

Est.
1841

YORK
ST JOHN
UNIVERSITY

Smith, Penn ORCID logoORCID:

<https://orcid.org/0000-0001-7522-4461>, Simpson, Lisa and Madill, Anna (2021) Service user experiences of a novel in-reach rehabilitation and recovery service for people with profound and enduring mental health needs. *International Journal of Mental Health Nursing*, 30 (5). pp. 1106-1116.

Downloaded from: <https://ray.yorks.ac.uk/id/eprint/5044/>

The version presented here may differ from the published version or version of record. If you intend to cite from the work you are advised to consult the publisher's version:

<https://onlinelibrary.wiley.com/doi/full/10.1111/inm.12861>

Research at York St John (RaY) is an institutional repository. It supports the principles of open access by making the research outputs of the University available in digital form. Copyright of the items stored in RaY reside with the authors and/or other copyright owners. Users may access full text items free of charge, and may download a copy for private study or non-commercial research. For further reuse terms, see licence terms governing individual outputs. [Institutional Repository Policy Statement](#)

RaY

Research at the University of York St John

For more information please contact RaY at ray@yorks.ac.uk



ORIGINAL ARTICLE

Service user experiences of a novel in-reach rehabilitation and recovery service for people with profound and enduring mental health needs

Penn Smith,¹  Lisa Simpson² and Anna Madill¹ 

¹School of Psychology, University of Leeds, Leeds, UK, and ²Community Links part of the Inspire North Group, Leeds, UK

ABSTRACT: *This article provides an organizational case study using exploratory qualitative and visual research methods. We address the research question: What are the experiences of service users who use a novel in-reach rehabilitation and recovery service for people with severe and enduring mental health needs? Fifteen purposefully sampled service users were recruited from across a Service that is novel in embedding community sectors within inpatient provision. The sample reflects approximately the demographic of the Service and comprises: 10 men, 5 women; 12 white British, 3 ethnic minority; aged 18–60 years; and across inpatient care and supported community living. Photo-elicitation was used to enrich data collection through lightly structured interviews focused on the images brought by participants. Interview transcripts were analysed using interpretative phenomenological analysis. Analysis indicates that participants oriented towards four ‘meta-questions’: What does mental well-being mean to you? What difficulties have you encountered? What do you appreciate about the Service? What do you need for change to occur? We also identified six themes which told the story of a journey. The journey begins with challenge and moves towards making connections with others. Here, power dynamics are often experienced and addressed in the development of a greater sense of independence. This then provides opportunities for raised awareness around possibilities of recovery and a new-found hope. Our three main conclusions are all relevant to clinical practice: service users (a) place great importance on building relationships; (b) aspire to make informed choices throughout their recovery journey; and (c) desire greater transparency regarding treatment options.*

KEY WORDS: *Interpretative Phenomenological Analysis, Mental Health Services, Photo-elicitation, Psychosis, Recovery-orientated Care.*

INTRODUCTION

The phrase ‘expert by experience’ is used to recognize the ways in which individuals can contribute to health

Correspondence: Penn Smith, School of Education, Language and Psychology, York St John University, York YO31 7EX, UK. E-mail: p.smith2@yorksj.ac.uk

All authors listed meet the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors and are in agreement with the manuscript.

Disclosure statement: There are no conflicts of interest.

Penn Smith, PhD.

Lisa Simpson, CertMHS, CertMHSC.

Anna Madill, PhD.

Accepted February 28 2021.

service and policy development through their status as service users (McLaughlin 2009). Studies demonstrate that service users can be a valuable source of knowledge (Branfield *et al.* 2006; Telford & Faulkner 2004). However, service user opinion may be perceived as unreliable when diagnosis connotes irrationality (Foster 2015), particularly if their views differ from that of health professionals (Rogers & Pilgrim 2001). In fact, a recent literature review of recovery-oriented practice in mental health inpatient settings reveals that, of the eight studies identified, only three included service users’ voice and, of those, only one included current inpatients (Waldemar *et al.* 2016).

© 2021 The Authors. *International Journal of Mental Health Nursing* published by John Wiley & Sons Australia, Ltd.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

BACKGROUND

Studies on mental health recovery show a marked shift towards engaging service user experience through empirical investigation (Slade *et al.* 2012). One key issue is that the definition of recovery is disputed amongst researchers as well as between individuals who experience mental health challenges, their carers, and associated professionals (Edgley *et al.* 2012). Indeed, some service users even reject the suggestion that they need to recover from something and protest 'humiliating treatment techniques and homogenizing outcome measurements' (RITB 2017, para. 4). Others see value in bringing together activists, survivors, and professionals to explore different ways of understanding mental health distress and routes to alleviate suffering (Watson 2019). Negative experiences may go unseen, for example through leaving treatment early, so holistic service user perspective is important in service development.

