



Review

From the rhetoric to the real: A critical review of how the concepts of recovery and social inclusion may inform mental health nurse advanced level curricula – The eMenthe project



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ARTICLE INFO

Article history:

Accepted 16 November 2015

Keywords:

Competency
Critical review
Education
Emotional intelligence
Mental health
Recovery
Social inclusion

SUMMARY

Objectives: This critical review addresses the question of how the concepts of recovery and social inclusion may inform mental health nurse education curricula at Master's level in order to bring about significant and positive change to practice.

Design: This is a literature-based critical review incorporating a rapid review. It has been said that if done well, this approach can be highly relevant to health care studies and social interventions, and has substantial claims to be as rigorous and enlightening as other, more conventional approaches to literature (Rolfé, 2008).

Data Sources: In this review, we have accessed contemporary literature directly related to the concepts of recovery and social inclusion in mental health.

Review Methods: We have firstly surveyed the international literature directly related to the concepts of recovery and social inclusion in mental health and used the concept of emotional intelligence to help consider educational outcomes in terms of the required knowledge, skills and attitudes needed to promote these values-based approaches in practice.

Results: A number of themes have been identified that lend themselves to educational application. International frameworks exist that provide some basis for the developments of recovery and social inclusion approaches in mental health practice, however the review identifies specific areas for future development.

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Conclusions: This is the first article that attempts to scope the knowledge, attitudes and skills required to deliver education for Master's level mental health nurses based upon the principles of recovery and social inclusion. Emotional intelligence theory may help to identify desired outcomes especially in terms of attitudinal development to promote the philosophy of recovery and social inclusive approaches in advanced practice. Whilst recovery is becoming enshrined in policy, there is a need in higher education to ensure that mental health nurse leaders are able to discern the difference between the rhetoric and the reality.

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Introduction

The context for this review is a European-funded educational project, developing master's level materials for mental health nurse education, the eMenthe project. It has been asserted that mental health nurse education needs to address the gap between theory and practice when it comes to recovery principles (Cleary and Dowling, 2009; Gale and Marshall-Lucette, 2012) and our project seeks to address this issue. In this review therefore, we pose the question of: *How might the concepts of recovery and social inclusion inform mental health nurse Masters level curricula?* In answering this question we first define the concepts and use educational theory (notably the concept of emotional intelligence) to inform our inquiry. The approach we are using is a literature-based critical review based upon the findings of a rapid review of the relevant literature. It has been said that if done well, the critical review can be highly relevant to health care studies and social interventions, and has substantial claims to be as rigorous and enlightening as other, more conventional approaches to literature (Rolfe, 2008). Our inquiry is guided by theory and is not an attempt at systematically reviewing the literature. That said we have firstly conducted a rapid review (Khangura et al., 2012) and taken into account the up-to-date international literature on recovery and social inclusion that has relevance to this inquiry.

Defining the Topics

Firstly we define the core concepts to the review: recovery and social inclusion and briefly describe emotional intelligence theory in relation to nurse education as an analytic lens for our inquiry.

Recovery

Recovery in mental health is not an easy concept to define or articulate. Some early definitions of the concept were offered by Deegan (1988) and Anthony (1993). Deegan (1988) sees recovery as a process where people acknowledge being socially disabled by their mental health problems and recover a new sense of self. Anthony (1993, p.527) developed these ideas further by contending that "...recovery involved the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness". Warner (2004) identified two uses of the word recovery: the first being the loss of symptoms and a return to a state of health similar to that before the illness (complete recovery) and the second he regards as a 'social' recovery (further elaborated upon in our definition of social inclusion). Davidson et al. (2005) argue that different forms of recovery can exist within the context of an individual's life. Others such as Williams et al. (2012) differentiate between clinical recovery and personal recovery. Some (e.g. Repper and Perkins, 2003; Higgins and McBennett, 2007) reject universal definitions and prefer those that are defined by the individual. In their over-arching mental health policy framework, the UK government cites Anthony's (1993) work in their definition:

"This term has developed a specific meaning in mental health that is not the same as, although it is related to, clinical recovery. It has been defined as: 'A deeply personal, unique process of changing one's attitudes, values,

feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life, even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life." (Department of Health, 2011).

In this review, we broadly accept the above definition.

Social Inclusion

The concept of social inclusion in Europe varies to what may be understood in other parts of the world. For example, in North America, the term is largely applied to people from Afro-Caribbean backgrounds. In Europe, notably between 1970s and the 1990s theorists and politicians promoted the concept of social inclusion and exclusion and these concepts became enshrined in European policies. Emphasis was placed upon poverty and deprivation which prevent people from fulfilling the obligations attached to their social roles. The *Joint Inclusion Report* became adopted by the European Commission in 2004 (European Union, 2004). The European conceptualisation of exclusion implies that there has been a breach of social justice (Silver and Miller, 2003). In recent years social exclusion has become strongly associated with inequality (Marmot et al., 2010; Wilkinson and Pickett, 2010) and that it is not only poverty that causes exclusion, but poverty in relation to unattainable wealth in societies i.e. economic inequality. This is supported by Friedli's report for the World Health Organisation (Friedli, 2009) where the author observes that it is difficult to differentiate between the causes and effects of mental health problems and social exclusion.

One often cited definition of social inclusion for people with mental health problems is:

'A virtuous circle of improved rights of access to the social and economic world, new opportunities, recovery of status and meaning, and reduced impact of disability. Key issues will be availability of a range of opportunities that users can choose to pursue, with support and adjustment where necessary' (Sayce, 2001, p.122).

Thus, European definitions for social inclusion and exclusion are less contested than international definitions of recovery.

Method

This review comprised two stages: once the question was defined, a rapid review (Khangura et al., 2012) was conducted on the key concepts of recovery and social inclusion in mental health. Secondly, we employed a critical review approach as presented by Edgley et al. (2014). There is no recognised or traditional structure for a critical review and the approach is flexible enough to allow the direction of the study to be formed by the results of the analysis (Grant and Booth, 2009). Our starting point had been addressing the question: *'How might the concepts of recovery and social inclusion inform mental health nurse Masters level curricula?'* We firstly needed to define recovery and social inclusion but also what constitutes Masters level knowledge, understanding, skills, and practice in contrast with pre-registration nurse education.

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