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Empowerment: The experience of *Recovery Camp* for people living with a mental illness

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ABSTRACT

Background: Mental health recovery is still largely clinically defined and as such can lack person centeredness. To address this, recovery oriented experiences are required which recognise the holistic and diverse needs of individuals.

Aim: The aim of the study was to examine the experiences of people living with a mental illness who participated in a recovery oriented program called *Recovery Camp*. The study aimed to examine how the program may have related and contributed to their mental health recovery.

Methods: A descriptive phenomenological approach guided the study. Consenting participants ($n=5$) were interviewed and asked about their subjective experience of *Recovery Camp*. The interviews were digitally audio recorded and transcribed verbatim. Data were analysed using van Kaam's Psychophenomenological method.

Findings: This paper presents the perspective of consumers regarding the ways in which *Recovery Camp* facilitated mental health recovery. Data analysis revealed five themes (Self-determination, Participation, Extending Self, Relationships and Positive change) and a core essence of meaning (Empowerment).

Conclusions: Personal mental health recovery for people living with mental illness can be enhanced through recovery oriented mental health care approaches. Findings contribute to existing literature regarding therapeutic recreation and its link to mental health recovery.

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Summary of relevance

Problem or issue

Empowerment and self-determination among people living with mental illness can be impeded by extrinsic factors such as stigma, discrimination and social isolation.

What is already known

Experiences that support the person and enhance their capacity to develop internal resources can help overcome barriers.

What this paper adds

This research provides important data from a lived experience perspective, generating novel insights into the subjective lived

experience of people with mental illness involved in an experience that is recovery oriented.

1. Introduction

Over the last thirty years, mental health care has advanced. Changes in treatment philosophies and models of care came about due to criticisms of stigmatising and paternalistic treatment which, in turn, lead to the emergence of the consumer-led movement – a movement strongly embedded in the human and civil rights ethos (Powers, 2010). People such as Patricia Deegan (Deegan, 1996) publically spoke of her lived experience of mental illness, and the care she had experienced inspired the progression of the movement. This 'new' narrative declared consumers' capacity to recover and experience wellness, despite experiencing mental illness. Proponents argued for a holistic approach to mental health care (Anthony, 1993); one that went beyond medicalised and clinical understandings.

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Clinical recovery, with its primary focus on the reduction of symptoms related to a diagnosis, using pharmacology, remains the dominant paradigm in mental health care. Though, in response to the significant negative impact medicalised approaches to mental health care have had on individuals, notions of mental health recovery have developed. For people experiencing mental illness, the process of mental health recovery is fundamentally different to clinical recovery (Kidd, Kenny, & McKinstry, 2015).

Mental health recovery has been described as a deeply personal and unique process within a dynamic and complex continuum (Glover, 2012). The meaning of personal mental health recovery is subjective and holistic and viewed from the perspective of the person experiencing a mental illness. Core principles relate to a person gaining and sustaining hope, having self-awareness and an understanding of one's own capabilities and disabilities, and engaging in an active and meaningful life (Slade, Williams, Bird, Leamy, & Le Boutillier, 2012). Mental health recovery is inclusive of both intrinsic and extrinsic factors (Slade & Longdon, 2015). Intrinsic factors include the person experiences hope, autonomy and social connectedness, and perceives themselves as being in a lifelong process of learning and recovery (Tew et al., 2012). Extrinsic factors include the implementation of human rights, a positive culture of recovery oriented services, and social inclusion (Slade et al., 2015). In recognition of these influences recovery principles are now embedded within Australian Government policy with the expectation mental health services adopt a recovery oriented approach (Commonwealth of Australia, 2013).

