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Occupational justice and social inclusion in mental illness and HIV: A scoping review protocol

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1 **Title:** Occupational justice and social inclusion in mental illness and HIV: A scoping review

2 protocol.

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20 Health Sciences. University of Zimbabwe. Zimbabwe.

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22 **Keywords:** social inclusion, occupational justice, scoping review protocol, HIV, mental

23 disorders

24 **Word count:** 2283

25

Abstract

Introduction: As chronic and stigmatised conditions, mental illness and HIV remain prevalent, and a global public health concern. Disability-adjusted life years due to comorbid neuropsychiatric conditions and HIV are rising. Occupational justice and social inclusion emphasise the importance of equity and the utility of resources and opportunities for all to engage in diverse, healthy, and meaningful activities. However, succinct conceptualisation of social inclusion and occupational justice, including the relationship between these concepts is still limited. This hampers their effective utilisation in research and practice. Here, we present our scoping review protocol to appraise literature to describe and explain the state of conceptualisation of occupational justice and social inclusion in relation to mental illness and HIV. We are aiming to review the definitions, current utilisation, and relationships between occupational justice and social inclusion to inform further theorisation and practice application.

Methods and analysis: This scoping review protocol follows existing guidelines for scoping reviews in occupational therapy with particular attention on Arksey and O`Malley`s (2005) Scoping Review Framework. We iteratively developed a search strategy and carried out our search using the following databases: PubMed, Scopus, Academic Search Premier, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Africa-Wide Information, Humanities International Complete, Web of Science, PsychInfo, and SocINDEX. Two reviewers will independently screen eligible studies for inclusion. Bibliographic data, abstract content, and aspects of the study design and findings will be extracted and thematically analysed.

Ethics and dissemination: As secondary analysis, this scoping review does not require ethics approval. Results will summarise and disseminate existing research related to occupational justice and social inclusion in mental health and HIV/AIDS care, describing the conceptualisation, relationships between concepts and identifying gaps for further research and practical application. We will disseminate the results through peer-reviewed journals and conferences, targeting clinicians, academics, researchers, and policy makers.

Title: Occupational justice and social inclusion in mental illness and HIV: A scoping review protocol

Strengths and limitations of this study

- The breadth of chronic and stigmatised conditions, social inclusion and occupational justice and need for a comprehensive and systematic description of research activity and gaps, makes the scoping review a particularly useful methodology.

- A plausible strategy to identify research foci and knowledge gaps related to social inclusion and occupational justice in chronic and stigmatised conditions is presented.

- Based on the multidimensional nature of the concepts under review, methods on how to synthesise research data from diverse designs is put in place.

- Focus is on conceptual and theoretical aspects and not on outcomes of interventions

- Data synthesis will be limited to peer reviewed work published in English.

Introduction

There is a growing public health concern over the complex relationship between mental illness and HIV.[1,2] This is especially so in contexts where the prevalence of HIV among mental health service users is as high as 25% in sub-Saharan Africa.[3,4] Disability-adjusted life years (DALYs) due to comorbid neuropsychiatric conditions and HIV is rising, with 80% of DALYs in sub-Saharan Africa resulting from mental illness and HIV.[5,6] Chronic conditions such as mental illness and HIV are still stigmatised and discriminated against,[3] notably so in comorbid cases, thereby making health and social well-being outcomes fundamental beyond biomedical stabilisation. Developing a better understanding of the occupational justice and social inclusion needs of the affected groups will support intervention development. Occupational justice is a growing concept in occupational science and therapy[7–9] that can help shape the care for people who are living with highly stigmatized chronic conditions, including mental illness and HIV.[10,11] Occupational justice's relevance to highly stigmatised chronic conditions can be traced to its emphasis on social determinants of health and social inclusion as outcomes.[11] Similarly, social inclusion is receiving increased attention in mental health[12,13] and physical conditions such as HIV. There is a growing emphasis on person-centred outcomes for interventions promoting general health and mental health, with social inclusion as an ultimate goal when improving mental health.[14,15]

Occupational justice is defined as equity and fairness for individuals, groups and communities regarding resources and opportunities for their engagement in diverse, healthy and meaningful occupations.[7,9] For example, a patient living with a chronic and stigmatised condition who lacks occupational justice (occupational injustice) may be denied meaningful employment because of his/her condition, rather than because of his/her qualifications, or may not be given reasonable accommodations in the workplace. Social inclusion is defined as a multi-dimensional process or state where prevailing conditions enable full and active participation in all aspects of everyday life.[12,16] These aspects include civic, social, economic, and political activities, as well as participation in decision making processes irrespective of personal characteristic differences.[12,16] For someone living with a chronic and stigmatised condition, social inclusion would mean availing themselves of resources and opportunities at macro-level, targeting all marginalised groups in that community. Focusing on social inclusion in the management of mental illness and HIV makes it possible to consider a person's life satisfaction, quality of life, social well-being, and equality issues in all levels of their care, a drive that can potentially benefit from occupational justice.

