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An identification of the core variables that assist people diagnosed with mental illness in a time of transition

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AN IDENTIFICATION OF THE CORE VARIABLES THAT ASSIST PEOPLE
DIAGNOSED WITH MENTAL ILLNESS IN A TIME OF TRANSITION

by

Robyn M. Martin,
Bachelor of Social Work (Curtin University of Technology)

A Thesis Submitted in Partial Fulfilment of the
Requirements for the Award of
Master of Social Science

At the Faculty of Community Services, Education and Social Sciences, Edith Cowan
University, Joondalup

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ABSTRACT

This study has sought to identify the core variables or factors that are utilised by people with a diagnosis of mental illness in a time of transition. The specific transition involved study participants exiting a non government community mental health agency. The variables of interest are those that assist individuals to cope during this time of change and transition. The specific transition involves participants leaving or exiting from a non government mental health agency that provides community based, psychosocial support. The study topic is located in the context of a formalised mental health system in the process of changing from predominantly hospital to community based care options.

The major variable that has been found to assist people in this process is that of narrating about the experience of transition. The other core variables found to assist in the process of transition are undertaking meaningful activity; having sufficient support systems; having access to adequately supportive social networks; possessing minimal mental health risk factors; ability to self manage mental health factors; possessing adequate self esteem and confidence. Narrating is a process undertaken by an individual which describes past and present experiences; hopes, desires and goals and beliefs about self, others and the environment occupied by the individual. The narrative constructed is materialised in action taken by the individual or externalised versions of the narrative shared and enacted with others.

Four other categories have been identified in addition to the core category of narrating. These categories have been found to be relevant and pertinent to all participants in varying degrees and descriptions. In addition, these categories are found to be related to the types of consequences that flow from the process of narrating.

In addition to the identification of core variables that assist the process of transition, consideration has been given to context in which participants operate and contemporary theoretical advances in the mental health field.

DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

- i. incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;
- ii. contain any material previously published or written by another person except where due reference is made in the text; or
- iii. contain any defamatory material.


Date

27/11/2000

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This work could not have been started or completed without the unerring support, love and encouragement of Joan Taylor.

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CHAPTER ONE

Introduction

Background to the Study

This study has sought to identify the core variables or factors that are utilised by people with a diagnosis of mental illness in a time of transition. The variables of interest are those that assist individuals to cope during this time of change and transition. The specific transition involves participants leaving or exiting from a non government mental health agency that provides community based, psychosocial support. The study topic is located in the context of a formalised mental health system in the process of changing from predominantly hospital to community based care options.

Mental Health Services in Western Australia

The mental health system in Western Australia comprises a range of services located both within government and non government agencies. As with most psychiatric systems of care, the historical and current philosophical base underpinning service delivery, can be described as a medical model. (Morgan 1993) It is noted that within Western Australia, non government agency's tend to exhibit philosophical underpinnings that vary from a pure medical model, incorporating psychosocial and rehabilitative frameworks (Mental Health Division of WA:1998) The medical model emphasises the importance of drug treatment in

the management of mental health symptoms and features along with the diagnoses of disorders and illness being predominant. A key knowledge tool used by those practising from the medical model is the Diagnostic and Statistical Manual of Mental Disorders (1994). Similarly, historical emphasis has been placed upon hospitalisation as part of treatment. Many authors have expressed the tenets of the medical model (Jones:1988, Morgan:1993, Barham & Hayward:1991). Within Western Australia, the largest proportion of services to individuals diagnosed with a mental illness are provided through 'Community Based Public Mental Health Services' and Psychiatric Hospitals. Within the public system of Mental Health care, considerable emphasis is placed upon providing clinical interventions including assessment, treatment with medication, emergency responses to crises and case management services (Mental Health Division of WA:1998).

The mental health system has seen changes in Western Australia in the last 10 years. The contemporary movement in the Psychiatric field has been towards deinstitutionalisation and increased emphasis on community based care. Decreased availability of hospital based care has accompanied this movement. Financial resources utilised to support hospital care have been transferred to community based care for individuals (Mental Health Division of WA:1998). Bowden (1991) quoted in Morgan (1993) captures the move from hospital to community care well in this quote:

The move to community care is much more than simply providing the same services to people in a different environment. It is about a change in

culture and a fundamental change in the power base of service delivery. It is about negotiating with users and carers what it is that meets their agendas rather than the prescription of service following an assessment. (1993:p2)

Morgan (1993) also suggests that systems based primarily on a medical model need to adapt to this new thrust of service delivery in mental health. Similarly, increasing weight is being placed upon the importance of rehabilitation as opposed to maintenance; the role of carers and significant others; and consumer movements that seek to have the consumer voice heard by service providers and policy makers (Smith et al:1996). This change in service delivery direction is relatively new in Western Australia, with deinstitutionalisation commencing in the 1980s. Numerous studies and articles have highlighted issues of the power inherent in such systems over the lives of the recipients of the services provided (Jones:1988, Barham & Hayward:1991, Church et al:1995). This issue will be considered throughout this thesis.

The Context of the Non Government Agency Involved in the Study

The mental health agency from which study participants were recruited operates from a community based framework of service delivery. It emphasises notions of rehabilitation and has a service delivery base of psycho-social interventions. Staff within the agency are primarily from non-medical professional disciplines. (Ruah Inreach Annual Report:1997) The agency classifies the psychosocial support it

provides as flexible and tailor made to the clients' needs at any given time. Specifically, clients have the power to dictate the type, extent and location of support provided by the non government agency. Examples of the type of support provided by the agency include assistance to locate and maintain suitable accommodation; emotional support; psycho-educational information on psychiatric disorders and their subsequent management; family support; social skills development and a range of other practical interventions. The agency provides this support over the long term, identifying that such timeframes enhance opportunities for successful rehabilitation and change. In the case of this study, participants had received services from the non government agency between one and four years consistently. The agency tends to work with a client to worker ratio of 10 to 1. There are however, occasions when workers may provide services to more or less clients, depending on the needs of the client.

The agency is in its seventh year of service to people diagnosed with a persistent and serious mental illness. Clients reside in the community and receive support services in the environment of their choice (this may include their home, a coffee shop or other identified meeting places). In this way, the agency defines their services as "inreach". The agency states it provides services within a client centred framework and focuses on clients' inherent strengths as opposed to deficits or pathology. It is acknowledged by the agency that an informal system of assessing timing for discharge or exit of clients, along with intervention methods exists. The agency identifies that the system of discharge or exit does not consistently address

the issue of disengagement, in particular from the client's perspective. Follow up studies have not been undertaken of clients about either their experience of leaving the agency or, of their experiences after leaving the non government agency.

Study Participants

Participants in the study numbered four in total and met specific inclusion criteria. Namely, this included, having received the services of the non government agency for a minimum of 12 months prior to referral to the study and having a diagnosis of mental illness. All participants met this inclusion criteria. The types of diagnoses experienced by participants indicated two had a diagnosis of schizophrenia, one of major depression and one of a combined diagnosis of Tourettes Syndrome and Obsessive Compulsive Disorder (with some other minor features noted by the participant). Whilst the study inclusion criteria of a diagnosis of mental illness was met, it can be seen that considerable variety in diagnosis presented in the study. This is not seen by the researcher to have presented any difficulties or specific issues for the project. The gender mix of participants showed three men and one woman, with ages ranging from 20 to 62 years. Similarly, the range of life experiences discussed by participants was varied. One participant was employed full time throughout the study, another was employed part time on an irregular basis and the other two participants were not employed during the course of the study. Types of accommodation occupied revealed two participants

owning their own homes, with the other two accommodated in independent housing provided through a mental health housing scheme.

Researcher's Orientation to the Topic

The researcher undertaking the study is an experienced and qualified Social Worker with approximately 14 years experience in human service delivery. This experience has been gained in a range of areas and settings including crisis management services; mental health; child protection; family counselling and psychotherapeutic private practice. During the course of working five years in the mental health field, the topic of this study became of significant interest, both academically and professionally. The researcher identifies closely with the Australian Association of Social Workers' Code of Ethics (1999). In particular, the five basic values that Social Work in Australia is premised upon (mentioned below), are of significance in the motivation and intent of the researcher in all areas of her practice.

- Valuing human dignity and worth
- Seeking to achieve social justice
- Service to humanity
- Promoting social work with integrity
- Emphasising the importance of competence in practice.

(AASW 1999)

In addition to the Social Work profession being identified as impacting on the researcher, the researcher was employed as a Regional Manager in the non government agency at the commencement of the study and continued to be until halfway through the study. The researcher has continued employment in a Management capacity with the broader organisation of which the non government agency is a part. However, as part of her management and Supervisory role, the researcher was involved in discussions in the agency about client's experiences of leaving the service. These discussions were not used as part of this research project specifically, but influenced the researcher to identify the topic as worthy of further investigation. These discussions indicated that a range of criteria was being applied to assess readiness for discharge. These criteria were noted as:

- The length of time the client had received the service.
- The other types of services clients were receiving. This included level of service, frequency and the client's perception of quality of service.
- The availability of family or social support networks.
- The level of independent, meaningful activity the client engaged in.
- The level of independent functioning displayed by the client.
- The demand for the agency's services by other potential clients.
- The level of engagement displayed by clients.
- The support needs expressed by the client.

- The changes or improvements made by the client since the agency's involvement.
- The degree of stability displayed by the client.
- The degree of self management of psychiatric disorder displayed by the client.
- Worker and service frustration levels.

Given the informal identification of the above, it appeared that each client being discharged could be assessed differently. Therefore, interventions related to assisting the discharge phase may differ and potentially may not be matched to the client's actual needs. Prior to undertaking the current research, the researcher undertook a small grounded theory study at the suggestion of her Academic Supervisor. This study considered the experiences of a number of workers in the non government agency in the client exit process. This provided the researcher with experience in the grounded theory method and a general orientation to the overall topic. Findings from this will be considered in chapter five.

As can be seen from this overview of the study, a number of key influences and areas are seen to be critical. These include, providing information on the mental health system which is the context in which the study and topic are located; the agency from which participants were recruited; the participants themselves and finally, the influences and motivation brought to the topic by the researcher.

Significance of the Study

A range of areas indicate the significance of the study. These include significance to people diagnosed with a mental illness; the significance of this research topic within the broader mental health field; significance to the specific non government agency; and significance to social work knowledge and practice. These components will be explored in detail in the following text.

Significance to People Diagnosed with Mental Illness

The first area of significance to be considered will be to people diagnosed with mental illness and the relevance of the study topic. Specifically, the study and associated findings have the potential to have distinct and real importance to this group. Previous anecdotal reporting from clients of the non government agency indicated a level of dissatisfaction and confusion around the exit or discharge policies and practices employed by the non government agency. Additionally, workers in the non government agency reported utilising a variety of informal and inconsistent methods to assess client readiness for discharge, which has the potential to exacerbate the above-mentioned confusion and dissatisfaction.

The process of exploring, documenting, interpreting and making recommendations about findings will assist clients of the service in a number of ways. First, the process of exit will be made more transparent. Second, information presents the opportunity for informed choice about leaving the

service, ways in which this will occur, the timeframe and other associated factors. Third, the potential for the non government agency to better understand the discharge phenomenon as promised by this study can lead to improved professional practice in the area, thereby decreasing the chances of confusion and dissatisfaction experienced by clients leaving the agency.

Significance to the Broader Mental Health Field

In turning to the significance of the study to the broader mental health system, a number of factors are worth considering. The particular study topic is yet to receive formalised attention from researchers or enquirers of mental health services. Reviews of literature and discussions with colleagues in the mental health field indicate that the topic is an area practitioners are keen to gain more knowledge about, yet little information is available through formal channels on the phenomenon (Anecdotal reports Ruah Inreach and Public Mental Health Services staff). Specifically, many mental health practitioners (both within the non government agency and external to it) have indicated anecdotally that they are keen to better understand the types of processes used by clients to adapt to the transition of life without formalised and intensive support services (Anecdotal reports Ruah Inreach Staff and Public Mental Health Service staff).

The types of changes evident in the mental health system within Western Australia referred to above also have relevance to this topic. For example, the current emphasis on community care away from hospital and institution based care will

bring up the need to better understand discharge within the community context. Reviews of literature around discharge within the field of psychiatry generally show the heavy weighting of author's attention to the phenomenon of discharge from the psychiatric hospital as this has been the primary form of discharge or exit considered in the field of psychiatry historically. This is clearly understandable, given the relative novelty of community based care, where long term clients of the mental health system are being moved into the community from hospitals and institutions. Some authors (Mogran:1993, Rapp:1998) have highlighted that consumers of mental health services are keen to see discussion take place about increased independence from services, including the potential of minimal or non-existent contact with such agencies, once living in the community. Specifically, the move towards utilising the care services provided by General Practitioners indicates a normalising of the phenomenon of mental illness within the community and decreased reliance on formal mental health systems and services. (Mental Health Division of WA:1998)

Considerable attention has been given by researchers and evaluators as to the cost effectiveness of community based services for people diagnosed with mental illness in the United Kingdom, Australia and the United States of America (McRae, Higgins, Lycan, Sherman,:1990; Dyck, Hendryx, Srebnik :1999;). Findings tend to indicate that in comparison to hospital or institution based care, community based is more cost effective. There has been variance in these findings, therefore the proposition of cost effectiveness is a tentative one at this stage. However, what

has been found is that the overall quality of life as reported by clients, life functioning, number of crises and amount or extent of hospitalisations have all improved to the betterment of the client's life. (Cheah, Eysers, Gladston, Hadzi-Pavlovic, Parker 1998; Dyck et al:1999; Norman, Malla, Cortese, Cheng: 1999; McRae et al:1990; Stein, Barry, Van Dein, Hollingsworth, Sweeney:1999; Tessler,Goldman:1982).

Significance to the Non Government Agency

In turning to review the significance of the study to the non government agency at the centre of this research, a number of factors indicate relevance. The 1996/97 annual evaluation of the service included client focus groups, which examined satisfaction with the service. Participants (service clients) in these groups were asked open ended questions by an independent facilitator about levels of satisfaction with the service and other relevant issues that were experienced by them. These focus groups brought to light the issue of disengagement from the service and/or reduction in services as anxiety provoking and of concern for some participants. Some participants identified that disengagement or reduction in service was positive and an indicator of increased independence. A key issue expressed by participants was the desire to be involved in the process of planning the discharge process (Ruah Inreach Annual Report:1997).

