The place and promotion of well-being in mental health services: a qualitative investigation

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Keywords: mental health, mental health settings, phenomenology, service users

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Accepted for publication: 15 June 2009
doi: 10.1111/j.1365-2850.2009.01480.x

Accessible summary
- The study investigated the place and promotion of well-being from the perspectives of services users and mental health professionals.
- Data from focus groups and interviews were analysed and found that well-being promotion was available, for example weight management groups in mental health services. However, they also found that there were some contradictions between the groups of people interviewed about what was available and what to promote in the future.
- The study concludes suggesting partnerships with local communities to further develop well-being services, such as opportunities for physical activity, for people with mental health problems.

Abstract
This study explored service users’ and mental health professionals’ understandings, experiences and opinions of well-being and its promotion within mental health services. A qualitative case study methodology included nine participants (five adult service users, three mental health professionals, one senior manager) who were purposively sampled from a Mental Health Trust in England. Service users participated in a focus group, while individual semi-structured interviews were held with the mental health professionals and senior manager. Interpretative phenomenological analysis of the data revealed five main themes including well-being as a holistic concept; well-being promotion; the place, promotion and position of well-being; role of mental health services in well-being promotion; and areas for further improvement. Findings revealed evidence of well-being promotion; however, there were contradictions regarding what was known between the groups of participants and what could be provided in the future. Implications for practice include the need to establish more effective partnership working between mental health services and local communities, especially in light of financial constraints within health services at large. This could assist the increased provision of therapeutic services for well-being promotion.

Introduction
Mental health and well-being are key areas in the national health strategy because they are central to health, quality of life and life satisfaction (Franklin et al. 1986, Department of Health 1999). Traditionally, clinical research trends have operationalized well-being through measures of depression, distress, anxiety or substance abuse (Thoits 1992). However, Keyes (2002, 2003a,b, 2005) conceived that mental health is a complete state in which individuals are free of psychopathology and flourishing with high levels of emotional, psychological and...
social well-being. There is increasing national and international recognition of the need to address mental health as an integral part of improving overall health and well-being (Crone et al. 2009). Subsequently, the importance of mental health and well-being is reflected in numerous United Kingdom Government White Papers and policies for the general population and people with mental health problems (e.g. Department of Health 2004, 2006a, 2008).

The increased recognition of well-being has caused research in this area to flourish in recent decades and challenged the previous clinical research trends of investigating negative mental health parameters (Diener et al. 1999, Kahneman et al. 1999, Campion & Nurse 2007). However, most inquiries investigating the concept of well-being within mental health service users employed positivist paradigms and quantitative methodologies with qualitative studies being rarely used (Geanellos 2004). Nevertheless, the last two decades witnessed an increasing incorporation of qualitative approaches into empirical mental health research (e.g. Lloyd et al. 1991, Friedli & Dardis 2002, Crone & Guy 2008), particularly in inquiries involving the views of service users, carers and staff on the subject of well-being (Burnard & Hannigan 2000). This supports the increased emphasis on service user involvement in research of experiences of mental health services (Hopton & Nolan 2003). Investigating the literature reveals that the notion of well-being is important to understand and that qualitative research is required in mental health services. Furthermore, the importance of service users’ views and experiences is important perspectives to be considered and is currently under researched.

Aim

The aim of this study was threefold: to explore service users’ and mental health professionals’ (MHPs) understanding of well-being, their experiences and opinions of well-being promotion, and to examine ways of enhancing and improving service users’ well-being through further well-being promotion.

Method

Participant selection and recruitment

Prior to the study, ethical approval was granted by the local National Health Service Research Ethics Committee and the local Mental Health Trust. Participants included five service users of the Trust (one male, four females), three MHPs (all males) and one senior manager (male). In this paper MHPs and the senior manager are collectively referred to as ‘MHPs’. All participants were selected through purposive criterion sampling with inclusion/exclusion criteria (Erlandson et al. 1993). Box 1 provides the inclusion and exclusion criteria for services users and details the inclusion criteria for MHPs. The purpose of these criteria was to select information-rich ‘cases’ that could provide information about the issues that the research questions examined (Patton 1990).