Despite controversy around definitions and ideology, recent studies have explored service user experience of mental health services productively. For example, O'Keeffe *et al.* (2018) conducted a very long-term interview study with 20 mental health service users. Key findings highlight the importance of finding meaning in psychotic experiences, acknowledging individuality and societal value, and managing service user expectations. In another example, Wright *et al.* (2016) explored service user experience of admission to, and discharge from, acute inpatient mental health wards. Through service user and staff-specific focus groups, this study identifies the absence of service user voice in key decision-making processes related to their care.

In general, the limited studies that explore the experiences of service users with severe mental health challenges tend to focus on early interventions for first-episode psychosis (e.g. Harris *et al.* 2011) and community outpatient services (e.g. Stovell *et al.* 2016). Expanding this focus, the UK Service studied in the current article spans inpatient and community support for people with enduring mental health needs.

The Service studied provides care for individuals predominately diagnosed with psychotic disorders and consists of a 'ward environment', an inpatient 'house environment', and supportive living in the community with the input of Service staff for up to 6 months after hospital discharge. It was redesigned and restructured in 2015 following stakeholder feedback that there was

a need for greater integration between inpatient pathways and the community sector. Hence, the Service provides a stepped intensive pathway through inpatient care that supports the transition and reintegration of service users into their community (Barnes & Dilks 2014). The ethos of the Service is to support service users to live meaningful, independent, and fulfilling lives, and the key feature is the joint partnership between National Health Service (NHS) inpatient and community voluntary organizations including holistic community care packages with links to colleges, community groups, and volunteering opportunities (see Smith 2019). Through the full application of recovery-focused principles and the biopsychosocial model, the aim is to create less reliance on inpatient care and through the introduction of new ideas and resources that move away from the more tradition focus of the medical model. A multidisciplinary approach is taken when developing service users' independence and, therefore, the Service offers multidisciplinary and multi-agency assessment, formulation, and intervention to service users.

The creative data collection method of photo-elicitation was used as a means to place the service user at the centre of the enquiry. First named in 1957 by John Collier, participants are invited to take photographs in preparation for the meeting with the researcher in order help convey their experiences around the topic of investigation (Aldridge 2014; Sandhu *et al.* 2013). Semi-structured photo-elicitation interviews allow the participant to lead with their own experiences evoked by the images they have brought (Bates *et al.* 2017). Photographs help bridge the gap between the participant's experience and that of the researcher and provide a focus for researchers to gain insight into the way participants interpret and understand their world (Bates *et al.* 2017). There is evidence that visual methods have utility in research with people suffering severe mental health challenges through aiding communication (Fullana *et al.* 2014). More generally, photo-elicitation can lower anxiety about the research meeting through preparation, control of the focus of discussion, and triangulating on a material object to mitigate feeling over-whelmed by the interpersonal situation (Duara *et al.* 2018).

In summary, in the present article, we set out to address the research question: *What are the experiences of service users who use a novel in-reach rehabilitation and recovery service for people with severe and enduring mental health needs?*

METHOD

This article provides an organizational case study that uses exploratory qualitative and visual research methods. NHS ethical approval was granted on 12th April 2016 by Leeds and York Partnership NHS Foundation Trust and NHS Leeds North Clinical Commissioning Group.

Recruitment and participants

The study was communicated widely throughout the Service. Participants were recruited via service user views meetings by the first author and promoted by gatekeepers, such as recovery workers. Inclusion criteria comprised adults (i.e. ≥ 18 years) who were current inpatients or within six months of leaving the inpatient Service and were capable of providing informed consent. Individuals were excluded if owning an electronic tablet would make them more vulnerable (e.g. to theft) or if the project was advised against by the gatekeepers. In total, fifteen service users were purposefully sampled from across the Service with the aim of mirroring broadly the user demographic and structure (Tables 1 and 2). For context, 36 inpatient beds are available and on average 90 service users per year accessed the Service during the data collection period 2015–2017. Nearly all service users who put themselves forward were included, with the exception of three. One withdrew due to language difficulties; another was withdrawn when it was deemed no longer in their best interests to take part due to a serious decline in mental health; and the third was unwilling to sign the consent form.

Data collection

One photo-elicitation interview was conducted with each participant by the first author, a qualified

TABLE 1 Ideal service user sample given service demographic and that achieved

Demographic		Ideal sample	Achieved sample
Gender	Male	11	10
	Female	4	5
Ethnicity	White British	11	12
	Multi-ethnic group	4	3
Age (years)	18–30	6	3
	31–40	3	3
	41–50	3	3
	51–60	2	6
	61+	1	0

counsellor with experience in mental health organizations. At the first meeting, participants were given an information sheet about the project, an instruction leaflet for taking photographs, and a tablet. A meeting was then arranged for the interview to be held within 14 days. Participants were asked to select 5–7 photographs to help them talk about their experience of the Service. The interview followed a lightly structured question format: *Which photograph would you like to share first? What can you tell me about this photograph? What does this photograph express about your experience of the Service? Which photograph would you like to share next?* Interviews were conducted in service user accommodation in the community or private meeting rooms within the Service and were audio recorded with consent.