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100 However, to aid our understanding, integration, and utilisation of occupational justice and
101 social inclusion in practice, we need to better understand the conceptualisation and
102 relationship between occupational justice and social inclusion. These two concepts are
103 potentially key in informing the promotion of sustainable person and community-centred
104 recovery with reference to chronic, and stigmatised conditions.[14,15] Despite limited
105 exploration of these concepts in relation to each other, they share notions of human rights and
106 justice, with an emphasis on marginalised and disadvantaged population groups. We aim to
107 review and appraise the definitions, current utilisation, and relationships between these
108 concepts. This will inform further theorisation and application in practice, of occupational
109 justice and social inclusion in comorbid mental illness and HIV.

Methods

111 Due to the novelty of the area and diverse disciplinary location of existing literature, we
112 propose a scoping review design to achieve our aim.[17,18] A scoping review is a form of
113 knowledge synthesis that addresses an exploratory research question rather than the highly
114 focused question needed for a systematic review.[17,18] The scoping review aims to map key
115 concepts, types of evidence and gaps in research related to a defined area by systematically
116 searching, selecting, and synthesizing existing knowledge.[18–20] The breadth of the area and
117 need for a comprehensive and systematic picture of research activity and gaps, makes the
118 scoping review an appropriate methodology in this protocol.

119 This scoping review protocol follows Arksey and O`Malley`s Scoping Review framework [18],
120 guidelines for scoping reviews in occupational therapy [20], and relevant examples of scoping
121 review protocols.[21,22] The five stages we will follow are:
122 Stage 1: Identifying the research question
123 Stage 2: Identifying relevant studies
124 Stage 3: Study selection
125 Stage 4: Charting the data
126 Stage 5: Collating, summarising and reporting the results

127 Each of the stages planned for the scoping review are described below.

Stage 1: Identifying the research question
129 An iterative process of refining the research question as a team of authors [18] was followed in
130 order to generate a guiding research question. The process of refining the question was
131 shaped by reflecting on familiar and available literature in the subject area of occupational

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132   justice and social inclusion in occupational therapy, mental health practice, and HIV. To
133   facilitate a comprehensive review of the literature, a somewhat broad question was needed,
134   inclusive of the study constructs of interest.[18] Based on the subject area terminology,
135   literature, and our understanding of current practice trends in managing chronic, stigmatised
136   and discriminated against conditions, and the concepts of occupational justice and social
137   inclusion, we asked the following question:

138   What is the extent of conceptualisation regarding the definitions, current utilisation, and
139   relationships between occupational justice and social inclusion in highly stigmatised and
140   chronic conditions such as mental illness and HIV?

141   Subsequently, the following aim and objectives were formulated:

142   **Aim:** to review and appraise the definitions, current utilisation, and relationships between
143   occupational justice and social inclusion among people with mental illness and HIV and
144   identify areas for further knowledge development and utilisation.

145   **Objectives:**

146   •   To identify existing research that utilised concepts of occupational justice and
147   social inclusion in mental health and HIV care.
148   •   To describe the conceptualisation of, and research into, the concepts of
149   occupational justice and social inclusion with reference to two highly
150   stigmatised and chronic conditions, that is mental illness and HIV.
151   •   To identify relationships between occupational justice and social inclusion in
152   the mental health and HIV literature.
153   •   To determine potential areas for further development, integration, and
154   application of these concepts in mental health and HIV and AIDS care.

155   **Stage 2 Identifying relevant studies**
156   Although the aim of a scoping review can be broad, parameters must still guide the search
157   strategy.[18] With the help of a health sciences librarian, the first and last authors developed
158   provisional eligibility criteria, exclusion criteria and identified relevant databases to be
159   searched. This iterative process aimed to identify a specific search strategy and inclusive
160   search terms. We ran trial searches with different combinations to determine whether our
161   strategy yielded key literature.

162   The following steps highlight these:

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163 **Selection criteria**

164 The literature search will use the following inclusion criteria to guide the identification of

165 articles to be reviewed.

- 166 • Studies in English that that have been published in peer reviewed journals.

- 167 • Studies with a primary focus on evaluating, defining, or exploring the concepts of
- 168 social inclusion or occupational justice for people living with a mental disorder, or
- 169 HIV will be included. We will include studies that used the terms "social inclusion"
- 170 or "occupational justice," and their derivatives even if their use of these terms does
- 171 not conform with standard definitions[i]. If studies do not include these key words or
- 172 alternative key words as described in Table 1, they will be excluded.

