

Research Article

Mapping the Psychosocial: Introducing a Standardised System to Improve Psychosocial Understanding within Mental Health

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Abstract

Objective: Psychosocial approaches are increasingly being advocated as an efficacious means of addressing mental health problems. However, with a multitude of complex and varying interpretations present with the use of the term ‘psychosocial’ / ‘psycho-social’ in contemporary discussions of mental health, its application can be vague and even contradictory. This presents problems for research to inform practice and practice to inform research, ultimately inhibiting the help given to those suffering.

Method: Literary review, reflecting an extended period of 10 years, explores and analyses the use of the terms ‘psychosocial’ and ‘psycho-social’ within a mental health context.

Results: This article identifies that applications and use of the term psychosocial vary significantly, with two models being primarily evident in mental health applications: a multidisciplinary and interdisciplinary model.

Conclusion: A standardised system is established for mental health theorists and practitioners to identify and categorise these different applications. This outcome is intended to lead to a better understanding of different psychosocial applications, provide better communication between existing psychosocial applications, and improve clarity for future instruction.

Introduction

“The application of purely biological models has done great harm to psychiatry, downgrading the importance of psychosocial factors” [1].

Advocating the need to approach mental health from a less biologically reductive position and reaffirming the increasingly displaced elements of Engels’ intended biopsychosocial model, there is significant interest and commitment toward elevating consideration for psychosocial approaches [2-4].

When collectively exploring the plethora of applications that operate under the banner of psychosocial approaches – a question arises that causes considerable confusion: *what is a psychosocial approach?* Psychosocial approaches across research, policy, health services, and more, are promoted with great confidence but fail to provide a basic and consistent understanding to answer this question.

From its first appearance in the 1890s to the present day,

a universal and standardised definition of the ‘psychosocial’ has been absent [5]. The accuracy of this statement is evident across a diverse plethora of contemporary applications. Dobson, et al. [6] developed a Healthy Work Survey (HWS) that specifically assessed ‘workplace psychosocial hazards’. But whilst examples of psychosocial hazards are given; ‘emotional demands/labor, organizational justice, workplace bullying, and precarious work arrangements, scheduling’ (p.343) – no solid foundation as to what constitutes a definition of ‘psychosocial’ is provided. In the more established, and globally influential, Copenhagen Psychosocial Questionnaire (COPSOQ), again we do not see a clear definition [7] – but rather the term is used frequently with assumed understanding. Vander Weele [8] acknowledges an aspect of this confusion stating a clearer understanding of ‘psychosocial constructs’, the factors termed psychosocial hazards/conditions in the previous assessment tools, need to be developed to promote better assessment accuracy. But, the argument of this paper is that before ‘psychosocial constructs’ can be better defined we must understand the base premise of ‘psychosocial’.

More Information

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Current usage varies with different applications; psychosocial *perspectives*, psychosocial *approaches*, psychosocial *interventions*, psychosocial *theories*, psychosocial *pathways*, psychosocial *studies*, etc., and within each of these examples the central and unifying premise of 'psychosocial' remains vague at best and conflicting at worst.

"The term psychosocial has, inevitably, a range of reference and definitions" [9].

On the rare occasion that a definition is provided, it is specific to the dynamic of that psychosocial application; for example, highly psychologised [2,10], sociological [3], or psychoanalytic (APS, n.d.), etc. Psychosocial books, such as Berke, et al.'s, [11] *Beyond Madness: Psychosocial Interventions in Psychosis*, Clarke and Hoggett's [12] *Researching Beneath the Surface: Psycho-Social Research Methods* and Frosh's [13] *New Voices in Psychosocial Studies*, collate applications that share similar dynamics and provide in-depth knowledge to their specificity. However, context regarding the positionality of what unites their specific applications and how it contrasts within the broader psychosocial approaches is missing. By negating to include and inform that alternative, sometimes conflictual and equally justifiable, definitions are in operation, these specific definitions present an illusion of being the absolute representation of the psychosocial approach.

Alternatively, in the absence of any definition, the term psychosocial relies on an assumption of being self-explanatory [10]; frequently assumed to be a simple fusion of psychological and social practices/theory. As this paper illuminates, however, this is not necessarily correct, but neither is it necessarily incorrect.