Since this time the agency has developed a “moving on” policy in collaboration with service consumers and staff within the agency. A number of issues about discharge are covered in the policy. However, the specific assessment tools and most appropriate interventions are not well developed within the agency. Therefore, the study findings offer the agency the opportunity to reflect upon the need for formal assessments of client’s readiness to exit along with identifying the most appropriate professional interventions to assist clients during this phase of work. Chapter 5 of this thesis highlights the types of practice implications and interventions that will improve work undertaken by the agency in the discharge phase. The agency has expressed to the researcher that it is keen to examine and apply the findings of this study to ongoing practice guidelines and standards.

Significance to the Social Work Profession

In considering the relevance of the study to the Social Work profession, much of what has been claimed as relevant for previous areas applies. However, a deeper level of relevance exists in relation to the philosophical orientation towards research and enquiry within the Social Work field. The Australian Association of Social Work Code of Ethics (1999) identifies 14 specific areas that should guide research. Many of these areas relate to the conduct of ethical research and in this do not differ greatly from general academic standards. However, two specific guidelines support the relevance of this study at hand:

“Where feasible, inform research participants or their representatives of research results that are relevant to them.”

“Bring research results that indicate or demonstrate social inequalities or injustices to the attention of the relevant bodies.”

(AASW 1999:20)

To a significant extent, these guidelines have been adhered to within this study. Specifically, the importance of informing research participants of results has been extended to invite collaboration with participants. This occurred through the researcher providing the findings and interpretations to participants. Participants were then invited to comment on the material presented, with a consistent invitation to provide the researcher with a differing point of view to the material presented. The researcher identifies this as a philosophical alignment with frameworks such as Participatory Action Research and post-modernism. (These two frameworks are explored throughout the following chapters, specifically chapters two, three and five.)

The second guideline of unearthing issues of marginalisation of individuals and experiences of injustice is seen to be particularly relevant to this study, and receives attention in chapter five of this document. However, it is also the researcher's contention that research should seek to critically examine the explicit and implicit context of the topic of inquiry. In doing this, questions around power, knowledge, subjugation, marginalisation and social justice should be asked and examined.

It is contended by the researcher that this study and the subsequent findings have significant relevance for the profession of Social Work in a number of ways. The area of relevance to ethical research guidelines is covered in the above section. The study also has relevance to the Social Work profession in the area of promoting different research methodologies. The use of grounded theory methodology within Social Work has to date been limited. This is most likely due to grounded theory originating within the profession of Nursing, and not being heavily promoted or understood within Social Work. Given that grounded theory seeks to develop substantive theory at the local level with context inbuilt, it is contended by the researcher that it has much to offer Social Work. As Social Work is primarily concerned with the lived context and reality of marginalised groups, the development of substantive theory with and about such groups holds promise for ongoing practice and policy development.

Secondly, the use of post-modern paradigms of understanding and inquiry provides opportunities for critical reflection on the lived experience of client groups. As will be discussed further in all following chapters, this paradigm seeks to explore issues around dominant narratives that lead to subjugation or experiences of oppression. When Social Work values and ethics are considered in terms of seeking social change in matters of inequity and injustice this paradigm is seen to have distinct relevance. This has specific relevance to the topic of the study. Whilst considerable research has been undertaken in the area of mental health from a medical and clinical standpoint, the stories of individuals diagnosed

with mental illness has received considerably less attention within research. It is the researcher's contention that these stories provide a wealth and depth of knowledge about the lived realities, oppression and experience of such a group. This knowledge provides opportunities to identify areas of social change, empowerment and activism.

In concluding this section on significance of the project, it has been argued that the research has significance and relevance in four key areas. These areas are people diagnosed with mental illness, the broader mental health system, the non government agency at the centre of the study and finally the profession of Social Work.

Purpose of the Study

This study sought to identify the factors or variables that study participants utilised in coping with changes in a specific time of transition. This transition involved participants leaving a non government mental health agency. The transition being studied indicated that the majority of participants shift to a position of receiving minimal or no psychosocial support in a formalised and consistent manner. The transition being studied also indicated notions of increasing independence and ability to manage by the participant group.

Research Questions

The questions posed prior to commencing the study continued to have relevance throughout the study. They are:

Main question:

'What core variables assist people diagnosed with mental illness in the transition to living without formalised, professional support?'

Subsidiary question:

'What professional interventions will best assist the sample group in the transition process?'

These questions have been answered throughout the study and are documented primarily in chapters four and five of this document.

Definition of Terms Used

Prior to, and throughout the study a number of terms have been developed that have direct relevance to the matters at hand. The following provides an explanation of the major terms used in the study.

'Participant' refers to those individuals that participated in the research project. The term participant is seen to be more reflective of the philosophical underpinnings which guided the study, than terms such as 'subjects'.

'P1, P2, P3, P4' are codes given to the participants in the study. Numbers were allocated in sequential order as research was undertaken with each participant.

'Core Variables' are the process or coping strategies that facilitate the transition of study participants leaving the non government agency.

'People diagnosed with a mental illness' was used to describe participants and other similar individuals. Deliberate attention was given by the researcher not to include terms such as "mentally ill people".

'Non government agency' refers to the service agency from which study participants were recruited. This agency is funded by the Western Australian State Government to provide flexible psychosocial support to people diagnosed with severe and persistent mental illness. The service works across the Perth metropolitan agency, employing approximately 25 staff. Services are provided to approximately 150 clients.

'Psychosocial support' indicates titrated support provided by the non government agency covering seven areas of life. Support is provided both directly by the agency and where appropriate, brokered on behalf of clients.

'Narrating' is identified as the process involving either internal or external articulation of one's abilities and potential in managing the transition of leaving

the non government agency. A comprehensive definition is provided in chapter four.

'Meaningful activity' refers to a range of activities undertaken by participants that the participant identifies as having meaning. This term covers paid and unpaid employment; training, hobbies, social activities and valued roles assumed by individuals.

'Social supports and networks' covers the range of supports and networks participants engage in and with. Social support includes the informal, formal, professional and naturally occurring support provided to study participants. Social networks include family, friends, significant others and in some cases professional or formal social networks.

'Sense of self and self narrative' refers to the intrinsic sense of self that participants hold and articulate. It includes notions of self esteem, self worth and confidence.

'Mental health system' refers to the formalised system of care, treatment and symptom management provided by both government and non government agencies to individuals diagnosed with mental illness.

'Social Work profession and Social Work' refers to the group of professionals qualified to identify as Social Workers and who are eligible to join the Australian Association of Social Workers.

Structure of Thesis

Chapter one provides an introduction to the topic, covering areas of significance of the study. These areas include people diagnosed with mental illness; the formal mental health system; the non government agency from which study participant's were recruited and finally the profession of social work. Other areas covered in this chapter include purpose of the study, reviewing the questions that were developed to guide the research along with explaining the key terms used throughout the thesis document.

Chapter two focuses on a comprehensive review of literature related to the topic. This review has not unearthed literature about the topic of this study specifically, therefore the components of the topic have been broken down and reviewed. Specifically, the literature review includes information on grounded theory; mental health services within Western Australia; community based care for people diagnosed with mental illness; models of mental illness and recovery; needs of people diagnosed with mental illness living in the community; discharge from services and community adaptation; needs assessment; and finally theories of coping and adapting to change.

Chapter three discusses the range of methodologies employed during the study, along with providing evidence of the different steps and stages undertaken by the researcher. Excerpts from transcripts are included, along with reference to literature and other studies. This chapter concludes by reviewing the study against an "Auditability Trail" (Sandelowski:1986) to consider whether appropriate steps have been taken by the researcher to ensure transparent research practice throughout the study.

Chapter four provides in depth information on the findings of the study with references to key areas of theory and literature. In addition, debates about the application of grounded theory and the experience of the researcher in applying this method receive attention.

Chapter five provides an overview of the findings, making reference to relevant literature. The implications for professional human service practice are explored, along with recommendations for practice. Areas for future research are suggested, along with an exploration of the limitations of the study.

CHAPTER TWO – LITERATURE REVIEW

Introduction

The following literature review covers relevant areas about services to consumers of mental health services, identified needs, assessment tools and discharge. The literature review is specifically within the context of the deinstitutionalisation of mental illness and relates to the goal of community based care for people with mental illness. Other literature to be reviewed includes theories of coping, adaptation and change.

Literature Review and Grounded Theory

Grounded theorists identify that a review of literature should not necessarily be conducted prior to the commencement of a study. This is a clear departure from many other methods of enquiry. Strauss and Corbin (1990) state that researchers will come to the field of enquiry with some grounding in the area. This grounding is frequently developed through reading literature, professional practice and discussions with those involved in the area. They go on to state that whilst a basic literature review is helpful, it should not guide the study fully, thereby allowing for new categories and information to be found in the data. Similarly, Hutchinson (1988) argues against literature reviews being conducted prior to commencing research. The general argument against extensive literature reviews prior to commencing a study aims to ensure that the researcher maintains openness to the

data that emerges. This aim ensures that biased or preconceived ideas about what may be found through the research are minimised.

In terms of this study, a general literature review was undertaken prior to commencing the study in order to generally orientate the researcher to the topic along with identifying if other research had been undertaken in the topic area. This review covered the topics of community based mental health services; strategies of coping with change and transition; needs assessment and discharge from psychiatric services. Significant literature review was undertaken of the methodology and application of grounded theory. Throughout the course of the study particular areas of findings were followed up with literature reviews. As will be explored in chapter 5 the findings have been grounded in relevant literature. The following provides a review of specific topics.

Mental Health Services within Western Australia

A current review of frameworks for mental health service delivery in Western Australia has been reviewed in order to place the study within a local context. The document "Mental Health Services: A Framework for Reform" published by the Health Department of WA (1998) provides the overarching framework for the development and delivery of mental health services in Western Australia. This document reports to be informed by a number of local and national documents in the area of mental health. Some of these include the "National Mental Health

Policy” (1992), “Mental Health Statements of Rights and Responsibilities” (1991) along with some recent local publications.

The document (Mental Health Services Reform) seeks to outline the vision and principles for the delivery of services by government, non government and private agencies. Additionally, it explores the types of reforms being sought within Western Australia and nationally. In identifying the specific types of reforms sought, the document notes that community based, client centred services are the goal, with an ongoing reallocation of resources and care from inpatient facilities to community based services (1998).

The guiding principles and aims of the framework include:

- The promotion of mental health with attention given to the stigma experienced by people diagnosed with mental illness.
- Ensuring services are accountable, flexible and comprehensive.
- Services are delivered based on collaboration and partnership with key stakeholders (clients, carers and service delivery agencies).
- Attending to early identification and response to mental health issues.
- Services are delivered in a culturally sensitive manner.
- Services are primarily provided in the community and in a “least restrictive” manner.

Health Department of WA (1998)

A number of underlying assumptions guide the above framework. Some of these include the provision of services that are 'client centred' which takes into account the specific and individual needs of clients within their lived context. Additionally, 'partnerships' are sought with clients in determining types and methods of treatment. Other key features include integrating inpatient and community based services (identified as different to current operations) and seeking "partnerships" with key stakeholders in providing community based care to people diagnosed with mental illness (Health Dept. of WA:1998).

The sentiment of this document is reflected in other key Australian works on contemporary service delivery to people with mental illness. In particular, the emphasis on community based care, with reduced emphasis on inpatient services is a common feature. Other areas shared include seeking 'partnerships' with key stakeholders, early intervention strategies and mental health promotion. (National Mental Health Report:1997, Health Dept. of WA:1996).

Community Based Care for People Experiencing Mental Illness

Many authors have pointed out that the movement from psychiatric hospitals and institutions to the community has been a difficult and problematic transition (Anthony:1993, Barham & Hayward:1991, Morgan:1993, Rapp:1998.). In particular, the conditions encountered in the community have frequently been

inadequate and deficient, resulting in compromised situations for people with mental illness. Issues such as inadequate planning for discharge, insufficient supports and practical resources within the community and inaccurate assessments of individual's life skills point to difficult adjustments to community living. (Stroul: 1993, Morgan: 1993, Rapp:1998).

Morgan (1993) pays specific attention to the ways in which teams are best organised to ensure that people with mental illness living in the community receive high quality services. He claims that the beginning premise of services to people diagnosed with mental illness should be the assumption that the consumer of the service has the best knowledge about their needs and most appropriate responses to address the stated needs (1993). In addition, Morgan argues that issues around professional organisation or boundary demarcation points should not be of concern to clients. He states there has been considerable discussion, and at times conflict between professionals about which professional group is best suited to deliver a particular aspect of care to a client. In his opinion, this is a waste of resources and particularly unhelpful in ensuring that client needs are met.

Rapp (1998) supports these arguments, going on further to explore the way in which professionals view mental health consumer's needs. He argues that most professions, but in particular Social Work, have a focus on deficit, pathology and problem. Whilst acknowledging that this may not be an intentional act by professional workers, he argues it serves to 'oppress' groups such as those with

mental illness (1998). Rapp makes the statement that "...attention to people's inability to cope is a central expression of the prevailing perspectives on helping." (1998:5) He argues that this is reflective of a focus on problems, problem solving and people being the problem, as opposed to seeing the problem outside of the individual. Rapp contends that this focus tends to limit and define the nature of the interventions undertaken.

In countering the 'deficit' focused type of service delivery to individuals with mental illness, Rapp proposes the Strengths Model of Case Management. The basic tenets of this model are that individuals have competencies, ability and potential. It is noted that not all people reach their full potential. He argues that in order to survive the mental health system most people utilise their skills in compliance. The following quote explains the strengths perspective:

The strengths model posits that all people have goals, talents and confidence. That all environments contain resources, people and opportunities. ...Our visual perceptions of these are limited, modest, dysfunctional, barrier ridden, pathology-ridden and pale in comparison to the deficits. Both can be 'objectively' true. Rapp (1998:24)

Rapp (1998) also explores the notion of labelling people with mental illness. He argues that labelling serves to differentiate a group from others, re-victimise them and create a 'social identity' for them. This is evidenced through language such as 'schizophrenic or manic' which in turn leads to an identity of 'schizophrenic' as

opposed to a person diagnosed with schizophrenia. Rapp goes on to argue that these labels are accompanied by "...baggage of helplessness and weakness"(1998:9), with the process serving to 'deindividualise' people in the labelled group.