- 173 • Both theoretical and empirical studies

- 174 • Studies published in the last two decades (January 1997 – December 2017). The last
- 175 two decades have seen occupational justice make its way in to the conceptual debate
- 176 in occupational science and occupational therapy.

- 177 • Studies from any country

- 178 • Studies using both qualitative and quantitative study designs

179 **Databases**

180 The following databases will be searched: PubMed, Scopus, Academic Search Premier, the

181 Cumulative Index to Nursing and Allied Health Literature (CINAHL), Africa-Wide

182 Information, Humanities International Complete, Web of Science, PsychInfo, and

183 SocINDEX.

184 **Search Strategy**

185 The search strategy evolved during the development of the provisional eligibility criteria of

186 the scoping review. We drew on the occupational justice/injustice terminology and social

187 inclusion/exclusion language in occupational therapy, mental health, and HIV practice to

188 come up with operational search terms for occupational justice and social inclusion with

189 reference to chronic and stigmatised conditions. The first and last authors, together with a

190 librarian, in a repeated process, developed an inclusive list of primary and secondary search

191 terms and the applicable filtering methods. The primary search terms focused on the primary

192 concepts of occupational justice and social inclusion. The secondary search terms included

193 the broader terms of mental health, occupational therapy, mental illness, HIV, and

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194 rehabilitation. The main filtering method was that of date range, that is within the last 20

195 years (1997-2017), with English language as our final filter.

196 We used our preliminary search to review publication titles which further informed

197 refinement of our search strategy. To come up with an appropriate search strategy that would

198 maximise sensitivity and specificity, our consultant librarian played a key role in determining

199 and pretesting possible keywords. All the search strategies were also modified to comply with

200 the different databases we searched. The suggested Boolean phrases, MESH terms and filters

201 are listed below (Table 1).

202 Table 1: Search strategy

Key Word	Alternative words
Occupational therapy	Occupational rehabilitation
Mental health	Mental illness OR Mental disorder OR Psychiatric disability
Occupational justice	Occupational injustice OR Occupational marginalisation OR Occupational alienation OR Occupational imbalance OR Occupational deprivation
Social inclusion	Social exclusion OR Social isolation OR social integration
HIV	HIV OR HIV/AIDS OR HIV infection OR AIDS

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204 **Stage 3 Study selection**

205 This review will follow a two-part article selection process. Article titles will be reviewed

206 first, where the first author will review the titles to identify articles that i) indicate a research

207 focus on mental illness, or HIV, or both and ii) titles including the key terms of occupational

208 justice, social inclusion or both. However, where there is uncertainty with the title, especially

209 around the research focus, the article will not be eliminated until it is examined more in-depth

210 by looking at the abstract in stage two.

211 The second stage of article selection will be conducted by two independent reviewers, the

212 first and third authors. This stage will involve review of titles and abstracts using the

213 inclusion and exclusion criteria described in Table 2. Any differences arising between the two

214 independent reviews will be resolved with the aid of the fourth author. What is key in our

215 scoping review is to include abstracts which demonstrate the subject area content being

216 reviewed, that is occupational justice and social inclusion in two highly stigmatised and

217 chronic conditions; mental illness and HIV.

218 Table 2: Inclusion and exclusion criteria for acceptable articles

Criteria for inclusion	Criteria for exclusion
Minimum criteria required in the abstract: - Explicit mention of mental illness, and or HIV/AIDS. - Explicit mention of either occupational justice and its varieties or social inclusion and its varieties. (varieties are informed by how articles with these terms are indexed in databases) - Date range (1997 - 2017). - English language	- Non-peer reviewed journal/research articles. - Used animal subjects. - Non-English language

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220 **Stage 4 Charting the data**

221 Key information about the study content will be extracted. Using a framework specifically

222 designed for this review (Table 3), the extraction will include standard bibliometric

223 information and details of the study characteristics. Study objectives will guide the

224 development of the categories of the study characteristics. Key information will be extracted

225 from the main body of the article to sufficiently address the research question. We will be

226 flexible to accommodate additional categories that may emerge during the actual review

227 process which can aid in comprehensively answering the question and addressing study

228 objectives. On-going consultation with the team remains key in successful completion of this

229 review and maintaining research rigour.[18]

