is a central aspect of social inclusion. Peter and his team worked to develop the SCOPE to measure social inclusion and chose "did you vote in the May 2005 UK general elections" to describe the respondent's participation in political and civic activities. While at first glance, asking if someone had voted in an election seems a rather superficial exploration of a multidimensional issue. In a country that supposedly celebrates compulsory voting but actively disqualifies the mentally ill from the process, just asking the question, "did you vote in the last election" tells you a lot. Peter and his team are to be congratulated.

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