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ORIGINAL ARTICLE OPEN ACCESS

Exploring Lived Experiences of Mental Health Professionals: Promoting a Trauma-Informed Existential Rights-Based Approach to Mental Health Care

Penn Smith¹  | Divine Charura¹  | Ben Joslin² | Henry Law² | Beth Lings²

¹School of Education, Language and Psychology, York St John University, York, UK | ²Community Links, Leeds, UK

Correspondence: Penn Smith (p.smith2@yorksj.ac.uk)

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ABSTRACT

This article contributes to the growing literature on trauma-informed approaches that acknowledge the fundamental shift from an enquiry-based approach of ‘what is wrong with you?’ to asking ‘what happened to you?’ Using a staff-based participatory approach, supported by photo-elicitation, duoethnography and interpretative phenomenological analysis (IPA), we explored the lived experiences of staff delivering a person-centred, rights-based, recovery approach to mental health care. Data were generated during a two-day staff workshop with 11 participants who worked within a community-based organisation in the United Kingdom (UK). Group discussions, supported by participant-led photography, addressed the research question, “What are the experiences of professionals working for a recovery residential service?”, and provided rich data. Our findings supported the adoption of bio–psycho–social–sexual–spiritual principles within a trauma-informed existential rights-based approach to mental health care. In considering challenges experienced by staff in contemporary practice, we have addressed the following challenges: (i) the need for a trauma-informed approach to mental health care within residential services; (ii) navigating the tensions faced within the community services relating to a person-centred, rights-based, recovery approach; and (iii) the importance of attunement to and valuing of authenticity in nurturing relationships. We conclude by offering recommendations for service development, recovery, and growth.

1 | Introduction

Recovery-oriented practices are commonly followed in many contemporary mental health practices across the world (Barlott et al. 2020). Recovery-oriented approaches arose from critiques of mental health care provision that prioritised diagnosis and symptom management. These approaches place greater emphasis on social contexts, empowerment and addressing the stigma associated with mental ill health (Beresford 2002; Repper and Perkins 2004). However, despite a shift away from the traditional medical psychiatric model towards a more holistic recovery-oriented response to providing care (Cusack et al. 2017; Sreeram et al. 2021), a focus on diagnosis, medication and symptom reduction is still prevalent within many mental health

care contexts across the world. High-income countries, for example, are well documented for their over-reliance on psychotropic drugs and over-diagnosis of human distress (World Health Organization 2021a).

Over the last two decades there has been limited access to quality mental health services across the world that adequately meet the needs of individuals experiencing psychological distress (World Health Organization 2023b). Additionally, there has been a limitation of services appropriately acknowledging the right to dignity for those living with enduring mental health challenges (Saxena and Hanna 2015; World Health Organization 2023b). Practices that violate or discriminate individuals, such as coercion or neglect, outdated legal and policy

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frameworks and lack of resources, have been common across mental health care provision in many countries (World Health Organization 2021b). Thus, in recognition of an urgent need to protect and promote human rights in mental health care, a framework for good practice that proposes a person-centred, rights-based, recovery approach to mental health was released by the World Health Organization. This guidance highlights the need to invest in rights-based community-based mental health services across the world to engage in the promotion of key rights, such as 'equality and nondiscrimination, supported decision-making, free and informed consent, effective and meaningful participation, and community inclusion' (World Health Organization 2023a, viii).

Various studies have recognised a shift towards recognising the value in providing a more holistic approach to mental health care that supports individuals in living a productive life undeterred by enduring mental health challenges (e.g., Townley et al. 2018; Sreeram et al. 2021). Many clients come into mental health services in psychological distress and are highly likely having experienced some kind of trauma, for example, relational, social, economic (see also P. Smith and Charura 2023; Wright et al. 2016). It is therefore essential that services acknowledge and understand the widespread prevalence and impact of trauma (Sweeney et al. 2018). To fully consider the range of cross-cultural sensitivities and differences that can be encountered, 'the lived experience of trauma is best understood from the perspective of those who have lived it' (P. Smith and Charura 2023, 104).

Despite the adoption of recovery-oriented approaches, mental health services remain constrained by chronic funding and workforce shortages. These pressures limit the capacity of mental health staff to respond effectively to growing levels of need (British Medical Association 2023). In addition, P. Smith et al. (2023) highlighted the barriers that continue to exist when trying to fully embrace trauma-informed recovery principles and implement recovery-oriented approaches within NHS and community-based mental health services. Such barriers include conflicting approaches to care, inconsistent attitudes towards and management of risk, power inequality, stretched resources, demanding workloads and limited funding. Expanding this focus, this study sought to explore how participants (staff within an organisation that provides and delivers community residential services in the United Kingdom [UK]) understand and adopt trauma-focused, existential, rights-based approaches within a community service context. Rather than assuming a single or uniform application of this approach, we were interested in how

practitioners interpreted and implemented its principles in their everyday work. Using photo-elicitation, duoethnography and interpretative phenomenological analysis (IPA), the study captured the diverse ways participants made sense of their practice and the challenges they encountered. In doing so, it illuminated the tensions, complexities, and organisational realities involved in translating rights-based and trauma-informed principles into practice. Furthermore, staff experiences of delivering care have implications for the quality of support provided, influencing therapeutic relationships, staff wellbeing and, ultimately, service users' experiences and outcomes within the community residential services.

1.1 | Following a Person-Centred, Rights-Based, Recovery Approach

The organisation in this study has over 40 years' experience supporting individuals with a wide range of complex mental health challenges and takes pride in adopting and fostering a positive organisational culture of innovation and continuous improvement. Within the organisation there are eight mental health residential services offering varying types of support designed to support clients for varying timescales from 6 months to 2 years (see Table 1).