Data analysis

Professionally produced transcripts were checked for accuracy by the first author who then analysed the transcripts using interpretative phenomenological analysis (IPA). IPA is a qualitative approach concerned with understanding lived experience and how individuals in a particular context make sense of their experiences in terms of their relatedness and engagement to a phenomenon in question (Smith *et al.* 2009). Each

TABLE 2 Overview of service user recruitment in interview order

Gender	Ethnicity	Age (years)	Location	Interview length (min)
Male	White British	41–50	Assisted living	35
Female	White British	41–50	Assisted living	56
Male	Multi-ethnic group	41–50	House	47
Male	White British	31–40	House	62
Female	White British	51–60	Ward	30
Male	White British	51–60	Ward	67
Male	White British	51–60	Ward	24
Male	White British	18–30	Ward	98
Female	White British	51–60	Ward	68
Male	White British	51–60	Ward	33
Female	White British	31–40	Ward	12
Female	White British	51–60	Ward	46
Male	White British	31–40	Assisted living	69
Male	Multi-ethnic group	18–30	House	38
Male	Multi-ethnic group	18–30	Assisted living	29

transcript was read and reread several times by the first author who then created a pen portrait for each participant which captured the main issues around which their narrative cycled. Through discussion between the first and third author, comparisons were then made between pen portraits to identify commonalities and differences. At this point, the first and third author identified how participants appeared to orient towards four 'meta-questions' independent of the data collection procedure and six thematic foci across the data set. Rigour and credibility were promoted by ongoing discussions of the developing analysis with the third author, a professor in psychology with experience in qualitative and visual methods, and the study Steering Group that represented a range of stakeholders, including the second author, a care co-ordinator in the Service, as well as representatives of NHS, community voluntary sector, and service user groups.

RESULTS

The results from this study consist of two levels of analysis. The first level identifies four meta-questions: *What does mental well-being mean to you?* *What difficulties have you encountered?* *What do you appreciate about the Service?* *What do you need for change to occur?* The second level explores each service user's engagement with six analytical themes which spanned the four meta-questions: *challenge*, *connection*, *power*, *independence*, *awareness*, and *hope*. When considering the ways in which each theme was drawn upon as a response to each of the four meta-questions across the data, we noted synergies between pairs of themes and how a particular sequence of themes told a story of a journey. That is, the journey begins with *challenge* and moves towards making *connections* with others. At this point, *power* dynamics are often experienced and addressed in the development of a greater sense of *independence*. This then provides an opportunity for raised *awareness* around possibilities of recovery and a new-found *hope*.

The following exposition of the analysis is structured, first, by the four meta-questions and, second, within each of these sections, by identical ordering of themes in three pairs telling the story of recovery in relation to each meta-question. Each section is supported by participant quotes chosen for relevance by the first author, making sure to quote each participant at least once. Moreover, four particularly evocative images are included from those participants brought to interview, one image to illustrate each meta-question.

For conciseness, we use [...] where a short section of text has been omitted mid-quote. Pseudonyms are used to protect participant identity. To enhance trustworthiness, Table 3 provides additional quotes in support of each theme.

What does mental well-being mean to you?

Challenge and connection

When experiencing mental health problems, participants describe challenges many of which revolve around a disconnection from self and others. Intense challenges include taking responsibility for one's own well-being, side effects of medication, addictions, and maintaining positive relationships with family, friends, and the community. Participants suggest that a supportive environment that offers opportunities to make connections is beneficial in reducing their sense of isolation and many are open to medications that enable them to feel more positive about their life. Opportunities to develop self-determination are an important aspect of this, as explained by Jackie: 'It's not therapy unless there's a choice and you opt into it'. Connecting with nature has also helped some to reclaim a sense of self and can provide a context in which to develop relationships. Hence, well-being means being able to meet the daily challenges of living, supported by a felt sense of connection to one's own needs and a meaningful connection to others.

Power and independence

Many participants feel disempowered and made dependent by the environments they find themselves in when experiencing mental health problems. Interventions are proscribed by powerful, professionally sanctioned others, often to manage risk, and this can make them feel unheard. In particular, participants' individuality and well-being can be compromised when they are restricted from using their usual coping strategies and a key aspiration for many is to become independent of medication. Many, like Rob, talked enthusiastically about working towards independence through physical activity, often with others: 'I felt great just for my own mental health going for a run'. Hence, mental well-being means developing greater independence and being empowered as a unique individual in a collaborative approach to care.

Awareness and hope

Many enter inpatient care in fear, lacking awareness of how to cope with life, and having lost all hope.