230 Table 3: Framework for data extraction

Bibliometric Information	Characteristics of the study	Categories of study characteristics
Study title **Authors** **Source/Journal** **Year of publication** **Country** **Profession of primary author/ academic discipline** **Type of study**	• Research question/aim(s) • Objective(s) • Intervention(s) • Outcome(s) • Key recommendation(s) • Patient population (e.g. diagnosis, age group, co-morbidity, ethnicity, etc)	▪ Definition(s) of key concepts and associated terms – occupational justice and social inclusion ▪ Conceptualisation(s) of key concepts ▪ Summary of key message ▪ Application to practice ▪ Links between concepts ▪ Areas of further development, integration, and application

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232 **Stage 5 Collating, summarising, and reporting the results**

233 Bibliometric information will be subjected to content analysis to identify the academic

234 discipline in which the study is located, geographic distribution of the scholarship, and the

235 research designs applied. Extracted characteristics and categories will be thematically

236 analysed [23] to identify definitions, similarities, differences and gaps in conceptualisations of

237 occupational justice and social inclusion for people with mental illness and HIV. Developing

238 the framework for presenting the findings will be an iterative process that will emerge as we

239 examine the articles.[18,20,24]

240 **Patient and public involvement:**

241 Patient and public involvement (PPI) representatives have not been directly involved in the

242 design of this scoping review protocol. However, experiences of the first author in working

243 with adults afflicted with HIV and mental health disorders in Zimbabwe informed the need to

244 explore issues faced by this population beyond biomedical care. Life beyond symptom

245 management was not being attention it deserves and hence the need to conduct a scoping

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246 review in this area. We also plan to share findings of the planned review with service users,
247 practitioners, and policy makers in most accessible formats like using newsletters, social
248 media and policy briefs.

249 **Conclusion**

250 To our knowledge, this scoping review, which examines the concepts of occupational justice
251 and social inclusion in populations suffering from two highly stigmatized conditions, is the
252 first of its kind. It has the potential to expand understanding and utilisation of occupational
253 justice and social inclusion as concepts which promote global mental health. In this scoping
254 review, we aim to review and appraise the definitions, current utilisation, and relationships
255 between occupational justice and social inclusion for people with mental illness and HIV. In
256 so doing, it will give us a better theoretical basis from which to inform further research,
257 practice, and training.

258 **Contributors:**

259 All authors have made substantive intellectual contributions to the development of this
260 protocol. CN and RG conceptualised the review approach and provided general guidance to
261 the research team. The CN and RG were involved in developing the review question and the
262 review design. CN identified the framework from which CN, RG and EM with the help of a
263 subject librarian developed and tested search terms. The first author initially developed the
264 data extraction framework which was then further developed by input from all authors. LL
265 and RH gave substantial review and critique to the draft of the protocol.

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272 necessarily those of AAS, NEPAD Agency, Wellcome Trust or the UK government.

273 **Competing interests:** None.

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[i] **Occupational Justice:** the full enjoyment of occupational rights implying equity and fairness for individuals, groups and communities regarding their engagement in diverse, healthy and meaningful occupations [4].

Social inclusion: a multi-dimensional process or state where prevailing conditions enable full and active participation of every member of the society in all aspects of life, including civic, social, economic, and political activities, as well as participation in decision making processes irrespective of personal characteristics differences.[12,16]

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Keywords:	Social inclusion, Occupational justice, HIV, Mental disorders, Scoping review protocol

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24 **Word count:** 2848

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26   **Abstract**

27   **Introduction**: As chronic and stigmatised conditions, mental illness and HIV remain prevalent,
28   and a global public health concern. Disability-adjusted life years due to comorbid
29   neuropsychiatric conditions and HIV are rising. Occupational justice and social inclusion
30   emphasise the importance of equity and the utility of resources and opportunities for all to
31   engage in diverse, healthy, and meaningful activities. However, succinct conceptualisation of
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34   our scoping review protocol to appraise literature to describe and explain the state of
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44   comprehensiveness of our search and capture all relevant information, we will also search a
45   variety of grey literature sources. Two reviewers will independently screen eligible studies for
46   inclusion. Bibliographic data, abstract content, and aspects of the study design and findings
47   will be extracted and thematically analysed.

48   **Ethics and dissemination:** As secondary analysis, this scoping review does not require ethics
49   approval. Results will summarise and disseminate existing research related to occupational
50   justice and social inclusion in mental health and HIV/AIDS care, describing the
51   conceptualisation, relationships between concepts and identifying gaps for further research and
52   practical application. We will disseminate the results through peer-reviewed journals and
53   conferences, targeting clinicians, academics, researchers, and policy makers.

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Strengths and limitations of this study

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- Based on the multidimensional nature of the concepts under review, methods on how to synthesise research data from diverse designs is put in place.

- Focus is on conceptual and theoretical aspects and not on outcomes of interventions

- Data synthesis will be limited to work published in English originally or with available English translated copies.

