OVERCOMING BARRIERS TO COMMUNITY-BASED LEISURE AND RECREATION FOR PEOPLE WITH MENTAL HEALTH CHALLENGES

Recreation for Mental Health is an initiative designed to strengthen partnerships, enhance capacity, and create supportive environments to enable all Nova Scotians to have opportunities to experience the mental wellbeing benefits of recreation, physical activity, sport, and play.

This project is a collaboration between Recreation Nova Scotia (RNS), Dalhousie University and the Canadian Mental Health Association (Nova Scotia), which was funded by the Nova Scotia Department of Health and Wellness.

To view this and other research project summaries online, visit: ***recreationns.ns.ca/mental-health-and-recreation***

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This project was funded by the Nova Scotia Health Research Foundation

WHY WAS IT IMPORTANT TO DO THIS RESEARCH PROJECT?

Engaging in leisure/recreational activity has many recovery benefits, including improved health, physical functioning, and overall quality of life. However, leisure remains "largely neglected (and perhaps undervalued)" (1) as a cost-effective contributor to mental health recovery and social inclusion. In addition, people with mental health challenges may find it difficult to access these activities due to barriers that arise from within the person, or that are perceived within the environment.

WHAT WAS THE PROJECT GOAL?

The goal of this project was to explore the role of leisure/ recreation as a medium for mental health recovery, and to better understand barriers faced and facilitators that could better support community-based leisure participation, social inclusion and mental health recovery.

HOW WAS THE PROJECT DONE?

Four focus groups (based within existing meeting places for mental health service users throughout Nova Scotia) used open-ended questions with prompts to enquire about what participants consider to be meaningful community participation, welcoming and non-welcoming environments, and facilitators and barriers to increasing community-based leisure/ recreational participation.

WHY SHOULD YOU KEEP READNIG?

This brief summary provides a succinct review of the findings, which are clarified using the participants' own words.

WHAT WERE KEY FINDINGS?

BARRIERS TO PARTICIPATING IN COMMUNITY-BASED LEISURE ARE LISTED BELOW, WITH ILLUSTRATIVE QUOTES:

1. STIGMA: actual experience of being rejected, ostracized or judged, or the perceptions that others are generally afraid of people with mental illness.

" People, they start to listen to your skills and they're like 'oh great!' and then all of a sudden you slam them with a disability or mental illness, and it's like 'whoah.' "

2. INTERNAL BARRIERS: including symptoms of mental illness, and related features such as low self-esteem, shyness, and lack of confidence.

3. LACK OF RESOURCES: Such as financial means and transportation as barriers: including cost and availability/access of transportation to and from, as well as costs associated with the activity itself.

"I wish there was just a little bit more things that were more centered around the area."

4. INFORMATION, OPPORTUNITIES: limited information regarding available affordable activities, limited opportunities that match interests and abilities.

5. OTHER BARRIERS IMPACTING PARTICIPATION: such as criminal record, eligibility for programs.

FACILITATORS TO SUPPORT PARTICIPATING IN COMMUNITY-BASED LEISURE ARE LISTED BELOW, WITH ILLUSTRATIVE QUOTES:

1. WELCOMING ENVIRONMENT: Characteristics of the context or setting that enable participants to feel welcomed, accepted, and included.

2. ACTIVE SUPPORTS AND CONNECTIONS: Specific things peers and staff did to help facilitate social connections and participation; being with others who were the same as them, having someone to do things with and, especially, having someone to go with them the first time.

"There's always that first connection, breaking that ice or breaking that barrier, or whatever, but if someone went with you and you made the connection...then the next time you'd be okay to go by yourself wouldn't you?"

3. FINDING MEANING IN PARTICIPATION: Viewing activities as beneficial or important in some way. Sources of meaning were perceived either within themselves or from the environment.

4. STRATEGIES TO SELF-MANAGE ONE'S ILLNESS: Achieving well-being and balance.

5. OTHER: Policy development and other actions to include "first voice" (people with lived experience).

WHAT ARE THE IMPLICATIONS OF THESE FINDINGS?