TABLE 3 Themes and additional illustrative quotes from across the data

Theme	Illustrative Participant Quotes
Challenge	<p>'I took that because I spent months and months either lying or sitting on my bed really depressed'. (Jackie)</p> <p>'I know they're staff and there's a boundary there, like a dividing line, but in a way, they're friends as well but I respect that they're still staff but they've been really good to me'. (Anne)</p> <p>'I think if they hadn't have feared for their jobs, if it wasn't illegal, they probably would have hit me, hurt me in some way'. (Jackie)</p> <p>'If I didn't have my art to keep me going, I'd refer back to drink and I'm scared about that'. (Malcolm)</p> <p>'Sometimes I go out and sit on me own, just think about things... I looked up at the sky the other night and saw stars on a clear night and it was great'. (Malcolm)</p>
Connection	<p>'They encourage you from the very beginning in a way, to do stuff and get involved with different groups and things'. (Sue)</p> <p>'It's very interesting catching up with my family and sitting together to chat about everything, is good'. (John)</p> <p>'I like it because there's bars but they're still managing to flourish, the flowers, the leaves, they're growing through the bars'. (Heather)</p> <p>'It is important to have people in your life'. (John)</p>
Power	<p>'When you're first sectioned and you haven't got any leave it's quite claustrophobic and it kind of restricts, it's very restrictive'. (Ethan)</p> <p>'They think that because they don't smoke, everyone shouldn't smoke, but I've got my freedom, it's up to me what I do'. (Pete)</p> <p>'Social isolation isn't good for anybody. We're social creatures, we're meant to socialise, talk to people, talk to one another'. (Ethan)</p>
Independence	<p>'I like it all clean and tidy, things washed properly... it's just part of communal living'. (Rob)</p> <p>'If it's a sunny day it brightens me up, I feel good and I can go out, I can go to my dad's place, and there is opportunity'. (Dave)</p> <p>'I felt great after, just for my own mental health, going for a run, a short run'. (Rob)</p>
Awareness	<p>'Most days I feel alright but there's the odd day when I'm hearing voices still and it just feels like there's something missing'. (Tim)</p> <p>'It's a gradual thing, it comes with time, like respect, it comes with time'. (Ryan)</p> <p>'I don't know. They say I need them, especially at the moment'. (Alice)</p>

(Continued)

However, inpatient care can provide a safe space in which to develop greater awareness of self and others and to foster a sense of hope for the future.

TABLE 3 (Continued)

Theme	Illustrative Participant Quotes
Hope	<p>'It's almost like it's empty and then, as you go through your journey, more and more people get on to help you'. (Tony)</p> <p>'You get medication, it numbs us head, but you get that back through re-education'. (Rick)</p> <p>'Yeah, it's like moving onto independence again. It's like getting the stabilisers taken off your bike'. (Tony)</p> <p>'I accept that they've gone, which I didn't do at first'. (Rick)</p> <p>'It's a start. When you can get some job, you can go up in employment to another one'. (Rick)</p>

This includes learning about their condition, how it impacts them, and engaging with new experiences that help identify coping strategies. For example, Ryan had become aware that 'time out' was possible and beneficial: 'No matter how many troubles in life, you've got to come up for air sometimes and get a rest from it'. Participants describe how well-being means developing awareness of different ways of living through new experiences which offer hope of increased ability to care for self. Although it seems a small thing, we can hear this resonate in Alice's modest statement about the outdoor space available to her: 'I just like sitting here. It's nice and quiet and it's rather sunny' (Fig. 1).

What difficulties have you encountered?

Challenge and connection

Many had experienced challenging life experiences, such as domestic violence, that deeply affected their ability to develop new and supportive relationships. Instead, maladaptive coping strategies have been developed in order to manage low tolerance of others, such as avoidance or acting out with destructive behaviours. Unfortunately, some, like Anne, had found inpatient care to be unproductive: 'I've had about three or four other admissions in hospitals and they've all made it worse'. In addition, historically inconsistent and conflicting approaches to their care mean participants find it difficult to trust in treatment and may attempt to manage their illness alone. For example, many have tried reducing their medication only to find themselves experiencing relapse and an increased sense of isolation.



FIGURE 1 Alice's photograph.

Power and independence

Most shared stories of feeling controlled by their mental health problems. However, when independent living was no longer possible, they felt further disempowered by enforced hospitalizations. And, when in hospital, certain environments, such as acute wards, could evoke intense feelings of vulnerability and powerlessness, as Ethan explained: 'You do feel herded in mental health services [...] I definitely had a sense that my rights have been taken away from me' (Fig. 2). Their independence was further compromised by being offered limited treatment options and the speed at which decisions were made about them by more powerful people. Ryan expressed this forcefully: 'You're just a number. Like a concentration camp'. This lack of agency can be very demoralizing and have a negative effect on well-being and engagement with treatment. Although many felt that an experience of mental health problems did not always provide common ground with other service users, participants report the benefits of being able to rely on positive relationships to help them develop greater independence when feeling afraid or anxious.

Awareness and hope

Mental health difficulties can present opportunities to develop greater self-awareness and, as a result, a greater sense of hope for the future. For example, while some have had negative experiences of feeling uncared for, through feeling fully heard and seen through positive relationships it has been possible to develop greater self-understanding and awareness of needs. It can feel overwhelming when faced with

choices about the future. However, being supported in finding new ways to reengage with life without reverting to destructive patterns has allowed participants to learn how to meet their needs in constructive ways. For example, Tim said: 'I have heard quite a few people do actually listen to music and it helps them. Even people without mental health problems'.