"Psychosocial pathways needs greater clarification" [3].

The influence of Ruth Bell's 2017 *Public Health England* report, *Psychosocial Pathways and Health Outcomes: Informing Action on Health Inequalities* continues to reverberate throughout UK mental health. Six years after its original publication in 2017, the Department of Health and Social Care [14] included this report as one of several 'key evidence sources that underpinned the development of the mental health and wellbeing plan'. Importantly, whilst this original document emphasises the need for more psychosocial pathways, its observation for a lack of clarity surrounding its definition continues to be ignored.

There are a multitude of complex and varying psychosocial applications evident in contemporary mental health and a naivety toward the pluralism of frameworks this article will highlight. Awareness of this diversity informs that a single, static definition is more likely to damage than help. Nonetheless, clarification is needed and a framework that facilitates understanding across the different types of psychosocial applications would be of great assistance. To date, no such standardised system is available.

"No standard system is in place to ensure that the psychosocial interventions delivered to patients/consumers are effective" [15].

This paper addresses this gap, aiming to provide a *standardised system* by which to achieve *greater clarification* for applications of the psychosocial.

Methodology

A literary review was chosen for this research as the most suitable methodology and was justified by the volume of existing publications available for analysis. This methodology was also informed by the author's experience of practice and research within mental health and psychosocial studies across the previous 15 years. The focal question 'What is a psychosocial approach?' originated from the confusion, contradictions, and gap in knowledge surrounding the author's involvement with psychosocial research.

Search strategy

Building on the initial scope search using the generic search engine *Google*, a more specific secondary scope search of *Google Scholar* followed. A final refined and detailed search was conducted using the subscription databases available through the Liverpool Hope University (LHU) online library service, *OneSearch*. The volume of databases available is too numerous to itemise, notable inclusions are; MEDLINE (biomedical information), CINAHL (Nursing and allied health), Cochrane Database of Systematic Reviews (systematic reviews of interventions), ScienceDirect (Science & Health), PsycInfo (psychological literature), etc. Resources utilized in this research were not limited to online resources (or the sample listed). In addition, published academic texts were explored from several libraries; LHU, Senate House and Birkbeck, University of London, and The British Library.

Key search terms

- ((Mental Health OR Mental Illness* OR Mental Disorder* OR Mentally Ill OR Mental Distress* OR Psychiatry* OR Wellbeing OR Well-being))

And

- ((Psychosocial OR Psycho-social)).

Eligibility criteria

- Journal inclusion required (at least) one term represented from each field in the abstract, keywords, or title.
- Book inclusion required a physical or ebook copy to be fully accessed, published as an academic text, and (at least) one term to be represented from each field within the book / edited chapter synopsis.
- Inclusion for open access (public access) and full access



journals (accessed through the subscription authority of OneSearch).

- Acceptance date =< 10 years. The preferable journal parameter of 'no older than 5 years' [16] was extended for this literature review. This reflects the author's experience across an extended duration and the developments witnessed in this time frame. Any research incorporated outside of this timeframe is used to punctuate findings from within the accepted parameter. Several older books were utilized that remain prominent within the body of knowledge available.
- English language publications only and research is prioritised for those studies conducted in the UK and home nations. Due to a potentially wider impact, consideration for research in the Global West was utilized where complimentary.
- To reduce the risk of theoretically biased research, author diversity was promoted through the inclusion of only a single journal per author [17]. *Frosh and Oakes are the exception with two citations and both are included with careful consideration for this risk.

Terminology

The term 'practice' is used throughout the research paper to refer to occurrences or persons who engage with the psychosocial in front-line or client-facing applications. The term 'research' refers to all literature beyond those applied directly to practice (policy papers, theoretical research, etc).

Disclosure

The author confirms that there are no relevant financial or non-financial interests, including ethical considerations, to disclose.

Research findings

The research findings presented have been sourced through academic library search engines, academic libraries, and broader engagement with generic search engines. The references included in the analysis that follows do not reflect the extent, but rather the best examples that punctuate findings evidenced across the research conducted.

