Strategies for Living

A report of user-led research into people's strategies for living with mental distress

SUMMARY

Strategies for Living was an in-depth qualitative investigation into the supports and strategies found to be helpful in the lives of people experiencing mental health problems or distress. 71 people from around the UK were interviewed using a topic guide; interviews were taped, transcribed and analysed. The key element of this research is that it was user-led, which is to say, designed and carried out by people who defined themselves as mental health service users or survivors.

The dominant theme to emerge from the research was the role and value of relationships with other people, in all of their different forms. Other strategies and supports covered in the report are: medication, relationships with professionals, complementary therapies, religious and spiritual beliefs, self-help strategies, sport and physical exercise, and creative expression. Key underlying themes included the value of acceptance and shared experience, finding meaning or purpose, and finding ways of taking control or achieving peace of mind.

BACKGROUND

The Strategies for Living programme was developed out of a previous piece of work carried out at the Mental Health Foundation. Knowing our own Minds - a user-led survey of alternative and complementary treatments and therapies in mental health - was published in February 1997. Over 400 people who had used mental health services returned questionnaires asking them to comment on a wide range of mental health treatments and therapies, as well as personal and self-help strategies.

Funding for the three year programme of work Strategies for Living was received from the National Lottery Charities Board in 1997, to finish in April 2000. The work is founded within the increasingly strong demands for change, for freedom of choice and for alternatives to the traditional medical models of treatment coming from service users and user groups internationally. More information on the background to user-led research is given in Volume 1, Issue 8 of Updates.

THE RESEARCH

The aims of the research were:

- to explore people's experiences of different treatments and therapies in depth, in order to find out what people find helpful and why
- to explore common themes emerging across the different approaches adopted, and
- to identify and understand people's personal and self-help coping strategies.
The research was qualitative and user-led. The research process was designed to ensure that users of mental health services were fully involved in determining the direction and implementation of the research, and its dissemination. The research process was documented, to ensure that the work continued to reflect the priorities of mental health service users.

A purposive sample was selected on the basis of key relevant characteristics: use/experience of complementary and alternative therapies; gender; ethnic origin; diagnosis and geographical location. Five people with experience of mental health problems or services were employed and trained with additional input from research consultants at the National Centre for Social Research. 71 interviews were carried out with the use of a topic guide covering the key areas to be explored with the interviewees, but without a formal structure. Interviews were recorded and transcribed.

THE FINDINGS

One way of presenting the findings is to summarise the various strategies and supports and to look at the relative value or importance placed on them. The following list shows the key strategies, therapies and supports covered by the people interviewed: ‘relationships with others’ - whether family, friends, professionals or service users - being the strongest factor.

- Relationships with others
- Personal strategies
- Medication
- Physical exercise
- Religious and spiritual beliefs
- Money
- Other (e.g. hobbies & interests, information, creative expression)

These strategies can be categorised under four broad headings, reflecting the different roles they can perform in people’s lives: on-going survival strategies, crisis or life-saving strategies, healing strategies and symptom management.

However, the most interesting and valuable way of looking at the findings is to examine the underlying issues - the reasons why these particular strategies or supports were identified as helpful. These themes are examined in more detail in both the summary report and the main report of the research. The themes are as follows:

- Acceptance
- Shared experience ... shared identity
- Emotional support ... ‘being there’
- A reason for living
- Finding meaning ... and purpose
Peace of mind ... and relaxation
Taking control ... having choices
Security ... and safety
Pleasure

For example, looking at the first two themes on the list: the stigma and discrimination experienced in relation to mental illness made the acceptance of others a vital element of many people's survival strategy, and frequently a means of achieving self-acceptance. Some people had discovered the value of shared experience through self-help groups addressing a particular aspect of mental distress, such as sexual abuse or depression, whilst others had discovered it through voluntary sector projects, drop-ins or day centres.

THE IMPLICATIONS

The methodological implications are considerable: not only can mental health service users and survivors actively engage and take part in research, but they can add value and credibility to the meaning of that research. The approach taken to the research in this project opens up many avenues for the future development and promotion of user-led research and user-based evidence in mental health services.

The strategic implications are broadly mental health and service based. These are just a few of the recommendations to emerge from this research:

- All mental health professionals, providers and policy makers should recognise the expertise brought to the mental health field by the experience of mental health service users;
- Government should establish an Expert Patients Task Force in mental health, in order to build on that expertise to look at the role of people as experts in managing their distress; and to provide advice to the Chief Medical Officer on actions required to mainstream a programme of self-management of mental health problems;
- Government and health education and health promotion agencies should support the promotion of positive images of people living with mental health problems both locally and nationally, through a comprehensive anti-discrimination campaign;
- Mental health providers and professionals should recognise that everyone in distress is an individual and has different needs, preferences and potential ways of coping; and support their ways of coping through their inclusion in relevant care plans and reviews;
- Mental health organisations should disseminate information about the range of strategies that people find helpful, in order to assist people to find and develop their own strategies, and to locate alternative sources of help;
- Commissioners and purchasers of services, including Primary Care Groups, should encourage and promote the development of local self-help initiatives.
REFERENCES


Further reading:


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The Mental Health Foundation is grateful to the National Lottery Charities Board for funding the Strategies for Living Project.

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