

REFLECTIONS ON EDUCATIONAL WORK IN THE AREA OF ITALIAN MENTAL HEALTH

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Abstract. *The paper specifically reflects on educational work in the area of mental health, on the basis of an empirical research designed to explore the interaction between medical and pedagogical interventions in two Italian mental health contexts.*

The study design was qualitative (Denzin & Lincoln, 2000); specifically a phenomenological-hermeneutical method (Van Manen, 1990) and a case-study strategy (Nagy & Leavy, 2011; Yin, 1994) were adopted.

An analysis of educational work in healthcare contexts was carried out, with a focus on the particular knowledge, professional role and professional practices that identify educators in this field.

The case study pointed up critical and specific characteristics of educational action in the mental health services, which is aimed at striking a balance between the dimensions of caring for, and developing the skills of, people with mental illness.

Keywords: *Educational work, Mental Health area, multi-professional team.*

Introduction

The following reflections about educational work in the area of mental health are related to my PhD project. The aim of my research is to explore how medical and pedagogical knowledge interact in the course of professional practice. Psychiatrics, as a specific area of medicine, provides a particularly rich context for studying this research topic. An empirical study was designed, involving two Mental Health services, in order to investigate the interaction between medical and pedagogical interventions in two contexts in which health and educational professionals worked side by side in their daily practice.

The study design was qualitative (Denzin & Lincoln, 2000); specifically a phenomenological-hermeneutical method (Van Manen, 1990) was adopted. The research followed a case-study strategy (Nagy & Leavy, 2011; Yin, 1994).

The two cases were chosen based on their reported characteristics which seemed to exemplify the type of context under investigation (*extreme case*, Yin, 2006).

Data was collected using several different instruments: ethnographical observation (Anderson-Levitt, 2006; Angrosino & Rosenberg, 2011; Bove, 2009) was used to explore the practical activities performed in the two contexts; semi-structured interviews (Atkinson, 2002; Clandinin & Connelly, 2000; Sità, 2012) investigated participants's reports of their own professional knowledge; the practice of collage-making (Butler-Kisber, 2010; Biffi, 2010) was used to

explore participants' representations of inter-disciplinary interaction. Finally, in line with the chosen research philosophy, a central role in the research process was played by the researcher's own reflective thinking: a research diary helped her to take record and organize her thoughts.

The data was analyzed following a phenomenological-hermeneutical model (Van Manen, 1990). NVivo software was used to conduct the analysis by first storing the data (including the visual data) and then processing it. The categories that emerged from the analysis were related to the different professionals participating in the research, with specific reference to the aspects of "role", "theoretical knowledge" and "practice". This made it possible to define the profiles of all the professionals involved, and to characterise their interactions within the multi-professional team. In particular, the current paper offers a reflection on educational work in the area of mental health, based on analysis of material collected in the two contexts under study.

Italian Mental Health area: the challenge of integration between different professionals

Italian social politics are increasingly oriented towards the integration of social and health intervention: this aim creates the bases for setting up multi-professional teams of health, social and educational professionals.

There is a particular emphasis on integrating social and healthcare services in the area of mental health, thanks to the changes introduced by the revolutionary "Basaglia reform".

The work of F. Basaglia (Basaglia, 1968), based on the thinking of L. Binswanger (Binswanger, 1957), E. Goffman (Goffman, 1961) and M. Foucault (Foucault, 2003), laid the ground for the concrete legislative outcome of Law 180 of 1978, which established that psychiatric services were to be incorporated into the National Health System, psychiatric hospitals abolished and a network of local mental health services developed.

In line with these changes encouraging the integration of social and health intervention, mental health is now one of the areas of healthcare in which social and educational professionals are most present, leading to the creation of multi-professional teams. The aim is to design and implement a social-health system within which all professionals involved are called to actively interact and to re-negotiate their respective areas of competence.

The ultimate goal of such integration is to provide care intervention that is focused on the entire person: this aspect should be the first characteristic of a multi-professional team, in which each different professional must consciously deploy his/her own specific skills to further shared care objectives.

The efforts of these multi-professional groups must be directed at creating a "collective professionalism", in which the interaction of different skills can offer

broader possibilities of understanding and intervention than those stemming from the practice of each individual profession (Motta, 2000, p. 202).

Different professionals may react to the creation of this group synergy in different ways, ranging from attempting to remain within the boundaries of one's own specific discipline and avoiding dialogue with other professional viewpoints, to making the cognitive and operative adjustment required to embrace inter-professional exchange and its outcomes. These attitudes may be promoted or obstructed by personal characteristics, but also by professional cultures or the social meanings attributed to the roles and knowledge of different professionals. For example, within the new network of mental health care services set up after the 1978s reform, the medical/healthcare dimension has retained a strong role. The sudden transition from a psychiatric sector based on medical power prior to 1978, to a system managed by a range of professional actors, has resulted in a residual tendency to focus on the medical aspects of mental health care, because this provides a sensation of therapeutic protection and social guardianship (Del Giudice, Fioritti, Rotelli, & Saccottelli, 2009).