Models of Mental Illness and Recovery

The notion of recovery tends to be contended within mental health literature, which usually is an indicator of the type of model the author holds around mental illness. Bean and Mounser (1993) identify five primary models of understanding mental health and illness:

1. The 'organic' model which relies on explanations of mental illness being caused by physical factors and features. The authors argue that this model of explanation can be favoured by some families as it locates the cause of the illness outside of family domains and functioning.
2. The 'psychotherapeutic' model which is based on psychoanalytic tenets of individuals displaying regressed behaviour in the form of mental illness. The regressed behaviour is attributed to individuals not passing developmental milestones and necessary unconscious processes.
3. The 'behavioural' model which identifies that behaviours are learnt and associated rewards attached to the specific behaviour.
4. The 'social' model identifies that mental illness is a product of social factors, including the use of labelling and deviance strategies.

5. The 'medical' model which focuses on disease, treatment and presenting symptoms. Some recognition is given to environmental effects on these previously mentioned factors.

These models are useful when considering the concept of recovery within the mental health field. The type of model of explanation utilised will provide base line assumptions about recovery. The literature reveals a range of responses to recovery, which can be traced to basic and underlying assumptions about the cause of mental illness. The three most common standpoints taken by authors are a) that recovery is not possible, however individuals can attempt symptom management, with the primary means of management being in the form of medication; b) individuals can obtain a full recovery and lead a life that does not include a mental illness; and c) the most commonly found viewpoint in contemporary literature is one that is reflective of a midpoint between the two views expressed above. This view as espoused by Morgan (1993), Rapp (1998), and others identifies that individuals diagnosed with mental illness can live a life with continued symptoms of the illness, but exercise a sense of power and control over the symptoms. Rapp identifies that recovery is experienced differently by each person diagnosed with a mental illness, however similarity in themes exist in:

- An identification that mental illness is not the totality of the individual, rather a part of the whole.

- A sense of personal control over the illness, including knowledge about the illness, treatment interventions and symptoms.
- Notions of hope are identified as central and important.
- The need for a sense of purpose in life.
- The need to have and assume valued and meaningful roles. The role of helping others is highly valued.
- Having a minimum of one person present in the individual's life who offers support, witnesses the recovery and is consistent in their presence.

Notions of recovery are also discussed by Anthony (1993), which are explained as recovery from mental illness is not simply about an absence of symptoms of mental illness. Anthony argues that recovery from mental illness is a holistic concept that acknowledges the presence of mental illness whilst pursuing the acquisition of meaning, purpose and adaptation to the changed life circumstances as a result of mental illness. This article raises the potential of clients not needing professional services, or alternatively choosing those that facilitate their ongoing journey of recovery from mental illness. Of particular interest is the need for consumers to be actively involved in identifying the level and type of supports and care they require to recover.

Needs of People with Mental Illness Living in the Community

Stroul (1993) identifies the need for a range of community based services for people living in the community. She argues that community services should aim to be client centred, empowering, flexible, normalising, accountable, co-ordinated and culturally appropriate . In addition, Flexer and Solomon (1993) identify the emerging trend to consider community psychiatric care in the context of rehabilitation and recovery. They state psychiatric rehabilitation aims to facilitate changes and/or improvements in a person's skills and environment with the proposed outcome of improved quality of life.

Literature reveals that a number of key areas are consistently promoted as important and worthy of research and practice attention for people diagnosed with mental illness. The areas identified by many authors as important for people diagnosed with mental illness living in the community include living skills; activities of daily living; social skills, networks and functioning; vocational functioning; mental health symptoms and treatment and substance use. (Joyce et al:1990, Morgan: 1993, Walsh and Connelly:1996,) Johnson:1998, Rapp:1998.)

In a study conducted by Joyce et al (1990) to determine the factors that assist people in adjusting to living in the community, it was found that the most significant factor was support levels and types. Specifically, the authors posit that the most significant support is found in friends, followed by other naturally

occurring networks (church, work colleagues and family). Morgan (1993) considers the importance of vocational activity for people diagnosed with mental illness. He contends that people attempting to obtain employment or engage in training activities experience considerable stigma. In addition, he states that the issue of low motivation is often directed at this group, when in fact they are experiencing additional difficulties (in the form of mental illness) in obtaining employment in a difficult market. He goes on to discuss the impact of high unemployment rates in most western countries as a factor impacting on all people seeking employment.

Tessler and Goldman (1982) considered the specific factors that affect people's adjustment to community living by developing a tool to measure people's experiences in the areas of living skills, behavioural factors and somatic factors. Dependent variables in the study included work status, social activity, psychiatric hospitalisation and emergency contacts. The study indicated that living skills are the primary factor that affects all areas of an individual's life and generalised functioning. The findings of the study show the centrality of adequate living skills for individuals diagnosed with mental illness who are living in the community.

Discharge from Services and Community Adaptation

This literature review has not located studies that look specifically at discharge from community based services to the community generally or other community based services. This may reflect the relative novelty of people with mental illness living in

the community and in particular with minimal or no support. Therefore, actual studies or specific data about people's experiences or needs in adapting to diminished or non-existent levels of community support have not been located or reviewed.

Two authors refer to the notion of 'gradual disengagement' from community-based services (Morgan:1993 & Rapp:1998). These two authors assert that in the majority of cases disengagement from community support services should be directed by the client and based on the client's assessment of their needs. Both authors also assert the need for structures to be put in place that ensure clients can re-institute contact with the service and required supports and services. Rapp (1998) supports this by contending that individuals including those diagnosed with mental illness have the inherent ability to cope and manage transition. Rapp refers to studies involving the coping abilities of children and adults who have experienced considerable and sustained trauma. These studies show that in the context of such trauma, individuals have inherent and sustained coping abilities.

Stein et al (1999) considered the needs of people when increased stability has been achieved through the intervention of an Assertive Community Team (ACT) model of psychosocial rehabilitation. The researchers studied the needs and functioning of a group of clients in the areas of social relationships and supports; community integration and vocational activity. The study compared the needs and experiences of two groups, one from the ACT and the other from a Clubhouse program. The

authors conclude there is a need for reduced level support type programs. They contend that the Clubhouse model based on social and vocational support may be a feasible alternative. The researchers conclude by encouraging further research into the area to determine other models of service delivery that facilitate the development of people with reduced support needs.

Literature about discharge from services has focused on the 'discharge from hospital' perspective. Hockberger (1995) identifies six areas to be considered in discharge from hospital planning. These include

Medications; activities of daily living; mental health aftercare; residence; follow up physical health care; and special education, financial or other needs. (1995:36)

These are seen to be general, yet significant domains within inpatient and community mental health services, worthy of targeting for impact on service outcomes. This is reflected in the types of services available in Western Australia, such as 'acute teams' - focusing on management of symptoms; living skills centres; employment and vocational services. (Health Department of WA: 1998)

Needs Assessment

In terms of identifying or assessing needs as a basis for changes in levels of service to consumers, a variety of literature has been perused. In particular, assessments of needs of mental health consumers residing in the community has been reviewed.

Brewin (1992) identifies 20 areas for assessment in the 'MRC Needs for Assessment' tool. These range from positive psychiatric symptoms to behaviour to activities of daily living. The absence of items around social relationships and meaning are notable.

Wolf (1997) critiques prevalent notions of needs assessment in mental health on the basis that these tools rarely consider or give weight to quality of life issues. She argues that the tendency to not measure quality of life is often due to the feature being a difficult concept to measure or quantify. Therefore, such issues as accommodation, activities of daily living and psychiatric symptoms are often relied upon to assess or determine consumer needs. Such assessments rely on notions of presence or absence of the variables used. Wolf proposes an assessment model based on development, action and system dimensions (1997).

Hogg et al (1990) propose that needs assessment be conducted with three basic guiding principles in mind:

1. Seeking the opinions and experiences of consumers who have the needs.
2. Using formalised "Needs for Care" tools. (Brewin:1993)
3. Changes in mental state.

In relation to needs assessment, Ekdawi and Conning (1995) pose a series of questions, including:

- What is the definition of need?
- From which perspective is the need defined or identified?
- Who is best to assess needs (i.e.: consumers, carers or service providers)?
- Are skills and needs the same concept?

In a recent study undertaken to consider the costs and outcomes associated with different models of community based mental health services, Dyck et al (1999) identified a number of areas that impact on successful community living. These factors include the severity and impact of the diagnosed mental illness; the presence of problematic substance use; the age of the person and finally the baseline functioning of the person. These factors are seen to significantly contribute to the experience of quality of life of the individual.

In contrast, Norman (1999) considered the impact of cognitive functioning on community living and adaptation for people diagnosed with a mental illness. Norman (1999) set out to test the findings of previous studies which assert that cognitive factors are the best indicator of community functioning and adaptation. Norman's study found that symptoms of the illness were a better indicator of community functioning and adaptation. Norman does however issue a word of warning on these findings, stating that participants in the study were interviewed after satisfactory treatment interventions. Therefore, another group of participants who had not received such intervention may present different

findings. The symptom found to have the most significant effect on community living was that of 'disorganisation'.

Cheah et al (1997) sought to develop a measure to determine the problems and needs of people diagnosed with a mental illness living in the community. This work was undertaken in Australia and put considerable emphasis on the distinction between needs and problems. The authors contend that problems are easier to define than needs and that client self reports on needs are subjective and difficult to operationalise as opposed to the needs assessed by professionals. Four key areas of problems and functioning were assessed by the study team. These include coping limitations, social support, organic problems and behavioural problems. The study findings indicate that low social support, followed by organic problems present the most impact on coping ability. Behavioural indicators were not found to be significant factors. (Cheah et al 1997).

Joyce et al (1990) note factors which 25 people with mental illness identified helped prevent relapse and re-hospitalisation. In order of importance, participants identified:

- Level of activity.
- Acceptance of having a mental illness.
- Support and assistance from professional staff.
- Support of friends.

- Spiritual support.
- Medication.
- Having children.

The studies conducted by Cheah et al (1997) and Joyce et al (1990) continue to add substance and depth to the ongoing field of enquiry into the needs and experiences of people diagnosed with mental illness. Clearly, these and other studies also highlight similarities and differences in findings.

Theories of Coping and Adapting to Transition or Change

Theories of adaptation and responses to stressors (including change) are well grounded in psychological literature, dating back many years. Such theories have approached the topic in a number of ways. These include:

- Psychoanalytic - whereby the responses to stressors are seen to be located within the person (intra-psychic).
- Social learning model - responses are learnt from previous encounters or experiences. This includes notions of learnt helplessness.
- Humanist/existential model - responses are related to the individual's ability to fulfil their potential.
- Biological model - reactions to stress are displayed through physiological changes in the body.
- Cognitive model - responses to stressors are dictated by the individual's understanding of their level of control in the situation.

(Darley (1981)

Whilst the above theories have application in a variety of settings, it is identified that models of responses to change that relate to the individual's experiences and perceptions of the situation are more relevant to the topic of study. In line with this, Parkes' and Perese's contributions are seen to be more suitable in this context.

Parkes (1993) proposes a model of adaptation to change and/or coping entitled the 'Assumptive World View'. In this theory he posits that not all life changes necessarily infer loss, and that some life changes may bring about a sense of benefit (1993). He suggests that everyone holds an 'assumptive model' (1993) of the world that dictates how they understand and experience that around them. If individuals experience a change in some way it challenges them to reassess their world view. If an adaptation is made in one's world view, individuals usually successfully adapt to the changed situation. He points out that this is often easier verbalised than practised. This 'assumptive world view' theory is particularly useful when considering the research topic of participants in the study requiring a shift in their assumptive world view about themselves as consumers of the non government agency. This view is challenged by the notion of exiting the non government agency.

Perese (1997) considers the needs of people with mental illness living in the community. She views these needs from the "...nursing theory of modelling and role modelling.." (1997:22). In this theory three features are central:

1. When an individual's basic needs are addressed it allows the individual to trust and make attachments to those who assist in meeting their needs.
2. Trust in caregivers builds, with confidence increasing. The ability to undertake developmental tasks is enhanced.
3. Coping and adaptation skills develop along with other internal mechanisms, allowing for ongoing psychosocial development.

Perese (1997:30) identifies that

Basic need satisfaction, achieved through attachment to life cycle appropriate caregivers who facilitate the development of internal resources, is directly associated with the capacity to adapt to stressors.

In saying this, Perese is inferring that people with mental illness require stimulation and encouragement in the development of psychosocial strategies to better assist their coping or adaptation abilities. There is a sense of locating the adaptation process internally and externally to the person with the mental illness. Perese's article has clear applicability to the study, given the twin foci on mental illness and adaptation to change.

In considering the process of adaptation to change, Prochaska & DiClemente (1992) have provided considerable knowledge and information on the topic. In

particular, they have considered attempts by individuals to change problematic or non-functional behaviour. Their work spans many years and continues to date.

This model continues to be refined by Prochaska and DiClemente (1992) with the basics including five elements. They argue that the primary stage or element in the model is that of 'Precontemplation' which involves limited if any, awareness of the issues at hand. The degree of consciousness of the issue or associated problematic behaviour is low or often non-existent. Examples given by the authors include when other people or agencies consider the person has problematic behaviour and raise this with the person, thereby encouraging consciousness of the issue at hand.

The second stage posited by Prochaska and DiClemente (1992) is 'Contemplation'. The contemplation phase includes considering whether to take action or plan the type of action necessary to address the issue. In addition, the person will frequently assess the extent of the problematic nature of the issue. This stage moves onto the third element called 'Action' (1992) which involves the individual taking action to address the issue at hand. The action taken may involve others or be conducted by the individual. The authors posit that this stage involves increased energy and motivation.

Around, during or after the 'Action' stage, relapse may occur. Prochaska and DiClemente argue that relapse is "...the rule rather than the exception"

(1992:89). They argue that relapse brings with it feelings of failure, shame and embarrassment at returning to previous behaviours and/or situations. However, studies undertaken of people who relapse show that they quickly return to contemplating further action about the issue. The final stage put forward by the authors is 'Maintenance' which involves maintaining changed behaviours as adapted in the 'Action' stage of the model.