A close reading of the breadth of resources identified within the research findings ascertained that the terms 'psycho-social' and 'psychosocial' are used without any discernible difference – the choice to include or exclude the hyphen is dependent on the author's preference. A critical academic debate in this area is noted; the inclusion of the hyphen implies a (detrimental) distinction between internal and external worlds, and the absence of a hyphen encourages a perspective of wholeness and totality [18]. However, this argument has not appeared to have impacted the rules governing wider application in

any distinct way: UWE Bristol (University of the West of England) [19] and Birkbeck (University of London) [20] both undertake compatible psychosocial approaches in research and teaching, with the former opting to refer to 'Psycho-social Studies' and the latter 'Psychosocial Studies'. Both terms are captured in this research under the non-hyphenated spelling of 'psychosocial'.

The primary findings of this literature review identified two models operating under the term psychosocial within the context of mental health; a multidisciplinary and interdisciplinary model. Further models are noted within broader applications of the psychosocial (*The Association for Psychosocial Studies* states 'Psychosocial Studies is characterised by (a) its explicit inter or trans-disciplinarity'. Minulescu [21] extends this to 'include trans-, inter- and anti-disciplinary perspectives'). However, these additional models (transdisciplinary and anti-disciplinary, etc) were not evident within the target application of mental health.

"There are clearly interdisciplinary and multidisciplinary concerns in [the psychosocial] field of study" [18].

Woodward's quote, taken from [18] *Psychosocial Studies: An Introduction*, is one of the very few sources to acknowledge a) different models in operation, and b) concern toward their clarity within this field. But does not expand beyond this minor detail. Problematically, although multidisciplinary and interdisciplinary models are present across the breadth of mental health psychosocial literature, as a rule, neither model is explicitly identified. The research therefore highlights that there is a widescale absence of any means to identify and differentiate between these two models, causing a conflation of diverse ideas which negatively affects the potential for compatibility of differing psychosocial ideas.

This paper develops and outlines a standardised system that facilitates a reliable identification of the model in operation. Using examples extracted from the literature review, a two-pronged framework emerges. Each aspect of this framework provides a deeper understanding of the characteristics that underpin a multidisciplinary and interdisciplinary application of the psychosocial.

A multidisciplinary psychosocial model

Multidisciplinary teams (MDT), 'defined as teams consisting of allied health professionals' [22], are commonplace in all forms of healthcare treatment within the National Health Service [23]. They allow the evidence base and established practices of different teams, that are underpinned by single disciplinary organisations (British Psychological Society, Social Work England, etc.), to be coordinated into an effective and comprehensive service (Tryer, et al. 1998). A psychosocial multidisciplinary model, as the name implies, in this case, advocates the best practice from the two disciplines of psychological and social theory [2,3].



“[T]he core specialist psychosocial professionals include a psychologist (clinical, counselling or health), a counsellor or a psychotherapist, and/or a social worker” [22].

Seekles, et al. highlight this interrelation within the management of emotional health for renal care patients; the aspect of psychology is represented by a psychologist and counsellor/psychotherapist, and social theory through the social worker. Within a mental health context, specifically for client-facing, practice-based applications, a multidisciplinary psychosocial model is the most frequently used. However, identification of the model is rarely, if ever, explicitly stated. The ability to identify the application of a multidisciplinary model provides useful insight, including an expectation for a combination of psychological and social interventions; cognitive behavioural therapy and employment support, etc. This combination however is not necessarily equal or balanced.

“The term ‘psychosocial’ relates to the way that social factors affect states of mind” [3].

The legacy of Ruth Bell’s *Public Health England* report continues to impact this research by representing a multidisciplinary structure, although not explicitly declaring such. Furthermore, it demonstrates how multidisciplinary models may have a pronounced and fixed disproportionate application of social theory and psychology. In this case, social theory takes priority. This structure is also reflected within UK psychiatric nursing – resonating throughout the Nursing and Midwifery Councils standards and essential skills published in Walker’s [2] popular textbook *Psychosocial Interventions in Mental Health Nursing*. This is reflected and succinctly articulated in Jones’ [10] earlier article:

“[T]he influence of psychosocial interventions within post-basic nurse training programmes can largely be attributable to clinical psychology” [10].