These services are informed by person-centred, rights-based, recovery philosophies and practice which contribute to offering clients newfound hope in being able to live more independently in the future. Through adopting a person-centred, rights-based, recovery approach (World Health Organization 2021a, 2021b) focus is placed on empowering clients to believe that change is possible. Support is based around the unique needs of each client and fostering an empowering environment which supports their overall wellbeing. Time is spent supporting clients in re-learning or building new skills. These, for example, include tenancy management or daily living skills, such as cooking, cleaning and self-care; offering support in medication management; crisis support and learning new recovery skills, such as personal coping strategies with an overall aim in building confidence to take accountability for their own recovery. Collaborative working practices actively encourage clients to take the lead in establishing goals and creating personalised support plans that consider their needs and preferences within an inclusive and culturally sensitive environment. This also involves following a 'power-with' rather than 'power-over' approach that utilises a strength-based approach which focuses on the client's strengths and abilities rather than solely focussing on their challenges (Natiello 1987; Proctor 2017; Charura and Smith 2024). By identifying personal

TABLE 1 | Types of support offered across the mental health residential services within the organisation studied.

Type of support	Days of support	Hours of support	Nature of night support	Number of services
Support in a shared living environment	Monday–Sunday	24 h	Staff sleep at service	3
	Monday–Sunday	24 h	Waking night support	1
	Monday–Friday	9 AM–5 PM	No night support	1
Supporting onsite in clients' own tenancies	Monday–Sunday	9 AM–9 PM	No night support	1
Floating support in clients' own tenancies	Monday–Friday	9 AM–5 PM	No night support	1
All types of support mentioned above	Monday–Sunday	24 h	Staff sleep at service	1

strengths this helps the client build a foundation for and take ownership of their recovery.

1.2 | Clarification and Critique of Terms: Adopting a Person-Centred, Rights-Based, Recovery Approach

We would like to acknowledge the impact of our use of language and terms throughout this paper. Firstly, the language used in this paper is born out of the context of a particular organisation which supports individuals with what the organisation terms complex and enduring mental health difficulties. Recognising that this organisation serves individuals with diverse backgrounds and support needs, we engaged in discussions about the complex and evolving nature of language and terminology. This includes, for example, that within the organisation those accessing support are termed clients, a term which was adopted following a co-production exercise in 2020, yet in other services they are named service users (see P. Smith et al. 2021). This shifting of language calls for continued critical discussions within the field about who decides the language that is used and what it means.

Secondly, we acknowledge that person-centred theorists have used the term person-centred somewhat broadly to describe practice guided by the client's self-actualising tendency (Rogers 1959). This is typically through the provision of facilitative conditions that nurture individual recovery and personal growth (Rogers 1955, 1959). Such transformation is facilitated through the relational conditions hypothesised by Rogers (1955, 1959). These include two people being in psychological contact: one person (the client) being incongruence, vulnerable, and anxious in the relationship and the second person (the therapist) being congruent and present in the relationship; and that the client perceives to a minimum degree the therapist's congruence, unconditional positive regard, and empathic communication (Rogers 1961). We believe as hypothesised by the humanist psychologist Rogers (1955) and as asserted by Schmid (2001) that the question of 'what is a person' and what is to be person-centred cannot be answered without acknowledging relationship. The question then is what is the nature of this relationship and what are the processes that ensue when working with individuals who have experienced trauma and psychological maladjustment?

The person-centred approach advocates for an attitude which embodies respect for individual integrity and worth (Rogers 1977).

People are just as wonderful as sunsets if you let them be. When I look at a sunset, I don't find myself saying, 'Soften the orange a little on the right-hand corner, and put a bit more purple along the base ...' I don't try to control a sunset. I watch with awe as it unfolds.

(Rogers 1980, 22)

Attuning to and valuing the idiosyncratic nature of each client and their experiences acknowledges the diversity of the impact of trauma and psychological distress (Finlay 2016; Charura and Smith 2024) and advocates for a holistic approach that

encompasses all elements of client experience including bio-psycho-social-sexual-spiritual qualities (Kalayjian 2002).

Thirdly, we accept that varying definitions of the term recovery have been offered in different contexts over the years and hence it has proven difficult to champion a common recovery-focused practice approach over more traditional approaches to mental health care (see Edgley et al. 2012; Pilgrim 2008). It is important to note that within the residential services the absence of mental health difficulties is not the definition of recovery, rather the increased ability to manage and cope with daily life such as maintaining a tenancy or home, managing finances and living skills. As the term *recovery* is still contested, specifically, we propose and use the term recovery to include the holistic and personalised view of moment by moment shifts in one's own mental health and wellbeing. This includes and is not limited to improving motivation, engagement and encouraging individuals to take responsibility in moving towards more independent living.

The recovery approaches adopted in these services facilitate optimal human functioning and fulfilment and promote human flourishing in all its forms through person-centred, rights-based, recovery-oriented care. We therefore conceptualise important characteristics of recovery-oriented systems as approaches that involve working towards developing individuals' social, living, learning and working skills; involving staff and those who use services in design, development and evaluation processes; ensuring effective care that acknowledges and reflects the needs of culturally diverse populations; implementation of staff training to improve knowledge around recovery principles; and considering individual choice over professional choice (Anthony 2000).

Finally, we acknowledge that we conceptualise community mental health staff in this organisation as a community of practitioners. We draw from Krause and Montenegro (2017) definition of community as a group of individuals who share meanings, identity, continually communicate and share goals and agree joint actions with each other. However, in taking lessons from community psychology and in working with indigenous peoples we have appreciated the importance of decolonising the concept of community so as not to perpetuate othering and discrimination. In this context we give space to transcending the traditional boundary that separates between communities and different groups, that is, mental health clients on one hand and practitioners on the other. Rather what we follow is a relational trauma-informed understanding of the interconnected nature of working within complex services. Informed by community psychology approaches in working with indigenous communities (Fraser et al. 2019; Thompson-Guerin and Mohatt 2019), we invited staff to explore and critically reflect on their own experiences to evaluate the processes in which they engage with clients and how they address power dynamics.

Little is known regarding the experiences of mental health staff in residential services and the barriers they may be facing when delivering person-centred, rights-based, recovery-oriented care, or indeed what support they need in doing so. Inviting mental health staff who may already feel stretched due to demanding workloads and stretched resources to engage in research has its

challenges (Rössler 2012; Wright et al. 2016). However, there is evidence to suggest that mental health staff appreciate having space to reflect on their work experiences and share their views (P. Smith et al. 2023). This article describes our approach to using a staff-based participatory approach, supported by photo-elicitation methods, duoethnography, and IPA to explore the lived experiences of staff through a person-centred, rights-based, recovery approach to mental health care.