- Focus on mental illness which is a large grouping of several different conditions can introduce some generalisation biases, however this will aid in identifying the range of diverse influences of different mental illnesses on concepts under study.

3

Introduction

There is a growing public health concern over the complex relationship between mental illness and HIV.[1][2] This is especially so in contexts where the prevalence of HIV among people with mental illness is as high as 25% in sub-Saharan Africa.[3][4] Disability-adjusted life years (DALYs) due to comorbid neuropsychiatric conditions and HIV is rising, with 80% of DALYs in sub-Saharan Africa being a result of the combined effect of mental illness and HIV.[5][6] Chronic conditions such as mental illness and HIV are still stigmatised and discriminated against,[3] notably so in comorbid cases, thereby making health and social well-being outcomes fundamental beyond biomedical stabilisation. Developing a better understanding of the occupational justice and social inclusion needs of the affected groups will support intervention development. Occupational justice is a growing concept in occupational science and therapy [7-9] that can help shape the care for people who are living with highly stigmatized chronic conditions, including mental illness and HIV.[10][11] Occupational justice's relevance to highly stigmatised chronic conditions can be traced to its emphasis on social determinants of health and social inclusion as outcomes.[11] Similarly, social inclusion is receiving increased attention in mental health [12][13] and physical conditions such as HIV. There is a growing emphasis on person-centred outcomes for interventions promoting general health and mental health, with social inclusion as an ultimate goal when improving mental health.[14][15] In this context, mental illness implies the diseased state or presence of a mental health disorder, while mental health is defined as a dynamic state of internal equilibrium well-being which enables individuals to recognise and use their abilities in harmony with universal values of society in which they live, cope with the normal stresses of life, are economically productive.[16] Mental health practice refers to the field of practice in occupational therapy, and this is how these terms are to be used in this paper.

Occupational justice is defined as equity and fairness for individuals, groups and communities regarding resources and opportunities for their engagement in diverse, healthy and meaningful occupations.[7][17] For example, a patient living with a chronic and stigmatised condition who lacks occupational justice (occupational injustice) may be denied meaningful employment because of his/her condition, rather than because of his/her qualifications, or may not be given reasonable accommodations in the workplace. Social inclusion is defined as a multi-dimensional process or state where prevailing conditions enable full and active participation in all aspects of everyday life.[12][18] These aspects include civic, social, economic, and political activities, as well as participation in decision making processes irrespective of personal

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104 characteristic differences.[12] [18] For someone living with a chronic and stigmatised condition,

105 social inclusion would mean availing themselves of resources and opportunities at macro-level,

106 targeting all marginalised groups in that community. Focusing on social inclusion in the

107 management of mental illness and HIV makes it possible to consider a person's life satisfaction,

108 quality of life, social well-being, and equality issues in all levels of their care, a drive that can

109 potentially benefit from occupational justice.

110 However, to aid our understanding, integration, and utilisation of occupational justice and

111 social inclusion in practice, we need to better understand the conceptualisation and relationship

112 between occupational justice and social inclusion. These two concepts are potentially key in

113 informing the promotion of sustainable person and community-centred recovery with reference

114 to chronic, and stigmatised conditions.[14] [15] Despite limited exploration of these concepts in

115 relation to each other, they share notions of human rights and justice, with an emphasis on

116 marginalised and disadvantaged population groups. We aim to review and appraise the

117 definitions, current utilisation, and relationships between these concepts. This will inform

118 further theorisation and application in practice, of occupational justice and social inclusion in

119 comorbid mental illness and HIV.

120 **Methods**

121 Due to the novelty of the area and diverse disciplinary location of existing literature, we

122 propose a scoping review design to achieve our aim.[19] [20] A scoping review is a form of

123 knowledge synthesis that addresses an exploratory research question rather than the highly

124 focused question needed for a systematic review. [19] [20] The scoping review aims to map key

125 concepts, types of evidence and gaps in research related to a defined area by systematically

126 searching, selecting, and synthesizing existing knowledge. [20-22] The breadth of the area and

127 need for a comprehensive and systematic picture of research activity and gaps, makes the

128 scoping review an appropriate methodology in this protocol.