In addition to proposing this model, Prochaska and Diclemente have tested the model in a range of settings including the areas of weight loss, tobacco smoking and mental health. The authors claim that all studies support the presence of the model in action. In turning their attention to the role of professionals in the change process they point out that many professionals become dispirited and lose enthusiasm when clients relapse. They go on to argue that studies show that if professionals encourage further action attempts, it has a significant positive influence on the outcome of the attempted change behaviour. (1992)

Responses to Illness and Disability

In considering individual responses to illness and disability, some key features have been identified. The use of avoidance and denial whilst traditionally being argued as dysfunctional mechanisms are viewed by Baron & Byrne (1994) as helpful. They argue that such strategies are useful in providing a distracting force for the individual, particularly in relation to physical health matters. Additionally, the strategy of suppressing awareness is seen to be negative and not

helpful in assisting an individual to adapt to the illness or disability. The notion of locus of control and its location is seen to be a factor in assisting adaptation to illness or disability. In particular, studies have shown people facing serious illness and disability place considerable emphasis on the treating professional's ability to control the outcome of the situation. Bacon and Byrne call this 'vicarious control'. (1994)

Theories of Coping

Folkman (1991) considers the issue of coping across the lifespan of individuals. She has been involved in undertaking a number of studies to determine what if any, differences occur in types, degrees and extent of coping across different age groups. In undertaking such studies, Folkman (1991) sets the scene of the studies by discussing two primary models of individual coping. These are the developmental model based primarily on ego psychology frameworks which considers the use of defence mechanisms ordered in a hierarchical manner as strategies of coping. The second model (and the one utilised by Folkman) is the contextual model which incorporates the dynamic nature of coping, the person taking steps to appraise the situation at hand in terms of coping responses and the individual difference based on past experience, current mood and other demands. In addition, this model views coping as a multidimensional task.

In returning to consider age differences in coping, a number of studies show that efficacy is not age or maturity level determined, rather different strategies are

used accordingly. For example, younger people tend to show coping strategies of "...more interactive coping such as expression of emotion and information seeking." (1991:9). In contrast, older people shows strategies such as "...reflection and positive reappraisal" (1991:9).

Finally, in considering the best way to assess coping, Folkman (1991:15) argues that a 'goodness of fit' approach should be taken. She suggests questions such as: Are the coping strategies being utilised by the individual fitting the situation? Are they resulting in an adequate outcome? Does the individual express dissatisfaction with current coping methods? These questions are seen to elicit responses that provide a 'goodness of fit' assessment as to the efficacy of the coping strategies being utilised.

To conclude the literature on coping and adaptation, the work of Miller et al (1990) will be reviewed. These authors concur with much of what other theorists posit around coping, however argue that whilst considerable difference exists in models and theories along with individual's ways of coping, four common themes can be extracted. These themes cover the types of processes that people experience in the process of coping.

1. Awareness involves the individual being conscious of the particular change issue at hand.
2. Acceptance of the existence of the issue.
3. Seeking and exploring alternative ways of managing the change situation.
4. Having access to opportunities and resources to address the issue.

(Miller et al 1990)

Methodology

A substantial literature review related to methodology has been undertaken in Chapter 3 - Methodology.

Conclusion and Summary

A range of literature has been reviewed to cover the topic of how individuals cope with the transition of leaving a support agency. As mentioned previously, minimal attention has been given through literature and research to this specific topic. However, considerable research attention has been devoted to the experience of discharge from psychiatric hospitals and institutions into the community. Additionally, further attention has been devoted to the types of support services people with mental illness require whilst living in the community. Given the basic premise of grounded theory that general literature reviews are undertaken prior to research, the discussions chapter of this thesis will include considerable more references to literature as a means of grounding the findings of the study in literature and research.

CHAPTER THREE - METHODOLOGY

Introduction

This chapter will review the methodology used in the study. Attention will be given to the key assumptions and influences that have been brought to bear on the methodology. Extensive discussion of grounded theory methodology will follow with particular attention to historical and theoretical influences on the method along with discussion about contemporary debates on the application of grounded theory. The chapter will also focus on the practicalities of the research such as study design, sample details, study setting and recruitment procedures. Details of data collection and analysis processes will be examined including distinct grounded theory steps such as open, axial and selective coding. In conclusion, validity issues, limitations and ethical considerations will be reviewed.

Assumptions and Influences

In identifying an appropriate methodology to guide research, notions of ontology, epistemology and assumptions about human nature are key features to be considered. Ontology relates to assumptions held about the nature of reality. This may involve conscious or unconscious assumptions and includes beliefs about the location of reality being external to individuals or constructed by, and internal to the individual. Flowing from these assumptions, will be a defined relationship with reality held by the individual researcher (Burrell & Morgan:1985).

Epistemology relates to beliefs about knowledge. Included here is the creation of knowledge, its location and how individuals make sense of their world and then communicate or express this. Ontological assumptions are directly related to epistemological beliefs. If for example, reality is considered to be external and imposed, it then follows that epistemological assumptions will identify knowledge as tangible, quantifiable, 'real' and obtainable (Annells: 1996). The above two concepts are inherently related to assumptions held about human nature. Beliefs held about the connection between people, their environment, and personal control are central to assumptions about human nature. If beliefs are based on assuming that individuals have an internal locus of control, notions of free will and self determination will be present.

Methodological issues naturally flow from this discussion. Clearly, the assumptions one holds about reality, knowledge and human nature will predispose one to choose a particular methodology when considering research enquiry. A range of authors argue that clarity and regular review of the researcher's assumptions about reality, knowledge and human nature is essential in order to ensure awareness of one's paradigmatic influences and underlying implicit beliefs. (Burrell & Morgan:1985; Caulley:1996; Wadsworth:1985)

Post-modernism

Post-modern modes of enquiry are taken within this study to incorporate discourse analysis as a key frame of reference. At the heart of discourse analysis is the desire to unpack the inherent, and implied power and/or knowledge in a range of texts. This has particular application in studies of gender, illness, disability and sexuality. Parker (1992) points out that discourse makes intangible processes real by bringing the issues into consciousness or reality. For example, the simplification of human responses and behaviour is a discourse intended to expand understanding. In the process of doing so, a whole host of experiences and values are lost or subsumed. Consideration here of the person diagnosed with mental illness brings to light this issue, particularly when a dominant discourse in psychology and psychiatry is of the 'rational' mind, which presents a stark contrast to the 'psychotic' mind.

Participatory Action Research

The other key theoretical influence brought to bear on this study is that of Participatory Action Research. Participatory Action Research (PAR) is based on premises of collaboration, involvement and sharing of inherent power by parties involved in the research process. Emphasis is placed on the importance and value of the role of those who are the source of knowledge about the research topic. This group is referred to as the critical reference group (in other methodologies they are referred to as the sample or subjects). The notion of ownership of the

research process is central to PAR. This includes problem identification through to research design and methodology choice through to choices about how findings are presented and utilised. (Park:1989, McTaggart:1989, Wadsworth:1993, Tripp:1995.)

PAR has influenced this study on the level of sharing of information with research participants, identifying participants to have the most comprehensive and accurate knowledge on the research topic, participants being expert on the topic and valuing the feedback and input of study participants. As will be detailed later in this chapter these tenets have been explored and utilised throughout the research project.

Grounded Theory

History of grounded theory

Grounded theory has its disciplinary roots in sociology and in particular medical sociology. Barney Glaser and Anselm Strauss developed grounded theory as a qualitative research method in 1967 in a book titled 'The Discovery of Grounded Theory'. This book exposed the basis for theory grounded in the data collection and research processes. It provided specific details and instructions on how to carry out grounded theory. Finally, it aimed to promote qualitative research as a valid methodology in a time when quantitative or 'scientific' methods were

considered the primary means by which to conduct social science research. (Strauss & Corbin:1994).

Glaser and Strauss then moved their work to a Nursing Department within a Californian University and continued their work, finding more opportunities for the application of grounded theory within the nursing and health fields. Whilst “The Discovery of Grounded Theory” is regarded as the seminal piece of work to launch grounded theory, it was not taken up by academics and researchers until the early 1980s (Strauss & Corbin:1994). In addition, Glaser and Strauss were keen to see theory developed that related to, and had meaning for, the lived day to day experiences of research participants. This is called substantive or middle range theory. Sociological theories up until this time were primarily of a higher order or grand theory nature (Hutchinson:1988).

Theoretical Influences in Grounded Theory

Grounded theory is rooted in symbolic interactionism which considers the meanings and symbols people attribute to events. These meanings and symbols develop through experience which in turn influence responses (Baker, Wuest, Stern:1992). A key feature of grounded theory is to understand and uncover basic social processes along with the actor’s meanings and attached symbols. This highlights the influence of symbolic interactionism. Grounded theory has been applied by a variety of academic disciplines since its inception. These include

Education, Psychology, Anthropology and Social Work. It has been applied in a diverse range of study topic areas such as health, work, business, education and substance use. Strauss and Corbin (1994) state that grounded theory is constantly evolving and responding to different research situations. However, some key components remain static within the method and attention to contemporary influences is suggested by Strauss and Corbin (1994).

In referring to "...contemporary social and intellectual movements" Strauss & Corbin (1994), include feminism, postmodernism and multiculturalism. Wuest (1995) picks up the theme of the applicability of grounded theory within the context of feminist research. Her article clearly highlights the evolution of grounded theory over recent years. Wuest identifies that feminism is not a research methodology as such. However, she states that the epistemological underpinnings are congruent with grounded theory and when applied in tandem provide a complementary research approach. Such theoretical and philosophical underpinnings are shown by Wuest to be closely aligned to grounded theory. The areas she highlights include consideration of the specific and general levels of people's existence; embracing diversity and incorporating this into theory development; ensuring participant's voices are heard throughout research processes, applying collaborative research with participants and triangulation methods. (Wuest:1995)

Whilst Strauss and Corbin (1994) welcome the notion of grounded theory boundaries being challenged by contemporary researchers and situations, they issue a warning about the inappropriate application of grounded theory. This relates to elements of grounded theory being used in research without the whole method being incorporated. For example, a researcher using the constant comparative method without moving on to develop substantive theory. They attribute the inappropriate application of grounded theory in this way to some researcher's taking the literal application from the original works on grounded theory without reference to contemporary advances and applications of the method.

Debate About and Differences in, Contemporary Applications of Grounded Theory

Since the original development of grounded theory in the 1960s by Glaser and Strauss, the types of changes and developments to have occurred in the application of the method have been cause for debate and at times differences. Stern (1994) argues that the way in which the originators of the theory were applying grounded theory varied considerably and this came to light by the experiences of doctoral students supervised by both authors. The publication of Strauss and Corbin's text in 1990 'Basics of Qualitative Research: Grounded Theory Procedures and Techniques', highlighted the difference in application. This text has been critiqued as being prescriptive and structured by some authors

(Glaser:1992, Keddy, Sims, Stern:1995; Robrecht:1995). Glaser (1992) went on to publish concerns he held about Strauss & Corbin's text in a book entitled 'Emergence vs Forcing: Basics of Grounded Theory Analysis' (1992). Glaser stated his major concern was that the original intent around the development of grounded theory and substantive theory had been lost by over prescribing methods of data analysis.

The Application of Grounded Theory in the Current Study

The findings of this study have been found through rigorous scrutiny to be best suited to be presented in a composite style reflective of both of the above mentioned models. This study has incorporated the use of the Paradigm Model and Basic Social and Psychological Processes. This is not intended to dishonour the two distinct models, but rather more accurately reflect the data emergent in the study. The data was given rich and deep meanings and understandings by relying on the framework of a paradigm model and Basic Social Processes. To further explain this, the paradigm model as prescribed by Strauss and Corbin (1990) provides a systematic method for analysing data, deconstructing information present and then placing this data back together in a meaning making fashion.

The paradigm model is seen to have the following key features:

Causal Conditions → Phenomenon → Context → Intervening

Conditions → Action/interaction strategies → Consequences

(Strauss & Corbin 1990:p99)

As Keddy et al (1995:p450) point out

...any description of steps suggest linear thinking, rather than the original intent of Glaser and Strauss (1967), of providing a circular and fluid process of constant comparison.

This sentiment is reflected by the researcher. Whilst the paradigm model is able to provide a structure on which to situate large quantities of data (both raw and analysed), it brings a sense of forcing data to fit a model as opposed to the model fitting the data.

This notion of forcing data to fit a paradigm model is in direct opposition to the basic tenets of grounded theory which encourage the standing back from data and constantly asking the question "What is going on here?", as opposed to saying "How can I make this fit?" Keddy et al (1995) go on to suggest that in seeking to provide clarity about grounded theory techniques for students, Strauss and Corbin have introduced inflexibility into the method which leads to shallow interpretations of data and hence inadequate substantive theory development. Additionally, it is possible that the main theme or storyline present in the data can be missed due to an over-adherence to the 'correct' way of making sense of the data as is required in the use of a paradigm model. Robrecht (1995) supports Keddy et al's arguments about the rigidity introduced by Strauss and Corbin in their clarifying attempts directed at specific techniques in grounded theory.

In relation to this study, the researcher experienced the problem of trying to fit the data to the paradigm model at the point when categories and subcategories were examined for relationship characteristics. Whilst in many cases statements of relationship flowed relatively easily between categories and subcategories, the entire notion of the paradigm model did not accurately reflect all statements of relationship or categories. To further expand this point, it was not always possible to identify causal conditions leading to particular phenomena that were neatly and accurately reflective of the data. Discussions undertaken between the researcher and her Academic Supervisor came to see that neat and fitted relationships of cause and effect did not exist. To force such relationships to exist in the data devalued the stories as told by participants along with inaccurately reflecting the lived reality of the participant group and the researcher during the course of the study.

It had not been the original intention of the researcher to utilise the Basic Social Process model described by Glaser (1978) as a framework that accounts for the majority of variation found in data along with promoting integration of data. It did however, become increasingly apparent in the final stages of data analysis that this was an essential requirement to provide deep, rich and comprehensible explanations around the data. In particular, the use of Basic Social Problem identification as advocated by Glaser (1978) facilitated the development of substantive theory leading to the identification of "narrating" as the Basic Psychological Social Process undertaken by participants in transition. The Basic

Social Structural Process to be found in the study is that of the formalised mental health system and related institutions.

The Basic Social Process

In providing explanation as to what the core category or Basic Social Process (BSP) is, Glaser (1978) states that the BSP will account for the most variation in data, along with providing opportunities for integration of data. This process ensures that theory developed is dense and applicable in the majority of situations or cases. The BSP or core category will show itself to be regularly prevalent and have primary relationships to other categories. Glaser (1978) identifies 11 key points of assessment to ensure that a core category is in fact the core category. These points include centrality to the whole story or information; frequent occurrence; it has definable and strong connections to other categories; has 'grab' and is representative of a "dimension of the problem" (1978:96).

In distinguishing the difference between a core category and a BSP, Glaser (1978) argues that a BSP is primarily processural in nature and has inherent stages present. In relation to stages, Glaser asserts that a BSP will have a minimum of two stages which displays difference and account for variations. These stages may be obvious to participants and the researcher or the researcher only. As with a core category, stages have conditions, dimensions, and identifiable sub categories.