1.3 | Positionality

Our research team consisted of two academics from York St John University with expertise in psychotraumatology and trauma-informed research. They also have experience in using creative methodology within research and the lead researcher/author has a particular expertise in using photo-elicitation within complex mental health care settings (see P. Smith and Madill 2026). The other researchers are mental health professionals with specialist interest, knowledge and experience of working with psychological recovery and practical rehabilitation within recovery residential services. The researchers who authored this paper are all mental health professionals with combined experience of over 60 years. As a research team we share a common interest in social justice, trauma-informed approaches and mental health. We take a critical realist ontological stance in which we see reality (mental health and ill health) as complex and multi-faceted and therefore as researchers we hold a more critical analytical and evaluative stance (Maxwell 2012). This aligns with why we decided to use different methods to facilitate capturing reality as seen through the eyes of our participants. Our epistemological stance is constructionism (Moon and Blackman 2014) (i.e., meaning is created through interaction with an object) and interpretivism (J. A. Smith et al. 2009, 2022) (i.e., focussing on analysing subjective meaning making from experiences of phenomena, in this case working with clients who are within services).

As mental health professionals, we recognise the need for a shift away from the more traditional position of asking ‘what is wrong with you’ towards considering ‘what happened to you’ (Charura and Smith 2024; Sweeney et al. 2018). In doing so, we support the idea that focus should be taken away from diagnosis and placed instead on understanding the client’s lived experiences. We agree that following a trauma-informed approach means adopting a ‘power with’ position that acknowledges the importance of forming effective therapeutic relationships (Natiello 1987; Proctor 2017; Charura and Smith 2024), as well as the importance of integrating a bio-psycho-social-sexual-spiritual approach with an existential rights-based approach, thereby fostering a more comprehensive understanding of individuals. This bio-psycho-social-sexual-spiritual approach recognises people as shaped by personal, relational, cultural, systemic, and historical experiences (O’Brien and Charura 2023; Charura and Smith 2024). Grounded in trauma-informed and rights-based principles, it acknowledges the intersectionality of these domains in wellbeing and recovery. From this perspective recovery is understood not simply as symptom reduction but as a process of healing from the impacts of trauma, oppression, marginalisation, illness and psychosocial adversity (McLaren 2021).

We assert that trauma-informed recovery approaches should aim to restore agency, dignity, hope, connectedness, self-determination and opportunities for meaningful participation in life. Gupta (2022) advocates for an existential rights-based approach that adopts ethical principles of truth, freedom, love, hope and power as a guide to providing essential rights to marginalised individuals. This can be further translated to trauma-informed practice to inform an approach that is appreciative of the value of reparative human connection (see Charura and Smith 2024).

2 | Method

2.1 | Design

We have paid attention to the critique that research regarding community mental health professionals views and perspectives of recovery is primarily investigated using mixed methods most of which focus on questionnaires, surveys, and beliefs and attitude scale (Luigi et al. 2020). The novelty of this study lies in its focus on the lived experiences of community mental health practitioners, which were explored through photo-elicitation, duoethnography and participant group work, with meanings and interpretations examined using IPA. Situating these professionals within their own social, professional and cultural contexts our research approach exemplifies a valuing of the diverse experiences of individuals who work with complex trauma, rather than conceptualising concepts on recovery from theoretical framework perspectives.

This staff-based participatory research combines the following data collection methods, photo-elicitation data collection (see Richard and Lahman 2015) and duoethnography (Lund et al. 2012), to address the research question: ‘What are the experiences of professionals working for a recovery residential service?’ Data were analysed using IPA (J. A. Smith et al. 2022).

There is plenty of evidence to show the importance of using community-based arts and creative interventions in supporting mental health recovery (Goodman-Casanova et al. 2024). Highlights suggest an increase in connectedness, hope and optimism about the future; a redefining of once positive sense of their identity, meaning making including a sense of spirituality and growth of empowerment and wellbeing. Although this literature specifically relates to working with clients, using creative approaches in research have proved popular as a method to aid staff in sharing their experiences (see Campbell 2011; Copeland et al. 2014; Fournier et al. 2007; P. Smith et al. 2023).

Photo-elicitation is a method that uses photographs in research interviews to evoke discussion connected to a phenomenon (Harper 2002). Furthermore, as a research method it facilitates curious enquiry of lived experiences and symbolisation that can be evoked through imagery. Photographs begin by presenting the image of a literal object; however, the method then invites the participant to explore possible metaphorical representations of their experiences of the social world (Richard and Lahman 2015). Using photo-elicitation has been evidenced to provide an empowering positive experience that enhances collaboration with participants and researchers within diverse

community contexts (Erdner et al. 2009; P. Smith et al. 2021, 2023). A participant-led approach where participants take responsibility for taking the photographs was followed to aid inclusivity and promote agency by placing participant voice firmly at the centre (Bates et al. 2017; Richard and Lahman 2015).

Staff-based participatory research has been developed from the tenets of community-based participatory research to facilitate 'the reciprocal transfer of knowledge, skills, capacity and power among participants' (Cameron et al. 2010, 615). This approach was taken to improve inclusivity, empowerment and collaboration in the research. Taking a staff-based participatory research approach can also be extended to include participants as co-researchers in the analysis, writing and dissemination stages (Cameron et al. 2010). Therefore, duoethnography (Norris and Sawyer 2004) was chosen for its collaborative approach which promotes introspection and critical reflexivity in researchers (Lund et al. 2012). Given that the duoethnographic process does not aim to necessarily arrive at consensus, but rather to illuminate representations of juxtaposed or similar experiences, it was considered to be an inclusive method in discussing and analysing data. This coming together in the spirit of difference and valuing the polyvocality of participants and their lived experiences of working within mental health services and the different ways in which they promote a trauma-informed existential rights-based approach ensured rigour, trustworthiness and collaboration throughout the data collection and analysis process.