129 This scoping review protocol follows Arksey and O`Malley`s Scoping Review framework [20],

130 guidelines for scoping reviews in occupational therapy [21], and relevant examples of scoping

131 review protocols.[23] [24] The five stages we will follow are:

132 Stage 1: Identifying the research question

133 Stage 2: Identifying relevant studies

134 Stage 3: Study selection

135 Stage 4: Charting the data

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136   Stage 5: Collating, summarising and reporting the results

137   Each of the stages planned for the scoping review are described below.

Stage 1: Identifying the research question

139   An iterative process of refining the research question as a team of authors [20] was followed in

140   order to generate a guiding research question. The process of refining the question was shaped

141   by reflecting on familiar and available literature in the subject area of occupational justice and

142   social inclusion in occupational therapy, mental health practice, and HIV. To facilitate a

143   comprehensive review of the literature, a somewhat broad question was needed, inclusive of

144   the study constructs of interest.[20] Based on the subject area terminology, literature, and our

145   understanding of current practice trends in managing chronic, stigmatised and discriminated

146   against conditions, and the concepts of occupational justice and social inclusion, we asked the

147   following question:

148   What is the extent of conceptualisation regarding the definitions, current utilisation, and

149   relationships between occupational justice and social inclusion in the highly stigmatised and

150   chronic conditions of mental illness and HIV?

151   Subsequently, the following aim and objectives were formulated:

152   **Aim:** to review and appraise the definitions, current utilisation, and relationships between

153   occupational justice and social inclusion among people with mental illness and HIV and

154   identify areas for further knowledge development and utilisation.

Objectives:

156   • To identify existing research that utilised concepts of occupational justice and
157   social inclusion in mental health and HIV care.

158   • To describe the conceptualisation of, and research into, the concepts of
159   occupational justice and social inclusion with reference to two highly
160   stigmatised and chronic conditions, that is mental illness and HIV.

161   • To identify relationships between occupational justice and social inclusion in
162   the mental health and HIV literature.

163   • To determine potential areas for further development, integration, and
164   application of these concepts in mental health and HIV and AIDS care.

Stage 2 Identifying relevant studies

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166 Although the aim of a scoping review can be broad, parameters must still guide the search

167 strategy.[20] With the help of a health sciences librarian, the first and last authors developed

168 provisional eligibility criteria, exclusion criteria and identified relevant databases to be

169 searched. This iterative process aimed to identify a specific search strategy and inclusive search

170 terms. We ran trial searches with different combinations to determine whether our strategy

171 yielded key literature.

172 The following steps highlight these:

173 **Selection criteria**

174 The literature search will use the following inclusion criteria to guide the identification of

175 articles to be reviewed.

176 • Peer reviewed studies and grey literature in English or with available English
177   translations.

178 • Literature with a primary focus on evaluating, defining, or exploring the concepts of
179   social inclusion or occupational justice for people living with a mental disorder, or HIV
180   will be included. We will include studies and reports that used the terms "social
181   inclusion" or "occupational justice," and their derivatives even if their use of these
182   terms does not conform with standard definitions[i]. If studies or reports do not include
183   these key words or alternative key words as described in Table 1, they will be excluded.

184 • Both theoretical and empirical literature

185 • Literature published in the last two decades (January 1997 – December 2017). The last
186   two decades have seen occupational justice make its way in to the conceptual debate
187   in occupational science and occupational therapy.

188 • Studies from any country

189 • Studies using both qualitative and quantitative study designs

190 **Databases**

191 The following databases will be searched: PubMed, Scopus, Academic Search Premier, the

192 Cumulative Index to Nursing and Allied Health Literature (CINAHL), Africa-Wide

193 Information, Humanities International Complete, Web of Science, PsychInfo, and SocINDEX.

194 PubMed is the free platform we will use for searching articles indexed on Medline database.

195 A librarian used the journal indexing system in identifying suitable databases. These databases

196 were selected to capture a comprehensive sample of literature both grey and peer reviewed, from

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197 biomedical health sciences, allied health sciences, social sciences, and other disciplines. To enhance

198 comprehensiveness of our search and capture all relevant information, we will also search a variety of

199 grey literature sources. We will search grey literature databases like Grey literature Report, Web of

200 Science Conference Proceedings, and Open Grey.

201 **Search Strategy**

202 The search strategy evolved during the development of the provisional eligibility criteria of the

203 scoping review. We drew on the occupational justice/injustice terminology and social

204 inclusion/exclusion language in occupational therapy, mental health, and HIV practice to come

205 up with operational search terms for occupational justice and social inclusion with reference to

206 chronic and stigmatised conditions. The first and last authors, together with a librarian, in a

207 repeated process, developed an inclusive list of primary and secondary search terms and the

208 applicable filtering methods. The primary search terms focused on the primary concepts of

209 occupational justice and social inclusion. The secondary search terms included the broader

210 terms of mental health, occupational therapy, mental illness, HIV, and rehabilitation. The main

211 filtering method was that of date range, that is within the last 20 years (1997-2017).