Given this background, I now discuss the specific nature of educational work, in terms of its characteristic role, knowledge bases and practices, in the two multi-professional teams participating in my research. To this end, I first outline the composition of each the two teams, in order to define the contexts in which the educational work is conducted and the different professionals present.

Composition and characteristics of the working groups involved in the research

The first context involved in the present case study is a Therapeutic Community for Adolescents, part of a Paediatric Neuropsychiatry Unit at a District Hospital in Lombardy, Northern Italy.

The Community is managed by a team comprising: a doctor specialising in paediatric neuropsychiatry and head of the team, child neuro-psychiatrist; a psychologist; a social worker; a coordinator (with responsibility for coordinating nurses and educators); three nurses; five full-time educators, and two part-time educators working on specific projects only.

The coordinator, nurses and educators do shifts and are present 24 hours a day, including during the night.

The entire team agreed to take part in the research project, except for one nurse who was on leave while the research was being conducted. Thus, the final number of participants in this first context was thirteen.

The second context involved in the research is a Rehabilitation Community for Adults, in the mental health sector, again located in the N. Italian region of Lombardy. The Community is currently managed by a social services cooperative, licensed to run a service within the social-healthcare network.

The working group: a coordinator and head of team, with an educational background; two psychiatrists; two nurses; three educators; a psychiatric rehabilitation therapist; a further staff member who manages the cleaning and organizational aspects.

The nurses, educators, and therapist work shifts and they are present in the community from 8 a.m. to 9 p.m.

The entire team agreed to take part in the research project. A part-time educator, present in the community only one day a week also wanted to participate. Thus, the final number of participants in the second context was eleven.

Reflections on educational work in two Mental Health Services

Educators (together with nurses) are the professionals most constantly present in each of the two Communities: thanks to the shift-work system, educators are on duty 24 hours a day.

Analysing the material collected during the research process, the concept of “closeness”, spanning a number of different dimensions, was highlighted as particularly characteristic of the educators’ role, in both the explored contexts.

Educators’ continuous presence mean that their particular professional action is perceived as “close” to patients, both in the sense of sharing in aspects of their daily lives and in terms of the relationship with them. This aspect of “closeness” characterized the role of educator in both the contexts under study, yet it was experienced and enacted via different material and reflective practices.

Specifically, in the first service, managing the ongoing daily needs of patients and community appeared to completely “take over” the educators’ role, described as strongly focused on these aspects: «*We are the professionals most “taken over” by the practical dimensions of the adolescents’ daily life, from reminding them to change their socks, to bringing them to school...*» (Interview 12, Context 1).

In the second context too, managing daily activities was a component of the educational role, but overall this role was described as strongly focused on implementing an educational plan, defined together with the rest of the professional team. The aim of this plan was to create possibilities for change for the patients, including through routine daily activities: «*[An educator] must support [patients] in everyday life, starting from learning how to take care of oneself, and implementing daily actions...and building up to more complex activities, proposed with the aim of thought projects and objectives*» (Interview 9, context 2).

Thus, in the second context, the educators’ role seemed to include a more reflective and planning-oriented component, specific to educational practice.

Based on observation of the practices implemented by the educators in each of the two contexts and on participants’ descriptions of their practices during the

interviews, it was possible to understand how the educators' role had been translated into professional practice. In both communities, educators' actions were closely related to daily and practical activities. This aspect was reported by all the participants, in relation to their educational practice: «*I went to the open-air market with G., we bought chicken for lunch. When we came back, we set the table, G. helped me*» (Interview 7, Context 1), and also «*We played cards with P....then we did some daily tasks, we washed blankets with P.*» (Interview 5, Context 2).

The researcher's observations similar confirm that routine daily actions are specific characteristics of educators' practices: «*When I arrive, lunch is almost over: some educators are clearing the table, helped by some of the kids*» (Observation 7, context 1), and also «*While an educator is straining rice, at about 12 p.m., she asks some patients to set the table*» (Observation 9, Context 1).

In both contexts, educational practice appeared to be deeply "immersed" in practical, concrete aspects, related to daily life. In relation to this theme, the content analysis carried out with NVivo software allowed me to investigate the words used by participants to describe and narrate educators' action. This semantic exploration showed that educational practice was described using verbs related to the idea of "doing", "concretely acting". Furthermore, these actions were situated in everyday life settings and locations: «*We set the table*» (Interview 7, Context 1), «*We started preparing dinner*» (Interview 4, Context 1), and again, «*We studied with L. all afternoon*» (Interview 12, Context 1). Educational practice inhabits daily places and daily time, it is exposed to continuous relating with the patients; there are no delimited and defined spaces for educators' professional action, as for that of doctors, psychologists and coordinators.