What do you appreciate about the Service?

Challenge and connection

Participants appreciate a supportive space where they can develop meaningful connections as part of addressing the challenges they have faced due to their mental health issues. Most reported improvements in physical health, as well as social functioning and self-esteem, through being helped to face difficulties and engage in new experiences, such as caring for animals. For example, the 'Pets As Therapy' dog was highlighted by Malcolm: 'He helps people through what they're going through, because I can only imagine they're going through hell at the moment'. In addition, participants appreciate opportunities to share activities, witness the improvement in others, and experience a shared sense of pride and achievement. Some, like Sue, noted the value of feedback and feeling motivated by others: 'They encourage you from the very beginning in a way to do stuff and get involved with different groups and things'. Hence, having space and time to build confidence after facing difficult life challenges is highly appreciated, particularly when done so in connection with others.

Power and independence

Many shared their appreciation of attempt by staff to acknowledge and readdress power inequalities and to



FIGURE 2 Ethan's photograph.

encourage choice and independence. For example, the opportunity to select group activities based on interest, or to choose when to spend time alone, has a positive impact on participants' sense of agency. Moreover, activities such as playing pool allow service users and staff to bond as people just sharing some time: 'It's just like some time out. Just makes you relax' (Dave, Fig. 3). Moreover, being valued as an individual, and offered support on the basis of one's unique needs and experiences, is appreciated by all. Indeed, respect for their autonomy has allowed some to reconnect with their sense of identity, consider the implications of difference, understand one's own responsibilities and that of others, and question preconceived ideas such as mental health stigma. Hence, opportunities to develop independence, while renegotiating experiences of power, are hugely appreciated.

Awareness and hope

Participants appreciate the support they received to develop greater awareness of their needs and coping strategies which then strengthens their hope for a better future. This includes opportunities to reconnect with interests and hobbies that enhance self-awareness and enable individuals to engage in positive behaviours and experience joy. For most, like Tony, this has been missing from their lives for some time: 'This is like a whole new experience for me, like being ready to move on and having people supporting me'. Participants also appreciate learning how to test boundaries and respectfully negotiate their needs thereby gaining a greater awareness of self and of managing relationships. Being aware of one's needs increases hope that one can reach out to have them met and participants appreciate feeling valued, cared for, and accepted through gestures such as being offered a cleaner.

What do you need for change to occur?

Challenge and connection

Participants need continuous support to face challenges brought by their mental health issues, especially support connecting with others. Some observed that valued social spaces are often empty, or even locked, and this can leave service users feeling lonely and vulnerable. They receive huge benefit from supportive relationships with staff but can find it challenging when the approach to care is inconsistent between services and when there is high staff turnover and absences. Heather found this very frustrating: 'I don't like it sometimes when we get a lot of bank staff because it's



FIGURE 3 Dave's photograph.

been like that for a while and you get used to somebody and then there's somebody different all the time'. This makes it difficult to develop long term, trusting relationships, particular given that many participants struggle with change. Furthermore, most are fearful of relapse and need additional support to stop the cycle that takes them back into services. Hence, for change to occur, participants need services to acknowledge the challenges they face before, during, and after treatment as well as help maintaining meaningful and supportive connections.

Power and independence

Participants need a flexible approach to care that actively encourages engagement within a wide range of activities and promotes individual choice. This includes choice with regard to home comforts and personal touches that make service users feel valued and facilitated to express their personality and preferences. Most believe that greater transparency and appropriately pitched communication is needed to reduce power imbalances and allow for an increased sense of autonomy. Many, like Pete, would not choose to be an

inpatient: 'I'm just in a hospital. I don't want to be in a hospital'. However, participants, like John, recognize that life outside hospital could be hard: 'I'm looking to go to my own flat. It will be difficult. The life is hard but I want to be more free' (Fig. 4). Participants need to feel both seen and heard and value the empowerment provided through community meetings and forums. Hence, for change to occur, participants need power inequalities to be addressed and their aspirations for independence supported.

Awareness and hope

Participants need a sense of hope through greater awareness of their mental health issues: greater awareness themselves, but also that of family, friends, carers, and society as a whole. In particular, participants believe it would be helpful for staff to develop greater awareness of individual coping strategies and barriers to change in order to offer client-led care, with more opportunities for one-to-one meetings. Increased hope could also be created through continuing established caring relationships when they return home or to be helped build support networks within the community to share their experience, raise awareness, and reduce mental health stigma. Embracing hope involves being able to process past experiences, as described by Rick: 'There's a balance. Leaving the bad in the past and looking at good for the future'. Hence, for change to occur, participants need opportunities to increase awareness of mental health challenges at all levels in order to create a more hopeful future.

