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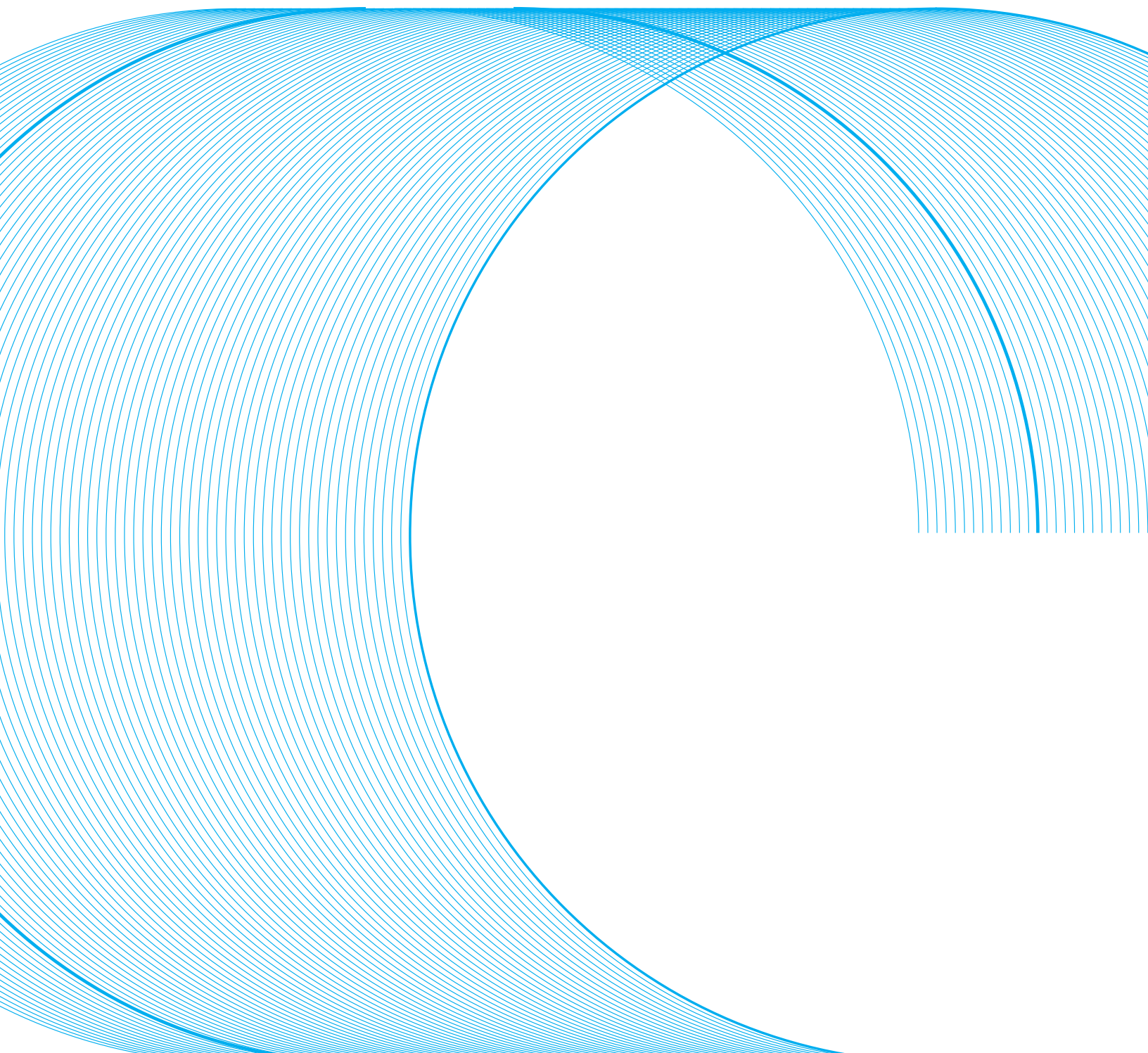
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Relationships Summary

Interpersonal relationships are important factors for mental and physical health. We know that the quality and meaning of relationships is closely correlated with our mental health. Also, our mental health can affect how we view and experience relationships with other people. Patterns of relationships and their meaning to us are likely to change over our life course. When young, relationships with peers tend to be of primary importance whilst at other stages in life work colleagues and family feature more prominently as sources of emotional and practical support. Throughout our lifetime the individuals we develop relationships with can have an immense impact on our character and wellbeing.

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Relationships Summary

This chapter will attempt to explore different aspects of relationships to reveal how they can impact on mental health recovery. We begin by drawing reference to issues raised in other literature which explore different aspects of mental health recovery, quality of life and relationships. Proceeding to the main findings we highlight the impact of supportive and negative relationships as discussed by our narrators who identified relationships with family, friends, peers, community, pets and service professionals as factors that could potentially influence recovery prognosis.

Overarching elements of positive relationships seemed to be that they were based on trust and willingness (as opposed to obligation) and were supportive, understanding, consistent, reciprocal and mutually beneficial. Social interactions entailed costs as well as benefits. Negatively perceived relationships occurred in situations where individuals felt that they were not being listened to or were experiencing stigma, excess criticism or emotional detachment.

To close we will look at policy implications and different ways of nurturing and promoting positive relationships to support recovery journeys. Working relationships and spiritual relationships are discussed in previous chapters on engagement and identity.

Developing Relationships

When we address the topic of social networks and social relationships we are talking about the interpersonal relationships and informal (and formal) support and company that people can call upon on any given day.

Much has been written in therapy literature (Clarkson, 1995; Paley & Lawton, 2001) about the importance of developing positive therapeutic relationships with clients. Also, within the field of community development, relationships of mutual support have been viewed as an important source of social capital that can be empowering, both in supporting individuals and in facilitating change. The work of Brown, Bhroichain and Harris in the 1970s drew attention to the importance of close confiding relationships as a protective factor for women at risk of depression. Other researchers (Graham & King, 2005) have recognised that the foundations for good mental health are laid in early childhood where young infants and children have the opportunity to develop strong attachment relationships.

During periods of ill health people with mental health problems can become very isolated. Indeed, ill health often interrelates in complex ways with relationships. This report aims to identify the types of relationships that promote recovery and the ways in which these relationships are supportive of recovery.

Relationships for individuals in recovery from mental health problems span the diverse range of social contacts that anyone may encounter over a lifetime, but particular relationships can be crucial to developing positive images of self and for feeling loved, needed, valued and supported. These positive and meaningful relationships with significant others most helped individuals on their recovery journeys.

Types of relationships

The Centre for Mental Health Services (2004) recognised that “*peers, families, friends, providers, and others*” can help to foster hope to provide a catalyst for recovery. Calsyn *et al* (1998) differentiated between different types of relationships and support networks to categorise them by those who provided emotional support; who gave advice; who provided materials; and people with whom one socialised. Others have divided relationships into dependent or reciprocal relationships or by size of social networks. What is important is that the positive elements of each type of relationship are highlighted and acknowledged for their part in fuelling and supporting recovery journeys.

Isolation

The topic of social inclusion has been investigated by researchers who have overwhelmingly concluded that mental health service users are more likely to feel isolated and are less likely to live with or be in a loving relationship with a significant other than the general population. Singleton *et al* (2000) in a survey for the Office for National Statistics found that people who were suffering from any type of psychotic disorder were over three times more likely to be separated or divorced than those without a disorder (29% compared to 8%) and were over twice as likely to live alone (43% compared with 16%).

Similarly, Berzins (2007) in her study of relationships and social inclusion for mental health service users found that service users were four times more likely to live alone and were more than twice as likely to be single than the general population. In addition to this more than half of service user respondents were classed as having poor social support compared to less than

10% of the general population sample. This corroborates findings from Dunn (1999), who, in a report for Mind, suggested that service users were four times less likely to have someone to talk over their problems with than the general population.

In a qualitative study of social relationships of service users, Green *et al* (2002) found that loneliness was reported to be a problem, reasoning that mental health problems had led to changes in network composition and lack of balance in relationships for their respondents. They also found that social contacts were reported to be both protective and potentially damaging to mental health.