Data were analysed using IPA (J. A. Smith et al. 2022). IPA is concerned with understanding lived experience and how individuals make sense of such experiences (J. A. Smith 2011, 2009, 2022). IPA has three distinctive characteristics which are namely that it is idiographic, inductive and interrogative. In this study we engaged with the idiographic aspect of IPA by examining each groups' case and data until consensus of interpretation was agreed. The inductive aspect began with us engaging with participants raw lived experiences of working in mental health services and using a bottom-up approach to develop our themes and understanding of this rather than us applying pre-existing theories or conceptualisations. Lastly, the interrogative element included aligning and integrating our interpretations and conceptualised themes with evidence-informed and practice-based evidence and published research.

We acknowledge the critique from Tomkins and Eatough (2010) that using IPA with focus groups does not equate to the essence of capturing the individual lived experience fully as postulated by J. A. Smith et al. (2009, 2022). One of the problematic features of applying IPA methods to group data is that the focus is shifted away from individual meaning to shared and negotiated group meanings. This compromises the idiographic and double hermeneutic processes in relation to each individual group member (Love et al. 2020) meaning that individual phenomenological accounts and personal interpretations may be diluted as group meanings are prioritised. However, Tomkins and Eatough (2010) suggested that a pragmatic approach to phenomenological enquiry in group settings involves recognising these challenges. They argued that examining both individual perspectives and collectively negotiated meanings can enrich the understanding of lived experience. For this reason, our attempt to capture both

individual and group voices is what influenced our decision to include photo-elicitation data collection methods and duoethnography alongside IPA.

2.2 | Participants

Inclusion criteria comprised of adults (i.e., over 18 years) who were currently working for residential support accommodation services and were happy to provide consent. The workshop facilitators (lead author and second author) delivered a presentation that explained the aims and design of the project. All staff were given a detailed information sheet, a photography instruction sheet and a consent form, plus space was provided to ask questions. It was made clear that involvement in the study was voluntary and anyone not wanting to be involved would still be able to engage in the training. It was also explained to the participants as part of the consent process that they could leave at any time during the process, and this would not impact their role within the service. All staff agreed to take part and were happy to sign the consent form. In total, 11 participants (comprising of five women and six men, aged 23–55) took part in the study. The participants self-reported that they worked in various roles including mental health support workers, team leaders, registered mental health nurses and service managers. All participants were geographically located in the UK and had experience supporting clients with various mental health and complex needs at various stages of their recovery.

2.3 | Data Collection

Data was collected and initially analysed during a 2-day staff training workshop. Participants from across different services were invited to take photographs in three small groups during the workshop that represented their individual and group experiences of working for residential support accommodation services. Participants photographs were used as a starting point in each small group to facilitate in-depth discussions to explore their experiences and the meaning they attach to them (Collier 1957; Radley et al. 2005; Steger et al. 2013). Reflecting on photographs in this way enabled participants to express their views away from their usual clinical environments where staff can often feel despondent and unable to challenge embedded systemic structures (P. Smith et al. 2023). In taking photographs participants were offered an opportunity to step into the position of observer away from the usual constraints of their role (Radley 2010). Minimising power imbalances by offering participants agency regarding the photographs they took and chose to discuss also enhanced the inclusive approach to the research (Bates et al. 2017; P. Smith and Madill 2026).

Data from each of the small groups was then presented through discussion to the whole group and analysed using IPA (J. A. Smith et al. 2022). Within this to ensure that the individual voice was not lost our process included inviting members of each group to share not only the group negotiated meaning, but also what it meant to them as individuals. We also invited the group to share with us how they reached the group's meaning to ensure that any marginalised or quieter voices were not overlooked within discussions and interpretations of their experiences of working within mental health services.

Day one of the workshop consisted of the following:

- i. Introductions and facilitated trust building activities that included individual and group reflections on understanding difference and diversity.
- ii. An introduction to the research project, an opportunity to ask questions, and collection of informed consent.
- iii. A deeper exploration of using photo-elicitation to facilitate discussions around the research topic.
- iv. An invitation to participants to form and engage in small groups to brainstorm ideas around suitable photographs to answer the question: What are your experiences of working for a recovery residential service?
- v. An opportunity for each small group to plan and take photographs in and around the training facility.
- vi. Initial small group discussions around the meaning of each photograph and how it relates to the research question, followed by a whole group discussion to share ideas and develop concepts and themes.

Day two of the workshop consisted of the following:

- i. The continuation of the whole group's discussion around the meaning connected to the small group's photographs.
- ii. Formulating the themes across the data collected through whole group discussions.
- iii. The development of whole group recommendations for service development.
- iv. Endings and an opportunity to reflect on the training experience.

On completion of the data collection, the whole group was asked to consider voluntarily offering an expression of interest to be a part of the research team to collaborate on analysing the data and writing up the findings. Out of the 11 staff that took part, three participants expressed interest (third, fourth and fifth authors). Involving staff in this way enabled the varied experiences and knowledge of staff who are affected by the issues being studied to be present during the interpretation process.

Ethical approval was granted by York St John University. To protect the identities of the participants the workshop, facilitators asked groups to provide nonidentifying group names and during the second phase of the analysis the research team ensured the removal of all other identifying information. Throughout, the workshop facilitators were available to debrief with participants regarding any concerns or difficult emotional content arisen from the research discussions. Participants were also informed that they could contact the facilitators after the workshops if they had any concerns or questions regarding the research process. All participants had access to a manager or external support service should they have needed extra support or to raise concerns.

2.4 | Data Analysis

Within IPA the hermeneutic cycle describes the way in which researchers engage deeply with individuals' accounts of lived experiences and navigate through layers of interpretation to make sense of the participants making sense of their own experiences (Eatough and Smith 2017). Similarly, photo-elicitation uses photographs to support participants to reflect on their experiences

with a researcher to facilitate the process of adding meaning to experience, therefore providing a platform through which hermeneutic sense-making can occur (Burton et al. 2017). Thus, our aim was to gain a deeper understanding of our participants attempts of their sense-making of their own lived experiences by moving from the descriptive to the interpretative (J. A. Smith et al. 2009, 2022). In doing so, we have followed established processes whilst drawing on the flexible nature of IPA to incorporate the use of photo-elicitation with groups.