DISCUSSION

Using exploratory qualitative and visual research methods, we address the research question 'What are the

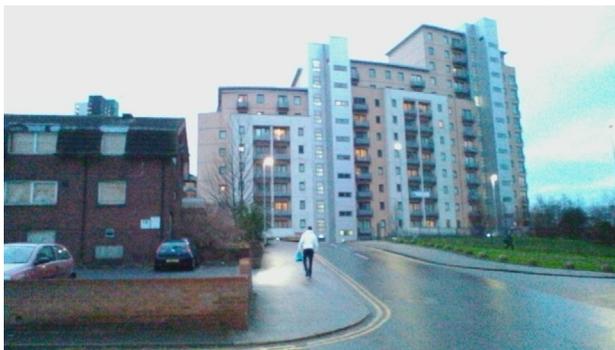


FIGURE 4 John's photograph.

experiences of service users who use a novel in-reach rehabilitation and recovery service for people with severe and enduring mental health needs?' We now discuss service users' understanding and experiences of the recovery process as it exists within the Service studied. First, we consider the structure of the Service via the themes of *power* and *challenges* faced by service users. Second, we consider the theme *hope* as a concept of change. Finally, the discussion moves on to consider how change may occur through exploring the themes of *awareness*, *independence*, and *connection*.

All service users perceived themselves to be *disempowered* in some respects, particularly with regard to having to conform (see also Bacha *et al.* 2020). Many also described feeling *powerless* when decisions were made on their behalf and expressed a desire for greater agency. This is identified also by Gilbert *et al.* (2008) who advocate enhancing therapeutic relationships in order to improve the service user experience and to move towards a more equal position with staff in line with service user aspiration.

Service user experiences were often presented in terms of past and current *challenges*; however, they also addressed ways in which to move forward. Indeed, most service users discussed *challenge* in terms of limitations they have experienced in their care (see also Nytingnes *et al.* 2016), as well as to adversity, and presented varying levels of perceived resilience (see also Horsfall *et al.* 2018). Moreover, echoing Curtis *et al.* (2007), service users frequently commented on the physical environment of the Service including: decor, food, equipment, and gardens as well as levels of security and surveillance. The psychological benefits of a homely environment and the ability to enjoy nature have also been reported by Chambers *et al.* (2014). However, losing support and fear of relapse are ever present *challenges* for most service users.

Despite perceived *power* imbalances and ongoing *challenges*, service users express *hope* in the form of future aspirations, improvements in their situation, and insights they had gained. These expressions of *hope* are consistent with research by Spandler and Stickley (2011) who state that 'inherent in the notion of hope is the development of a sense of purpose and meaning in life and optimism for the future' (p.555). Service users who expressed *hope* appeared to be those who were most able to place a great deal of trust in staff. This observation supports the importance of good relationships in the process of mental health recovery (e.g. Cleary *et al.* 2016; Pitt *et al.* 2007; Spandler & Stickley 2011).

Many service users focused on the growing level of self-awareness they were developing through support from the Service. Pitt *et al.* (2007) report that service users often describe a loss of self when experiencing mental health *challenges*, with a gradual rebuilding and deeper understanding of self and increased feelings of empowerment as they recover. As expected, our participants demonstrated variable levels of self-awareness and insight during the interviews. This highlights the need to adjust support with sensitivity to varied levels of awareness across all stages of recovery.

Alongside growing self-awareness, our participants expressed a desire to become more independent and to take greater personal responsibility for their recovery journey. The amount of independence desired by participants appeared unique to the individual and, possibly, associated with their care history such that positive experiences of care engendered confidence that a level of independence could be within reach. Furthermore, participants who had experienced improvement in their mental health appeared better able to recognize in themselves a growing and positive sense of independence. Similarly, Slemon *et al.* (2017) suggest that, in order to support an increase in autonomy and responsibility, a care environment must be created that provides a feeling of safety and provides meaningful therapeutic practice. Recovery-orientated care that promotes hope, autonomy, and meaningful engagement provides such an opportunity for staff to support service users towards taking greater responsibility for their actions (Mckenna *et al.* 2014).

Service users described complex relationship histories. On the one hand, many alluded to challenging experiences with staff across different services while, on the other, they also mentioned some good relationships within the community. Within this context, differing views were shared regarding the value of relationships made within the Service and, it may be that, those with less secure relationships in the community craved greater connection to other service users and meaningful relationships with staff. However, all agreed that building positive relationships is an important part of recovery, valued making connections, and appreciated good levels of communication. This is supported by Price-Robertson *et al.* (2017) who state that, as individuals are 'inherently relational beings' (p. 116), recovery should mirror a relationally situated experience. Moreover, Webber *et al.* (2014) suggest that this could be enhanced by connecting service users with training, employment, and other social opportunities in preparation for life in the community.

We used photo-elicitation to solicit the experiences of service users, and feedback on the method was invited at the end of each interview. Participants described the process as empowering and felt that they were able to have their needs met. For example, two negotiated shorter than usual interviews. Overall, they felt an increased sense of worth at the end of the interview and reported feeling more confident about their journey and their successes reflected upon and validated. Photo-elicitation data collection also proved compatible with IPA, particularly in the way it enabled participants to present and engage with visual metaphors through their photographs (Duara *et al.* 2018) which helped to generate rich material for analysis (Smith *et al.* 2009), for example, see Fig. 2.