Impairments in social functioning have often been seen as a characteristic of severe mental illness (Goldberg *et al.*, 2003). Indeed, the loss of social relationships and friendships in particular have permeated the narrative accounts of people with mental health problems (Boydell *et al.*, 2002), and the resulting isolation has been at least as difficult to cope with as the disability itself.

Quality of social networks in terms of size and intimacy of relationships can be important. Several studies have paralleled the findings of Hintikka *et al* (2000), who, in a population study into mental wellbeing found that the number of close friends was inversely associated with the risk of mental distress in men (suggesting that small social networks are associated with poor mental health in men). For women insufficient family support was associated with mental distress.

Reciprocal relationships

Engaging in reciprocally supportive relationships was the single most important predictor of recovery in Pernice-Duca's analysis of social network profiles (2006). Similarly, Boydell *et al* (2002) highlighted the benefits of reciprocal relationships in fuelling wellbeing, but they also found that relationships consist of the need for separateness as well as connection. Whilst a degree of isolation can be good, individuals often need to find a balance between engagement with other people and having personal space in their lives.

Findings from our previous chapter on engagement highlight the positive influence work and meaningful activity can have in developing supportive relationships and as a route for people to find the opportunity to contribute and to have a valued role.

'Be there', consistent and hopeful

The most valuable support friends can provide is often emotional support, being available to talk and listen and keeping in touch (Mental Health Foundation, 2007b; Topor *et al.*, 2006). Topor *et al* (2006) identified that relationships have a tremendous impact on how people recover from schizophrenia. They highlight that it is important for people in recovery to feel as if they are supported and cared for and identify 'being there' and available as a factor within friendships that seemed to help people in recovery. For professionals or caregivers, to go the extra step, to take a risk, to reach out and make a connection and 'be there' was important.

Torpor *et al* (2006) also reported that where ill health occurs, an individual's social network gets smaller with old friends being replaced by new friends and professionals met within the mental health sector. They argued that it was important for family and friends where possible to provide continuity for the person, and to actively promote recovery by offering messages of hope.

Quality, size and composition

Yanos *et al* (2001) found that supportive social interactions can play an important role in people's recovery (quality of life) from an episode of mental ill-health. Larger social networks were also found to improve quality of life (Corrigan & Buican, 1995; Corrigan & Phelan, 2004). However, where social interaction was felt to be negative or stigmatising adverse impacts on quality of life or recovery were found to occur (Yanos *et al.*, 2001).

Perhaps the most consistent finding of research on the social networks, social capital or relationships of individuals with mental health problems is that those with more severe forms of mental illness have smaller social networks than others (Corrigan & Phelan, 2004; Furukawa *et al.*, 1999; Goldberg *et al.*, 2003) Various authors have linked social network size and composition to quality of life, decreased symptoms and ability to cope (Cannuscio *et al.*, 2004).

Some have argued that larger networks increase subjective perceptions of satisfaction with quality of life and having hope for recovery (Corrigan & Buican, 1995; Corrigan & Phelan, 2004; Goldberg *et al.*, 2003), however other researchers such as Becker *et al* (1998) have argued that network saturation can occur and that once networks become too big (ten to twelve people) positive quality of life ratings begin to diminish. In the main, however, literature suggests high levels of supportive relationships result in lower levels of depression and are also closely related to good mental health and the capacity to get through life and deal with adversity when it arises.

Another consistent finding around social networks and relationships of people with mental health problems or in recovery from such problems is that more seriously ill individuals have more professionals in their social networks than do individuals with less serious illness (Calsyn *et al.*, 1998) and they more often have a high concentration of mental health peers in their social networks. There have been positive and negative elements to this network composition. Recently, peer support literature has gained favour in professional texts suggesting the benefits of a peer saturated social network (empathy, understanding, support, experiential learning) outweigh the costs (illness-bound relationships).

Friendships

According to Taylor *et al* (1984) "*Friends can be good medicine for those who are anxious or depressed.*"

The importance of friendships for people with, or recovering from mental health problems was highlighted by a special edition of The Journal of the National Alliance for the Mentally Ill, California (v.5, iss.2, 1994) and by the UK Mental Health Foundation in 2007, who used their mental health action week (8–14 April 2007) to focus on the importance of friendships in promoting wellbeing (Mental Health Foundation, 2007a).

Whilst friendship may be important for good mental health, the reverse, good mental health,

has also been found to be a mitigating factor in developing and maintaining friendships (Boydell *et al.*, 2002).

It can often be difficult for people with mental health problems to maintain their friendships according to new research revealed by the Mental Health Foundation (2007b). Having no friends in a culture that values friendship is a cause for concern. Indeed, it could be interpreted by others as a symptom of personal inadequacy according to Solano (1986).

Other literature identifies the positive effect that having friends can have, but also recognises that having a deficit of positive relationships and social networks can have a detrimental effect on health and can detract considerably from quality of life (Boydell *et al.*, 2002; Goldberg *et al.*, 2003), a factor that many people in recovery may have to address.

Family

Lefley (1998) found that in the US, approximately 40 to 70 per cent of people with severe mental illness live with relatives. Individuals with mental health problems or in recovery from such problems have often been found to have relatively more family members than friends in their social circle, and in the main have relationships with other people in the same position (Mental Health Foundation, 2007b; Noordsy *et al.*, 2002).

These findings could be interpreted positively as several other studies have demonstrated that supportive family relationships can help wellbeing and recovery. However, caution should be observed when assessing or comparing this mainly US based literature as family patterns are culturally specific. Also housing issues will be heavily influenced by availability of alternative living options for people who need some level of support.

Nasser & Overholser (2005) speculated that supportive relationships with friends could be more effective at promoting wellbeing and reducing depression than could relations with family because depressed individuals may believe that family feel obliged to maintain relationships and support for them. Friends, however, remain and support individuals out of love. Furthermore, they suggest that family conflict may have been associated with the onset of symptoms therefore dense family centred networks may not be good for wellbeing.

Intimacy

The economics of wellbeing draws upon robust evidence that the structure and quality of social relations are fundamental to wellbeing (Friedli, 2005).

Some studies have identified the presence of a confiding relationship to be highly correlated to maintaining wellbeing and reducing depression (Brown *et al.*, 1975; Miller & Ingham, 1976). Roy (1978) found evidence for a protecting effect of confiding marital relationships in his study on depressed women, and Miller and Ingham (1976) drew similar findings to Brown *et al.* (1975) in showing that women reporting the lack of an intimate confidant had psychological symptoms of significantly greater severity than those reported by their more adequately supported counterparts.

Individuals often reported a desire to have more intimate relationships. Indeed, intimate relationships have been frequently identified by individuals as a benchmark of recovery that they hoped to attain.

Enduring Partnerships

Throughout various studies individuals consistently say how important other people can be in helping them to deal with mental health problems. Yet many service users are socially isolated and lack informal relationships, let alone more intimate confiding relationships – a lack of which can adversely impact wellbeing (Brown *et al.*, 1975; Miller & Ingham, 1976). Having positive confiding relationships and friendships has been identified as being beneficial to our mental health and wellbeing and often play a crucial part in maintaining mental wellbeing and helping manage emotional or mental distress. They include sexual partnerships as well as wider relationships with family and friends.

Similar to Roy (1978), Beach *et al* (1986) argued that the quality of intimate relationships could impact on recovery and the frequency of positive social contact with adults other than the spouse were significantly related to depressive symptomology for both men and women.

Parenting

A much overlooked area of relationship research in the field of mental health and recovery is that of parenting. Although parenting can be considered a normal life role for many individuals with mental health problems, scant research that focuses on the positive elements of parenting exist.

Tunnard (2004) explored the impact a parent with mental health problems could have on children and others within the family and argued that for relationships to be successful family members – parents as well as children – need to have their fears allayed (usually in regard to forcible removal of children). They need to have access to information, specialist services, consistent and continuous support, and the same life chances and opportunities as other parents and children. Blanch *et al* (1994) found that parents with mental health problems believe that not being able to parent their children compromises their wellbeing. Interestingly, several studies have indicated that increasing contacts with children and close friends were associated with a decline in symptoms (Zunzuneguia *et al.*, 2001).

Olsen and Clarke (2003) describe how parents with physical and mental health problems encounter disability in terms of physical and attitudinal barriers. They also highlight that changes over the course of parenting can interplay between disability and other social factors, requiring flexible support.