Photographs taken by participants were used as prompts during workshop discussions and in keeping with an IPA framework were used to enhance the understanding of the participants' spoken narrative during the interpretation process (J. A. Smith et al. 2009). Our duoethnographic process included shared dialogue of narration and examples of lived experiences of working, researching within and engaging with psychotherapeutic and mental health services. This was an iterative and dialogic process in which we challenged each other's interpretations of our experiences and of the data, as well as potential biases or projections. This was important as we acknowledge that analysing data can induct within the researcher/s a dynamic in which what is interpreted is arising from bias and one's own lived experiences which may be parallel to the data before them.

The research team met on 12 separate occasions in total and began by refamiliarising themselves with the group discussion notes attached to each photograph taken in the workshop. Together the researchers created exploratory notes with a phenomenological focus. To stay as close to the participants' experience as possible, they focused on one photograph at a time, and the associated discussion point and aligning participant quotes. From here experiential statements were constructed for each photograph and discussion point. Titles were given to describe the characteristics of each small workshop group based on their clusters of experiential statements. These became the personal experiential themes (PETs). Group experiential themes (GETs) were then developed from the patterns of similarities and differences noted across the PETs (J. A. Smith et al. 2022). Finally, a credibility check took place that involved comparing the PETs and GETs with the initial themes developed in the staff training workshop.

Credibility ensures the trust, worthiness and rigour of our research study. In this research study we attained this through the following processes: (1) demonstrating transparency in our analytical process by documenting the steps we followed in our analysis and showing how the themes were developed, (2) our duoethnographic dialogue helped us to challenge potential biases and engage in research triangulation as there were multiple researchers from multidiscipline backgrounds analysing the data and (3) lastly, we presented photographs and a table of our analytical findings to demonstrate coherence and plausibility to ensure our narrative is supported by clear evidence.

3 | Results

This section is structured by experiential statements, personal experiential themes (PETs), and group experiential themes

(GETs) as developed through the analysis process. Table 2 provides an overview of these.

3.1 | Experiential Statements

This section outlines the experiential statements attached to each photograph and associated discussions derived from the exploratory notes (see also Table 2). For clarity, the experiential statements presented below are in the order in which they were analysed and sit alongside the relevant photograph.

3.1.1 | Experiencing Tension Between Individual Psychological Capacity and Role Demand Capacity

This experiential statement is supported by Figure 1 that depicts a wrist with a watch on it. Participants from the group Dominos described experiencing a conflict between what they perceived their role demanded and the psychological resources they needed to engage in their work effectively. Demands of the role include tension with time limitations and the need to manage expectations, targets and outputs, as well as the pressure of external demands. Psychological resources include individual

capacity to manage and respond to demands of the role without significant impairment on ability to fulfil work expectations or psychological wellbeing being significantly impacted.

3.1.2 | Staff Felt the Burden of Personal Costs and the Demand on Self That Requires Them to Be Continually Resourced and Maintain Boundaries

This experiential statement is supported by Figure 2 that depicts a person watering plants with a watering can. Participants from the group Dominos described the personal impact of emotional labour and the intensity of the work. Often, they experience a conflict where caring for others can sometimes mean a personal cost to self. Participants acknowledge the importance of maintaining boundaries to execute the role. To continue to work effectively and in line with the values of the organisation which include valuing people, passion in the role, collaboration with others and integrity, participants need compassionate understanding and resources. These resources could include additional time, training, a full staffing team, and access to appropriate and regular supervision.

TABLE 2 | Experiential statements, personal experiential themes (PETs), and group experiential themes (GETs).

Group 1: Dominos	Group 2: Imerge	Group 3: See
Experiencing tension between individual psychological capacity and role demand capacity.	Individuals resisting letting go of past ways of working within different services creates complexities that impact on change and development.	Despite facing struggles and challenges staff felt resilient, strength, and determination which enhanced their functioning, adaption, and evolution.
Staff felt the burden of personal costs and the demand on self that requires them to be continually resourced and maintain boundaries.	Individuals felt the burden of shared responsibility with internal services when interconnectivity with external services breaks down.	The staff felt passionate about their work, however, would appreciate acknowledgement regarding the time for ongoing professional development.
Feeling acceptance and pride for the reality of the service, its evolution, integration within the wider context and their role within that.	Being authentic in encounter facilitates conditions for person-centred care and growth in therapeutic and professional relationships.	Staff experience frustration in creating and maintaining a psychologically safe and trauma-informed environment due to a combination of external and internal pressures on the service.
Noticing disharmony between demand capacity and the requisite nature of changing services. Acceptance of personal and service needs and development.	Balancing trust across diverse relationships. The need for connection to serve and maintain equilibrium in self and service.	Disheartenment arising from willingness to engage versus service constraints and challenges. Being hopeful about the future and determined to move towards growth and make a difference.
The felt tension between meeting needs of self and those of the service.		
Perceived agency in influencing meaningful service development and outcomes.		
Attunement to and valuing of authenticity in nurturing relationships.		
Experiential Statements	Personal Experiential Themes (PETs)	Group Experiential Themes (GETs)



FIGURE 1 | Dominos: Photograph 1.



FIGURE 2 | Dominos: Photograph 2.

3.1.3 | *Individuals Resisting Letting Go of Past Ways of Working Within Different Services Creates Complexities That Impact on Change and Development*

This experiential statement is supported by Figure 3 that depicts an enmeshment of objects in a bowl which include discarded television remote controls, pens, chargers and a small ball. Participants from the group Imerge described the complexities of the client's needs and services involved with their care. They reported an attachment to familiar structures or processes whilst acknowledging the changes that are occurring around them. They expressed a lack of trust in letting go completely of



FIGURE 3 | Imerge: Photograph 1.

what is known and has been previously useful in place of new ideas and processes. In some participants experiencing fear of the unknown limits their capacity for change.