### Box 1

**Inclusion and exclusion criteria for participants**

<table>
<thead>
<tr>
<th>Criteria for service users</th>
<th>Inclusion</th>
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<tbody>
<tr>
<td>Service user of the Trust</td>
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<tr>
<td>Adult aged 18–65 years old</td>
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<tr>
<td>Able to consent and willing to be involved in the research</td>
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<tr>
<th>Exclusion</th>
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<tr>
<td>Detained under the Mental Health Act 1983</td>
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<tr>
<td>Lack of English language</td>
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<tr>
<td>Unable to consent</td>
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<tr>
<th>Inclusion criteria for mental health professionals (MHPs)</th>
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<tbody>
<tr>
<td>Registered MHP</td>
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<tr>
<td>Employed by the Trust for more than 2 years as a:</td>
</tr>
<tr>
<td>Psychiatrist</td>
</tr>
<tr>
<td>Sports Therapist</td>
</tr>
<tr>
<td>Clinical Nurse Specialist, or</td>
</tr>
<tr>
<td>Senior Manager</td>
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A participant recruitment protocol ensured participant protection and the right to refuse involvement. Following the criteria stipulated by the local National Health Service Research Ethics Committee, service users and MHPs agreed to receive information on the study and were then subsequently recruited if they wished to participate. Data protection was ensured through storing all transcripts in a secure cupboard in a secure office that only the first author had access to. In addition, participant anonymity was observed by replacing the names of service users and MHPs with pseudonyms.
Data collection

Data collection was undertaken in 2007 and included a focus group with the service users and individual semi-structured interviews with the MHPs. The focus group included five service users and lasted approximately 1 h, in accordance with Stewart & Shamdasani’s (1990) recommendations for suitable numbers and duration of focus groups. It was held in a day centre, which was known to service users, with refreshments available. A focus group was chosen as the method of inquiry because of the spontaneous interaction between people that can take place, increasing the likelihood of gaining deeper insights than might arise with individual structured interviews or questionnaires (Ritchie et al. 1994). An interview guide was developed that included several types of questions: opening, introductory, transition, key and ending questions (Krueger 1994). Box 2 depicts examples of the interview guide questions used in the focus group.

Box 2
Examples of focus group questions for service users

Focus group questions

- Well-being is a term that is regularly talked about. Can you tell me what you understand by it? What it means to you?
- While you have been in receipt of mental health services, have you taken part in or experienced any activities which were designed to improve your well-being? If so, what are they?
- In your opinion, how valued is the promotion of well-being within the Trust? What experiences of this have you had?
- In what way do you feel well-being is prioritized by the Trust?

The four Individual semi-structured interviews were conducted with the MHPs (each approximately 1 h) at their individual offices within an inpatient unit of the Trust. An interview guide was followed and included experience, behaviour, opinion and value questions (Patton 2002). Box 3 depicts some examples of the questions.

Box 3
Examples of semi-structured interview questions for mental health professionals

Semi-structured interview questions

- What, in your opinion, is the profile of service users’ well-being within the Trust?
- Do you know of any activities or services that promote service users’ well-being in the Trust? Can you describe to me what these are and what you know about them?
- In your opinion, what are the challenges for the Trust for enhancing or promoting the well-being of service users?
- Do you believe that your role has a part to play in the promotion of well-being of service users? If yes, in what way? If not, why do you think this?
- What improvements if any do you feel could be made to further facilitate well-being for service users within the Trust?

Data analysis

The focus group and individual interviews were audio-recorded using a digital voice recorder. Data were then transcribed verbatim by the first author. QSR NVivo 7 software was used to store, organize and manage the data for the analysis process (Bazeley 2007). Interpretative phenomenological analysis (e.g. Smith et al. 1999, Smith & Osborn 2003) was employed to analyse the data. This process has been used extensively in health research (Smith et al. 1999, O’Toole et al. 2004), as it allows for the deep exploration of participant’s views of topics under investigation.