Peers as friends

A sense of secure relatedness has often been found amongst peers in the mental health field where people describe having a core of active, connected, mutually supportive relationships. Boydell *et al* (2002) spoke of an enhanced level of understanding, support and acceptance that peers brought to each other and that this alleviated alienation and loneliness.

Many individuals have made peer friends through services (K. Berzins, 2007). However, a strong desire to develop relationships with individuals unaffiliated with the mental health system is frequently identified in studies (Boydell *et al.*, 2002). Occasionally, it has been reported that association with peers with psychiatric illness has been found to be stigmatising and caused individuals to feel ghettoized as part of this group.

Community

Relationships of mutual support within communities have been viewed as an important source of social capital that can be empowering, both in supporting individuals and in facilitating change (Connor, 2004). Parr *et al* (2004) in a study that looked at the social geographies of mental health, questioned whether relationships within rural communities can simultaneously provide support, reducing vulnerability to depression whilst increasing susceptibility to anxiety due to the close social proximity of rural or close-knit communities.

Social connectedness and professionals

According to Noordsy *et al* (2002) individuals with severe mental illness commonly find that their primary relationships are restricted to those with whom they have a professional relationship or other consumers of mental health services. Berzins (2007) found that mental health professionals were fulfilling the role of confidant for over a third of the 88 per cent of her service user respondents who indicated that they had a confidant.

Although having good supportive relationships with professionals is thought to be beneficial, several researchers argued that these relationships should be balanced by other relationships outside the mental health field. Indeed, Corrigan & Phelan (2004) have suggested that people with more professionals in their support system were more likely to be depressed.

Indicating the importance of the therapeutic relationship Norcross (2002) in a review of 1000 control studies recognised that the relationship between therapist and client is an element that can account for the largest variance of outcome that is not attributable to pre-existing client characteristics.

Helpful relationships with health care professionals comprise a re-orientation of what being a professional means according to Borg & Kristiansen (2004), that is, to develop a dedicated and mutual relationship with individuals and to work collaboratively on treatment plans, to have a genuine interest in, understanding of, and empathy for people's situations and listen to individuals offering them hope as well as support.

The desire for professionals to relate to people on a human basis rather than a professional one is echoed in numerous studies (Borg & Kristiansen, 2004; Alain Topor *et al.*, 2006). Professionals who project messages of hope have been found to help clients (S. M. Adams & Partee, 1998; Kirkpatrick *et al.*, 2001). Most have found that for professional relationships to work both service user and provider must actively participate in the relationship and have something to give that is valued. Within clinical relationships "understanding is the intervention" according to Kirkpatrick *et al* (1995).

In a person-centred environment relationships with service providers should be collaborative, empathic, respectful, trusting, understanding, hopeful, encouraging, and empowering according to Adams and Grieder (2005), and Grieder (2006).

It is evident that relationships are normatively experienced and are shaped by living in a particular time, culture and place. Although literature would suggest that having some form of socialisation in your life is beneficial, and cultural expectations about family, friendships and intimate relationships often support this view, there are no prescribed types or numbers of relationships we need to be mentally healthy.

Relationships Findings

The purpose of this chapter is to explore how relationships, friendships and social networks impact on recovery through an examination of narratives offered by individuals who are in recovery from mental health problems. There are a number of findings discussed in this chapter that can positively or negatively influence an individual's recovery.

During periods of ill health people with mental health problems can become very isolated. Indeed, ill health had interacted in complex ways with narrators' relationships. Narrators indicated that maintaining relationships and staying connected socially was an important part of recovery. The loss of connectedness mentally, emotionally and socially during periods of mental ill health and the parallel desire to re-engage with humanity was a strong theme throughout the narratives.

In this chapter individuals describe the role friends, families, partners, peers, the community, religious communities and work colleagues have on their recovery journey and several others describe the role of pets in establishing a reason to 'be' and to recover. The role service providers have in developing positive relationships with service users will be touched upon but will be further explored in subsequent chapters which look in more depth at supports and treatments and their role and impact on recovery.

Together, findings emphasise the importance of service user informed studies in mental health recovery research and provide a starting point for a dialogue regarding the issue of relationships and social networks and their importance to recovery and wellbeing.

Special friendships

Many narrators mentioned having one or two special friends that they could talk to regularly, freely, intimately and emotionally. They often identified these friends as the people who pick up on the nuances of their behaviour and who know when they are not well or feeling low. These friends were people who could reassure them when things get out of proportion, who didn't judge them, and who believed in them.

These types of friendships were often based on long term relationships, shared histories and similar value systems, and the maintenance of these relationships (where available) has proven invaluable to individuals' recovery journeys.

"... It was difficult, the social aspects of life had just gone. I had to build up to being comfortable around people, comfortable in a pub and my friend totally understood. She would keep an eye on me and be there for me when I was panicky, and just having somebody with me there reassuring me."

"My partner and other friend... she now knows the days where I am not well, she doesn't say anything to me, now she can see it in my eyes but she'll not say anything. So I'll find she will ring me an extra time at night or something. It's not always something we will talk about, it might not be something you and I would talk about, but you would know, I would know you would know."

"(The most valuable thing in recovery is)... other people, other people, and... being more open... People come in and seeking you out and making sure you are all right, people recognising the symptoms in you before you are recognising them yourself (and) not going away, sometimes when you've had enough... Not running away."

Developing and maintaining these positive relationships often necessitated that individuals take the risk of opening up to others about their situation, asking them to see past the illness and to engage with them as a person, whilst still understanding the challenges they face as a consequence of their mental health problems. This self-exposure provided many narrators with a greater sense of self-awareness and when positively received, provided them with more confidence about their own self-worth and worthiness as a friend.

Losing old friends and making new friends

Over extended periods being unwell had disrupted the lives of many narrators causing some friendships to break down and making it difficult to maintain other friendships. Several narrators shared concerns about having lost or having limited friends, and felt quite isolated and lonely.

“I literally haven’t seen anybody since I went off work.”

“I didn’t mix in at all very well... I didn’t seem to be able to build relationships at all and it was like my worst fears had been realised.”

Friendships and relationships for some individuals became narrower as friends lost contact and moved on with their lives. Some people articulated their anxiety about having lost the skills and confidence to make and maintain friendships and feared that they wouldn’t live up to the perceived expectations of others.

“A lot of people my age are already married and have kids... and I’m sort of... struggling with things they have probably already dealt with and moved on from.”

The making and maintaining of friendships was a priority for many narrators who often identified it as an indicator of their recovery. Individuals set out proactively to re-engage socially, constructing new networks and building stronger personal reciprocal relationships, pacing themselves, but being proactive in phoning and keeping in touch with remaining and new friends.

“(Of things that assisted recovery)... seeing friends more. Trying to build up friendships again. Make new friendships. Uhm... yeah I mean, yeah, and I am still doing that, I am still working at... making closer relationships with people. Cause I got very, very shut off for, you know, for a long time I didn’t really kind of engage fully I suppose with, with other people, or with a lot of what I was doing.”

Whilst close personal relationships and social networks appear to be important sources of positive support, some individuals recognised that they can also have a negative impact, particularly where their old friendships or networks linked them to bad habits or exploited them. In contrast to this desire to maintain and nurture old relationships, some narrators associated recovery with having the strength to walk away from less supportive relationships. Knowing when to disengage with negative relationships and social networks was very important.

“I am on my own. When I look back now I really don’t know how I managed... Uhm, they say they can cope with you and then over time they can’t. They don’t understand or they are not as tolerant as they used to be and they get sick of it... and then you are even further back than square one... and my husband was drinking and lifting his hands and I was trying to be all smiley at work and just be normal, you know.”

“I don’t want to go back (I have to go home there’s no other place to go) and fall into what was so familiar. That is the danger and that’s where I would be needing support workers.”

Supportive and accepting friends

Friends who are consistent and constant, who are not judgemental, who are accepting, embracing and actively try to be inclusive have been instrumental in giving people an anchor, especially during more trying times. Of utmost value were friends that did not impose any expectations upon narrators, but equally did not underestimate their capacity to give (as well as take). Friends that did not expect narrators to conform or participate, but still included them assisted in maintaining narrators’ sense of self worth and identity.