In addition to a pre-set balance of disciplinary influences, multidisciplinary psychosocial applications also possess the capability to be flexible, responding to patient/service user engagement, with the design and delivery of care plans resulting in more positive treatment efficacy [24,25].

“Personalization and integration of ... psychosocial interventions ... can significantly improve mental and physical health” [26].

Despite the many benefits of a multidisciplinary psychosocial approach, power struggles can develop between psychological and social inputs, that ultimately distort the intended structure [10]. The impact of this distortion ultimately reveals itself in dire consequences:

“[F]ailure to work collaboratively is associated with greater team conflict, medication errors, duplication of services, longer patient hospitalization and higher mortality rates” [27].

The impact of power struggles also extends beyond the sharp end of treatment, with disputes over discipline territory and supremacy hindering interagency partnerships for policy creation and research collaboration [28].

Multidisciplinary psychosocial summary

- A multidisciplinary psychosocial application is the most common model applied in client-facing practice.
- It will always involve a combination of psychological and social inputs – most frequently actioned through their sub-applications.
- This combination is flexible in nature allowing tailored approaches that benefit efficacy. However, this flexibility also leaves itself open to power struggles.
- It is imperative you understand the psychosocial structure and ensure its intended balance is actioned.

An interdisciplinary psychosocial model

“I take interdisciplinarity to mean any form of dialogue or interaction between two or more disciplines” [29].

An interdisciplinary psychosocial approach is neither restricted by the number or type of disciplines employed, nor by the theoretical boundaries of disciplines utilized. It may involve psychological and social input, as per the previous model, but those are not its threshold.

“[Psychosocial analysis] seeks to transcend the dualism of the individual and the social ... without engaging in either psychological or sociological reductionism” [30].

An interdisciplinary psychosocial approach therefore can explore and utilize eclectic theories from, what may appear in this empirically structured healthcare domain, abstract disciplines, and locations. This eclecticism is justified by the intention to develop insights into the relatedness of the inner and outer worlds of experience, purporting to achieve more accurate knowledge of the totality of the person. This is illustrated in the diversity of theories that underpin articles published in the *Journal of Psychosocial Studies* and outlined in the values of the *Association of Psychosocial Studies (APS)* [31]:

“Psychosocial research draws inspiration from a range of sources including sociology, psychoanalysis, critical psychology, critical theory, post-structuralism, process philosophy, feminism, post-colonial theory, queer theory and affect theory” (APS, n.d.).

A high-profile example of an interdisciplinary psychosocial approach is Erik Erikson’s ‘8 Stages of Psychosocial Development’. First appearing in (1950) *Childhood and Society*, Erikson’s theory illustrates the strong relationship that psychoanalysis frequently holds within psychosocial



studies (APS, n.d.) Erikson combined psychoanalytic theory with social theory, blurring and extending the boundaries of each discipline, to create a unique theory toward the positive (mental) health.

Interdisciplinary psychosocial applications are more frequently evident within the field of research and often incorporate a structural psychoanalytic component (APS, n.d.). Linden West's [32], book; *Distress in the City*, illustrates both aspects, applying a psychosocial methodology that involves psychoanalysis to facilitate research into racism and poor mental health within post-industrial communities. It is important to remember that although frequently used, an interdisciplinary psychosocial approach does not require psychoanalytic involvement, neither is it restricted to the theoretical influences listed above by the APS; the example of existential philosophy in the development of psychosocial insights for mental illness highlighting this broader scope [33,34].

"[Psychosocial studies] can be understood as an interdisciplinary field" [13].

Giving authority to an interdisciplinary understanding of the psychosocial, Frosh's quote reinforces a point raised within the introduction – a definition that can be (mis)interpreted as all-encapsulating and absolute, without reference to alternative models (such as that seen above). In defence of this example, Frosh's definition applies specifically and consistently to psychosocial 'studies' [13,35], therefore, it could be offered that 'psychosocial studies' is already the reference for interdisciplinary psychosocial applications. Problematically, however, we also see complementary interdisciplinary applications that do not opt to use the term 'studies' [32]. Regardless of the terminology employed, this example reaffirms the need to differentiate consistently and effectively.