Our sample reflects reasonably well the service user profile of the Service (see Table 1), although we were unable to recruit as many 18- to 30-year-olds as we would have liked and had more than ideal in the range 51–60 years. However, the older participants often had experienced multiple admissions and this was very valuable in their reflections on the Service. Overall, photo-elicitation encouraged service users to take part and aided their expression. However, rules restricting images, such as not photographing people for reasons of privacy, potentially reduced participant choice and scope. Finally, we studied only one service and cannot state with certainty in which ways our findings may be relevant to other similar services. However, given the connections we are able to make with the existing literature, we suggest that our findings may transfer broadly to settings which espouse similar founding principles and serve a similar population.

CONCLUSIONS

Barriers still exist for mental health service users to contribute to knowledge (Branfield *et al.* 2006). However, valuing service users' unique experiences helps to readdress power dynamics (McLaughlin 2009) and benefits the planning and organization of services (Pilgrim & Waldron 1998). The current research highlights the complex nature of helping relationships and the opportunities to work productively with these complexities. The findings demonstrate photo-elicitation to be an effective method in which to generate data to gain an in-depth understanding of service user experience. Specifically, service users have provided sensitive and rich insights into their experiences and offered important information to develop a Service which is already

supporting their recovery journey and opening up hope for the future.

Our research has three key conclusions. First, the importance to service users of their relationships with staff is paramount. Hence, opportunities for meaningful connections should be prioritized despite competing work demands. Similarly, emphasize needs to be placed on supporting service users to build social networks within the community. Second, facilitating service users to develop a greater understanding of their own mental health challenges could increase opportunities for them to make informed choices throughout their recovery journey as many aspire to do. Finally, greater transparency regarding treatment options and approaches to care could support service users to make these informed choices and provide a lever for personal growth.

RELEVANCE TO CLINICAL PRACTICE

This research has provided an in-depth account of the experiences of service users with profound and enduring mental health needs who use a novel rehabilitation and recovery service. This Service case study offers learning that likely transfers to many health and social care settings. From the literature, it is clear that a conceptual framework of mental health recovery has yet to be agreed. However, prevalent themes in the recovery literature have commonalities with those in our findings. Specifically, transferable learning regarding service user experience includes the importance of (1) relationships and effective communication; and (2) developing greater awareness and understanding of mental health issues.

ACKNOWLEDGEMENTS

This research was funded by Leeds and York Partnership NHS Foundation Trust and NHS Leeds North Clinical Commissioning Group. We thank all the service users and staff who supported and who took part in the research.

REFERENCES

- Aldridge, J. (2014). Working with vulnerable groups in social research: dilemmas by default and design. *Qualitative Research, 14* (1), 112–130.
- Bacha, K., Hanley, T. & Winter, L.A. (2020). Like a human being, I was an equal, I wasn't just a patient': Service users' perspectives on their experiences of relationships with staff in mental health services. *Psychology and Psychotherapy: Theory, Research and Practice, 93*(2), 367–386.
- Barnes, J. & Dilks, S. (2014). *Recovery and Rehabilitation Service Model*. Leeds: Leeds and York Partnership NHS Foundation Trust.
- Bates, E.A., McCann, J.J., Kaye, L.K. & Taylor, J.C. (2017). "Beyond words": a researcher's guide to using photo elicitation in psychology. *Qualitative Research in Psychology, 14* (4), 459–481.
- Branfield, F., Beresford, P., Andrews, E.J. et al. (2006). *Making User Involvement Work. Supporting Service User Networking and Knowledge*. York: Joseph Rowntree Foundation.
- Chambers, M., Gallagher, A., Borschmann, R., Gillard, S., Turner, K. & Kantaris, X. (2014). The experiences of detained mental health service users: issues of dignity in care. *BMC Medical Ethics, 15* (1), 1–8.
- Cleary, M., Sayers, J.M. & Lopez, V. (2016). Hope and mental health nursing. *Issues in Mental Health Nursing, 37* (9), 692–694.
- Curtis, S., Gesler, W., Fabian, K., Francis, S. & Priebe, S. (2007). Therapeutic landscapes in hospital design: a qualitative assessment by staff and service users of the design of a new mental health inpatient unit. *Environment and Planning C: Government and Policy, 25* (4), 591–610.
- Duara, R., Hugh-Jones, S. & Madill, A. (published online Dec 2018). Photo-elicitation and time-lining to enhance the research interview: Exploring the quarterlife crisis of young adults in India and the UK. *Qualitative Research in Psychology*. <https://doi.org/10.1080/14780887.2018.1545068>
- Edgley, A., Stickle, T., Wright, N. & Repper, J. (2012). The politics of recovery in mental health: A left libertarian policy analysis. *Social Theory & Health, 10* (2), 121–140.
- Foster, J. (2015). Engaging with the views and needs of users of psychological services. In: J. Hall, D. Pilgrim & G. Turpin (Eds). *Clinical Psychology in Britain: Historical Perspectives* (pp. 20–35). Leicester: British Psychological Society.
- Fullana, J., Pallisera, M. & Vila, M. (2014). Advancing towards inclusive social research: visual methods as opportunities for people with severe mental illness to participate in research. *International Journal of Social Research Methodology, 17* (6), 723–738.
- Gilbert, H., Rose, D. & Slade, M. (2008). The importance of relationships in mental health care: A qualitative study of service users' experiences of psychiatric hospital admission in the UK. *BMC Health Services Research, 8* (1), 92.
- Harris, K., Collinson, C. & das Nair, R. (2011). Service-users' experiences of an early intervention in psychosis service: An interpretative phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and Practice, 85* (4), 456–469.
- Horsfall, D., Paton, J. & Carrington, A. (2018). Experiencing recovery: findings from a qualitative study into mental illness, self and place. *Journal of Mental Health, 27* (4), 307–313.