Program planners can draw from these barriers and facilitators to assist in developing and evaluating community-based leisure/recreation programs to better support social inclusion.

REFERENCES

1. Iwasaki, Y., Coyle, C., Shank, J., Messina, E., Porter, H., Salzer, M., . . . Koons, G. (2014). Role of Leisure in Recovery From Mental Illness. American Journal of Psychiatric Rehabilitation, 17(2), 147-165.

INTEGRATING FIRST VOICE PERSPECTIVES INTO THE RECREATION FOR MENTAL HEALTH PROJECT

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Acknowledgements to K. Taylor, First Voice Advocate

WHY WAS IT IMPORTANT TO DO THIS RESEARCH PROJECT?

The Recreation for Mental Health Project involved a number of research projects and conferences that aimed to involve people with first voice experiences, meaning people who have lived with mental health issues themselves. Although the research team worked hard to promote participation, we realized that honest discussion and reflection with our first voice partner could deepen our learning and that others could also learn from our collective experiences.

WHAT WAS THE PROJECT GOAL?

The goal of this project was to gather and reflect on the strategies used to promote the meaningful involvement of people with first voice experience.

HOW WAS THE PROJECT DONE?

We reflected on the activities and studies of the Recreation for Mental Health Project and engaged in honest dialogue and discussion about what worked and what could be improved.

WHY SHOULD YOU KEEP READING?

Rather than presenting findings of a single research project, this brief describes some lessons we learned about integrating people with lived experience of mental health challenges, referred to as "first voice", in the broader Recreation for Mental Health Project. Based on reflection and discussion amongst team members, key strategies to promote the involvement of people with lived experience in all aspects of the project are described on the next page.

WHAT WERE KEY FINDINGS?

STRATEGY 1: INVOLVEMENT OF FIRST VOICES ON THE PROJECT ADVISORY COMMITTEE.

Three of the 16 advisory committee members had lived experience. These three members have sensitized the committee to relevant issues, educated the committee on barriers to recreation, and provided guidance on how to overcome challenges.

STRATEGY 2: THE USE OF ARTS-BASED ACTIVITIES AT THE CONFERENCES.

At one conference, several theatre groups comprised primarily of people with mental health challenges performed, and some of these artists stayed and participated in the symposium and group discussions. At another conference, we held Project Make, an art exhibition and performance conceived and curated by an advocate with lived experience. Arts-based activities served to share first voice perspectives that helped the audiences to understand their experiences.

STRATEGY 3: ENGAGE IN COMMUNITY-BASED RESEARCH FROM A STRENGTHS PERSPECTIVE.

We gathered people's perspectives by a) involving participants as artists with a focus on how art supports recovery and by b) asking participants to take researchers on a "go-along" interview to one of their favourite recreational places. Both of these approaches drew on participants' strengths and emphasized how they stayed well.

STRATEGY 4: DEEPENING PARTNERSHIPS THROUGH THE CO-PRESENTATION.

The research team and the first voice advocate collaborated to develop and deliver a presentation for the CU Expo Conference in Ottawa in 2015. This collaboration enhanced the entire team's perspectives and understanding of approaches that foster meaningful participation of first voice colleagues.

HOW CAN READERS USE THESE FINDINGS?

- Recognize shared experiences – even though we may not identify as first voice most people have experience with mental health issues ourselves or through our families and friends. We all share the responsibility of bringing first voice experiences to the conversation.

- Foster participation at all levels – First voice can and should be involved at all phases of a project.

- Invite complex identities – acknowledge that we all belong to different groups and bring both personal and professional experiences.

- Recognize the limitations of having only a few first voice collaborators – a few people can't be expected to represent a diverse group.

- Nurture relationships – face-to-face meetings in comfortable, accessible and familiar settings are helpful.

- Recognize, acknowledge and challenge power – Acknowledge when there are power imbalances and use questions, language and allocation of resources to shift power dynamics.

WHAT ARE THE IMPLICATIONS OF THESE FINDINGS?

Other researchers and people with first voice can learn from and build upon these strategies and principles to further deepen the meaningful integration of First Voice in relevant projects.

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