3.1.4 | *Despite Facing Struggles and Challenges Staff Felt Resilient, Strength, and Determination Which Enhanced Their Functioning, Adaption, and Evolution*

This experiential statement is supported by Figure 4 that depicts a greenhouse with broken and missing glass panels full of discarded timber. Participants from the group See acknowledged the importance of having an established frame within the system as it evolves. Increasing complexities and continuing demands within the workplace contribute to the personal emotional costs felt by the staff. However, despite the limitations of systemic and individual personal resources participants described a determination to adapt and deliver an operational and dynamic service.

3.1.5 | *Individuals Felt the Burden of Shared Responsibility With Internal Services When Interconnectivity With External Services Breaks Down*

This experiential statement is supported by Figure 5 that depicts a birdbox on the trunk of a large willow tree with several branches. Participants from the group Imerge endeavour to provide a safe psychologically informed environment in which clients can develop and become more autonomous and independent. Participants were confident in their abilities to achieve this; however, to support clients in moving through the service towards a higher level of independence participants recognised the importance of good communication and working relationships in the wider network of services.



FIGURE 4 | See: Photograph 1.



FIGURE 5 | Imerge: Photograph 2.

3.1.6 | *The Staff Felt Passionate About Their Work, However, Would Appreciate Acknowledgement Regarding the Time for Ongoing Professional Development*

This experiential statement is supported by Figure 6 that depicts two different fire extinguishers mounted on a wall. Confidence amongst staff in being able to deal with risk within the context of limited support and resources varied between participants from the group See with some conveying better capacity, confidence, and skill than others. Some participants conveyed the impact of long working hours and low staffing on their psychological equilibrium, consequently resulting in, for example, burn out. Despite this they reflected on protective and developmental factors which included the benefit of more intensive induction, bespoke programmes to enhance their skills, multi-disciplinary teamwork and up-to-date training.

3.1.7 | *Feeling Acceptance and Pride for the Reality of the Service, Its Evolution, Integration Within the Wider Context and Their Role Within That*

This experiential statement is supported by Figure 7 that depicts a crumbling wall with new flora emerging. Participants from the group Dominos described the complexities of delivering what was conceptualized as a 'good enough' service. In describing



FIGURE 6 | See: Photograph 2.



FIGURE 7 | Dominos: Photograph 3.

these complexities, the participants relayed an acceptance of where the social care system is, an acknowledgement of loss in relation to familiar systems, and willingness to move towards growth. Participants also acknowledged that although their approach to working differed across services what was key was their ability to adapt.

3.1.8 | *Being Authentic in Encounter Facilitates Conditions for Person-Centred Care and Growth in Therapeutic and Professional Relationships*

This experiential statement is supported by Figure 8 that depicts a hydrangea with multiple flowers and varying colours including pink, mauve, blue and purple. Participants from the group Imerge used the analogy of hydrangea plant flowers changing colour depending on the nutrients provided and linked this to their experience of personalised care offered within the service. They described the benefits of building positive relationships as a foundation for creating a psychologically informed environment which often leads to growth and a



FIGURE 8 | Imerge: Photograph 3.

positive outcome for the client. Staff deeply value working in this authentic way but face barriers such as low staffing, time pressure and different approaches to care across multidiscipline teams.

3.1.9 | *Staff Experience Frustration in Creating and Maintaining a Psychologically Safe and Trauma-Informed Environment due to a Combination of External and Internal Pressures on the Service*

This experiential statement is supported by Figure 9 that depicts a red brick wall which is in a state of disrepair with some loose uncemented bricks arranged haphazardly on top. Participants from the group See described a range of issues that can impact their work and cause structural impairments in services, such as high staff turnover, recruitment challenges, emotional pressure and unmet training needs. However, in describing these they recognised they are starting from good foundations that support them in the face of difficulties and limited resources. Shared values and the capacity to reflect and challenge factors that perpetuate structural breakdown mean they feel hopeful that they can build on what they have.

3.2 | **Personal Experiential Themes (PETs)**

This section outlines the personal experiential themes (PETs) for each group (see also Table 2). In total six PETs were conceptualised, two for each group: (i) noticing disharmony, (ii) acceptance, (iii) balancing trust, (iv) need for connection, (v) disheartenment and (vi) being hopeful.

3.2.1 | *Noticing Disharmony*

This was the first PET conceptualised for the group Dominos. It speaks to participants' descriptions of noticing disharmony between demand capacity and the requisite nature of changing services.

3.2.2 | *Acceptance*

This was the second PET conceptualised for the group Dominos. It speaks to participants' experiences of acceptance of personal and service needs and development.



FIGURE 9 | See: Photograph 3.

3.2.3 | *Balancing Trust*

This was the first PET conceptualised for the group Imerge. It speaks to balancing trust across diverse relationships.

3.2.4 | *The Need for Connection*

This was the second PET conceptualised for the group Imerge. It speaks to the need for connection to serve and maintain equilibrium in self and service.

3.2.5 | *Disheartenment*

This was the first PET conceptualised for the group See. It speaks to disheartenment arising from willingness to engage versus service constraints and challenges.

3.2.6 | *Being Hopeful*

This was the second PET conceptualised for the group See. It speaks to being hopeful about the future and determined to move towards growth and make a difference.

In analysing the PETs, we noted convergence highlighting commonalities in how individuals in the groups made sense of their experience of working within services. Each group noted how psychologically demanding the work was and therefore the personal cost to themselves. This meant that they felt having support structures within services that are trauma-informed and responsive to their idiosyncratic needs was important. Furthermore, all groups also converged on experiencing a sense of resistance and mistrust towards changes in services. This was primarily because they felt the changes were not clearly justified or evidence based.

In keeping with the idiographic nature of IPA, where individual experiences are afforded equal significance, we paid attention to divergent accounts. These revealed that not all staff were equally invested in their work or positive about their personal and professional development trajectories. Moreover, expectations of similar roles within services differed across groups. Lastly conceptualisation of trauma-informed approaches was presented in a way that evidenced different orientations.