Glaser (1978) argues that there are two types of BSP, being Basic Social Psychological Processes (BSPP) and Basic Social Structural Processes (BSSP). The delineating factors being that a BSPP relates to psychological processes inherent in individuals or groups. Glaser gives examples of "...becoming, highlighting, personalising, health optimising, awe inspiring and so forth." (1978:102).

In contrast a BSSP relates to structures or institutions within which the BSPP is located. A BSSP is not static by nature, but also processural. Another way of considering a BSSP is to consider the structural or macro context in which psychological processes occur within. The specific relevance of these features to the study findings will be fully explored in chapter four.

Study Design

This study considered the core variables utilised by participants when experiencing a time of transition. The type of transition considered in the study was the experience of participants exiting or leaving a non government agency that provided intensive psychosocial support services. The specific focus of the study was to determine the core variables utilised by participants in managing this change or transition. The researcher was guided by the theoretical perspective entitled "Strengths Perspective" as articulated by Rapp (1998). This perspective takes the position of assuming that individuals frequently viewed by society as having limited competence and ability are in fact able and well skilled in general

life functioning. Rapp has applied particular attention to individuals diagnosed with a mental illness. This approach views consumers of mental health services as the ultimate “experts”, authorities and narrators of their experiences and lives. The strengths perspective has been fully explored in Chapter Two - Literature Review.

Participant Group, Setting and Recruitment Procedures

The study was undertaken in the state of Western Australia in the Perth metropolitan area. Longitudinal methods were employed in interviewing a total of four participants over a period ranging from 7 - 12 months in duration. The initial study design indicated a participant sample size of five, however during the course of interviews, one participant no longer met the study inclusion criteria, hence this participant left the study. Discussions between the researcher and the Academic Supervisor at the time indicated that the study would not seek to recruit another participant to replace P5. This decision was made on the basis of the stage of data collection and analysis reached when P5 left the study, along with the amount of data available to the researcher to ensure substantive theory development.

Purposeful sampling was utilised in locating the sample participants. As Sandelowski (1995) discusses, sampling in qualitative studies is not specifically number or person focused. Whilst she argues that the person in the research

process is essential and important, the experiences, events, perceptions and incidents are of specific importance (1995). This was found to be the case in this research endeavour. Whilst a total of four participants fully completed the interview and data collection processes, each participant was involved in a minimum of three formal interviews and a number of informal contacts. These all served to provide data for the study, along with clarifying statements made by participants and confirming interpretations made by the researcher. As Sandelowski argues (1995), purposeful sampling can extend beyond demographic details to ensure that variations in sample extend the depth of knowledge gained from the research enquiry.

Inclusion Criteria

Inclusion criteria for participants in the study were:

1. The participant had received the non government support service for a minimum of 12 months.
2. The participant was entering the discharge or exit phase of work with the agency.

Participants hospitalised or under a Guardianship order were excluded from involvement in the study.

Recruitment

Study participants were recruited through the non government agency staff identifying clients that matched the inclusion criteria. At the time of beginning the study, the researcher was employed in a Management role within the non government agency. Through her employment in the agency, the researcher advertised and promoted the study. Staff within the non government agency then reviewed their client lists and identified suitable participants to refer to the researcher. No significant difficulty was experienced in locating the participant group.

Upon identifying suitable participants from their client list, the staff member approached the potential participant with information about the study. Potential participants indicated willingness to be contacted by the researcher. Contact was initiated by the researcher with confirmation and clarification of the study aims and procedures provided. After this telephone discussion, all participants invited to be involved agreed to this and signed a consent to involvement form. Following receipt of this, the researcher then organised times for initial interviews. Initial interviews were conducted in the location of choice by participants. Two participants elected to undertake the majority of interviews in public locations such as cafes. The other two participants elected to have all interviews in their homes.

Data Collection

The interview schedule set for the study was as follows:

1. First interview conducted one month prior to exit or discharge from the non government agency.
2. Second interview conducted at actual time of exit from non government agency.
3. Final interview conducted 3-5 months after exit from non government agency.

Four participants were interviewed formally three times during the course of the study. A number of informal contacts were made with participants throughout the study to ensure that transcriptions and study findings were valid and accurate reflections of participant's views, experiences and life stories. Formal interviews were guided by interview guides (included in appendices). Interview guides were heavily relied upon in interview 1, which allowed a sense of structure and framework for rapport building to occur.

All initial interviews were audio-taped and transcribed by the researcher. Copies of interview one transcripts were mailed to participants and feedback sought by telephone. All participants agreed with the contents of the transcripts. Some participant's remarked that they were surprised by how much they had disclosed to the interviewer. In all but one case, interview two was also audio-taped and then transcribed. At the beginning of interview two, the researcher presented the

participant with an overview and summarised interpretation of the key themes emergent from interview one. Participants were invited to comment on these interpretations.

Interview three was not audio-tape recorded. This final interview was brief and served the purpose of checking if any major life changes had occurred for the participant, along with enquiring as to how the participant viewed themselves, now having not received the non government support service for a minimum of three months. Of note was the experience of all participants speaking more freely than was observed when the audio tape was used during other interviews. Some participants remarked on this, stating that whilst the audio tape had not been a barrier during previous interviews, it felt easier to speak without consideration when the tape was not involved.

Detailed descriptions of the participants are included in Chapter Four - Findings.

Steps Used by Researcher in Grounded Theory and Other Methods

Data were collected as indicated above by transcribing audio-taped interviews. Transcription was undertaken by the researcher. In the situations where interviews were not taped, notes were taken at the time of the interview. These notes were then more fully written up immediately after the interview. This was found to be essential to ensure that no vital information was lost due to time delays.

Initial key themes were noted and recorded. These themes were triangulated with participants to ensure fit and accuracy. This source of triangulation found the themes to be reflective of participant's experiences. In addition, memos were written along with regular entries into a research diary maintained by the researcher. The use of memos, diagrams and a research diary were found to be invaluable in tracking hypotheses and formulating statements of relationships throughout the course of the study. As Orona (1997) states, memos and diagrams serve three key functions:

1. Providing opportunities to 'free associate' terms and concepts with potential explanations.
2. Memos provide ways of creatively viewing data that explore multi-dimensional and layered viewing of the phenomenon at hand.
3. Memos and diagrams seek to deepen the level of conceptualisation occurring by the analyst.

Data Analysis

Initial data analysis occurred through a line by line analysis of transcripts from interviews that had been audio-taped. In the cases where interviews were not taped and based on notes taken during the interview, analysis was undertaken on the themes reported in the note taking. This process uncovered a large number of concepts which in turn were collapsed and summarised into categories. Strauss

and Corbin (1990) explore the need to code individual happenings, events and phenomenon within the data which in turn lead to the development of categories. The number of categories identified changed throughout analysis. Initial numbers of categories sat at five, then expanded to eight, moving back to five. Some categories became subsumed under others, or were found through constant analysis to no longer be relevant. This process included saturating data and categories. As Hutchinson (1988:137) states:

Saturation refers to the completeness of all levels of codes where no new conceptual information is available to indicate new codes or the expansion of existing ones.

This process of checking, analysing, comparing and clarifying lead to the development of the final categories and in turn the core category with associated Basic Social Structural and Psychological Processes identification. These concepts will be explored fully in the following text.

Open Coding

Open coding involves a process of deconstructing or pulling apart raw data. Specifically, it relates to the breaking down of data utilising headings and categories (Strauss & Corbin:1990). In seeking to identify the core variables participants consciously and unconsciously utilised in managing the transition of leaving the non government agency, specific attention was given to participants' descriptions of 'coping, managing, getting by' and other related concepts.

Analysis in this situation was undertaken line by line of transcripts from open ended interviews. Statements, comments or words were highlighted on initial readings of the data. These were highlighted on the basis of being unusual, representing difference or variation, being the same as other data or having some other relevance. The following transcript excerpt exemplifies this process of analysis:

TABLE 3.1 - Excerpt of Open Coding Processes

Concept/category applied	Text
<ul style="list-style-type: none"> • Coping, expectations • Role • Mental health narrative, history • Coping, role change, impact of role change, narrating • Coping mechanisms, views of self. Family views and support. Narrating 	<p>"You always feel like you want to be the <u>strong one</u>. You don't want to show weakness. And I know in this day and age children... well you're pretty <u>independent as parents</u>, especially as young parents. We didn't have any illness... apart from... my... oh well I can see now that <u>I was probably depressed for a lot of the time</u>. Like when the children were young and that. I look back and see the pattern and couldn't.... <u>gradually in time you get over it because the kids... get out of home</u>. So I think it was always there. But getting the support for it... but no... I've got to make my own decisions. <u>I've got to if I want to shift</u>. I've sort of made it. <u>They would be there if...</u> well once I've made the decision to do something....."</p>

(P4, interview 1)

Note: Underlined sections indicate researcher's highlighting of phrases and statements for analysis purposes.

A large number of codes, concepts, key words, phrases and statements were extracted from this process. All three interviews conducted with each participant were analysed in this manner. Glaser (1978) discusses the development of categories from the open coding process and identifies that categories are the over-arching frameworks or umbrellas that incorporate a range of phenomenon found in data.

Axial Coding

The development of five categories was assisted by the process of Axial Coding. The process involves putting data back together in different and meaningful ways (Strauss & Corbin:1990). In addition, Strauss & Corbin suggest the use of a 'paradigm model' to explain the overall relationships between features of the particular phenomenon recorded in the category. The key components include identification of causal conditions and associated properties that lead to the existence of the phenomenon or category along with the dimensional locations.

Making note of the context in which the phenomenon operates within or is situated in ensures that density begins to be built into understanding of the phenomenon. Additionally, conditions that intervene or come to bear on the phenomenon, strategies taken or not taken and resultant outcomes (anticipated and not anticipated) are unpacked in this model (Strauss & Corbin:1990). As stated previously, the paradigm model has much to offer, but was also considered

in much of the analysis to be prescriptive and not accurately reflecting the movement of the data at hand.

This process led to approximately 33 statements of relationship being made. Checking of these statements against data and information provided by participants was then undertaken. When variation or difference was found in the statements, further analysis was undertaken to identify what specific conditions, context, strategies and context lead to the variation for the participant(s). In many cases this lead to the further development of statements of relationships about particular phenomenon. Examples of consistency and variation in statement of relationships can be found in the following:

1. Statement of relationship occurring amongst all participants:

‘A person’s sense of self as a result of mental health factors relies directly on the construction of alternative narratives.’

(Note: Whilst not all participants agree with the diagnosis of mental illness prescribed for them, a range of mental health factors were cited as impacting on the narrated sense of self.)

2. Statement of relationship occurring variously amongst participants. (In this case, the statement applies fully to two participants, and to a lesser extent to the other two participants.)

'When a desire to return to pre-morbid functioning exists and the strategy of engaging in meaningful activity is used, narrating is a key method of ensuring this occurs.'

(Note: The variation in two participants exists as one participant did not identify as having a mental illness, therefore the notion of returning to pre morbid functioning is irrelevant for him. In the case of the other participant, she does not identify with "pre morbid functioning", in that she expressed feelings of being depressed for a particularly long time, therefore her recollections of not being depressed were not brought to the interviews.)

Selective Coding

Around the notion of selective coding the greatest variation between Glaser (1978 &1992) and the views of Strauss and Corbin (1990) can be seen. It is also the point at which most critiques of Strauss and Corbin's work present an articulated series of concerns regarding rigidity. The basic premise of selective coding is to focus on a core category as the unit offering the greatest explanatory and analytical depth. It is in the selective coding phase that Strauss and Corbin (1990) present the use of the paradigm model (described earlier in this chapter). In contrast, Glaser (1978) presents this process as one involving the refining of categories to produce the core category.

As discussed in earlier parts of this chapter, the paradigm model has been utilised by the researcher to certain degrees, but not strictly adhered to. The identification of the core category from other categories was reached reasonably quickly and then subjected to a range of saturation and theoretical sampling procedures to ensure that this category (Narrating) was in fact the core category that provided degrees of explanation and systems of relationship to other categories. The following figure provides a diagrammatic representation of the categories identified in the final analysis.

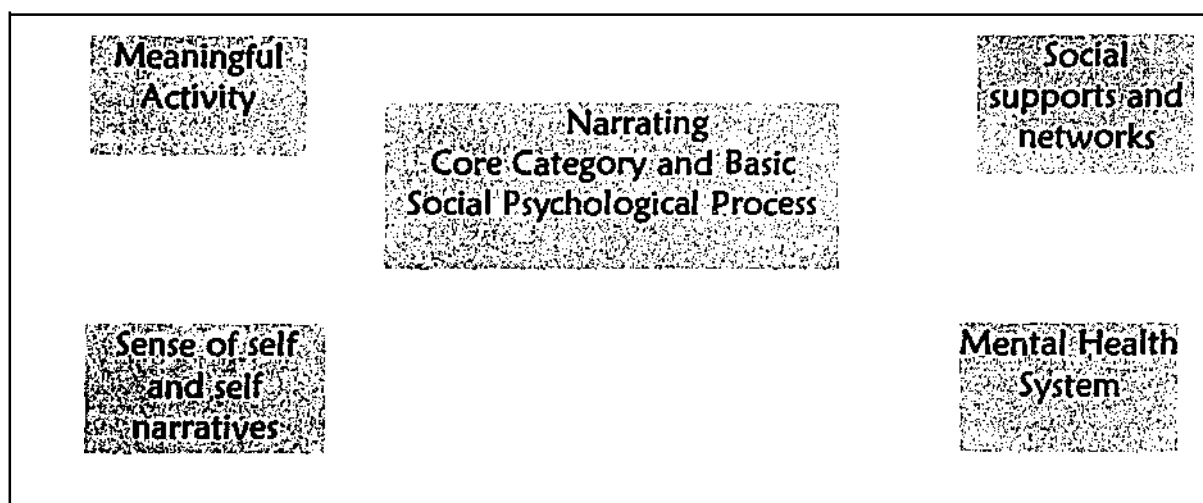


FIGURE 3.2 - CATEGORIES DEVELOPED THROUGH GROUNDED THEORY ANALYSIS

In providing explanation as to what the core category or Basic Social Problem (BSP) is, Glaser (1978) states that the BSP will account for the most variation in data, along with providing opportunities for integration of data. This process ensures that theory developed is dense and applicable in the majority of situations or cases. The BSP or core category will show itself to be regularly prevalent and have primary relationships to other categories. To this end, the core category of

narrating was found to be the phenomenon in the data that fitted with this criteria.

