



MONASH University
Medicine, Nursing and Health Sciences



MI Fellowship

The Role of Natural Supports, Space and Place, and Sense of Belonging in Recovery from Mental Illness

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Presentation Outline

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Key Terms

Natural Supports

Natural supports are those that usually occur in our everyday lives. They can derive from relationships with family, peers and other social networks, by participation in voluntary and community organisations, such as sporting clubs and churches, and through interactions at places within the local community such as cafés, libraries, gyms or the local park. Natural supports are not necessarily confined to relationships or interactions with people. They also include connections with nature or pets, or as time spent alone meditating, writing or gardening.

(Sidebotham, 2014, p.4)

Key Terms

Space

The physical contexts that influence what people do within them.

(Kielhofner, 2008)

Place

Physical surroundings or environments in which people occupy themselves and create meaning.

(Christiansen & Townsend, 2010)

Key Terms

Sense of Belonging

Belonging is a sense of connectedness to other people, places, culture, communities, and times. It is the context within which occupations occur, and a person may experience multiple belongings at the same time. Relationships are essential to belonging, whether they be with a person, place, group, or other factor. A sense of reciprocity, mutuality, and sharing characterize belonging relationships, whether they are positive or negative (p. 242)

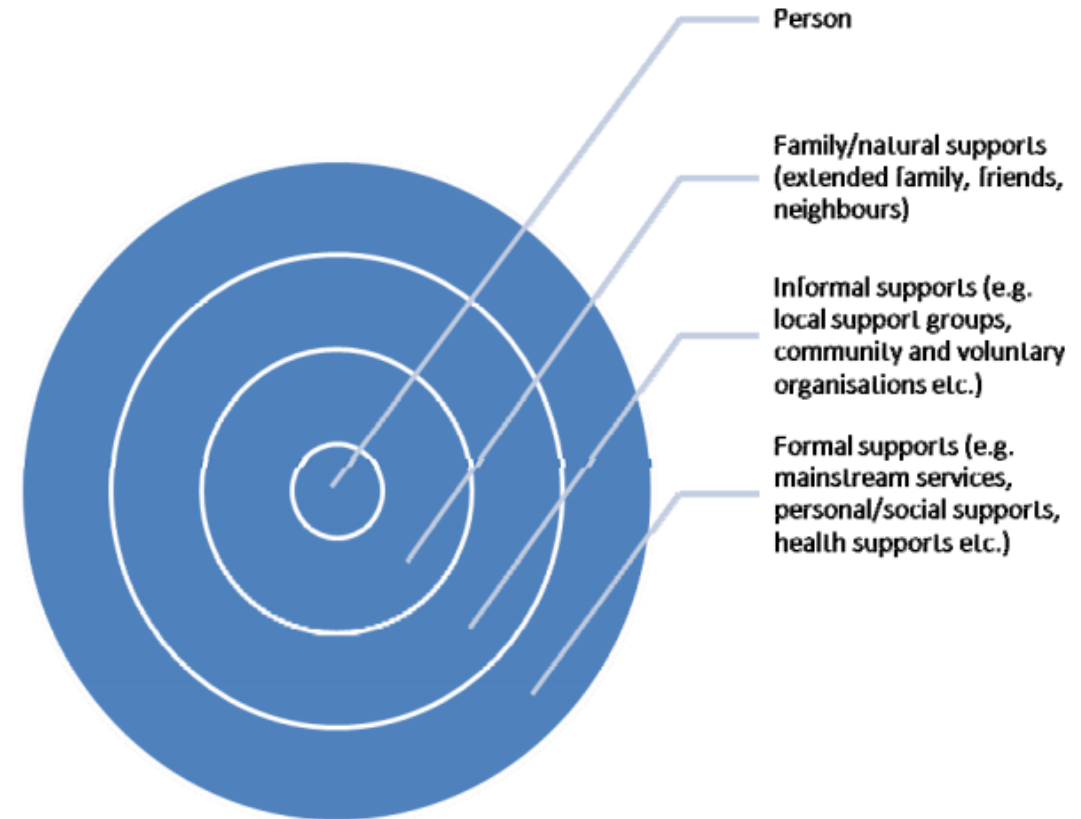
(Hitch, Pepin & Stagnitti, 2014)

Background to the Research

Impact of Mental Illness

- Significant changes in social networks, support and social roles
- Decrease in quantity and quality of relationships
- Social networks significantly smaller, less diverse, less reciprocal, centred around family relationships and other community mental health service users
- Change in way space and place is perceived and experienced
- Lack of sense of belonging

(Townley et al., 2013)