“I was always outgoing so I never had any problems making friends but, ehh, I’m just choosing my friends carefully now... I’m learning to open up to them more often and not feel like stigma with my illness and they seem to be accepting me as they see myself as what I am, you know, they see inside me, you know...”

“My friends still invite me to some things that I would go to... I was, what I would refer to as, ‘the wallpaper,’ but... I wasn’t put down because I was didn’t make the effort to socialise... I may not have contributed (to the chatting) but I was getting a level of stimulation that was still working inside my head... It was a bit of social interaction that I was grateful for, and allowed me to maintain friendships over some very difficult times. But they’re the ones who sustained me - I mean they didn’t drop me because my life got so difficult or I was an embarrassment to have around.”

“I think that recovery also has meant that I’ve actually met people who, em, who I regard as being true people... who respect me for who I am, not because I’m (a) service user, or I’m a mentally ill patient, they actually respect me for being (NAME), warts and all!”

The role of friends in maintaining wellbeing cannot be underestimated. They have offered emotional and instrumental support to individuals, providing practical support and reassurance, listening, offering information and suggesting alternatives, helping with practical tasks like shopping and encouraging people to stay socially engaged. In this respect, the role of friends in maintaining the wellbeing of those in recovery appears to be no different from the role of friends in maintaining the wellbeing of the general population. On multiple occasions friends offered a safety net and advice when people didn’t get the support they needed from services or found themselves in trouble.

“(I) left hospital because I insisted I was better, you know, and I spent that night sitting in that flat in the dark terrified to put the light on in case anyone knew I was there, terrified to make a noise just sitting in this chair, staring out the window on the other side of the room, and then I phoned my friend the next day and said ‘can you come and get me because I can’t stay here’, so then I stayed with a friend in (TOWN) for about five or six weeks.”

“Valuing your friendships and things like that... I don’t know if I’d have recovered had my friend not taken me to the Social Work Department because nothing was happening, nothing was changing.”

Supportive family relationships

The stigma of having a mental health problem often left narrators self-conscious and wary of developing new relationships or getting to know others in their community. The negative identity that people developed as a consequence of stigma (or anticipated stigma) often left them with a feeling of unworthiness and a fear of being rejected by others. Whilst some people had friends and family to confide in and talk to about their mental health, others found that friends and family avoided the issue. Indeed, some narrators felt that they avoided *them* altogether.

A majority of narrators described supportive families that stuck by them during adversity. Family life and interaction were recognised to be stabilising factors giving individuals a sense of purpose and belonging - a reason to keep going. Family offered sustenance, retreat, protection, care, sympathy, understanding and help during difficulties. They would often notice when individuals became withdrawn and would encourage them to speak up offering a safe and familiar space to allow individuals to stay engaged with the world.

“My own family nursed me through hell... And the help of my mother through the years. When I’m cutting my throat, she’s there bathing the wounds.”

Yet again, this support was generously given and warmly appreciated, especially where individuals felt that the support was mutual and that they were not treated as dependents within this relationship.

Family, awareness, and understanding

Having family members who displayed an active interest in their mental health was appreciated by many narrators. Such information, support and interest usually involved the family member being informed and aware about narrators’ mental health and treatment and being prepared to intervene on their behalf if requested by the individual. Their awareness meant that they were not judgemental. They had often researched issues and provided a sounding board. They were open to discussion and offered a different perspective as well as emotional support and a sympathetic ear. Regular contact, awareness of early warning signs and their practical role in intervening on a person’s behalf through contacting services, engaging with support teams and acting as an advisor meant that positive family relationships provided reassurance to individuals.

“My sister, (NAME), was particularly helpful because she contacted the advocacy service because at the time the doctor had been keen, because I was depressed – he felt I should get ECT, and my ex-partner knew I was against having ECT and things, so he’d said ‘Oh, (NAME) wrote this essay saying how much she hated ECT and she (wouldn’t) have it.’ And then advocacy got hold of that and talked to the nursing staff about it.”

“(Advice to other people would be) Also to involve family and friends as much as they can really, because they know you more than anybody and can see when you’re getting better - and can tell staff.”

Having family with mental health problems

In the main having other family members with mental health problems was described as problematic and often made recovery more difficult. However, for a few people having family with mental health problems meant that they had someone who they could relate to because they understood their situation.

Some individuals recognised that family relations may have been one of the factors that contributed to their mental health problems, and as such, dealing with problematic family histories was part of some recovery journeys.

Living up to expectations

Whilst appreciating that their families had stood by them and that family was significant in their recovery, some people felt the expectations and pressure from their family to conform to *their* standards was not always helpful and devalued them. Consequently, many individuals described their relationship with family as problematic.

“I was brought up in a family whereby, em, work was regarded as being very important... So it's taken a huge adjustment to not having a successful career... having to give up (occupation) just prior to qualifying, and having to be medically retired... just couldn't sustain the job.”

“My partner and I've got my dogs, I've got my friends, my friends are my family. I can choose my friends you see, I wouldn't choose my family.”

“My step-sister, when I was in hospital, wouldn't come to hospital to visit me, she says 'no disrespect but I cannot come into that hospital,' she wouldn't come into the ward.”

Narrators implied that support services could perform better and listen more carefully when dealing with family issues and situations as there can be tensions from expectation, stigma, lack of understanding and problematic histories. They felt that this would better enable services to work with them to develop effective strategies that consider their family situation and better address their expectations.

Intimate relationships: partners

Having meaningful, enduring and loving relationships with significant others were identified as key to helping sustain optimism and drive many recovery journeys. Over half of our narrators spoke about the role of their partners in their recovery while several others were explicit in their desire to have a partner to share their lives.

Supportive, understanding partners provided not only the love, care and attention that most people sought. Many narrators felt that their partners were instrumental in keeping them out of the psychiatric system and helping them to develop strategies to manage their mental state.

Both heterosexual and same sex partners provided much practical instrumental support in maintaining the home as a safe space, putting things into perspective. They also provided appraisal and support, ensuring their partner gets the services and support they need. They provided emotional support, being a confidant, reaffirming narrators' sense of self through

believing in their abilities, not defining them by their illness and just being there, being loyal, and staying committed.

Where people have managed to sustain or develop intimate relationships they have provided an environment of trust and stability that affirmed the persons sense of worth.

“Couldn’t do it without her. Not that I’d ever tell her that. She believes in me, it doesn’t matter what I say, what I do, she believes in me. Nobody (has) ever done that for me before. They always wanted to change me or change something... she just likes me the way I am, which is nice.”

“My wife gets fed up with me. Because I sometimes go out in the town and say I’ll be home at six o’clock. And then I’ll meet a friend and get into conversation and we go and play pool and I get home after midnight, you know, so... I think she’s a saint.”

Partners were also identified as having a significant role in assisting people to ‘reframe’ their experiences and situation. Some partners played an active role as advocate, ensuring that their partner gets access to the services and support they need. Partners often understood the nuances of their loved ones’ mental state and could respond appropriately. Indeed, several narrators who discussed partners as part of their recovery implied that the stability of the relationship itself was an indicator of as well as a contributor to recovery. However, others found that their partners could hinder their recovery. For those narrators, ending these negative relationships formed part of their path to self-acceptance and wellbeing.

Sex and Sexuality

The few narrators that discussed sex noted that although sex could help mood, it was required to be in a relationship to have any impact on recovery per se.

“I used to find I could put my mood up through sex (but it’s not a good recovery strategy)... because it’s all about relating isn’t it? It’s about being close to somebody.”

Adjacent to this, coming out as a lesbian or gay person was noted as being instrumental in the recovery process for a few individuals.

“(Talking about sexuality) ...Well I was never able to be honest about it. Because when I was young, remember, you went to jail, yeah... so I had that freedom in my later years which I didn’t have as a youth... Until I was able to be honest about that, that was a problem.”

Other lesbian and gay people discussed finding difficulties in sharing their sexuality or personal relationships in group therapy sessions with their mental health peer group, with colleagues, with service professionals or with their families. This was due to numerous factors, including overt homophobia, their own undisclosed sexual preference, or a lack of support and understanding among their family and friends. In these instances, narrators found that not being able to be open about their sexual orientation put barriers in the way of developing truthful, meaningful relationships and furthering their recovery.