Interpretative phenomenological analysis involved a number of stages and the analysis of the study followed Smith et al. (1999) protocol which included a number of stages. First, each transcript was read a number of times to ensure that the first author was intimate with the account. One side of the margin was used to note down interesting or significant issues about what the service user was disclosing. The use of ‘free nodes’ in NVivo 7 aided this stage. The other margin was utilized to document emerging theme titles. At this stage, the transcript was treated as potential data and no attempt was made to omit or select particular passages for special attention. Meanwhile, on a separate sheet, the emerging themes were listed and connections between them were explored. As clusters of themes emerged, they were checked back to the transcript to
ensure the connections worked in relation to what the participant actually said. For each participant (transcript), a master list of themes was then created and sub-themes were identified and compiled, using the ‘tree nodes’ in NVivo 7. Master lists were then consolidated into either service users’ or MHPs’ material. Master lists were then read together and a consolidated list of main themes for service users and MHPs combined was produced. This was achieved by looking for similarities and connections between the service users’ and MHPs’ material.

Results

Themes

Well-being: a holistic concept

Service users appeared to find it difficult to engage with what well-being actually was, however, one user expressed that well-being was a holistic concept, which included a sense of ‘normality’;

It’s everything really and Yeah, basically it’s leading a normal life isn’t it and doing the ordinary everyday things . . . coping. (Veronica, service user)

Mental health professionals were able to articulate their understanding of the concept and also acknowledged that well-being was holistic; ‘you look at a holistic approach to people’s health and well-being’ (Greg, MHP) and ‘I suppose I would say it’s a fairly broad global term about feeling mentally, physically, emotionally well’ (Craig, MHP).

Factors affecting the well-being of service users were raised and included medication and its affect on weight gain, which MHPs viewed as a problem and detrimental to service users’ physical health, for example; ‘a lot of the medications we prescribe have weight gain properties and it’s the common thing for people coming here would be to gain weight’ (Craig, MHP) and ‘I think the way that psychiatric medication effects physical health is a really, really big problem that we haven’t really got to grips with yet’ (Fred, MHP).

Experiences of well-being promotion

Service users reported positive and negative experiences of well-being promotion. Positive experiences included the opportunity to participate in a range of activities designed to promote their well-being. These activities included; art therapy for example candle making, needle craft, stain glass; college courses; day trips; exercise and physical activity sessions for example in the gymnasium, swimming at a local leisure centre, skittles and walking group; and a ‘tea and chat’ group.

Users felt that these opportunities had positive effects on their well-being such as having something to go out for that provide the opportunity for additional opportunities to take part in:

I’ve taken courses in college you know and with the help of the club [a day centre] like, I’ve been getting out a bit you know. I can go out a lot more and I’ve got things going for me now which I wouldn’t have had before. (Steve, service user)

Service users also felt that these activities could be enjoyable and provided space and opportunity to socialize:

I’m looking forward to going to the gym, a bit of fun’ (Veronica, service user) and ‘meeting new people. (Angel, service user)

Mental health professionals also expressed general consensus about the positive effects as a result of services provided (e.g. sports therapy) on the well-being of service users. These included any range of effects, including:

- Fitness and weight loss: ‘I think potentially we’ve seen quite big impacts on patients. There was a guy here recently who unfortunately ballooned under the medication he was on. He was very, very acutely disturbed when he came, went on some medication, weight started to balloon but all credit to him and through the work he did with Nigel and Clive [sports therapists], he was actually down at The Fitness Factory [a local gym] twice a day’ (Fred, MHP).
- Distraction from symptoms: ‘distraction from whatever symptoms they may be suffering with’ (Greg, MHP).
- An activity that people will take part in: ‘people will generally engage in what I have on offer’ (Greg, MHP).
- Activity that provides purpose: ‘a sense of purpose’ (Greg, MHP).

However, despite these positive experiences being available and achievable for some service users, MHPs also reported some factors that affected achieving these positive experiences. For example, motivation and being physically unfit were seen as connected and deemed to have the potential to be detrimental to people’s well-being and in taking part in activities:

if they’re really physically unfit and therefore they physically can hardly do anything, they’ll hardly have any motivation which means they will stay in bed, which means they will get more depressed because they will be ruminating on things. (Fred, MHP)

Situations were also highlighted by the service users that can result in negative experiences of well-being. In contrast to the MHPs, however, these were in relation to financial constraints, particularly evident when staff are absent
through ill health. These appeared to have an inevitable impact on service and quality of provision:

I think they are stretched to the limit to the extent that if there is staff off sick, it lays on to another person to actually take on maybe the other clients, so they’re even stretched even more, which puts more pressure on them for their well-being and if the staff’s not well, we don’t get the facilities and then we’re not so well. (Sandra, service user)

Place, promotion and position of well-being
Some service users felt that there was a lack of profile concerning well-being while others acknowledged that there were ways in which the Trust had attempted to prioritize the well-being of service users through changes in services, but these were mainly focused on receiving services. When there were fluctuations with illness:

Well, they’ve got the service now of the crisis team when, if you’re in Newbury Street [an inpatient unit], if you’re very ill they actually come into your house. (Sandra, service user)

There was also some debate that although well-being activities existed, such as sports therapy and weight management, information and awareness of them were not routinely provided:

You’re not told. I wasn’t told ‘oh there’s this’, ‘there’s that’. (Veronica, service user)

Conversely to the service users, some MHPs believed that well-being was prominent within the Trust:

I would say it’s high on the agenda (Greg, MHP) and I think it’s quite high. (John, MHP)

However, despite this acknowledgement, there was concern that well-being was not as high up the agenda as it should be:

I suppose when you think of the Trust as all the staff and patients there’s an awful lot of other pressures that probably are ahead of that so I think it’s you know, two thirds of the way further down the agenda than what it should be, basically. (Fred, MHP)

Role of mental health services in promoting well-being
When identifying the role of mental health services in the promotion of well-being, the views expressed by MHPs were varied. Some saw their role as being concerned with the physical health of service users while others viewed their own individual roles as more holistic covering a broader spectrum:

I see the role as more holistic than just sort of a tablet for your psychosis, kind of thing, and I think we would always identify that if you just concentrate on the mental illness and miss the person, then they’re probably not going to stick with your advice or your treatment terribly well. (Craig, MHP)

In terms of the services provided, MHPs expressed enthusiasm for the facilitation of well-being-related opportunities such as the health promotion group and a seven-day hospital programme. These included exercise and trips, which appeared to enable service users to embrace life:

I think, certainly the health promotion group, which involves regular outings like maybe going mountain biking or walking in the Victoria Hills [a local walking attraction] or whatever, promotes a kind of, you know, a sort of, let’s get out there and do it, and take some exercise as well. (Craig, MHP)

Areas for further improvement
In common with the findings from service users regarding concerns regarding financial constraints, in this theme MHPs highlighted that the financial constraints of a national health service were a problem and impacted on well-being promotion treatments offered to service users. This was especially evident, when the cost of these was compared with medical management of people’s mental health problems:

Cost is another thing. From a management perspective, it’s expensive. So if someone was anxious, you could give them a tablet that sells for less than one pence and that would help them relax for a few hours, and they will just sit there in a chair and smoke fags and watch telly, you know, problem solved for 2 hours really. But to say here’s a healthcare assistant who can take you for a walk on a Sunday afternoon, you’re looking at something that costs over 10 pound an hour. (John, MHP)

In terms of opportunities, there was support for more partnership working with a specific focus on locating services for service users in the community; ‘one of the priorities for me would be a sense of a better kind of partnership working’ (Craig, MHP) and ‘we need to know what services are out there for our individuals’ (Greg, MHP).

Finally, it was emphasized that to develop well-being promotion within mental health services, required management, leadership and team engagement in order to promote the well-being of service users:

what these kind of issues need is leadership and they need people to put their head up above the parapet and do stuff to some extent unilaterally and carry people with them, you know, behind them. (Fred, MHP)
Discussion

People with a mental illness are more likely than others to have significant health problems (Department of Health 2006b). Consequently, well-being is an integral aspect where its neglect in research prevents the development of further understanding of its importance in people's lives, and in the context of this study, in the development of treatment and care of people with mental illness. The finding that the term well-being was understood by service users and MHPs as a holistic concept encompassing a sense of 'normality' supported the meaning of an individual's subjective well-being in which there is a representation of overall life satisfaction and happiness (Keyes et al. 2002). In addition, the general consensus from MHPs concerning the negative impact of administering psychiatric medication on weight gain and physical health in those with mental illness is in agreement with previous studies (Dean et al. 2001, Lester & Tritter 2005, Sharpe et al. 2006).