212 We used our preliminary search to review publication titles which further informed refinement

213 of our search strategy. To come up with an appropriate search strategy that would maximise

214 sensitivity and specificity, our consultant librarian played a key role in determining and

215 pretesting possible keywords. All the search strategies were also modified to comply with the

216 different databases we searched. The suggested Boolean phrases, MESH terms and filters are

217 listed below (Table 1). Appendix 1 highlights the preliminary search strategy for PubMed which

218 will be adapted accordingly for other databases.

219 Table 1: General Search Strategy

Key Word	Alternative words
Occupational therapy	Occupational rehabilitation
Mental health	Mental illness OR Mental disorder OR Psychiatric disability
Occupational justice	Occupational injustice OR Occupational marginalisation OR Occupational alienation OR Occupational imbalance OR Occupational deprivation
Social inclusion	Social exclusion OR Social isolation OR social integration
HIV	HIV OR HIV/AIDS OR HIV infection OR AIDS

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221   **Stage 3 Study selection**

222   This review will follow a three-part article selection process. Article titles will be reviewed

223   first, where the first author (CN) will review the titles to identify articles that i) indicate a

224   research focus on mental illness, or HIV, or both and ii) titles including the key terms of

225   occupational justice, social inclusion or both. However, where there is uncertainty with the

226   title, especially around the research focus, the article will not be eliminated until it is examined

227   more in-depth by looking at the abstract in stage two.

228   The second stage of article selection will be conducted by two independent reviewers, the first

229   and third authors (CN & EM). This stage will involve review of titles and abstracts using the

230   inclusion and exclusion criteria described in Table 2. Any differences arising between the two

231   independent reviews will be resolved with the aid of the third reviewer, who is the second

232   author (LL). What is key in our scoping review is to include abstracts which demonstrate the

233   subject area content being reviewed, that is occupational justice and social inclusion in two

234   highly stigmatised and chronic conditions; mental illness and HIV.

235   In the third stage, the two independent reviewers (CN & EM) will each screen full-text articles

236   to determine if they meet the inclusion/exclusion criteria. Any discordant full-text articles will

237   be resolved through discussion with a third reviewer (LL) until full consensus is reached.

238   We will use Cohen's κ statistic to determine inter-rater agreement. Inter-rater agreement will

239   be calculated at both the title and abstract review stage and at the full article review stage.

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241   Table 2: Inclusion and exclusion criteria for acceptable articles

Criteria for inclusion	Criteria for exclusion
Minimum criteria required in the abstract: • Explicit mention of mental illness, and or HIV/AIDS. • Explicit mention of either occupational justice and its varieties or social inclusion and its varieties. (varieties are informed by how articles with these terms are indexed in databases) • Date range (1997 - 2017). • English language • English translation of abstract and article available	• Used animal subjects.

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Stage 4 Charting the data

Key information about the study content will be extracted. Using a framework specifically designed for this review (Table 3), the extraction will include standard bibliometric information and details of the study characteristics. Study objectives will guide the development of the categories of the study characteristics. Key information will be extracted from the main body of the article to sufficiently address the research question. We will be flexible to accommodate additional categories that may emerge during the actual review process which can aid in comprehensively answering the question and addressing study objectives. On-going consultation with the team remains key in successful completion of this review and maintaining research rigour.[20]

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Table 3: Framework for data extraction

Bibliometric Information	Characteristics of the study	Categories of study characteristics
Study title **Authors** **Source/Journal** **Year of publication** **Country** **Profession of primary author/ academic discipline** **Type of study**	• Research question/aim(s) • Objective(s) • Intervention(s) • Outcome(s) • Key recommendation(s) • Patient population (e.g. diagnosis, age group, co-morbidity, ethnicity, etc)	▪ Definition(s) of key concepts and associated terms – occupational justice and social inclusion ▪ Conceptualisation(s) of key concepts ▪ Summary of key message ▪ Application to practice ▪ Links between concepts ▪ Areas of further development, integration, and application

Stage 5 Collating, summarising, and reporting the results

In this review we will present the narrative account of our findings in two ways. Firstly, a numerical analysis of the bibliometric information will be presented. This will describe the extent, nature and distribution of the studies included in the review through tables and charts mapping bibliometric information and illustrating the academic disciplines in which the study is located, geographic distribution of the scholarship, and the research designs applied. Secondly, the extracted characteristics and categories will be organised thematically, using deductive thematic analysis according to different definitions and related concepts for occupational justice and social inclusion. Therefore, the concepts definitions will be our primary unit of analysis. With the deductive thematic analyses [25] we aim to summarise and present definitions, similarities, differences and gaps in conceptualisations of occupational justice and social

266 inclusion for people with mental illness and HIV. Developing the framework for presenting the

267 findings will be an iterative process that will emerge as we examine the articles.[20][21][26]

Ethics and dissemination

269 Since the scoping review methodology consists of reviewing and collecting data from publicly

270 available literature, this scoping review does not require ethics approval. We aim to summarise

271 and disseminate existing research related to occupational justice and social inclusion in mental

272 illness and HIV/AIDS care, describing the conceptualisation, relationships between concepts

273 and identifying gaps for further research and practical application. We will disseminate the

274 results through peer-reviewed journals and conferences, targeting clinicians, academics,

275 researchers, service users and policy makers.