In this sense, educational practice seemed, in both contexts, to be frequently focused on practical actions, however there was a difference between the educators of the two communities in terms of the extent to which these actions were guided by reflection and planning.

The educators in the first context, as we have seen, appear to be totally "taken over" by the practical daily dimensions of their professional practice. It seemed as though there was no room for reflection or for the design and planning of education action beyond the routine management of daily duties: «*Our thoughts too are often focused on these aspects, because we have to make everything "dovetail", between shifts, activities, cooking...*» (Interview 12, context 1).

The comparison with the second community allowed, by contrast, to clearly identify an educational practice focused on everyday dimensions, but guided and oriented by a reflective and planning dimension.

A final aspect to be pointed out in relation to both contexts, is the fact that educators shared their working hours and space with nurses. These two different

professionals met daily in the course of their professional practice. In the first community, this sharing was characterized by a lack of attention to the professional specificity that differentiates educators and nurses. Educators were often involved in nursing tasks, such as administering medicines: «*It happens that we sometimes administer drugs*» (Interview 7, Context 1), and «*We give drugs instead of the nurses, because the nurses are not always her...*» (Interview 12, Context 1). Thus, in the first context educators and nurses engaged in healthcare practices interchangeably, with education professionals performing typically healthcare tasks.

In the second community, on the other hand, a conscious effort was made, by the team as a whole and by each individual professional, to take into account the different disciplinary skills of educators and nurses. This meant that even though working time and space were shared there was recognition for the specific professional practice of both educators and nurses. There was overlap between educators' and nurses' roles and practices in the second context also: «*A nurse cooks or plays cards with patients, like an educator*» (Interview 6 Context 2). Nonetheless, both the team and the individual professionals were careful to consider specific nursing skills. The team's daily work was planned based on an evaluation as to how best to use these competences: thus, for example, nurses are recognized to have specific knowledge: «*Nurses manage the supply of medication; they also check patients' health parameters. The substantial difference with educators is that their duties are more focused on health matters, given their competence in these aspects*» (Interview 9, Context 2); «*Specific nursing competences are required, these skills are demanded of us by the coordinator, by the entire team...We are the professionals who have to monitor and manage health questions on a daily basis*» (Interview 8 Context 2).

Therefore, in the area of mental health care, educators' practice is made up of innumerable aspects, closely related to practical action and carried out in close proximity to healthcare professionals such as nurses.

The knowledge that characterizes educational actions is related to everyday activities and learning by experience. In the first of the explored contexts, these aspects turned out to be central: educational knowledge was narrated as mainly corresponding to experiencing learning.

In the second community, in contrast, more than an emphasis on practical experience, there was recognition for educational knowledge and skills aimed at enhancing patients' autonomy: «*Educators must think about the plan for each person, reflecting on the utility of the proposed activities, including those related to daily life*» (Interview 5 context 2). «*Yes, there is specific educational knowledge, related to what I have studied, otherwise anyone could do this job without training*» (Interview 2 Context 2).

This last quote illustrates the fact that in this context educational practice is built on specific skills and reflection, including when focused on everyday activities. This approach is strongly encouraged by the coordinator, who

promotes a team effort to design, reflect on, give meaning to and orient educational practice.

Thus, it becomes clear that educational work in the area of mental health must be continuously reflected on, in order to be designed and oriented. Educators working in mental health care are part of in multi-disciplinary teams: they need to give voice clearly to and reflect on their educational specificity, so as not to run the risk of losing it, by allowing their identity to become contaminated by other professional identities, or by overlapping too much with other figures in carrying out practical and organizational tasks.

Educational professionals in mental health care: a reflection on working in multi-disciplinary contexts

Based on what has been written, educational practice in mental health may be said to be extremely close to that of other professionals due to the presence of a multi-disciplinary team. What has been noted, in relation to the present empirical research, is a particular proximity between the work of educators and nurses. The risk, for educational practice, is the creation of professional overlap.

The contamination of educators by other professionals is facilitated in the two contexts under study in particular, because in the residential mental health services a substantial part of educational practice is focused on day-to-day activities and management. These aspects, when not specifically planned and included in a broader educational reflection, are treated as “normal” everyday actions that may be carried out without any specific professional skills/knowledge or reflection. Thus, an image is created of education as only consisting of concrete action and as not being informed by a specific body of knowledge. This in turn contributes to the overlap of educators with other professionals based on action that is not underpinned by reflection. In this way, educational knowledge and its specific contribution is not seen or taken into account and therefore its potential is lost.