Desire for a meaningful personal relationship

A sense of longing to find a partner and a desire to share life experiences left some individuals with feelings of loss or sadness at not having this experience. Several narrators confided a deep desire to engage in a loving relationship with someone. They hoped that this would provide them with fulfilment and to allow them to share the love they felt they had to give.

“It’d be nice to meet someone, yeah... But I’m just getting myself together and that eh, it’s a bit hard and that. I’ve done 20 years but yeah, when I get it together... I think that I’d feel more relaxed or happier... Yeah, it’s not difficult to get a girlfriend sometimes, but really to meet someone, that you could be happy with... have something good.”

Parenting: children as motivation

Children’s acceptance and support was another area from which individuals drew strength. Indeed, where individuals looked after children for whom they had parental or guardian type responsibilities, they proved to be a considerable motivation for recovery. Narrators reported that just seeing them and being involved with them provided a sense of purpose and **“a clear role.”**

Individuals also described their fear about the potential impact of their mental health problems on these children. They describe the responsibility and desire to recover and **“do it for the children”** as driving factors in finding strategies to manage their states.

“There are times most definitely and I know that to be a fact, most definitely, is that if it hadn’t of been for my son, I think I would have topped myself.”

“We were left with our grandchildren to bring up, but I think they kind of helped, they might have helped in a way although they maybe delayed the process because I had to sort of control myself, you know. I had to sort of say ‘well, you can’t be like this because you’ve got the girls to look after.’”

This nurturing instinct and the need to function for others also came into play when individuals had relationships with sick relatives or other dependents such as pets that needed care or protection.

Several narrators were parents to young children and others were involved with their grandchildren regularly which meant that they have to function and be there for them to keep the relationship open and maintain a sense of worth.

“I’ve got two children... so it is hard to shut down altogether, but I can work round it and sort of give myself a day off.”

Having to be able to function because they are needed provided people with a purposeful framework for recovery.

The downside of having these responsibilities was that some narrators indicated that they suffered from enormous guilt about not being there at particular times for their children or being an embarrassment to them. Additionally, several people confided that they had avoided seeking help because they thought they would lose their children to Social Work Services if they were thought to be out of control.

Peers

It was often within peer relationships that individuals glimpsed recovery potential for the first time. Inspired by the experiences of other people that had recovered from mental ill health, people began to believe in the possibility of recovery for others and themselves.

‘Actually it was one of the girls I know... She went up ...and was telling her story and I realised that I wasn’t an isolated case that recovered, other people do.’

Learning from other people’s experience allowed people to develop better coping and recovery strategies and helped them to realise they were not isolated in their experience. Such experiences were accessed through stories, therapeutic communities, peer support groups and victim support groups.

Security in like?

Some narrators discussed the loving relationships they shared with individuals who had mental health problems themselves. In most cases this was recognised as having advantages for recovery in that narrators had a better understanding of their partners’ experiences and of the challenges they face as a consequence of their shared experience. In some instances it meant that partners had a similar life pattern so could be with each other more and support each other through their recovery.

Shared friendships with individuals who had mental health problems were considered a positive experience for most narrators. People finding themselves isolated by their experience of mental health problems often sought friendships through, for example, clubhouses and through volunteering in the mental health sector. These friendships offered the opportunity of shared experience and understanding and provided many with the inspiration for recovery.

“Most valuable (thing in recovery) has been... eh, company. Definitely, eh, meeting other people, sharing experiences with other people with mental health problems, listening to their side of the story and passing on your own side... so it really has been meeting people.”

“I would say been involved and meeting, meeting people, em, new people that have been in similar circumstances and just the, the camaraderie you know, it’s, it’s amazing. It’s like an understanding, and it’s a care, it’s a really caring environment. And I, I’d say that makes me feel better to be able to be involved in that.”

People who were on a recovery journey drew a sense of worth from being involved in service user networks and projects, both as an inspiration to others (role models) and in helping people to start out on their own recovery journeys.

However, negative connotations associated with being a service user, being defined by their illness, having limited social networks outside of the mental health area were experienced and expressed by some individuals. Individuals who felt constricted by this narrow network often felt that it was holding them back and made them depressed. They did not want to be defined by their illness and needed a wider network of friends and social capital.

“My GP sent me to (DAY CENTRE) to sit with a lot of people I couldn’t connect with. I had nothing in common with their problems. Didn’t even come close to the things I needed to talk about and needed to share.”

“I’ve got a new social network which is mainly people with the same problems. I get a lot of support from them... they keep you away from the more chronic services because in a way, if you are going to get better then it is not a good idea to get sucked into mental health and spend all your time with unwell people... It would be better for me if I could branch out on my own and not rely so heavily on the user group.”

Some narrators felt torn between their interest in engaging in the service user movement and being defined by their illness.

“I don’t know if I want to be endlessly frustrated by going along to meetings or being seen as a service user all the time... There’s more to me than my mental health. And I’ve hated the fact that my mental health has meant I’ve lost my intelligence.”

Whilst initially appearing negative, some narrators found that maintaining relative social isolation was a positive step in their recovery. This allowed them to set boundaries around the relationships they chose to develop, and it assisted them in feeling secure and controlling their environment. This deliberate isolation most often occurred where individuals tried to avoid or step outside of mental health networks within which they felt they had become ghettoized. This suggests that relationship ‘needs’ change over time and according to circumstances.

Colleagues

Working in a flexible environment with supportive colleagues was noted by several narrators as being helpful to their recovery. Having this support enabled some individuals to plan and implement staged returns to work after periods of ill health. In several cases, awareness and willingness to create a flexible, supportive environment came down to individual manager’s attitudes. Some individuals found supportive employment relationships by moving to work in the mental health sector where it was claimed that individuals (and organisations) have a better understanding of the needs and challenges of those in recovery.

“In my own workplace I have at this point in time been able to negotiate some flexibility in my working week so that I can continue to attend counselling, and that’s like a sort of reasonable adjustment under the Disability Discrimination Act, it wasn’t that formal, but that was the basis of negotiation.”

Another important issue with working relationships for narrators was that supportive colleagues kept in touch when narrators were off work, and provided humour and friendship when they returned. Keeping in touch let people feel valued as a colleague and friend. Where a paced return to work was accommodated by managers, it was sometimes less well accepted by other colleagues.

“Some colleagues were really pleased to help and they would take my phone calls and deal with some issues with me because I didn’t have the confidence to deal with lots of complaints from members of the public and I found that very stressful. I said I’d be ready to do this soon. They were quite happy to help, but other colleagues resented it and couldn’t understand why I couldn’t do certain tasks.”

Community and neighbours

Sometimes recovery journeys were enhanced by the goodwill of others. Often simple friendly gestures like neighbours looking after an individual's home or garden while they were on holiday or in hospital were enough to help narrators feel secure in their environment and in their community relationships.

“My neighbours are very good when I moved to my house I thought I'd better get out in the garden... once you get out in the garden the neighbours spoke and they're helpful. They'll watch out for your house and they're very friendly.”

Other times stigma and assumptions about people with mental ill health left narrators feeling that their private lives were too exposed. Relationships with local community could be severely disrupted by the stigma and lack of understanding around mental health problems and hospitalisation. Uncomfortable community relations, especially in socially proximate communities sometimes led people to relocate to new areas – where people did not know their history – to expedite their recovery journeys. Bad neighbours as well as bad neighbourhoods which were perceived to be judgmental about hospitalisation and unemployment or were openly stigmatising mental illness hindered people's recovery progress.

“When I lived there (in the bed-sit) I felt people in the other houses were all watching me. They knew I was in and out of hospital, unemployed and on my own, and I couldn't get out the place without them seeing me and where I was going.”

One person, having moved because of abusive neighbours, described being accepted in their new community with a sense of wonder:

“... It's actually been a complete change, it's, you know, I feel a part of the new community that I am in. It's like, I go to the local shops and people say 'Oh hello how are you?... how are you doing?... is this you in for your paper?' ...They just know me as a person. They don't know me as a person with a mental health problem!”