During earlier data analysis, the category of meaningful activity was considered to be a potential core category. However, it did not fit criteria for being a BSP in that it did not account for the most variation in the data, nor facilitate complete integration of data or statements of relationship between other categories or sub categories. Similarly, meaningful activity did not lend itself to adding density or applicability to the substantive theory being developed.

Glaser (1978) identifies 11 key points of assessment to ensure that a core category is in fact the core category. These points of assessment have been detailed earlier in this chapter. In returning to the example of meaningful activity having the initial potential to fit the core category model, it was found by the researcher that this category did not meet the criteria as set down by Glaser. In particular, meaningful activity did not have a clearly defined centrality to the storyline of participants (whilst being extremely important), it lacked a consistent fit with all participant's accounts of their experiences and in some cases, its relationship to other categories was weak or tenuous.

Glaser (1978) argues that there are two types of BSP, being Basic Social Psychological Processes (BSPP) and Basic Social Structural Processes (BSSP). These differences have been discussed earlier. Prior to the researcher deciding to utilise

the Basic Social Process system of analysis and explanation (referred to earlier in this chapter), it was identified that the mental health system of care, treatment and intervention had a distinct impact on participant's lived experiences, narratives, self identify and to an extent functioning. Participant's in the study reported consistently that the mental health system was a significant feature in their lives, with impacts categorised by participants as positive, negative and neutral. The consistently reported context in which participant's operate within is that of the mental health system. The notion of the impact of the mental health system on participants is comprehensively discussed in Chapter 4 - Findings.

Validity Issues

Validity or trustworthiness of findings in qualitative studies have the potential to be judged against quantitative standards for validity. Strauss and Corbin (1990) and Sandelowski (1986) argue against this occurring when judging the validity of findings obtained through qualitative methods of enquiry. Sandelowski (1986) suggests a range of techniques to ensure rigor in qualitative research projects. This study will be assessed against this criteria to reflect the validity of findings. Sandelowski argues that qualitative research should display "auditability", meaning that the steps undertaken by the researcher are clear and easily replicable by another researcher. Strauss and Corbin (1990) argue that this is an ideal and not easily achievable, given that a large number of variables come to play in a research project. They argue that it is close to impossible to have exactly the same

variables present in a subsequent qualitative study. However, Sandelowski (1986) argues for auditability on the basis of providing transparent processes that indicate to anyone located outside the research endeavour the types of strategies, steps and initiatives taken by the researcher. The following table (3.1) shows the 12 criteria Sandelowski suggests and how the researcher met these criteria.

TABLE 3.1
Assessment of Study Validity
(Sandelowski 1986:34-35)

Criteria	Auditability trail followed by researcher
Researcher's interest in the topic/study	Researcher employed by the non government agency involved in the study. The notion of how clients of the agency manage exit had been both a personal and professional interest for preceding four years, prior to commencement of study.
Researcher's views on the study	Viewed as essential to have sound understanding not only of how clients experience service during actual receiving stages, but also how the exit/discharge process is managed and any potential effects on clients.
Purpose of study	To gain understanding of how clients of the non government agency manage the transition to non supported living.
Degrees of involvement of study participants and methods of recruitment	Principles of participatory action research have been utilised during study to ensure the voice of participants is heard and valued. Recruitment strategies covered earlier in this chapter.
The impact of participants on researcher and vice versa.	Through the maintenance of a research diary, specific impacts on the researcher were noted and discussed during academic supervision. The impact of the researcher on participant's was monitored, particularly for areas of sensitivity.
Data collection methods	Covered extensively in prior parts of this chapter.
Length of data collection	Entire data covered over a period of 12 months
Setting of data collection	Covered in earlier parts of this chapter
Data analysis methods	Covered in earlier parts of this chapter
Weighting of various elements of data	Through use of grounded theory techniques as described earlier, and recognition of issues around power, knowledge and dominant discourses the core category was reached.
Inclusiveness and exclusiveness of categories	Through use of the paradigm model, statements of relationships between categories have been developed to show the flow of information and sub-categories.
Strategies used to determine 'truth value and applicability'.	Participants in the study have provided comment and feedback throughout the research process as to the fit and credibility of the findings. This is seen as an essential practical and philosophical tenet of the study.

Additionally, strategies used to check the fit and credibility of findings were employed by the researcher. Specifically, these involved returning to participants after final data analysis and development of a model of explanation of the substantive theory. This process involved participants being met in person by the researcher and the model explained in detail. A copy of the diagrammatic representation of the model was provided and feedback sought both at the time of interview and any time afterwards. Feedback from participants confirmed the study findings. Participants were able to conceptualise the process of narrating and associated categories. This was evidenced by participants relaying the findings of the study to the researcher, using their own words and relating the findings directly to their lived experiences.

Additionally, three staff members from the non government agency were approached and the model of substantive theory presented to them for external checking as to the fit from their perspective. Feedback from this group indicated that the findings were relevant and were an accurate fit for their experiences. Some of the findings (for example the primacy of the narrating process) were identified as surprising for the agency, however these were classified as being reflective of experience.

Limitations

Clearly, an identifiable limitation of this study is the number of participants involved in the study, hence a limitation exists in the immediate ability to generalise the findings from this research. However, the initial study design did not seek to develop theory or findings that would have a large target audience for generalised findings. The initial aim of the study (and the ongoing one) was to develop substantive theory about the localised context and processes of the small number of participants in the study. As will be discussed in Chapter 5, the study has opened up possibilities for testing the results in a larger study and with other methodological techniques.

Ethical Considerations

Written permission to conduct the study was obtained through the Edith Cowan University Committee for Conduct of Ethical Research prior to commencement. Approval was granted by the non government agency involved to recruit study participants. All components of the study met with National Health and Medical Research Council guidelines, with particular reference to individuals diagnosed with a mental illness or psychiatric disability.

All participants in the study were involved in a voluntary capacity and informed of their ability to withdraw from the study at any given time. Written and verbal Information on the purpose, extent and parameters of the study were provided at

the commencement of the study, with confirmation of this throughout the course of interviews. Informed consent forms were signed by participants prior to commencing interviews. Contact details for both the researcher and her Academic Supervisor were provided to participants in writing.

Confidentiality around participant's details was maintained, with code numbers being allocated when referring to information provided. Audio tapes of interviews were erased once typed transcripts had been confirmed as accurate by participants. Transcripts identified by Participant code number and date of interview, were typed by the researcher and stored in a locked filing cabinet in the researcher's home. Other raw data such as the researcher's memos, diagrams and notes are maintained in the same locked filing cabinet. This information will be maintained for a period of five years and destroyed after this time.

Conclusion

This study has primarily relied on grounded theory methodology for data collection and analysis. Other theories that have influenced methodology include Participatory Action Research, Strengths Perspective and Critical/Postmodern philosophical underpinnings. Whilst grounded theory methodology is the subject of much debate as to the practical application, the researcher utilised key components of the two primary debates about techniques.

CHAPTER FOUR - FINDINGS

Introduction

This chapter presents the findings of the study. The study has sought to determine the core variables that assist people diagnosed with a mental illness during a time of transition. The specific transition has related to people leaving a non government agency which provides psycho-social support services to people diagnosed with a mental illness. The major variable that has been found to assist people in this process is that of narrating about the experience of transition. The other core variables found to assist in the process of transition are undertaking meaningful activity; having sufficient support systems; having access to adequately supportive social networks; possessing minimal mental health risk factors; ability to self manage mental health factors; possessing adequate self esteem and confidence.

Grounded theory authors prescribe the use of either a Paradigm Model (Strauss and Corbin:1990) or Basic Social and Psychological Processes with inherent stages (Glaser:1978) as ways of gaining deep, rich, analytic understanding of data. Both of these models have considerable merit and in the opinion of the researcher greatly assist a dense exploration and subsequent understanding of the phenomenon at hand. Through assessment it has been found to be most appropriate to analyse and represent the findings in a composite style reflective of both of the above mentioned models. The use of composite analysis methods is not intended to dishonour the two distinct models, but rather, accurately mirror



the data emergent in the study. The data demonstrated rich and deep meanings and understandings by way of the constant comparative method and basic grounded theory techniques as discussed in Chapter 3 - Methodology.

Chapter Outline

The findings of the study include an overview of participant demographic, historical and transitional experiences. This overview of participants ensures that the individual voice and story of participants is represented in the study. Representation of participant's stories is reflective of philosophical underpinnings held by the researcher in the area of Participatory Action Research (PAR). PAR as described in Chapter 3 asserts that participants in research or evaluation projects are active and should have opportunities to be heard and represented. The presentation of participant's stories in the following text is seen to reflect this sentiment.

The findings of the study have identified that the Basic Social Structural Process or Context in which participant's operate is the formal and informal Mental Health System. Discussion around participant's experience of the mental health system is presented in the ensuing sections of the chapter. The Core Category, Phenomenon or Basic Social Psychological Process Identified is "Narrating". The different applications of narrating by participants are considered along with the function and purpose of narrating. The specific conditions, dimensions and

properties of the narrating phenomenon will be examined in addition to other key features such as the temporal nature of narrating, theoretical formulations, a process model of narrating in action and evidence as found in data of narrating occurring.

Four other variables have been identified through the study to assist the process of transition from the non government agency. These factors are identified as the presence of meaningful activity; the sense of self and associated narratives; the presence of support networks and social opportunities; and finally the mental health system and presence of mental health in an individual. Factors that come to influence the process of narrating are explored in considerable depth. The two types of factors are internal and external to the person. Within these two types other key categories of data with relevant paradigmatic relationships are explored. Finally, consequences of the processes as mentioned will be explored. Figure 4.1 shows the overall map of findings with core processes, impacting factors and resultant consequences displayed.

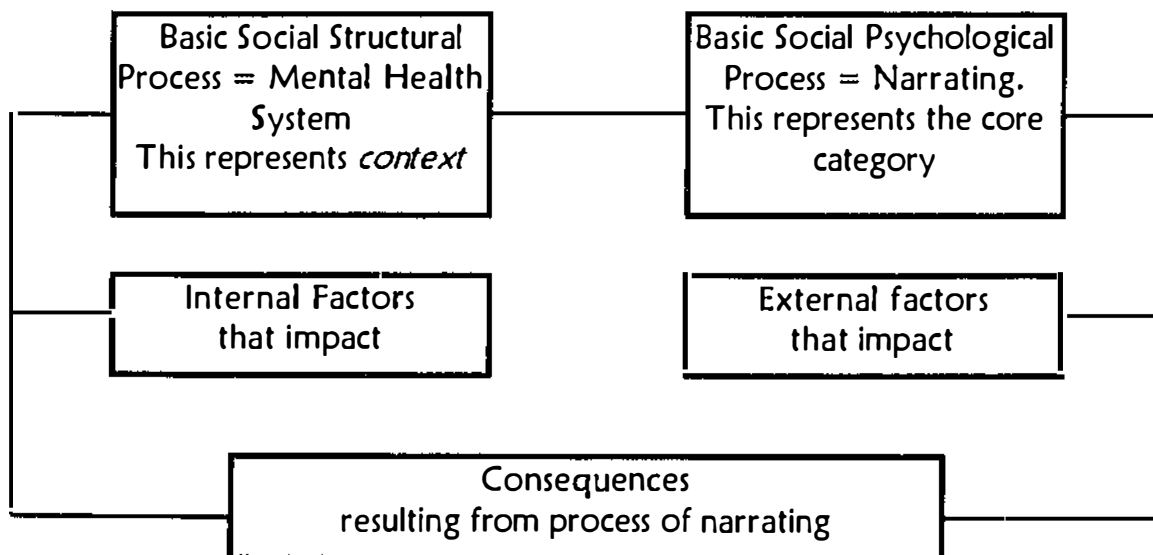


FIGURE 4.1 OVERALL MAP OF FINDINGS

The Participants

The sample size for the study was initially nominated at five participants. This sample size was seen to be adequate for data collection, analysis and interpretation purposes, as each participant was interviewed formally a minimum of three times, with extra informal contact also occurring. Four participants were involved in the study. From the initial sample size of five one participant did not exit the non government agency from which participants were recruited. The most significant inclusion criterion of the study was participants must be exiting from the agency. Participant five had a change in life circumstances and geographical location during the course of the study. This change lead to the participant Identifying the need to continue to receive services from the non

government agency. At this time, negotiation by the researcher with the participant lead to a cessation of involvement in the study.

Of the four remaining participants all met the selection criteria of:

- Having received a service from the Agency for a minimum of 12 months prior to the study and,
- Entering the discharge or exit phase of work with the Agency.

The sample group comprised three males and one female and ranged in age from 20 through to 62. One participant was in full time employment, another in part time employment and the other two not employed. Of the latter two, one was interested in obtaining employment but identified experiencing considerable barriers to obtaining paid work. The following provides an overview of each participant's presenting story.

Participant's Stories

Participant 1 (P1)

P1 is a 20 year old man. He identified as single, living with his brother who performed a 'carer' role for P1. P1 owned his own home, in which he and his brother lived. P1 stated at the first interview that he had received the Agency service for approximately 12 months.

P1 explained that he had instigated exit from the Agency as he felt that his life had improved and he was able to manage without support. P1's expressed rationale for 'taking control' and seeking exit from the non government agency was his stated belief that other people with serious psychiatric disability required the service more than he did. He explained that he came to this conclusion when he participated in group recreational events with other clients. At such events he assessed that most other clients were significantly more disabled than he. According to P1 this had the effect of compelling him to reflect on his abilities and degree of disability, leading him to conclude that others who were 'worse off' should receive the service instead of him.

P1 informed the Researcher during the first interview that he experienced a 'neurological disorder' of Tourettes Syndrome, accompanied by Obsessive Compulsive Disorder and Depression. P1 had experienced Tourettes Syndrome since childhood. P1 talked at length about his family structure, values and degree of support received from them. He explained that his parents are separated and he maintained regular contact with them. P1 is the youngest in the family, with four older siblings, some living outside of Western Australia.

In terms of friends, P1 said he had a large social network, describing himself as popular, with people appreciating his sense of humour. As with family, P1 did not utilise friends to share concerns or inner thoughts with, identifying that this would burden them. He stated he socialised frequently with friends, going to hotels,

night-clubs, movies and visiting them at home. P1 identified that during work with the Agency he developed new social networks with 'more mature' people. This was seen by P1 as related to his own maturation process.