Due to the unique theoretical constructs within interdisciplinary psychosocial applications, the methodological structures and theoretic influences are typically detailed within each text (albeit often without explicitly stating interdisciplinary). For those approaching this model from a multidisciplinary background, this depth of theory can seem complex. However, once terminologies are simplified the essence of the application becomes more manageable.

"Using ideas from other disciplines (hence 'interdisciplinary') in order to produce forms of knowledge that have no disciplinary location ('transdisciplinary')" [13].

Mental health is a 'transdisciplinary object of knowledge', refusing to fit neatly within disciplinary boundaries, arguably that of psychology and sociology, etc. The aim of interdisciplinary models of psychosocial application is to transcend disciplinary boundaries and thus avoid theoretical reductivism that provides partial insight into our experience.

Interdisciplinary psychosocial summary

- An interdisciplinary psychosocial application is mostly evident in research and theoretical papers.
- It is not limited by the number or type of disciplinary influences; theories are engaged with diversely to facilitate insights into inner and outer world experience, providing a holistic vantage of the totality of the person.
- Methodologies are often more complicated but outlined more explicitly within the text.

The grey area between psychosocial models

Contrasting with the themes that have organised the structure of this article, there are psychosocial approaches that do not fit seamlessly with the examples that punctuate the description of the two models.

Whilst practice more frequently relies on a psychosocial multidisciplinary model, and research on a psychosocial interdisciplinary model, there are no rules that insist on these classifications. Erikson's [36] '8 stages of Psychosocial Development' demonstrates the capacity for an interdisciplinary approach to involve primary research, theory creation, and practice-based (psychotherapeutically). Likewise, the *Public Health England* [25] report 'Psychosocial Pathways and Health Outcome' applies a multidisciplinary model that is research-based, designed to inform policy and ultimately instruct practice.

"Interdisciplinarity has become a buzzword in scientific debates and [is] the desirable direction towards which the social sciences should develop themselves, both in terms of teaching and research" [37].

As interdisciplinary teaching and research gather momentum, psychosocial applications are positively contributing [11-13,38]. There are also numerous examples of interdisciplinary work that complement the psychosocial without explicit reference to the term: Herbert Marcuse's [39], *One-Dimensional Man*, David Smail's [40] *The Origins of Unhappiness*, Judith Butler's [41] *Gender Troubles*, and Mark Fisher's [42] *Capitalist Realism*. A reminder that interdisciplinary psychosocial insights, explorations for the relatedness of inner and outer experiences, are not limited to those that identify themselves as psychosocial. Taking this a step further, R.D. Laing [43] explicitly warned against adopting terms like 'psycho-social'. He inferred that such terminology was unnecessary and likely to cause the reductivism that psychosocial approaches seek to negate.

As interdisciplinary psychosocial applications gain pace, reified through organisations such as the APS and *Journal of Psychosocial Studies*, Laing's caution toward the implications



of reductivism must be heeded. This may question the necessity for a specific interdisciplinary psychosocial model to exist, especially when there are numerous examples that reflect its properties in everything but name. But, at a time when disciplinary boundaries are increasingly being demarcated, siloed thinking more pronounced, and the binary of psychological and social, inner and outer experience, enforced and ostracised in relation to the biomedical, perhaps the term 'psychosocial' is needed to keep our attention on the totality of the person.

A concern for disproportionality within multidisciplinary psychosocial applications regards questioning at which point along the psychosocial scale does an approach more accurately locate as an individual discipline. Walker's [2] *Psychosocial Interventions in Mental Health Nursing* catalogues a list of psychological (CBT, mindfulness, psychodynamic counselling, etc) and social interventions (vocational support, social inclusion, etc), that are flexibly applied within mental health nursing. Walker further qualifies a multidisciplinary psychosocial intervention as any application of a (single) discipline that will *ripple* out and positively affect its opposite domain; the psychological into the social, and vice versa.