The sense of loss found in not belonging in the community was felt particularly strongly by one narrator causing them to directly associate developing a positive relationship with the community with positive developments in their recovery.

“(Of negative community relations) What you are and that seems to all be destroyed in a sense you know. It's like the end of the world in a sense. The negative side you know, sometimes your positives can just be as bad. That's what affects you, you know.”

“(Of re-engaging with community)... it's a bit of a relief when things start to come together and that again, but it takes a bit of time socially and that.”

It is clear that people recognise being part of the community as an important aspect of their recovery and recognise that the stigma of mental ill health and community ignorance have hindered their recovery in the past. Feeling safe and building new relationships in a new environment meant having the opportunity to live life more fully and more confidently. Finding suitable housing away from victimisation gave people peace of mind so that they could steer more clearly towards their recovery journey. Moving on physically has helped some individuals move on philosophically in their journey.

Those narrators that have established their place in the community have mostly done so through communities of interest; being very open about their mental health and the recovery journey; and proactively engaging in activities that demonstrate and reaffirm their worth - 'giving back.'

Examples shared included relationships built upon a shared interest in sports or creative activities, sexual orientation, religion, disability and animal rescue.

"We had some friends... through Animal Welfare and we went to each others' houses. I had a very good friend down the road... she was a marvellous counsellor. I used to be able to tell her anything. Saw her every week for a coffee and we'd talk for a few hours and it really, em, was therapeutic."

Several narrators discussed deliberately engaging in activities to broaden their social networks and horizons.

"Well, the self-belief and the friends just seems to grow stronger and stronger and hobbies lead to different hobbies and more hobbies and let's hope that one success leads to another, or it seems to anyways."

The reciprocal nature of these relationships built upon mutual interest and passion allowed people to thrive outside the world of mental health and often to contribute, support and feel supported in other areas of life.

Many individuals built relationships around mental health focused activities such as peer support or self-help groups and therapeutic communities where they found support and a safe space to build self-esteem. This was often a first step in preparation for re-engagement with the wider community and a first step on the recovery ladder in terms of building up successful supportive relationships and making sense of their mental health experience.

Pets

Several narrators discussed the positive impact that having a pet had on their recovery. They provided company, unconditional love, a sense of purpose, and a reason to get well and stay engaged. Their effect was similar to that of having a human dependent in that their care provided a reason for 'being' and their love fulfilled a need for love, acceptance, and company.

"My cat was a major factor in me getting well because I fed him twice a day, so I had to go to my flat, for a time I really, I couldn't go to my flat on my own to begin with, and it was a real barrier. Uhm...but I soon started taking care of my cat again and that meant I had to go there twice a day morning and evening whether I liked it or not and that was really important."

Their presence was said to be reassuring and provided a means of getting out of negative head spaces.

"I can sit at home at night and my dog will look at me as if to say, come on dad let me up on the couch, and I'll let him up on the couch and I'll think, I'm here and I'm safe and I'm still alive."

Pets gave people unconditional love and a reason to stay engaged with the world. People felt they provided an “ear to listen” non-judgementally and a focus for friendship for some people who had previously felt relatively isolated.

“(DOG) was somebody to love, and I don’t regret it... He’s a mommie’s boy you know, when I’m feeling down – which I do, not as often as I used to obviously because I have other coping mechanisms – but it’s just lovely to have someone there who doesn’t criticise, doesn’t judge, just loves walks on the beach. I love to walk, that’s something I find very therapeutic.”

Service Professionals – A Critical Friend

Narrators described individuals who acted as a ‘critical friend’ (often nursing staff) as being an important instigator in their recovery journey. The role of a critical friend has been described as someone who believes in you and champions you, who lets you talk and listens to you, who creates a space for you to reflect, and helps you to get things under control, helping you make informed independent decisions at your own pace. They provided narrators with positive feedback as well as encouragement.

“I think a lot of it was about my worker realising when I was ready. She was very observant and she could sometimes see things without me seeing it and would point out to me and then I would agree with her or disagree. And we did it at my level and pace all the time... and it was all about her saying please think about how well you’ve done.”

Making independent decisions and reclaiming control over their lives was a primary indicator of recovery for narrators. It is clear that professionals who enabled people to do this had a strong role to play in promoting recovery.

“My doctor didn’t seem to listen to me... I couldn’t speak so I asked (social worker) to come with me to my GP. And he did... He made the appointment, took me in and my doctor was quite annoyed that ‘Oh, why are you bringing your social worker in?’ And I said... ‘I really can’t speak to you very well, I don’t really feel you are listening... I am sorry I can’t speak anymore I am too distressed’. And, uhm, (social worker) took over explaining everything... From that day on my GP, there has been a whole change of attitude, he now looks at me and he listens.”

Most narrators who addressed the topic identified that this ‘critical friend’ role required trust, honesty and constructive dialogue between the person on the recovery journey and the service staff. Whilst they were aware that they were developing professional relationships, narrators felt that it was particularly important to be able to trust and communicate with professionals, and feel comfortable with them and that professionals appeared to understand or empathise with what they were going through.

“(Discussing what has helped recovery)... I didn’t have a game plan but generally recognise and be able to trust in support has been important. And learning where I have been offered skilled support, or I feel met or recognised and valued.”

Being treated as an individual and not an illness was extremely important to individuals. Also, being given the opportunity to function on a more equal basis with professionals was important. One narrator explained that taking his support worker out to lunch and not just being seen to ‘take’ all the time meant a great deal to them.

Support to recover

Narrators’ capacity to cope often related to the social capital available to them. The support they had from support services and community, work or social networks and the extent to which other aspects of their life such as friend and family relationships were supportive often interacted with the recovery process.

Professional relationships providing instrumental and informative support came in the main from community psychiatric nurses (CPNs), social workers and voluntary agency support workers who supported them in practical tasks like making appointments, organising their homes, linking to support groups, finding work and accessing benefits. These relationships were important as they also provided support to individuals who needed to know that someone believes in them and in their capacity to make choices. However, within these relationships it was important not to overpower individuals and to allow them to maintain their own right to self-determine.

“...when the CPN visited, perhaps one of the biggest things that the CPN did was get me to, encourage me to apply for or help me to apply for Disability Living Allowance and Severe Disablement Allowance and that played a major part. So the CPN was instrumental in encouraging me to apply for benefits which made a big difference to my life.”

Having a relationship with someone who would go the extra mile to help narrators organise and re-engage with the world on their own terms appeared to be a very important support to recovery. It increased the choices available to them and allowed them take risks that they would not otherwise.

Mutual trust and recognition

Relationships with different service professionals that have been built upon mutual trust have given confidence to individuals. Recognising that others have belief in them helped individuals to believe in themselves and share their hopes, fears, aspirations and frustrations. This has helped people to ask for help when needed without fear. Having a relationship where there is mutual trust has meant that individuals could listen and be encouraged as well as be heard and understood. In cases where narrators felt a service professional blocked, frustrated or hindered their recovery journey the words *“they didn’t listen”* were often used.

“I didn’t have a game plan, but generally recognise (being) able to trust in support has been important... where I feel met or recognised and valued.”

“You’re not listening!’ They weren’t, it was like people weren’t listening to what we were saying. They were putting their own spin on it and then delivering that as the user voice.”

“(COUNSELLER) had this kind of thing of, ‘You tell me what you want to tell me,’ and I went through a lot with her. She went through it with me. And it made a hell of a difference... This sort of distance thing that I had with the psychiatrist before... it’s very, very hard to explain to somebody how bad it feels when (they) don’t actually respond.”

In an environment where people believe that they could lose their freedom and their right to be heard if a service professional decides they are too ill, the building of mutual relationships based on trust, shared values and recognition was considered crucial. It was also considered important that professionals enable individuals to develop self awareness and self confidence.

Continuity and responding to need

Just as sustaining meaningful relationships with friends and family were important in promoting recovery for many, nurturing long-term relationships with those who provided support was equally conducive to recovery. Regardless of the nature of the relationship or whether narrators were addressing psychiatrists, psychologist, CPNs, social workers or voluntary sector support workers, the continuity of relationships played a major role in individual recovery journeys.