- Mckenna, B., Furness, T., Dhital, D. *et al.* (2014). Recovery-oriented care in acute inpatient mental health settings: an exploratory study. *Issues in Mental Health Nursing*, 35 (7), 526–532.
- McLaughlin, H. (2009). *Service-User Research in Health and Social Care*. London: Sage Publications.
- Nyttingnes, O., Ruud, T. & Rugkåsa, J. (2016). 'It's unbelievably humiliating'—Patients' expressions of negative effects of coercion in mental health care. *International Journal of Law and Psychiatry*, 49, 147–153.
- O'keeffe, D., Sheridan, A. & Kelly, A. *et al.* (2018). 'Recovery' in the real world: service user experiences of mental health service use and recommendations for change 20 years on from a first episode psychosis. *Administration and Policy in Mental Health and Mental Health Services Research*, 45, 635–648.
- Pilgrim, D. & Waldron, L.W. (1998). User involvement in mental health service development: How far can it go? *Journal of Mental Health*, 7 (1), 95–104.
- Pitt, L., Kilbride, M., Nothard, S., Welford, M. & Morrison, A.P. (2007). Researching recovery from psychosis: a user-led project. *Psychiatric Bulletin*, 31 (2), 55–60.
- Price-Robertson, R., Obradovic, A. & Morgan, B. (2017). Relational recovery: beyond individualism in the recovery approach. *Advances in Mental Health*, 15 (2), 108–120.
- Recovery in the Bin (2017, November 8). *Recovery in the Bin Key Principles*. <https://recoveryinthebin.org/2017/08/08/unrecovery/>. Accessed: 8 October 2019.
- Rogers, A. & Pilgrim, D. (2001). *Mental Health Policy in Britain*. Basingstoke and New York: Palgrave.
- Sandhu, A., Ives, J., Birchwood, M. & Uptegrove, R. (2013). The subjective experience and phenomenology of depression following first episode psychosis: a qualitative study using photo-elicitation. *Journal of Affective Disorders*, 149 (1–3), 166–174.
- Slade, M., Williams, J., Bird, V., Leamy, M. & Le Boutillier, C. (2012). Recovery grows up. *Journal of Mental Health*, 21 (2), 99–103.
- Slemon, A., Jenkins, E. & Bungay, V. (2017). Safety in psychiatric inpatient care: The impact of risk management culture on mental health nursing practice. *Nursing Inquiry*, 24 (4), 24–34.
- Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.
- Smith, P. (2019). *Photo elicitation study of a novel in-reach rehabilitation and recovery service for people with severe and enduring mental health needs*. PhD Thesis, University of Leeds, UK.
- Spandler, H. & Stickley, T. (2011). No hope without compassion: the importance of compassion in recovery-focused mental health services. *Journal of Mental Health*, 20 (6), 555–566.
- Stovell, D., Wearden, A., Morrison, A.P. & Hutton, P. (2016). Service users' experiences of the treatment decision-making process in psychosis: a phenomenological analysis. *Psychosis*, 8 (4), 311–323.
- Telford, R. & Faulkner, A. (2004). Learning about service user involvement in mental health research. *Journal of Mental Health*, 13 (6), 549–559.
- Waldemar, A.K., Arnfred, S.M., Petersen, L. & Korsbek, L. (2016). Recovery-oriented practice in mental health inpatient settings: A literature review. *Psychiatric Services*, 67 (6), 596–602.
- Watson, J. (2019). *Drop the Disorder. Challenging the Culture of Psychiatric Disorders*. Monmouth: PCCS Books Ltd.
- Webber, M., Reidy, H., Ansari, D., Stevens, M. & Morris, D. (2014). Enhancing social networks: a qualitative study of health and social care practice in UK mental health services. *Health & Social Care in the Community*, 23 (2), 180–189.
- Wright, N., Rowley, E., Chopra, A., Gregoriou, K. & Waring, J. (2016). From admission to discharge in mental health services: a qualitative analysis of service user involvement. *Health Expectations*, 19 (2), 367–376.