A significant feature having considerable impact on P1's life was employment. In tracking P1 across the three interviews it became evident that employment was a core element of his life that had the ability to impact strongly on his outlook and hope. P1 was employed during the first interview, unemployed in the second and employed in the third. Whilst employment was a point of discussion in all interviews, it was most prevalent in interview two, with P1 lamenting his lack of employment and explaining the complex strategies he undertook to conceal his unemployment. This included 'hiding' his car away from his house so that if friends were to drive by, they would think he was at work.

P1 noted that employment was strongly related to his sense of identity, purpose and self-esteem. This was evident particularly during interview 2 when P1 identified no sense of purpose or goals, appeared to display poor self esteem and generally was lacking in hope about both his short and long term future. These factors were reflected upon in interview 3 with P1 agreeing that employment provides him with:

- A sense of purpose.
- An Impetus for goal setting.

- An identity that can be shared with others. For example, P1 stated he is able to socialise and name what he does with some pride.
- An improved sense of confidence and self esteem.

Participant 2 (P2)

P2 is a man in his 20's who lives alone. He had full time employment, living alone in independent community housing provided through a mental health scheme. He said he had received the Agency service for approximately 4 years at the time of the first interview. P2 described having a supportive family network. He identified that his family were available to listen and provide ongoing support in a range of areas. During the first two interviews, P2 noted that his family was his main support network and system. In addition, he noted that he spent a considerable amount of time with family members.

In terms of social supports, P2 noted that he had a small number of friends, although some changes had occurred in terms of the amount of time spent with friends by the final interview. In the last interview, P2 stated that he was spending more time with friends than family and undertaking a range of activities with them. A key theme in all three interviews for P2 was the desire to form an intimate relationship. P2 identified taking active steps to find a partner. P2 noted that social interactions posed some difficulties for him in terms of disclosure around mental illness. Of concern for P2 were his interactions at work, stating

that he is a 'quiet person' and finds social interaction difficult. He appeared to be conflicted by having a diagnosis of mental illness and not feeling free to disclose or discuss this with others, in particular at work. He said that when he did speak during group conversations at work, it went un-noticed.

Whilst naming difficulties and tensions around social interactions, P2 continued to 'take risks' and immerse himself in opportunities to expand his social networks. These include activities, recreation, joining groups and clubs and an ongoing attempt to engage with people on a number of issues. The impact of having a mental illness on social networks and interaction is experienced by P2, with acknowledgement made by him about the fear held by the broader community towards those with mental illness. P2 stated he had felt this directly and lost some friendships due to his having a mental illness. He had identified he does not wish to 'rekindle' these friendships, preferring to start afresh and seek new friends and acquaintances.

The place of meaningful activity was high on P2's list of priorities with paid work, study and recreational activities being important to him. He identified that the non government agency assisted him in obtaining work through facilitating his work readiness and preparing a Curriculum Vitae. P2 had been in this employment for approximately 3 years. He was undertaking study to support his employment. In addition, he participated in a number of recreational and meaningful activities which related directly to his goal to expand his social

network. P2 identified that activities promote his self esteem and ensure that he does not get 'stuck' in life by continuing to seek new experiences and opportunities.

P2 presented a mixed response to the effect of the non government agency no longer providing support. On the one hand he said that he didn't think about the non government agency when the researcher wasn't visiting, but also stated that he missed the 'companionship' and having someone to 'unleash' his problems or issues on. During interview 2 P2 noted that he had considered contacting the non government agency since the first interview, but had elected to attempt to solve the presenting problem and issues himself. He had done this successfully and felt proud of his ability to manage on his own without support from the non government agency.

Participant 3 (P3)

P3 is a man in his 40s who lived alone in independent community housing provided through a mental health accommodation scheme. His involvement in the research project was categorised by active participation and contribution. He submitted an article and diagrams to the researcher to assist understanding and further development of his conceptual understanding around particular issues.

P3 had spent approximately 20 years in both the criminal justice and mental health systems. He explained that he was found by the Justice System to be 'insane' at the time of the offence he committed. This offence involved P3 spending the first part of his sentence in metropolitan prisons, with the remainder spent at a Forensic Unit in a psychiatric hospital. P3 provided considerable information on his experiences within these two types of secure facilities.

During the first interview P3 spoke mostly of the mental health and criminal justice systems and what he viewed as the inherent power and control issues within these systems. He stated that in his view there are clear distinctions, benefits and disadvantages between the two institutions. A commonality between both systems was the enforced isolation which P3 noted encompassed networks, society, family, 'sane' people and intellectual stimulation. During incarceration P3 obtained a Tertiary Degree and began study for another degree. Throughout all interviews P3 noted a sense of 'being under the thumb' of the justice and mental health systems. During the course of the interviews P3 was released from Involvement in the Justice System to the mental health system. This was far more palatable to P3, although not completely satisfactory.

P3 provided considerable information on how he 'survived' both justice and mental health systems over an extended period of time. This information also related to how P3 explained his ability to cope with change or adversity. P3 related that he came to understand during the course of his incarceration that he

needed to 'play the game' which involved following the rules and regulations (formal and informal) within both facilities. P3 was clear that whilst he came to understand and abide by regulations he did not give himself up to the regulations.

The following quote from interview 1 gives some insight into how P3 believed he survived both systems:

Yes, play the game. Especially.... when I was inside I thought this is pretty bad, something should be done about this, but I said to myself, there is nothing I can do about it while I'm in here. You are one individual, people on the outside who care for me are very few, but those that do are more concerned to see me released than to be involved in any campaign to change the system. (P3: Interview 1 p6)

In exploring his sense of self, P3 noted throughout most interviews that he had a different experience of mental illness to that of others with similar experiences or diagnoses. P3 did not believe he had other episodes of mental illness since that time and attributes periods in psychiatric hospitals whilst being incarcerated in jail as related to him speaking out, and not being psychotic or mentally unwell in any way. P3 explained that he is not able to speak generally about the experiences of people with mental illness as he does not belong to this category of people. In P3's construction of a narrative about people with mental illness he does not include himself in this story. Consider the following quote:

...When it comes to my own personal experiences, I ...was found not guilty on the grounds of unsound mind which means that I was temporarily insane. ...I would maintain that I haven't been insane since that time. And the times that I've been in trouble, I've done something wrong. Like once I made a speech to a group of prisoners and they arrested me and locked me in (Psychiatric Hospital) Since then I haven't had any problems, you know. So, my experience is not a very valid experience from the point of view of the mentally ill. (emphasis added)

(P3: Interview 1:11)

Similarly, these features relate to P3's description of how he copes. He stated that he has a strong ability to cope with change and values his independence in being able to cope and make decisions about his life by himself.

The role of meaningful activity appeared to be important in P3's life and was in the form of study, involvement in political groups and committees, sharing knowledge and fulfilling purposeful roles. This relates to his vision of himself as a reformer of the 'system'. Throughout the course of the interviews P3's involvement in activities related to mental health decreased and to a lesser extent criminal justice reform. P3 explained this by stating that he was keen to increase his independence and saw that movement away from the mental health system was a necessary first step.

In relation to the non government agency, P3 clearly identified that they had a distinct purpose to serve. He noted that this was to facilitate his release from hospital and the justice system. He identified that the non government agency had been successful in doing this and therefore, exit from the service was appropriate as the non government agency had 'served their purpose' and were no longer 'useful' to P3.

Participant 4 (P4)

P4 is a woman in her 60's who lived alone in her own home. She had four adult children and is divorced. At present she is not involved in an intimate relationship. She identified having been diagnosed with depression and taking anti-depressant medication. She had limited and sporadic contact with a Psychiatrist, preferring to relate to him when she felt depressed or unable to cope. Most of her medical and mental health needs were met by her General Practitioner.

The series of interviews with P4 were markedly different from those with other participants for one primary reason. The non government agency worker that P4 had worked with for some time died during the course of interviews with the researcher. Whilst formal exit from the service had taken place and P4 did not consider herself receiving a service from the non government agency, it had been planned between P4 and the non government agency worker to have one more

contact. This contact had been for the purpose of exchanging a gift that P4 had made for the worker.

In terms of the interview and research process this incident raised some specific issues. In particular, the researcher noted that she moved outside of the pure research role into a role of supportive listener and concerned person in relation to P4. The researcher had a significant relationship with the non government agency worker, therefore the notion of reminiscing and sharing views on her life and death occurred between the researcher and P4. In addition it was the researcher that informed P4 of the worker's death. P4 identified this came as a 'great shock' to her. Wuest (1995) discusses the relationship between participant and researcher from a feminist grounded theory perspective. She argues for acknowledgement of power differentials and awareness of differing needs in the research interview process. She argues that there is a "...fine line between genuineness, self disclosure and manipulation in grounded theory and feminist research." (1995:130) The features of acknowledging issues of genuine concern and self disclosure were evident during this stage of the research, with particular reference to the researcher/participant relationship.

In describing her experiences, P4 identified that she believed she has been depressed for a considerable period of her life, but it was untreated. She remarked during one interview that she had come to believe that she was meant to be 'miserable' for her whole life prior to receiving treatment for depression. P4

noted three major factors that contributed to significant depression that left her 'paralysed' with 'no feeling' and immobilised for a considerable time. These factors were:

- The breakdown of her marriage
- Her children moving out of home
- The death of her mother.

These three factors were directly related to the role of meaningful activity and purposeful role for P4. She identified the need to be active, helpful and purposeful. The breakdown of her marriage not only involved grief, loss and a sense of betrayal (her husband commenced a relationship with a younger woman) it also involved the significant loss of the role of 'wife' and 'homemaker'.

The second major incident of her children moving out of home was referred to by P4 on most interview occasions and considered by P4 to be a significant and contributory factor in her mental health breakdown. P4 expressed the view that her role as mother was an extremely important one to her. The researcher coined the term 'family facilitator' to describe this role. The role of family facilitator encompasses the support of children (adult or otherwise); support of grandchildren; being able to contribute practically to the lives of her children; being helpful within the family; being emotionally 'strong' and not showing

emotional vulnerability to the family. P4 agreed with this term, identifying it matched how she perceived her role in the family.

The third causal factor attributed to her major 'breakdown' was the death of her mother. The role of carer and helper was one assumed by P4 during the last year's of her mother's life. Whilst her mother lived in a country town some 7 hours drive away, P4 dedicated considerable time to the care of her mother.

In terms of social relationships, P4 related these as having a direct impact on her ability to cope. During all interviews, P4 identified the importance for her to have friendships and relationships that involved 'depth' listening and communicating. She noted that she has not found these since the exit from the non government agency. Another phrase coined by P4 in describing her needs for social support was 'someone interested in you'.

During the course of the interviews P4 became involved in an older women's network which had a social and peer support purpose. This activity proved meaningful for P4 and she expressed during interview 3 that it was meeting many of her social and support needs. She had not yet connected with someone who was 'interested' in her, but was finding that mutuality existed in the friendships. In the course of discussing this involvement, P4 noted that she would not become involved in the management committee of the group, as she was a facilitator not a

manager. In exploring this, it became clear that P4 viewed herself as best at facilitating the success of others 'behind the scenes'.

P4 noted the direct correlation between having substantial levels of meaningful activity and coping. This coping included change and her depression. Throughout all three interviews, P4 noted the importance of keeping active involving a range of activities, along with busyness being the best antidote for 'low days'. Whilst P4 noted frequently that keeping up a satisfactory level of meaningful activity could be 'a bit much at times', she continued to identify the importance of this in her life. Other activities undertaken by P4 included hobbies, tennis, care of her animals, shopping, the upkeep of her home and family involvement.

P4 identified that coping required specific skills and regular action (in her case keeping busy or involved). In addition to the notion of keeping busy, P4 noted that it was important for her to find meaning in the activities she undertakes. For P4 coping with adversity and change was significantly assisted by 'other people accepting you and treating you as a human'' (P4: Interview 3:5). In addition, the ability to accept herself and set limits on requests from other people were identified as facilitating coping.

P4 described the work the Agency conducted in positive and valued terms. She identified that the way in which the service was delivered was important (that being in people's chosen environment). In addition, she reported finding the

workers to be accepting and interested in her. The acceptance by agency workers of P4 in any way that she presented was considered important and essential by P4. The 'pace' at which the service was delivered to P4 was significantly positive. This also related to P4's exit from the service with P4 noting that whilst she had feelings of sadness when was first exit raised, she came to see that she was mentally healthy and coping much better than when the Agency first started working with her. In this, she identified positive changes in her life and an enhanced ability to cope and participate in life.

The following section will consider the significance of the mental health system on participant's lives and experiences. This mental health system has been found to be the Basic Social Structural Process. To this end, exploration of the facets of the BSSP will also be considered,

The Person in Context -Discovery of the Basic Social Structural Process
The context in which study participants were located in has been categorised by applying the concept of Basic Social Structural Process framework. The following text will consider the phenomenon. Glaser (1978:102) describes Basic Social Structural Processes as "....social structure in process...". In explaining the concept of context Strauss and Corbin (1990:96) identify that it is "....the particular set of conditions within which ... strategies are taken". Other meaning taken from these two concepts include the broader picture or macro context in which people are

located within. Often this bigger picture is in process as Glaser points out (1978), and may be closely or distantly related to the lived day to day experience of the individual.

Findings clearly indicate that the context in which participants operate within is the Mental Health System. This contextual location is not surprising given the necessity for research participants to have a diagnosis of mental illness to meet inclusion criteria for the study. However, the influence that this structural process and system was found to have upon participants was not anticipated prior to commencing the study. The extent and degree of influence was described by participants in different ways.

In the case of the Mental Health System's influence over participants was obvious to the researcher through observation whilst also being reported by participants.. The 'system' in Western Australia comprised a range of services located both within government and non government agencies. As with most psychiatric systems of care the historical and currently dominant philosophical base underpinning service delivery, can be described as a medical model. (Non government agencies tend to exhibit philosophical underpinnings that vary from a pure medical model.) The medical model emphasises the importance of drug treatment in the management of mental health symptoms and features. Similarly, historical emphasis has been placed upon hospitalisation as part of treatment.

Many authors have expressed the tenets of the medical model (Jones:1988, Morgan:1993, Barham & Hayward:1991).

This system has seen changes in Western Australia in the last 10 years. The contemporary movement in the Psychiatric field has been to deinstitutionalisation and increased accent on community based care. Decreased availability of hospital based care has accompanied this movement. Financial resources utilised to support hospital care have been transferred to community based care for individuals (Mental Health Division of WA:1998). Emphasis is placed on the process of change is evident, which is identified as a key element of Basic Social Structural Processes. Bowden (1991) quoted in Morgan (1993:2) captures the move from hospital to community care well:

The move to community care is much more than simply providing the same services to people in a different environment. It is about a change in culture and a fundamental change in the power base of service delivery. It is about negotiating with users and carers what it is that meets their agendas rather than the prescription of service following an assessment.