Policy Connections

- **National Mental Health Framework for Recovery**
- **The Fourth National Mental Health Plan 2009 – 2014**
 - Priority area: Social Inclusion and Recovery
- **Victoria's 10 Year Mental Health Plan**
 - Victorians with mental illness live fulfilling lives of their choosing, with or without symptoms of mental illness
 - Outcome: Inclusion and participation
 - Victorians promote mental health for all ages and stages of life
 - Outcome: Best mental health at all ages – supported to build protective factors for good mental health
 - The service system is accessible, flexible and responsive to people of all ages, their families and carers and the workforce is supported to deliver this
 - Outcome: Recovery – supported to define and realise personal wellbeing through recovery-oriented, family inclusive services that build hope and optimism

(Commonwealth of Australia, 2009; 2013; State of Victoria, Department of Human Services, 2015)

Natural Supports and Mental Illness

Sidebotham (2014) indicates a relationship between natural supports, space and place, and sense of belonging in recovery from mental illness

- Natural supports are “important in creating a sense of place and belonging and fostering a sense of wellbeing and inclusion”

Connection between natural supports and where these supports are developed – various spaces and places (Townley et al., 2013; Wieland et al., 2007)

- Spaces or places in the community engaged in whilst completing every day occupations including grocery shopping, eating, socialising

Benefits of natural supports:

- Increased sense of belonging
- Increased self-esteem
- Increased independence
- Increased empowerment
- Potential reduction in dependence on mental health services

(Upenn Collaborative on Community Integration, n.d; Mental Illness Fellowship Victoria, 2014)

Space and Place and Mental Illness

Places and spaces – enabling recovery and facilitating community participation and social inclusion (Townley et al., 2009)

Australian study – Duff (2012)

- How place can facilitate recovery from mental illness
 - Promote social connections with family, friends and other community members
 - Provide material resources
 - Promote feelings of belonging
 - Assist in managing life situations

Elements of welcoming spaces – safe, relaxing, comfortable, accepting, free from stigma, supportive and positive (Rebeiro, 2001)

Sense of Belonging and Mental Illness

Associated with social and psychological functioning (Hagerty et al., 1996)

A Place to Belong (2012) Project on Belonging:

- Belonging at the individual and community level
- Belonging influenced by factors such as:
 - Comfort
 - Participation in community activities
 - Recognition of value and contribution
 - Common interests
 - Encouragement for participation

Shevellar et al. (2014) identified belonging on various levels including the self, spirituality, and others

- A lack of belonging and poor relationships can be influenced by negative experiences and life events

Rationale

- Research suggests there is an interrelationship between natural supports, space and place, and sense of belonging in recovery from mental illness however no research has been conducted to explore this relationship
- Limited research exists on natural supports, space and place, and sense of belonging from the perspectives of people with mental illness and the role these play in recovery from mental illness
- No research has been conducted to explore the influence of mental health programs on clients natural supports, use of space and place, and sense of belonging

Research Setting: MI Fellowship Victoria

- Not-for-profit organisation
- Aim: To promote recovery and community connections for people with mental illness
- Programs offered in areas including:
 - Employment
 - Education
 - Finding and keeping a home
 - Improving physical and mental wellbeing
 - Strengthening relationships with family, friends and the community

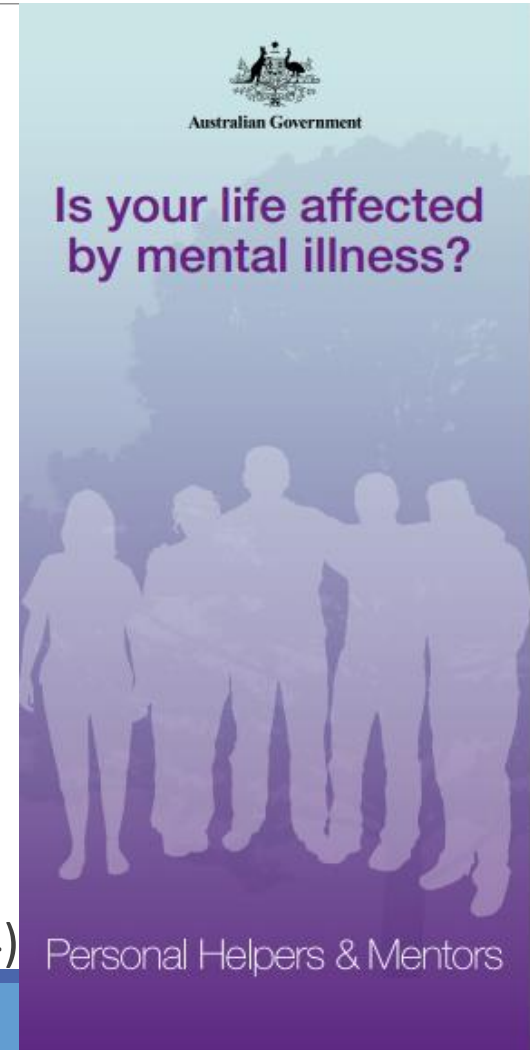
(Mental Illness Fellowship Victoria, 2014)