276

Patient and public involvement:

278 Patient and public involvement (PPI) representatives have not been directly involved in the

279 design of this scoping review protocol. However, experiences of the first author in working

280 with adults afflicted with HIV and mental health disorders in Zimbabwe informed the need to

281 explore issues faced by this population beyond biomedical care. Life beyond symptom

282 management was not being given the attention it deserves and hence the need to conduct a

283 scoping review in this area. We also plan to share findings of the planned review with service

284 users, practitioners, and policy makers in most accessible formats like using newsletters, social

285 media and policy briefs.

Conclusion

287 To our knowledge, this scoping review, which examines the concepts of occupational justice

288 and social inclusion in populations suffering from two highly stigmatized conditions, is the

289 first of its kind. It has the potential to expand understanding and utilisation of occupational

290 justice and social inclusion as concepts which promote global mental health. In this scoping

291 review, we aim to review and appraise the definitions, current utilisation, and relationships

292 between occupational justice and social inclusion for people with mental illness and HIV. In

293 so doing, it will give us a better theoretical basis from which to inform further research,

294 practice, and training.

Contributors:

296 All authors have made substantive intellectual contributions to the development of this

297 protocol. CN and RG conceptualised the review approach and provided general guidance to

298 the research team. Then CN and RG were involved in developing the review question and the

299 review design. CN identified the framework from which CN, RG and EM with the help of a

300 subject librarian developed and tested search terms. The first author initially developed the data

301 extraction framework which was then further developed by input from all authors. LL and RH

302 gave substantial review and critique to the draft of the protocol.

310 **Competing interests:** None.

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[i] **Occupational Justice:** the full enjoyment of occupational rights implying equity and fairness for individuals, groups and communities regarding their engagement in diverse, healthy and meaningful occupations [4].

Social inclusion: a multi-dimensional process or state where prevailing conditions enable full and active participation of every member of the society in all aspects of life, including civic, social, economic, and political activities, as well as participation in decision making processes irrespective of personal characteristics differences.[12]

Appendix 1. PubMed Search Strategy

PubMed

Set 1

1. Social Justice [MeSH]

2. Social Isolation [MeSH]

3. Social Marginalization [MeSH]

4. Social Participation [MeSH]

5. Rehabilitation, Vocational [MeSH]

6. Injustice OR justice OR social inclusion OR social exclusion OR social isolation OR social separation OR social barriers OR social distance OR social acceptance OR social rejection OR social participation OR deprivation OR marginalization OR alienation

7. 1 OR 2 OR 3 OR 4 OR 5 OR 6   *(represents Social inclusion set)*

Set 2

1. Social stigma [MeSH]

2. Prejudice [MeSH]

3. Stigma OR prejudice OR stigmatise OR stigmatisation OR stigmatize OR stigmatization OR discrimination

4. 1 OR 2 OR 3 *(represents Stigma set)*

Set 3

1. Occupational justice OR Occupational injustice OR Occupational deprivation OR Occupational alienation OR Occupational marginalisation OR Occupational imbalance OR Occupational OR occupation OR occupations OR activities OR work OR employment OR unemployment OR engagement (*this set is used to narrow search to occupation as defined by OT not PubMed's definition)*

Set 4

1. Mental Disorders [MeSH]   *(this heading includes substance-related disorders)*

2. Mentally Ill Persons [MeSH]

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3. Mental disorders OR mental illness OR mentally ill OR Psychiatric disorder OR psychiatric illness OR psychological disorder OR Developmental Disability OR Intellectual Development Disorder OR Intellectual disability OR Mental retardation OR Mental deficiency
4. 1 OR 2 OR 3 *(represents Mental Disorders set)*

Set 5

1. HIV [MeSH]
2. HIV Infections [MeSH]
3. Acquired Immunodeficiency Syndrome (MeSH)
4. HIV OR human immune deficiency virus OR AIDS OR acquired immunodeficiency syndrome OR acquired immune deficiency syndrome OR HIV/AIDS
5. 1 OR 2 OR 3 OR 4

Now combine   Sets, 1 AND 2 AND 3 AND 4   or   Sets 1 AND 2 AND 3 AND 5
Limit to last 20 years