There were many positive experiences from the range of activities on offer. The importance of social interaction, enjoyment and motivation was fundamental to these positive experiences and has been reported in the other qualitative research with service users (e.g. Faulkner & Sparkes 1999, Crone 2007, Carless 2008, Crone & Guy 2008). Meanwhile, the concerns raised related to changes in services brought on by financial constraints and inevitable health service reform, resonate well with the present national situation where there is no currently widely accepted model for day care services (Boardman & Parsonage 2005, 2007).

The mixed views from service users and MHPs on the place, promotion and position of well-being within the Trust were similar to what appears to be the consensus when examining the literature on well-being within mental health services (Green et al. 2002). This could partly be due to the dominance of the medical model in national health services, and the difficulty that appears to be evident when striving to provide a holistic care plan approach for people with mental health problems.

A lack of communication on well-being services that were available for service users was expressed as a problem. The findings of Dean et al. (2001) concur with the perspectives of service users in this study, they reported that poor communication resulted in difficulties for service users accessing services. Furthermore, Crone & Guy (2008) concluded similar concerns regarding the disparate use of physical activity opportunities within the care plans of service users. These findings are perhaps surprising given the increasing prominence of well-being promotion in mental health policy (e.g. Department of Health 2006a).

Mental health professionals held mixed views concerning their own individual roles with emphasis from some on physical health and from others on holistic health. In one sense, these findings support Dean et al. (2001) who concluded that MHPs failed to view service users holistically and adhered strictly to the medical paradigm/model thus failing to consider the physical health needs of service users. In contrast, those MHPs who viewed service users holistically, do not support these earlier findings and demonstrate their willingness to view health and well-being from all aspects. Perhaps these MHPs have a more contemporary outlook on the delivery of services, reflecting recent developments in mental health policy.

The services provided appeared to be centred on two main programmes: a 7-day hospital programme, which included sports therapy and weight management groups; and a health promotion group. While these provide evidence of the 'Well-Being Support Programme' (Department of Health 2006a), it was not clear from the findings to what extent these groups were working in partnership between primary and secondary providers, and of equity of access to them (Department of Health 2006a, Crone & Guy 2008). Given that partnership working was highlighted as an area for improvement, it would appear that there is potential to work further in partnership with other local providers of health and well-being promotion. Previous research confirms the importance of working in partnership across mental health services. For instance, the Sainsbury Centre for Mental Health (2000) suggested that joined up working can reduce bureaucracy and duplication, and overcome perverse incentives in mental health such as 'bed blocking' as a result of the lack of community alternatives.

Our findings also highlighted that the medical model still exists due to the lower costs of psychiatric medication in comparison with other therapeutic treatments. Interestingly, researchers (e.g. Daley 2002, Callaghan 2004) argue that implementing therapeutic activities, which may be more expensive, actually increase the period in which a service user experiences positive well-being without requiring psychiatric medication. Meanwhile, the impact of financial constraints on treatments offered to service users is difficult to discuss in relation to previous studies because of the lack of research that has been undertaken on service users' views of reform and financial constraints in mental health services.

Despite these findings, the study does have its limitations. There was a relatively small sample size of service users. However, the numbers used compatible with other studies in this area, and in our defence as qualitative research with service users of mental health services is still relatively rare, their inclusion is welcomed. Furthermore, the inclusion of different mental health trusts would have enabled a cross
comparison of well-being and its promotion across several settings. However, as an exploratory research project, this study concludes that the further investigation of the place and promotion of well-being in a wider geographical area, is a future research recommendation.

The study has strengthened research in the area by obtaining the viewpoints of both service users and MHPs, which provided a greater understanding of where well-being is placed within a mental health service. Further, the findings have contributed to the existing dearth of evidence on service users’ experiences of mental health services.

Acknowledgments

This study was funded by the University of Gloucestershire. Local Research Ethics Committee approval for this study was obtained from Gloucestershire Research Ethics Committee (REC reference number: 06/Q2005/113). We thank all service users and MHPs who participated in the study, and Dr Linda Heaney and Dr Rob Macpherson for their assistance and support.

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