Research Setting: Personal Helpers and Mentors Program (PHaMs)

- Offered at Frankston and Rosebud MI Fellowship sites
- Community-based recovery service
- Aim: To provide them with the opportunities, support and services that assist in reconnecting with the community
- PHaMs assists people in:
 - Managing everyday tasks
 - Relationships with family and friends
 - Accessing clinical support
 - Assisting with parenting difficulties
 - Participation in community activities
 - Connecting with other services and programs for support

(Mental Illness Fellowship Victoria, 2014)



Study Aims and Research Questions

First aim:

To explore the role of natural supports, space and place, and sense of belonging in client recovery.

Research Questions:

1. Who or what do participants identify as being a natural support and why?
2. Which community spaces or places are considered welcoming and what are the attributes that make them welcoming?
3. What gives participants a sense of belonging and why?
4. Have participants had any negative experiences of natural supports or space and place in the community? What were the features of these experiences?
5. What are the participants' views of the influence of natural supports, space and place, and sense of belonging on their recovery?

Study Aims and Research Questions

Second aim:

To investigate the influence of the MI Fellowship Personal Helpers and Mentors Program (PHaMs) on clients' experiences and perspectives of natural supports, space and place, and sense of belonging.

Research Questions:

1. Do the participants' natural supports change following participation in the PHaMs Program and if so how and why?
2. Is there a change in the perception or use of space and place following engagement in the PHaMs Program and if so why?
3. Does the participants' sense of belonging change following engagement in the PHaMs Program and if so how and why?

Methodology

- Predominantly qualitative research design
 - Allowing for exploration of the experiences and meaning that individuals attribute to their lives
- Drawing on narrative inquiry
 - Allowing participants to narrate their experiences
- Incorporated a demographic questionnaire (quantitative)

Participant Recruitment

Sampling Method:

- Convenience sampling

Inclusion criteria:

- 18 years +
- English speaking
- Able to read and write in English
- Participation in PHaMs Program (New client of the PHaMs Program at time of study – February 2015 onwards)

Participants

Demographic Profile of Participants

Demographic characteristic	Number of participants
Gender	
Male	1
Female	3
Age	
25 – 34	1
35 – 44	1
45 – 54	2
Current diagnosis/es	
Depression	3
Bipolar disorder	1
Schizophrenia	1
Post-traumatic stress disorder	2
Cultural/ racial background	
White/Caucasian	3
Mediterranean	1

