Social inclusion: NHS service users and the general public

Introduction:
- Social inclusion has been defined as the access to and participation in normative domains of living, combined with a subjective feeling of belonging (Crawford, 2003; Lloyd et al., 2006; Parr et al., 2004).
- Social inclusion has been called a fundamental human need (e.g. Leary & Baumeister, 2000), but it is something that may be difficult for mental health services users to obtain (Green et al., 2002).
- Service users have stated that social inclusion is important in its own right and in facilitating recovery (Green et al., 2002; Repper & Perkins, 2003).
- Social inclusion may be particularly important for people who experience psychosis, as social exclusion has been found to occur both before a first episode of psychosis, and over the course of longer term mental health problems (Dickinson et al., 2002).
- In addition, people who experience psychosis often hold self-stigmatising beliefs (i.e. internalisation of negative societal attitudes), which have been found to negatively affect their clinical and social outcomes (Yanos et al., 2010).
- Alternatively, a positive relationship between service users and their care co-ordinator (or case worker) has been found to improve clinical and subjective outcomes, such as quality of life (Neale & Rosenheck, 1995; Tattan & Tarrier, 2000).
- Both mental health policy and service users themselves suggest that mental health professionals can help them to increase their social inclusion (e.g. Capabilities for Inclusive Practice, Dott, 2007; Green et al., 2002), but little research has been conducted to investigate this empirically.
- Within health and social policy, social inclusion is posed as self-evidently desirable and something that ‘excluded’ groups should aspire to. In particular, the importance of inclusion within mainstream society is emphasised (Dott, 2007).
- These policies rest on the assumption that this ‘mainstream society’ exists in reality; i.e. that there is a majority group of non-excluded people living a normative life of inclusion.
- However, little is known about the social inclusion of the general public (Spandler, 2007), both in terms of the level of social inclusion and whether it varies according to demographic variables and individual differences.

Study 1: NHS service users

Research questions:
- How does the therapeutic relationship between care co-ordinators and service users impact on social inclusion, recovery and clinical outcomes?
- What factors are associated with the quality of therapeutic relationships between care co-ordinators and service users? For example, job attitudes, therapeutic optimism, and service users’ clinical symptoms.

Study 2: The general public

Research questions:
- What does social inclusion look like in the general population?
- How does social inclusion vary with age?
- How is social inclusion related to independent mental health, life domain importance and self-beliefs?

Figure 1: Predicted relationships between study variables (Study 1)

Figure 2: A multi-level model: Predicted influences at care co-ordinator and service user levels (Study 1)

Method:
- 85 service users and their care co-ordinators will be recruited from Early Intervention in Psychosis and Recovery/CMI/TAOT services across Sussex Partnership NHS Foundation Trust.
- At time 1, care co-ordinators and service users are asked to complete therapeutic relationship measures.
- Service users are also asked to complete measures of self-stigma, mental health problems, cognition and self-beliefs.
- Care co-ordinators are also asked to complete measures of job attitudes, therapeutic optimism, and attachment style.
- At a 3–6 month follow-up, service users are asked to complete measures of social inclusion, recovery and mental health problems.

Progress:
- Current status is active and recruiting (n=47).

Table 1: Demographic information (Study 2)

Figure 3: Suggested predictors of social inclusion (Study 2)

Method:
- Participants were recruited from internet forums and using snowball sampling.
- Participants completed an online questionnaire measuring social inclusion (e.g. social networks, life domain satisfaction, activity), and demographic and predictor variables (e.g. age, occupational group, happiness).

Progress:
- 344 participants responded to the online questionnaire. Data from the respondents is currently being analysed. Demographic information from the 344 participants is presented below.

Figure 4: Participants’ relationship status (Study 2, n=344)

Figure 5: Participants’ current type of occupational activity (Study 2, n=344)

Key references