3.3 | Group Experiential Themes (GETs)

This section outlines the group experiential themes (GETs) derived from the PETs (see also Table 2). In total three GETs were conceptualised:

- i. The felt tension between meeting needs of self and those of the service.
- ii. Perceived agency in influencing meaningful service development and outcomes.
- iii. Attunement to and valuing of authenticity in nurturing relationships.

3.3.1 | *The Felt Tension Between Meeting Needs of Self and Those of the Service*

Participants work alongside individuals who experience or are presenting with psychological distress and need support. This involves managing risk, facilitating relational development and person to person relationships, and improving daily living skills. Participants describe a working environment that includes the following challenges, such as (1) the impact of the emotional labour (personal time, energy and resources) that the role requires, (2) barriers and limitations to maintaining a trauma-informed approach (pressures on times, staffing and training needs) and (3) approach to managing risk (safety planning, attitude to risk and staff experience).

3.3.2 | *Perceived Agency in Influencing Meaningful Service Development and Outcomes*

Participants often experience working in an imposed fast-paced environment that can leave them feeling ineffective to change. They voiced their struggles in trusting the evolution of the system and frustration at constantly having to adapt. Having a clear sense of professional and service expectations and understanding why changes are being implemented enables participants to choose how they respond to change, which provides greater opportunities to experience personal agency in their work. Opportunities to engage in reflective practice that has the potential to influence service development improves participants sense of feeling valued and hope for the future.

3.3.3 | *Attunement to and Valuing of Authenticity in Nurturing Relationships*

Participants re-laid the importance of attunement to and valuing of authenticity in nurturing relationships as they stated that these facilitate growth and development. Within these relationships there is recognition of the valuing of diverse journeys and experience and the impact on self and others. Relationships involve those between professionals, between clients and professionals, and between services. Collaborative approaches to working facilitate the building of trust and the empowering of experiences.

4 | Discussion

This study has successfully used staff-based participatory research, photo-elicitation and duoethnography to address the research question 'What are the experiences of professionals

working for a recovery residential service?' Data analysis using IPA has highlighted important concepts that consider (i) the felt tension between meeting needs of self and those of the service; (ii) the need to manage professional and service expectations when working towards growth; and (iii) attunement to and valuing of authenticity in nurturing relationships (see GETs). Key themes of noticing disharmony, acceptance, balancing trust, the need for connection, disheartenment and being hopeful were also raised (see PETs).

In line with IPA guidance (J. A. Smith et al. 2022) this discussion rather than focussing on each GET, focusses more on the conceptual level of the collective themes and the interpretations the researchers made of the themes. This is presented herein this discussion under three subtitles which tell the story of the experiences of professionals working for the recovery residential service as follows: (i) the need for a trauma-informed approach to mental health care within residential services, (ii) navigating the tensions faced within the community services relating to a person-centred, rights-based, recovery approach and (iii) the importance of attunement to and valuing of authenticity in nurturing relationships.

4.1 | The Need for a Trauma-Informed Approach to Mental Health Care Within Residential Services

Participants noted that tensions existed when attempting to implement trauma-informed practices especially when working in multidisciplinary teams that often follow directive approaches. Limited trauma-informed training leading to low confidence amongst staff and the pressure of time constraints also had an impact. Nonetheless, it was evident that regardless of which residential services participants were embedded they all acknowledged that trauma-informed care was necessary and a key component for working with recovery. For example, when staff respond to client's distress from an uninformed position that disregards individual experience and/or choice it can manifest into a 'power over' relationship that can result in retraumatisation (Sweeney et al. 2018).

Participants agreed that encouraging connection is a key part of trauma-informed care, as well as recognising the impact of trauma on clients' relationship with self, family, staff, society and within systems, and understanding how this can prolong psychological distress (see also Charura and Smith 2024; Sweeney et al. 2018). This could be put simply as staff asking their clients 'how do you feel?' and 'how do we feel together?' or by facilitating a culture of reflective practice and supporting staff through supervision. This also illuminates the importance of considering the person in the person-centred approach (i.e., the client and staff member) and the relational process that facilitates therapeutic support of trauma within a wider social-cultural context (see also P. Smith and Charura 2023).

4.2 | Navigating the Tensions Faced Within the Community Services Relating to a Person-Centred, Rights-Based, Recovery Approach

Within the residential services there was a general understanding that participants followed the client's lead regarding

how to best to meet their needs. However, there was also an acknowledgement that when working with clients who cannot recognise or name their needs a more directive approach is adopted, which then moves them further away from a person-centred, rights-based, recovery approach (see also Kayes and Papadimitriou 2023).

Noting this tension raises for us the provocation in this discussion about what it truly means to be person-centred and how staff manage this through their work. Participants noted the challenges involved when trying to engage in authentic and nurturing relationships that foster optimal human functioning and fulfilment and promote human flourishing in recovery through person-centred, rights-based, recovery-oriented care. These included other forces that were often at play and spheres of influence within their wider systems, including funding constraints, risk assessment guidelines, service policies, staff to service user ratio constraints, relationships with external partners, outcome expectations, stigma, recommended treatment guidelines and different multidisciplinary approaches to care (see also Sreeram et al. 2021).

4.3 | The Importance of Attunement to and Valuing of Authenticity in Nurturing Relationships

Participants agreed that working relationally when supporting those experiencing trauma and psychological distress is best facilitated by offering a collaborative, compassionate, safe and containing environment in which the right conditions for therapeutic engagement and transformation can occur (Finlay 2016; P. Smith and Charura 2023; P. Smith et al. 2023). They all agreed that at the heart of this are authentic nurturing relationships. 'It's the relationship that heals, the relationship that heals...' (Yalom 1989/2012, 112). Yalom's rosary underpins the basic tenet held by participants and many others that building and maintaining strong relationships is a key factor in achieving therapeutic growth.

Typically, individuals who experience psychological distress and trauma will have experienced challenges in developing and maintaining positive nurturing relationships. The value in facilitating a therapeutic relationship is in offering an alternative model of relating to what has gone before (Finlay 2016; Charura and Smith 2024). Notably, participants highlighted that the need for affirming and trusting relationships does not sit solely between staff and clients and instead, for example, there is also a need for positive relationships between staff and colleagues, clients and peers, and staff and services, as well as with external influences such as clients' family, other services, policy makers and funders.