1.1. Working toward mental health recovery

Recovery oriented systems focus on partnerships, inclusivity, personal control and choice to enhance empowerment and self-determination (Slade et al., 2012). Significant barriers to achieve these attributes include extrinsic factors such as stigma, discrimination and social isolation, which can confound intrinsic factors such as low self-worth and low confidence. Experiences that support the person and enhance their capacity to develop internal resources can help overcome barriers. As such, non-paternalistic environments and holistic interventions that enable people with mental illness to self-determine and experience greater autonomy are needed (Kidd et al., 2015). Such recovery oriented programs exist (Moxham, Liersch-Sumskis, Taylor, Patterson, & Brighton, 2015; Patterson et al., 2016; Taylor et al., 2016), however research of the subjective experience of participants is needed. This paper presents a study of the subjective experience of people with a mental illness who attended a recovery oriented program.

2. Method

2.1. Aim

The aim of the study was to examine the experiences of people living with a mental illness who participated in a recovery oriented program called *Recovery Camp*. The study aimed to examine how the program may have related and contributed to their mental health recovery.

2.2. Recovery oriented setting

Recovery Camp is the program that underpins this study. *Recovery Camp* was developed by nurse and education academics and a Peer Support Worker with a lived experience of mental illness. It is a unique recovery oriented intervention that has people with a mental illness spend five days and four nights alongside university-based health students (from nursing, psychology, exercise science, dietetics and nutrition) at an adventure bush camp.

Recovery Camp is designed to be a recovery oriented experience in that it uses activities as a therapeutic means to improve the health and quality of life of those with a lived experience of mental illness (Moxham et al., 2016). It offers specially programmed activities designed to encourage people to extend themselves cognitively, physically, psychologically and socially (Moxham et al., 2016; Picton, 2015). Adventure activities and physical challenges are used to foster team building as well as personal strengths (Patterson et al., 2016; Taylor et al., 2016). Participants with a mental illness who attend *Recovery Camp* are encouraged to share their stories and experiences of mental illness, mental health and recovery with students, so as to educate the students who attend and address any stigmatising attitudes.

2.3. Participants and research design

This study was a descriptive phenomenological examination of individual's experience of a recovery oriented program. The philosophical approach of qualitative methodologies and its associated methods, such as phenomenology, facilitate the examination of lived experiences. Furthermore, qualitative methods are increasingly seen as an appropriate manner in which to answer research questions related to fields of mental health, including psychiatry (Crabb & Chur-Hansen, 2009; Whitley & Crawford, 2005).

A purposive sample of people who have a mental illness and who attended *Recovery Camp* were invited to take part in the study. Five potential participants verbally expressed an interest in discussing their experiences. There were no drop-outs. Giorgi (1997) suggests a minimum of three participants is sufficient to capture the perceived essence of the phenomenon. Data were collected through in-depth, semi-structured individual interviews. Each interview was digitally audio recorded and transcribed verbatim with the location of the interview chosen by the participants. All interviews were private, lasted between 20 to 40 min and generated 38 pages of narrative data. The grand tour question was 'Tell me what the *Recovery Camp* was like for you' and then open-ended questions probed so as to elicit more information. The first author (a Registered Nurse who works in mental health care and an Honours student) completed all interviews to maintain consistency. The participants were aware that the author was a mental health nurse and an Honours student, interested in hearing about their experience of *Recovery Camp*.

According to Merriam (2015), people gain benefits from the empowering process of being asked, being listened to and having their personal perspectives valued. Additionally, the interviews presented an opportunity to self-reflect and attribute meaning to their experience; a process that Polit and Beck (2012) suggest has significant therapeutic value.

2.4. Ethical considerations

The study was approved by the Human Research Ethics Committee of the university (HE16/060). Participants were informed of the voluntary nature of the study and their right not to participate or to withdraw participation if they chose to. Written informed consent was obtained before data collection commenced. The study conformed to the "Statement on Human Experimentation" by the National Health and Medical Research Council of Australia.

2.5. Data analysis

Data were analysed using van Kaam's Psychophenomenological Method framework. This enabled the researchers to be guided through the research process to produce a high quality study (Anderson & Eppard, 1998). Additionally, van Kaam's framework

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