Participants

Level of education

Victorian Certificate of Education	1
Year 11	2
Year 10	1

Current employment status

Unemployed	4
Pensioner	1

Current living arrangement

Alone	1
With family	3

Preferred mode of transport

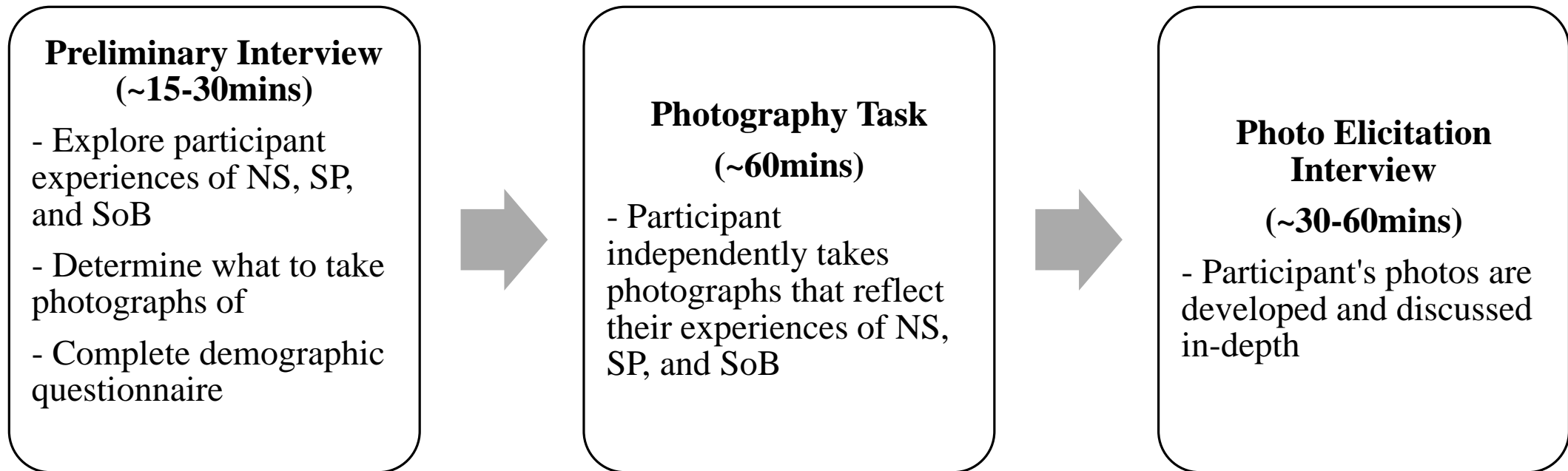
Car	3
Walking	1
Cycling	1

Data Collection Methods

- In-depth interviews
 - Allowing for participants to narrate their experiences in detail
- Photo elicitation methods
 - Use of photographs taken by the participants
- Demographic questionnaire
- Data collected over two time points – approximately one month apart

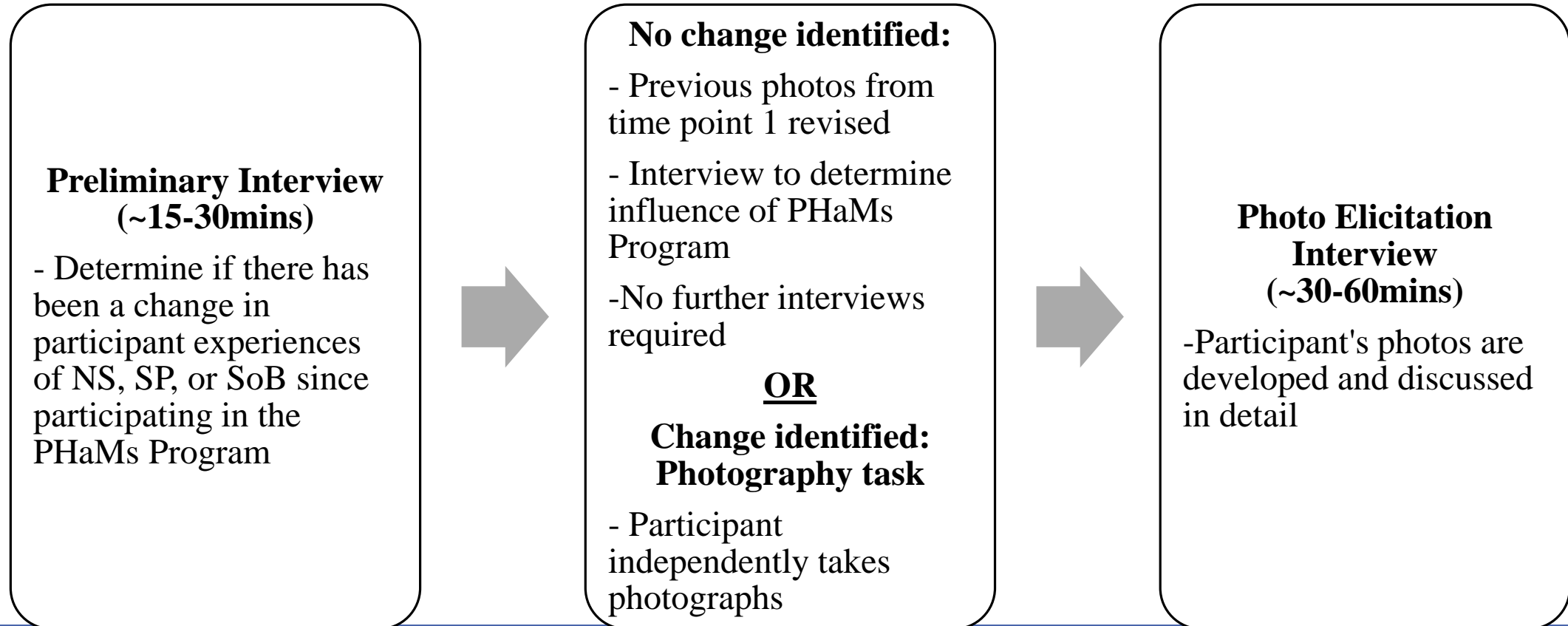
Data Collection Process

Time Point 1: New PHaMs Program clients commencing participation in the research



Data Collection Process Time Point Two

Time Point 2: Following one month of research participants' involvement in the PHaMs Program



Participant Completion of Time Points