In this sense, within a multi-disciplinary team, exclusive attention to the practical side to education facilitates the loss of reflective thinking which is a valuable part of the professional competence of educators. This is a very important aspect to be considered in relation to educational work in the area of mental health.

Educational work that is exclusively focused on action loses its «epistemological responsibility» (Caronia, 2011, p. 118). When educational professionals give up or overlook signifying their practice, they are no longer using their knowledge, thus reducing the potential for fruitful work in a multi-disciplinary context.

Italian social politics are increasingly oriented towards the integration of social and health intervention: this implies that professionals in the areas of

healthcare, social work and education will be increasingly called on to share professional practice.

For this approach to yield its true potential, it is critical to reflect on the complexity of multi-disciplinary teams and, as in this paper, on the presence of educational professionals in these contexts.

First, it is key to take this complexity into account in the training of the professionals involved, with a focus on defining and recognizing the knowledge that particularly characterizes their discipline. This implies training professionals who are able to recognize their own disciplinary specificity and attribute epistemological meaning to their practice. In this way, a multi-professional team would be constituted by members highly capable of making their own peculiar professional contribution and working in proximity to other professionals without getting confused with them, overlapping or looking to them for security.

Furthermore, this disciplinary identity would enable professionals to interpret and reread their practice, and to learning incrementally from experience.

Experiential knowledge is, in fact, an aspect frequently narrated by the participants in the current research, most of all by educators: recognized professional competence at the disciplinary level could help to create opportunities for reasoned and reflexive learning by doing, guided by a specific professional outlook. In this sense, it could be possible to learn by signifying experience, and not only by virtue of the practical lived event.

Italian professional training for educators as it stands does not help to meet the goals just outlined: it is fragmented and not univocal. This representation of fragmentation crosses over to educational professional identity and educational skills, which are not truly recognized or perceived as useful in professional practice.

Collected data shows that educational knowledge is barely identifiable and recognizable in the planning and implementation of care actions in the explored contexts. Educators, indeed, described themselves as the “practical executors” of the therapeutic programme, designed and planned by other professionals. The fundamental contribution of educational knowledge, based on the capability to signify practical and daily activities within a defined educational programme, is easy to lose in practice, as seen in the two contexts under study. The risk is therefore that of implementing educational work with an exclusive focus on the execution of daily actions, losing the specific expertise of professional knowledge and skills.

In this sense, both the team coordinator and the entire group need to maintain a continuous focus on and valuing of each specific professional profile. This will contribute to designing and implementing a team approach that recognizes and takes advantage of the peculiar contribution of each type of

professional, with the ultimate goal of providing the most comprehensive care possible for patients.

This approach must be adopted not only by the coordinator, but by each individual professional: a mindful educator knows that if his/her action is only focused on the execution of everyday tasks, it will lose the meaningful awareness and the epistemological responsibility that distinguish educational knowledge.

Conclusions

In the two contexts investigated, it is clear that educators did not display high levels of epistemological awareness and responsibility. They were mainly engaged in practical daily activities, missing out on the key component of their professionalism focused on reflecting and attributing meaning to the proposed actions in line with the educational objectives defined.

This tendency bears one main risk: the educational programming is carried out by other professionals, with loss of the specific educational skills available within the team.

It follows that that educational competence is essential to the Italian Mental Health Services, as they are currently organized, in order to plan and implement an educational programme designed to help patients develop greater life autonomy, in line with their particular circumstances. However, it is necessary to continuously highlight and reflect on educational work: as has been noted, it is close to practical and daily life in its realization. This leads us to recall the idea that education is connected with life (Massa, 1986). The link between educational aspects and daily life requires close and careful attention. If education is intended to promote the development and discovery of possibilities for subjects (Dewey, 1929), we can surely accept that this development takes place through, and is related to, daily existence. Furthermore, focusing on the care for these aspects brings us close to the notion of authentic educational care, following M. Heidegger's concept of authentic care with its emphasis on the empowerment and autonomy of subjects (Heidegger, 1972).

Without mindful attention to these components, in a context such as that of residential mental health, in which educational work is closely bound up with daily activities, educators run the risk of transforming their practice into the mere execution of tasks, giving up the effort to reflect and attribute meaning.

In sum, it should be noted that educational roles, knowledge and practice are important components of the multi-disciplinary team in Italian mental health care, but these components must be treated with particular attention so as not to lose their potential.

Firstly, educators must be aware of their professional identity and able to recognize and actively put to use their epistemological point of view and knowledge, in order to signify their practice and the programming of their

interventions.

Subsequently, the team coordinator and the entire working-group must continuously highlight and give visibility to the educational point of view, to reduce the risk of overlap between education and daily management with the consequent loss of specifically educational expertise.

In this way, educators can actively and specifically practice their profession in the area of mental health care, highlighting their peculiar role, recognizing their disciplinary knowledge, used both to design and implement their practice.

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