4.4 | Recommendations for a Trauma-Informed, Existential Rights-Based Approach to Mental Health Care

Our proposed trauma-informed, existential rights-based approach highlights the importance of holding a 'power with' position that works collaboratively with the client whilst respecting their right to subjective experience, choice over preferred treatment, and to be treated with dignity (Charura and

Smith 2024; Cosgrove and Shaughnessy 2020; Gupta 2022). This extends to supporting staff in transforming their social and professional structures by encouraging a sense of agency. However, in considering our participants' experiences it is clear to see the impact of wider systemic challenges in their work with clients using residential services, as well as the pressure they face when attempting to work within their own levels of competency and personal limitations.

The promotion of self-care in professionals promotes well-being in staff, albeit effective application must meet the unique needs of the individual (Posluns and Gall 2020). Participants spoke of the importance of supervision, training and development opportunities and reflective practice to ensure staff feel empowered in their roles and feel confident in supporting others. Therefore, we also advocate for greater communication between staff, clients, and services to improve understanding of the impact of working with trauma and the relationship between client and staff experiences, working environments and job satisfaction (Sweeney et al. 2018).

Drawing from the themes conceptualised in this paper through exploring the lived experiences of mental health professionals we now offer recommendations for a trauma-informed, existential rights-based approach to mental health care. We propose the importance of the following:

- i. Encouraging organisations to positively embrace a trauma-informed, existential rights-based approach to mental health care and shift away from linear unlimited understanding of what it means to be person-centred.
- ii. Adopting a multi-modal approach and not just terming the work 'person-centred' but clarifying approaches that stipulate and are congruent with what staff can offer and including the encompassing of human rights, hope and compassion.
- iii. Investing in systemic processes that are informed by a holistic bio-psycho-social-sexual-spiritual approach that speaks to the ethical principles of truth, freedom, love, hope and power.
- iv. Making space and investing in thinking and reflective practice about tensions and the conditions that thwart staff growth and minimise the movement and shift towards recovery or service development.
- v. Recognising the dynamic nature of each organisation and how challenging conditions can impact the everyday experiencing of staff and clients despite individual expertise and desire to work collaboratively.
- vi. Prioritising practices that reinforce the value of self-reflection, continued professional training, and supervision in promoting staff wellbeing.

Our research study as presented in this paper contributes new insights to a trauma-informed approach to mental health care. Further reading recommendations include good practice when working therapeutically (Finlay 2016; Charura and Smith 2024), working with image-based methodologies in qualitative research (Reavey 2021) and within mental health care (P. Smith et al. 2021, 2023), and exploring relationships in trauma-informed mental health services (Sweeney et al. 2018).

4.5 | Limitations

We acknowledge several limitations in this study, including the use of IPA with focus groups, which has been criticised for potentially obscuring individual lived experiences. However, this limitation was mitigated by following established guidance on the use of IPA with small samples (11 participants in the present study) (J. A. Smith et al. 2009, 2022) and in group settings (Love et al. 2020). Furthermore, our methodological approach was informed by evidence demonstrating the successful application of IPA in previous group-based research (Love et al. 2020; Palmer et al. 2010; J. A. Smith et al. 2022). It is also important to note that IPA is an idiographic methodology that prioritises depth of understanding over breadth and statistical generalisation (J. A. Smith et al. 2009, 2022). As three members of the research team came from the participant group and two from an academic setting, it was important to acknowledge the different perspectives we brought to the study, the potential for bias, and the inherent power dynamics within the team, as well as how these factors may have influenced the data analysis process. However, these considerations were carefully addressed through our chosen methodology, which emphasised shared decision-making, valued lived experience, and encouraged reflexive practice. Through ongoing dialogue, we met regularly as a research team to discuss our thoughts, reflections, and emotional responses to the data, alongside our evolving interpretations during the analysis process. Furthermore, several themes identified in this study, including the tensions between organisational demands, management processes, and therapeutic work, are consistent with findings reported in previous research studies. This convergence with the wider literature strengthens the credibility and relevance of our findings beyond the immediate study context. We recommend that future research adopts a longitudinal approach to explore how staff experiences evolve over time. In addition, research across a range of rights-based community mental health services would enable comparison of experiences across settings and contribute to a broader evidence base regarding the factors that support staff wellbeing, professional development and service delivery.

5 | Conclusion

Staff-based participatory research and photo-elicitation methods have proved successful in supporting recovery residential services staff in exploring their lived experiences. Equally, the use of photography and the associated discussions have enhanced our understanding of individual and group experiences. Through this article we assert by listening to the lived experiences of the professionals who work in community mental health environments we can better understand the dynamic and complex nature of moment to moment experiencing when working with vulnerable clients experiencing trauma and psychological distress. We support Roger's notion that 'it is the client who knows what hurts, what directions to go, what problems are crucial...' (1961, 11–12), while acknowledging from our findings the challenges that are inherent when applying a person-centred, rights-based approach to contemporary community mental health practice. We suggest a way forward towards service development, recovery, and growth that embodies bio-psycho-social-sexual-spiritual principles within

a trauma-informed existential rights-based approach that not only places the client at the centre of the work but also acknowledges the needs of staff who support and work with them.

Author Contributions

Penn Smith: conceptualization, investigation, writing – original draft, methodology, validation, visualization, writing – review and editing, formal analysis, project administration, data curation, supervision, resources. **Divine Charura:** investigation, writing – review and editing, methodology, validation, formal analysis, data curation, supervision, resources. **Ben Joslin:** writing – review and editing, formal analysis, data curation. **Henry Law:** writing – review and editing, formal analysis, data curation. **Beth Lings:** writing – review and editing, formal analysis, data curation.

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Ethics Statement

Ethical approval was granted by York St John University. Reference: RECCOUN00040.

Consent

All participants provided written informed consent prior to enrolment in the study.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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