“I’ve actually been able to build on it gradually to be where I am now, I think it’s also something to do with the consultant that I’m with at the moment is actually very, very aware of my history, how the system hasn’t exactly been perfect for me in many ways, and is aware of the pitfalls about using the Mental Health Act, because say for in respect of professionally, I suppose, she’s been prepared to take chances.”

“I was put under the wing of (NAME) who was the charge nurse who knows me like a book now. Erm, I know when that stops, I will find it really difficult because she is a really big part of my life, erm, because I go to her if I have a problem once a week twice if its really bad or twice a month. It varies. She was the first person I learnt to lean on and allowed (myself) to lean on.”

Knowing that someone knows their history and circumstances gave individuals confidence and trust in the relationship, and provided a basis for working through issues and processes in a constructive non-dependent way. Where continuity in psychiatric or support staff was not available, people lost trust in the system and described feelings of isolation.

“There was absolutely no support network... I saw a CPN who left, after a few weeks I got another who left, after a few weeks and then I got another one. I tried to think that it wasn’t me, they really were moving for professional reasons... It seemed whenever I got close to trusting a CPN or whom ever, they would leave and I would have to start all over again it would be like reliving it every day you know, no moving on.”

“I think a major factor (in my recovery) has been somebody who has taken a long-term view of me. And who has been willing to work with me and keep me on the case.”

The continuity of worker appears to contribute to a sense of security and trust that allows individuals to talk honestly and manage challenges on their recovery journey.

“I think my interactions with them... have over a long period of time made me able to have a bit more confidence within myself.”

Although continuity of relationship was considered important, these relationships were also required to be responsive and supportive without dictating pace. Pace and direction was best led by the person on the recovery journey and would ebb and flow with their mental health, wellbeing and life circumstances.

“For me to phone out takes a wee bit of pushing sometimes... One of the marvellous things the chap (SOCIAL WORKER) said to me was, ‘Look I will sit here with you, we will have a wee chat and then... you phone the benefits office and if you get distressed enough then I take over.’ And see when he said that it took the frightening bit off... But I couldn’t have done it without him sitting there knowing that he could take over.”

“Well I’ve got my occupational health people and I’ve got my CPN. And it’s really just talking with my CPN and eventually the occupational health listens closely to my CPN and we’ll work out a scheme through them. I mean, at the moment it’s all very flexible.”

The relationships some narrators developed with professionals who were willing to ‘go the extra mile’ were valued and recognised as key components of an individual’s ‘pathway’ to recovery. For other individuals, knowing that there was a familiar voice on the end of the phone or someone who could come at short notice who knew them and their situation was identified as being crucial to helping them engage with an unpredictable world with an element of security.

“She’s (my consultant) been prepared to trust me as I’m beginning to trust her, so it’s that partnership whereby she’s actually trusting me and I’m trusting her, and that again just creates respect as well.”

As people progressed on their recovery journey it was clear that having relationships with someone who had the time to listen and talk to them about their mental health and how they were managing without judging them reduced their sense of isolation.

“I mean I became so close to my CPNs, like you can talk to them like you can talk to your sister, but even closer because you can tell them things about your close family or whatever has been upsetting you, you can speak to them about.”

Hopeful relationships

When professionals were reassuring and offered positive support and encouragement, narrators were more likely to believe that recovery was possible for them. However, when professionals communicated their prejudices and negative assumptions about narrators' ability to cope, narrators found that their confidence and self-esteem became undermined, and feelings of resentment and frustration against this negativity were expressed.

Professional relationships that were too short, too distant, irregular, and were discontinuous did not foster the trusting and lasting relationships that nurture recovery.

“It’s very difficult to get appointments (for psychiatrist)... six months waiting list. There is only one, we have one small unit which is the acute psychiatric unit, there isn’t much else. It’s ourselves, (ASSOCIATION) with our drop-in, em, the CPN’s are very, very hard to get hold of, it’s always an answering machine. There isn’t enough you know, the GPs nod sympathetically and write prescriptions.”

Relationships Discussion

Findings on the recovery-promoting effects of having supportive relationships have been substantiated by this research. For friends and family, being there and available to listen and talk, being informed and supportive of recovery, being consistent, respectful and empowering individuals was all important and promoted narrators' recovery. For partners, being aware of triggers and understanding the nuances of illness, trying to empathise and support even in the absence of knowledge, helping individuals to develop strategies to manage their mental state, and providing an environment of trust and stability that affirmed the person's sense of worth was important. For peers, sharing, learning, offering hope and supporting each other was helpful. For some respondents, having another being (animal) as company – just being there – could be as supportive as having a friend or significant other. The drive to care for another being – whether animal or human – should not be underestimated. For professionals, letting clients' direct pace and direction of recovery, listening, empathising and allowing a relationship based on mutual respect and trust was important.

Relationships Discussion

Much of what the mental health literature tells us about developing and experiencing positive relationships does not appear to vary from what we know in general about relationships. Individuals in recovery hold the same hopes and concerns about their relationships and experience the same variety of relationships as the general population. However, the normative nature of relationships and of how one experiences them holds particular significance for those with mental health problems. What we know about the social distance, stigma and fear that surround mental health problems adds weight to the importance of acceptance, closeness, trust, mutuality and respect in relationships. For those in recovery, more effort appears to be invested in securing close, meaningful relationships. Overall, having flexible, responsive, long term relationships that offered mutual respect and reciprocity, consistency and availability were the overarching factors in relationships that were helpful to recovery.

Findings from the current research are consistent with the view (Mental Health Foundation, 2007b; Yanos *et al.*, 2001) that supportive relationships can play an important part in promoting recovery. In allowing for the involvement of a Named Person to advocate formally on behalf of an individual, the Mental Health Act (Scottish Executive, 2003a), recognises the role of supportive and caring relationships in mental health.

As people's sense of control over their state and their immediate environment increases and is acknowledged and validated by others they develop self-worth. Narrators described this as a realisation that not everything was about them, an awareness of their responsibilities in mutual relationships with others and their environment which led to a desire to engage in activities that gave purpose and meaning beyond their mental ill health.

Isolation

Our findings, similar to Topor *et al* (2006), have challenged the conventional view that people with psychosis prefer to be alone and isolated. For those who did feel isolated at points in their journey, our findings were similar to Boydell *et al's* (2002) in that we found that isolation was usually a consequence of their desire to hide their illness and was possibly as devastating as the illness itself.

For our narrators relationships that were rewarding tended to be sustainable, meaningful relationships that provided social connectedness and emotional support and lead to a mutual acceptance, respect and empowerment. Such relationships were fuelled by the belief that recovery and wellness is possible and were supportive of that objective. They were also in the main fuelled by willingness, mutuality and positivity rather than obligation. Indeed, a consistent finding amongst narrators was that there was an ameliorating effect of positive relationships on illness.

Since overwhelming narrative evidence suggests that maintaining relationships and staying connected socially is an important part of recovery. Issues of social capital and social networks should be more greatly emphasised in mental health services.

In many areas of life people achieve more when they cooperate than when they work alone and to be socially isolated is often a contributory effect of, as well as contributor to, mental ill health. A social capital approach to recovery would place a high value on developing positive relationships, drawing attention to them as an asset requiring investment. In helping

individuals to invest in their social capital, intermediaries such as friends, relations, peers or professionals could encourage new connections to invigorate network development and maintenance.

Friends

Positive social relationships that are stable and enduring, meaningful and supportive positively impact on recovery. Those who experienced positive relationships with friends, family, pets and with other colleagues or community acquaintances appeared more content and hopeful about their continued recovery due to the support they were currently experiencing. However, social interactions can entail costs as well as rewards and social relationships are not always beneficial. It should be noted that several narrators found relative isolation a positive aspect in their lives.

To maximise recovery potential the maintenance of friendship networks should be attended throughout the person's journey, but particularly when their life gets disrupted e.g. hospitalisation. Proactive strategies for maintaining relationships should be developed, especially around transitions.

The key factors in these networks should be that they:

- Are flexible and responsive, (people should be available to listen when required and help should be provided in narrators' own space and arranged round their own time needs).
- Can react quickly and effectively, thus reducing people's sense of vulnerability and encouraging the risk taking required to re-engage.
- Encourage the development of long term relationships and offer long term continuity in support that gives individuals a better understanding of their recovery journey.