"A useful element of PSIs [psycho-social interventions] is that when we choose a target for treatment, benefits from that specific focus will ripple out into other areas of our lives that had become problematic" [2].

In contrast to Walker's position, I propose that a psychosocial approach must be qualified by methodological impetus with a conscious inclusion of psychological AND social influence. The application is a pincer approach that addresses an individual from both internal and external aspects/disciplines, thereby incorporating a minimum of social and psychological intervention. This creates common ground with an interdisciplinary approach, more importantly, it ensures individual problems aren't being addressed from a single vantage thus restricted in some capacity by its disciplinary boundary. If a psychosocial application is to be qualified through outcome alone, this has ramifications for individual disciplines. Two forefathers of sociological and psychological applications within mental health; Emile Durkheim's (1897) *Suicide*, and Sigmund Freud's (1895) *Studies on Hysteria*, advocate the wider benefit of their theories beyond their sociological and psychological roots, but neither of them nor theorists that follow, would rebrand their individual disciplinary approach psychosocial. No solution is offered to this question, but it remains a grey area that requires careful consideration.

These examples emphasise the need to understand how the models operate rather than simply align multidisciplinary and interdisciplinary with practice and research, respectively, or limit our knowledge to texts containing the term psychosocial, or even to accept qualification of an application based on use with the term psychosocial.

Grey area summary

- Interdisciplinary approaches that reflect the principles of the psychosocial exist beyond this terminology.
- Claims for a multidisciplinary psychosocial application are frequently justified by the input of one discipline (the accuracy of such is questioned in this paper).
- Psychosocial research can be multidisciplinary, and practice-based psychosocial applications can be interdisciplinary.

Towards a collaborative psychosocial future

"Despite the variations, there are some noticeable common features within these definitions of the psychosocial" [9].

The aim of this paper is not to question the validity of a psychosocial model, nor to advocate a claim of greater authority, neither is it to analyse the efficacy of the psychosocial approach more broadly. Rather it is to illuminate a complex and diverse psychosocial landscape, that possesses two very distinct terrains. Having highlighted the territories of a multidisciplinary model, an interdisciplinary model, and furthermore, the nuanced applications that operate within, the lack of a standardised system by which to organise and understand psychosocial applications becomes clearer. By outlining some of the main characteristics that structure each of these models, practitioners, researchers, students, etc., have a resource to identify and understand different applications. This enables individual applications to be contextualised within the broader psychosocial approach and a greater ability for a cross-fertilisation of ideas.

Vicary [44] states that 'research-informed practice' and 'practice-informed research' are vital to ensure efficacious treatment in mental health. The standardised system developed in this paper opens pathways to develop connections and communications between research and practice, regardless of the model they reside within.

Thomas [45] provides an insightful summary in the *Journal of Psycho-Social Studies*, that goes some way to providing an overview to unite all psychosocial models:

"The heart of psychosocial studies is invariably the idea of relation... the coming together of the inner- and the outer-worlds [interdisciplinary] or combining insights from the social sciences with those of the psychological ones [multidisciplinary]" [45].

Psychosocial approaches are about ensuring the relatedness of a person's entire experience is kept intact, a bond that is increasingly atomised when individual approaches vie for the claim of authority in mental health (more so with the biochemical aspect). Whether this is achieved through a multidisciplinary or interdisciplinary approach, it is left to



the authors of each approach to justify their claim. However, understanding the models that underpin psychosocial applications is vital in promoting good practice.

Conclusion

Psychosocial approaches are encouraged in the treatment of mental health issues. There is no universal or standard definition of 'psychosocial'. Two psychosocial models are present in mental health; multidisciplinary and interdisciplinary. These models are not explicitly stated within the literature. The multidisciplinary applications involve a balance of social theory and psychology. Multidisciplined applications are typically seen in practical settings. Interdisciplinary applications are not limited to specific disciplines. Any number of theories can be used to help understand the relationship between a person's inner and outer experience. Interdisciplinary models are frequently utilized in research. This information is to be used as a guide to inform decision making but it must be recognised that exceptions to the rule exist. Therefore, understanding the intricacies of each model is of paramount importance.

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