

ABSTRACT

The purpose of this study was to understand the lived experience of mental health peers through the means of Photovoice, a Community Based Participatory Research (CBPR) method. Through the study, participants indicated positive aspects of rehabilitation of mental illness; however they also spoke about the barriers in their personal lives and social stigma that inhibited their recovery. Therapeutic Recreation Specialists (TRs) among other health professionals use the strengths-based approach and recovery-oriented model in their work in the mental health field. Peers use their internal strengths to obtain support and overcome barriers, which often promotes recovery. The findings indicate that TRs need to evaluate the amount of internal strength that this takes for mental health peers, as struggles in the strengths-based approach may currently not be valued. TRs may not be aware of the hardships that peers go through and this hinders the practitioner to look at the full person and honour the peers struggle as part of their recovery.

RESEARCH QUESTION

In what ways can the concept of Health Work inform Therapeutic Recreation practice?

LITERATURE

- Recovery is the main focus of mental health policy. (Watson, 2012)
- People with mental health issues are in favour of and insist on a "more holistic, person-centered, recovery-oriented, strengths-based and culturally sensitive health and human care beyond illness-focused care" (Iwasaki, Coyle & Shank, 2010).
- The strengths' based recovery method is currently recognized as "an emerging global paradigm." (Tondora, Miller, Slade, & Davidson, 2014)
- Critics indicate that conceptualizations of the models created to promote recovery are too optimistic (Hancock, Smith-Merry, Jessup, Wayland & Kokany, 2018).
- The literature lacks focus upon the more intricate process of recovery experiences by many living with mental illness earlier in their recovery (Silverstein & Bellack, 2008).
- There is a need for a more distinct understanding of recovery, which focuses on the positive parts of recovery and also acknowledges and appreciates the more challenging recovery experiences (Hancock, et al., 2018).

PARTICIPANTS

Photovoice peers participated in this Community Based Participatory Research (CBPR) study, Imagining Inclusion. Participants included 12 females and 8 males. Ages ranged from 19 -76 years, and participants represented diverse racial and ethnic groups. Levels of education varied: 11 had some college and university or university degree; 6 had some high school or high school diploma; and 1 had a college certificate or diploma. The majority of participants lived on \$15,000 or.

FINDINGS

Health Work: Activities and self-care to maintain mental wellness

"My brain needs to be recharged regularly. So that does relate to... my health work...and my wellness, staying well. I need to have a good night's sleep, eat a healthy breakfast, take care of myself and leave the apartment regularly...to help me stay well and try to...try to prevent relapses." (J.M)

Barriers: Obstacles and hardships that make living with a mental illness more difficult

"I find that you need money for health work in order to eat well and exercise to keep you mentally and physically healthy. Without money you feel kind of helpless, like what's the use? (Milo)

"It's hard enough to do housework and to maintain your life the way you want it to with a mental illness." (Roh)

The Importance of Support: Positive and inadequate support from those around them

"The type of health work that helps me is having an opportunity to talk to someone who cares" (Roh)

"I don't really like to talk about it, because sometimes they [family] don't understand. They think you get better, tomorrow you are 100 percent better, but it doesn't work that way" (Milo)

Life in Recovery: The cycles of wellness and illness

"I've gone through a lot of transitions very recently and I'm coming out of the darkness into the light." (Kulus)

"I'm sixty, I've lived with mental illness my whole life. I'm not going to be getting better. That's part of my life is acknowledging that. So having a community that's constantly telling me that I should be aiming to recover is really detrimental to my... mental health." (V.E)

DISCUSSION

Health Work is Hard but Helpful Work to Maintain Mental Wellness

Health work consists of activities and self care that peers do to maintain their mental wellness. This can be anything from taking a walk, going to a psychiatrist appointment, brushing their teeth, spending time in nature, eating healthy foods, participating in physical activities, and owning a pet. Health work is defined as intentional, individualized, precarious and lifelong. Because of this, the work is difficult and can be hard to motivate oneself, especially when lacking funds and motivation and feeling excluded from family, friends and society. Health work can be introduced by TRs to peers as completing small but important tasks.

TRs Can Recognize and Validate the Internal Struggles that Peers Face

Mental health teams are a support to peers living with mental illnesses, however barriers also exist and health work can be precarious. TRs may help peers overcome barriers and obstacles by evaluating and accepting the struggles that peers endure. It is also important to remember that recovery does not mean the same thing for everybody. It's an individualized and intentional notion, and TRs can be an important person for peers to turn to with their recovery. An illness that can be lifelong, requires lifelong work; TRs are able to help establish routines and solidify health work plans.

RECOMMENDATIONS

Researchers

- A larger group of male participants
- A larger group of participants for quantitative data
- Target a mental health diagnosis

Practitioners

- Use health work in every day practice
- View peers struggles as part of the whole client
- Honour the peers struggles
- Write research papers on health work among clients

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