Family

Service providers should do their utmost to support people in maintaining existing supportive relationships with spouses, family and friends. They should additionally support and promote the development of new friendships within their services at peer and user-professional levels.

Recommendation 2.2 from the US President's New Freedom Commission (Fisher, 2003a) advised that consumers and families should be involved fully in orienting the mental health system towards recovery, building positive relationships that are built upon shared knowledge and respect to positively affect relationships. Findings from this study suggest that individuals should be supported to increase family members' understanding of their mental health problem and the implications for attitudes and behaviours.

Intimate partners

Since findings suggests that many individuals' desire to have or maintain loving relationships with significant others (heterosexual and same sex relationships), devising ways to help support and maintain these relationships should be considered carefully when developing services and treatment plans with individuals.

Partners often fulfilled unpaid advocate, lay therapist, and confidant roles and provided a central role in recognising triggers and helping individuals reframe their experiences.

Since many narrators felt that their partners were instrumental in keeping them out of the psychiatric system, it is obvious that their significant role in helping individuals to develop strategies to manage their mental state should be considered and utilised by services with service users' consent.

Parenting

Policy exists to accommodate the needs of children dependent on care from mentally ill parents (local authority 'blue book's', The Children Act, 1989 (c.41), The Children Act, 2004 (c.31), Community Care legislation), and research around children's exposure to parental emotional discord (Rutter & Quinton, 1984), parenting skills (Appleby & Dickens, 1993), young carers, and the mental health of new parents exists in abundance (Condon, 2006; Murray, 1988). However, less examination has been made of the motivational, supportive, challenging and positive elements of having dependents to look after whilst in recovery from mental health problems. Indeed, parents in recovery from mental health problems have been relatively invisible in social research and policy creation.

Research into parenting usually focuses on the problems associated with parents with disabilities (Riordan *et al.*, 1999). Olsen and Clarke (2003) recognised that attitudinal barriers against those with mental health problems parenting exist. Nonetheless, findings from this study suggest that actively parenting and caring for children has been extremely conducive to recovery. The rewarding emotional and motivational aspects of parenting were, however, conflicted with fear of losing those for whom we care due to ill health or compulsion. To remove this fear, services should be developed to provide more flexible support and safety nets to help parents successfully care for their family, and to reassure them that children will not be automatically or forcibly removed when individuals seek help.

Appropriate provision of services to assist parents with mental health problems will require an improved understanding of how parenting effects recovery and how mental health problems effect parenting. The role of schools in providing support to families with mental health problems is less well developed in the UK than in mainland Europe according to Tunnard (2004). Schools, social services, children's services and mental health services must work together to provide seamless and timeous parenting support for individuals in recovery. Taking a positive step to support people function in these roles is likely to be effective at encouraging wellbeing and recovery.

Peers

Much has already been done in Scotland to promote peer support. Clubhouses, self-help groups, support networks, day centres, advocacy and befriending projects all exist to encourage individuals to engage, bond and share their experiences. As previously stated, the Scottish Government have shown support for formalising peer support by training and employing peer support workers as a new specialist addition to the mental health workforce (Scottish Executive, 2006). Lived experience of mental health problems is increasingly being recognised as a qualification for helping others address and explore their own mental health.

Findings demonstrate that the variables that contribute to recovery most definitely include having positive relationships and supportive social networks in one's life. Others exposed to individuals in recovery can have a positive impact if they provide reason, hope, love, comfort, a listening ear. Spending time with other people who are in recovery or recovered from mental health problems also promotes 'modelling' of the recovery experience. Further studies on the importance of personal relationships to the wellbeing of individuals should be conducted.

Colleagues

Whilst the Disability Discrimination Act 1995 allows for accommodations to be made to help people with mental health problems function in the workplace, it does little to address the attitudes of colleagues and managers. Information and materials on mental health and mental health recovery targeted at the general population through campaigns such as "see me" can lead to a greater interest in mental health which will hopefully result in a better understanding of the flexibility and support needed by people in recovery to help them develop positive working relationships and careers.

Community

Findings from this study concur with Parr *et al* (2004), showing that geographical communities can produce contradictory elements of support and victimisation or stigma where communities are socially proximate. Narratives also support the typical view that many people with poor health (albeit in recovery from this poor health) live in poor neighbourhoods. This can cause problems of multiple deprivation.

Living within safe, informed and tolerant communities helped expedite recovery. Communities within which people could become engaged, 'give back' and have their contribution acknowledged were valued. Developing more community integration programmes within and outside of the mental health community would allow individuals the opportunity to increase and diversify their community relationships and could also serve to inform the external community on issues of importance to mental health and wellbeing.

Pets

There is evidence that the presence of pets (Allen *et al.*, 2002) and other dependents have had a positive impact on other areas of health. Although findings from these narratives are more suggestive than definitive, they support the view that having responsibility for others can act as a catalyst to cope. It appears to provide individuals with secure love and attention and a focus outside of their illness as well as a reason for being and for getting on with life.

Professionals

Long-term continuity in support personnel has often been questioned in reference to creating dependency. However, most of our narrators when talking of this issue have asserted that such continuity actually works to facilitate interdependence. The continuity of personality appeared to contribute to a sense of security and trust that allowed narrators to talk honestly and manage challenges on their recovery journey.

Similar to Borg & Kristiansen (2004), we found that narrators valued relationships with professionals who went the extra mile to accommodate their needs by helping to empower and collaborate, empathise, listen to and respect individuals. Treating individuals as a 'human being' and conveying a hopeful message of recovery also helped.

There is a clear role for professionals in the role of critical friend. This does not require extra services but a commitment to a way of working that creates space for people to discuss, reflect and decide for themselves what the most appropriate course of action is. This requires trust, honesty and constructive dialogue between the person on the recovery journey and the service staff. This reiterates the findings of Schinkel and Dorrer (2006).

Encouragingly, this research has demonstrated that there are currently many CPNs, social workers, support workers, counsellors and other professionals and service providers that are progressing the recovery paradigm through their work. They are actively developing and promoting recovery based practice and are a valuable resource to increasing understanding of what is good practice in supporting and promoting mental health recovery.

The attitudes of those with whom you have a professional relationship can have a significant impact on people's sense of self and their confidence about their capacity to recover. Exposing professionals to recovery-oriented ways of thinking and to current recovery-oriented practices could encourage professionals to develop more meaningfully supportive relationships and to explore their role in others recovery process. Research on employment outcomes have already shown that the single most important influence on people's chances of getting a job is the outlook and expectations of services. We need to develop a better understanding of support deficits in order to improve targeting of interventions to improve relationships for individuals in recovery.

Promoting the premise that mental health recovery is possible and structuring services and support so that it can be reflective and responsive, enabling individuals to develop their capacity to self-determine, would potentially help equalise relationships between service users and professionals and would help people's recovery.

Further Research

Recovery assumes that people gain better understanding of their own mental health and therefore have a higher level of mental health literacy than the general population. This self-awareness has the potential to add much to human interactions and to the study of human interactions. Investigating the personal and societal benefits of mutually supportive relationships with individuals who have mental health problems could be interesting.

Veiel (1985) argues that a conceptual frame of reference that looks at social support in order to better understand its nature and consequences and how it promotes mental and physical health must be multi-faceted. There is a need for more systematic investigations of individual

elements of relationships and the circumstances upon which they promote or negate recovery. An undue focus on negatives rather than strengths is often an obstacle to recovery. More focussed research that identifies the positive aspects of relationships and investigates particular types of relationships including parenting, relationships with work colleagues, couples (intimate relationships) and pets would provide a better understanding of how people develop relationships that support recovery and how services and policy can potentially assist in the building and maintaining of these relationships.

Since some studies have shown age (Horowitz & Uttaro, 1998; MacDonald *et al.*, 2005) and gender (Hintikka *et al.*, 2000; Kawachi & Berkman, 2001) to be points of difference in relationship and social network building, it may be interesting to disaggregate these data by these variables, to assess whether they present significantly different experiences of recovery. It may also be interesting to provide more focus on how social network size, composition (friendships, intimate partners, relations, colleagues, peers, professionals, communities etc.), or function (mutual and reciprocal, emotionally supportive, economically beneficial, practically helpful, etc.) effects recovery.