The mental health agency from which study participants were recruited operates from hospital to community based care principles. It emphasises notions of rehabilitation and has a philosophical service delivery base of psycho-social interventions. Staff within the agency are primarily from non-medical professional disciplines. (Ruah Inreach Annual Report:1998)

Similarly, increasing weight is being placed upon the importance of rehabilitation as opposed to maintenance, the role of carers and significant others and consumer movements that seek to have the consumer voice heard. (Smith et al:1996) This change in service delivery direction is relatively new in Western Australia, with deinstitutionalisation commencing in the 1980s. Numerous studies and articles have highlighted issues of power inherent in systems such as the Mental Health System (Jones:1988, Barham & Hayward:1991, Church:1995 et al). Some participants in this study articulated this, emphasising the degrees of powerlessness they experienced and requirements for adaptation felt in relation to this factor. Consider the following quote:

When you talk about the environment, people respond to their environment. This is the thing, that we as individuals are not free agents because we have certain powerful institutions to deal with. And we've got relations with them and we have to adapt our... thinking and our actions to suit them. For instance, the Justice Ministry or Mental Health Department, you've got certain things that you have to abide by to satisfy them. (P3:Int.1:28)

In terms of psychiatric diagnosis the participants are not a homogenous group. Two participants had diagnoses of Schizophrenia, one Tourettes Syndrome combined with Obsessive Compulsive Disorder and the other Depression. The two participants diagnosed with Schizophrenia reported the most conflict or difficulty with the Mental Health System. The participant to present the strongest

version of his experiences with the Mental Health System was P3. P3 identified feeling 'under the thumb' of both the Mental Health and Criminal Justice Systems. He identified that this led to feelings of powerlessness, limited privacy and life choice and needing to 'play the game' to survive both systems. The following quote provides an example of the internalisation of experiences of P3:

There is nothing you can do while you're in there (psychiatric hospital).
Because your word is not accepted. You're words are considered to be the
ramblings of a mad man. (P3 Int. 1:29)

In contrast P1 and P4 did not express feelings of being controlled or oppressed by the Mental Health System and had a relationship of engagement and potentially dependence on the Mental Health System. This reliance or dependence is not seen to necessarily be unhealthy, but a way of coping with symptoms and factors related to their individual mental health issues. The following quote by P4 provides insights into the relationship with the mental system she experiences:

I've got to keep on going back to Dr. X. (Private Psychiatrist). I haven't
seen him since before Christmas. I've had two appointments, and the first
one I felt I didn't need to go, so I didn't. I had other things on..... He
always says 'You just ring up when you feel like you need to come'. (P4;
Int. 1:3-4)

P2 represented a somewhat distinct view about the Mental Health System. He identified oppressive features of the 'system', yet noted the ongoing need he had

to receive treatment and engage with professionals employed within the system. P2 presented a picture of continuing to have some degree of control over his involvement in the system by discussing his ability to negotiate treatment type and level with his treating psychiatrist. P2 noted this gave him some hope about one day not being involved in the 'system' and if needing care, receiving it from a General Practitioner as opposed to a specialist (in this case Psychiatrist).

The Mental Health System and Recovery

Notions of recovery for the individual participant are important when considering the context of the mental health system. A medical model does not generally incorporate notions of recovery in terms of major psychiatric disorders. Rehabilitation is seen to be a different concept in that it relates to a best possible outcome relationship as opposed to a total recovery from illness or disability. This best possible outcome involves enhanced functioning in a range of areas for the individual including self management of the illness/disability. In addition, Morris (1993) argues that rehabilitation is not merely about the re-settlement of people from hospital to community. Rather, it is argued that rehabilitation concerns the long term adaptation to the constraints and difficulties associated with having a mental illness. Notions of social functioning, physical and psychological functioning and impact of psychiatric disorder are considered primary.

All participants referred directly or indirectly to notions of recovery. P2 presented with the most articulated vision of recover. This in itself represented the process

of narrating that will be further explored in the following sections. However, it is important to note that the notion of recovery for this participant lead to a sense of hope, motivation, enhanced life functioning and quality of life. Whilst other participants may not have expressed such clearly articulated views, beliefs and hopes about recovery, it is a theme consistently running through data and individual stories of participants. The following quote from P2 showed this in response to a question from the researcher about what the non government agency had assisted him with during the intervention period.

Believing in myself. That they (the agency) were there to help me believe in myself and that I can get through this and get on the mend again.... (P2 Int. 1 p6)

The Core Category to Assist Transition - Narrating

Introduction

The following section will explore the principles and processes associated with narrating as a broad phenomenon. In order to establish the basis of narrating as used in the study, the following definition has been developed to explain what narrating is within the context of this study. The definition of narrating as used in this study is:

Narrating is a process undertaken by an individual which describes:

- Past and present experiences,
- Hopes, desires and goals,

- Beliefs about self, others and the environment occupied by the individual.

The narrative constructed is materialised in action taken by the individual or externalised versions of the narrative shared and enacted with others.

Narrating provides opportunities for the individual to make meaning and sense of a range of potential and actual life experiences. This process utilises cognitive processes undertaken by the individual involving awareness of thoughts, beliefs and perceptions. In particular, these cognitive processes lead to individuals constructing specific narratives about how they manage transition, change or adversity. In addition, narrating has a component of psychological depth which extends the process beyond a purely cognitive technique involving reframing of negative thoughts into positive thoughts and adjusting behaviour accordingly.

Outline of Discussion About Narrating

The concept and finding of narrating as a core category has depth and potential complexity when it comes to explanatory frameworks. Therefore, an outline of the discussion of narrating as the core category is offered to assist the reader in linking the elements together. The properties and dimensions of narrating have been provided to unpack the key elements that go towards comprising narrating. Breaking concepts down into properties and dimensions is recommended in the grounded theory method (Strauss and Corbin:1990). The process involved to identify narrating as the core category will be described along with the relationship that narrating displays to the other categories identified through the

study. (These categories have been treated separately and will be discussed in detail following the discussion of narrating.) This section will then examine evidence of narrating as located in the study findings. Brief consideration will be given to other applications of narrating by participants and theoretical frameworks of narrating. A focus will also be applied to narrating as a process in action, with diagrammatic representation of this being provided. In conclusion, attention will be given to the temporal nature and features of narrating and the impact of dominant narratives upon narrating attempts by participants.

Properties and Dimensions of Narrating

As mentioned previously, a core component of grounded theory methodology involves identifying the properties and dimensions of categories. This allows for in-depth understanding of the phenomenon at hand, along with beginning to build statements of relationships between categories. Table 4.1 (found in the Appendix) provides details on the properties and dimensions of narrating as identified in the study.

Arriving at Narrating as the Core Category

Glaser identifies 11 key points of assessment to ensure the accuracy of assigning a core category. These points include centrality to the whole story or information; frequent occurrence; it has definable and strong connections to other categories; has 'grab' and is representative of a 'dimension of the problem' (1978).

The core category of narrating has been arrived at through considerable discernment, analysis and saturation. Narrating is central to all data, participant stories and resultant findings. Narrating has many forms and faces, yet remains a constant variable in the data. It is an inescapable feature of the study. In terms of occurrence it is prevalent in each of the participant's stories and their multitude of experiences. The following is a synopsis of each participant's narrative around coping with the transition of exiting the non government agency in the study.

P1 exhibited a narrative around responding to the transition being studied based on:

- Being unlike other clients of the agency and identifying as not being as disabled as these clients. He stated he was "better off". (P1: Interview 1)
- Having a sound grasp on maturation processes.
- Being self sufficient and able to manage independently.
- Recovering from mental illness.

In addition, an undercurrent narrative is evident which promotes the need for P1 to cope at all costs. This leads to P1 investing considerable energy into making his narrative a lived reality.

P2 has a narrative based on the following features:

- Recovery from mental illness
- Hope of returning to pre morbid functioning.

- Motivation to have quality of life
- Undertaking considerable activity to ensure mental health.

This narrative serves as a primary motivating force in P2's life.

P3 exhibited a narrative reflective of his life based on the following:

- Identification as always being able to cope with adversity or change.
- Not being mentally ill.
- Being a competent individual who shows independence in his life.
- Being able to 'play the game' to survive difficult circumstances.

P3's narrative is one of coping and managing life circumstances as they arise. It also included a notion of health, not ill health.

P4 in contrast displayed initially a less defined narrative. However as time elapsed during the course of interviews, her narrative became stronger in the following areas:

- Ongoing levels of uncertainty about her ability to cope which is strengthened more as the narrative is lived.
- The need to replace outgoing support structures (in the form of the non government agency) with other more naturally occurring structures.
- Considering herself a facilitator as opposed to an organiser.
- Recovering.

This narrative has lead P4 to increase her ability to manage and articulate such an ability.

Narrating and the Connection to Other Categories

In terms of connections to other categories, narrating brings about natural and identified relationships. This will be explored in detail further into this chapter. However, it is suffice to note that narrating is an intrinsic part of each core category along with being a strategy, consequence, context and intervening condition of each category. In terms of “grab”, narrating has a deceptive simplicity about it, yet has profound implications for individuals and related systems as an explanatory tool. If the relationship (potential or real) to formal theory is pursued (as Glaser suggests), the possibilities for re-consideration of professional intervention techniques with this group are substantial. This will be considered further in Chapter 5 - Discussion. Similarly, narrating as a concept has the potential to be carried through on an analytical level at multiple points.

Glaser (1978:96) suggests that the core category “...is a dimension of the problem”, which in the case of narrating occurs. The ‘problem’ being identification of how the participant group copes with transition - the response being narrating is the most significant way that participants cope with the transition and in this it is a dimension of the problem.

Along with being the identified core category, narrating is found to be a Basic Social Psychological Process (BSPP). Glaser (1978) identifies that a BSPP has a range of characteristics, the key being an emphasis on psychological processes and secondly the existence of two or more stages. Narrating as found in this study is processural by nature and existence. Stages or steps in the process are also evident. However, a word of caution. The researcher prefers the term phases as opposed to stages or steps. Stages and steps infer a linear movement from one or more stages to another. Phases on the other hand is taken to infer a dynamic movement and interaction between points within the process. Figure 4.2 displays the core and other key categories found in data.

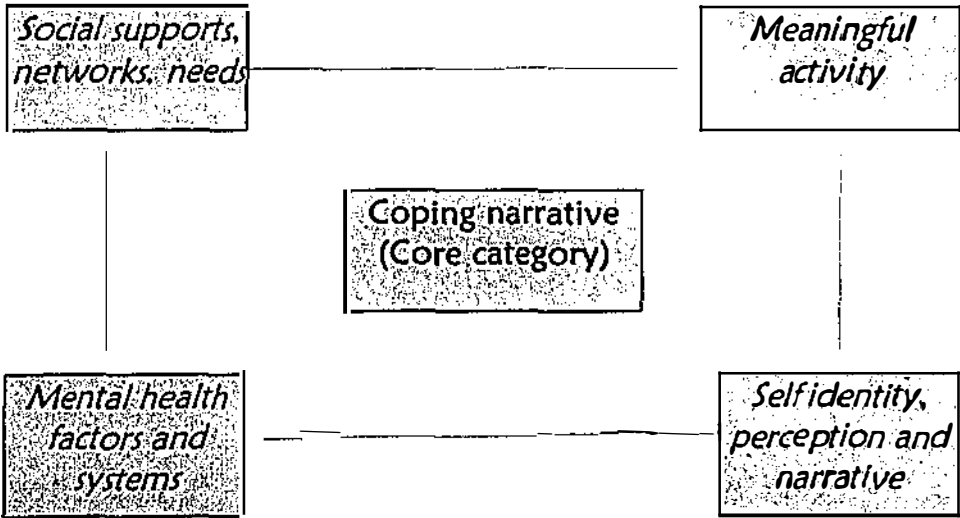


FIGURE 4.2 CORE AND RELATED CATEGORIES

The above figure shows the core category of the coping narrative as central and related to the other four main categories of self identity; mental health factors and

system, social supports and meaningful activity. A dynamic relationship exists between these categories, with the coping narrative being defined as the core through saturation and ensuring that it had conceptual density along with the greatest explanatory power of all categories.

Evidence of Narrating as the Core Category

In order to provide evidence of narrating as found in the data, some examples of quotes provided by participants are offered, followed by analysis of the concept narrating.

Quote 1

When it comes to my own personal experiences,.... I was found guilty on the grounds of unsound mind which means that I was temporarily insane. I would maintain that I haven't been insane since that time. The times that I've been in trouble, I've done something wrong. Like once I made a speech to a group of prisoners and they arrested me and locked me in (psychiatric hospital name). Since then I haven't had any problems. So, my experience is not a very valid experience from the point of view of the mentally ill. It's a different story. I have had a touch of what it's like, because I had that episode when I was arrested and charged, but I haven't had that regularly and it hasn't been debilitating. (P3:Int. 1 p15)

In this quote, the narrative explores the participant's sense and meaning making ventures around the mental illness diagnoses given to him. He also makes sense of

temporary insanity as it applies to him. In narrating about himself and temporary insanity, he identifies not having a long term mental illness or disability. This leads to construction of narrative involving health, functionality, ability and competence. These features are not usually associated with disability or mental illness. In relation to the study topic of leaving the non government agency, this narrative supports the participant's ability to cope with the transition. This occurs by the participant noting that the mental health system has limited functionality or purpose for him as he identifies as not having a mental illness. Therefore, the notion of leaving the non government agency and not receiving psychosocial support was not identified as difficult or problematic for P3.

Quote 2

Prior to this quote P1 is discussing his friendship with a man he previously worked with. P1 is no longer employed in this work and at the time of the interview, unemployed.

I've just been hanging around him (ex work friend) a lot and they (ex work colleagues) all ask 'When are you coming back...?'. I can't say I don't know when, and the worst thing is no-one knows this, but I tend to.. lie to cover up my embarrassment about being unemployed. Like I'll say I work for another company or something, and I can full on get away with this lie. They think... just compulsive liar. Not a compulsive liar, but I'm that embarrassed that I'm unemployed they'll think I'm a bludger that I've made up I work here or (as a) brickie's labourer. On purpose I won't be

home in the day so people think I'm working. It's crazy. (I) hide my car around the corner so people think I'm at work. It's just crazy. I don't know, I'd like to go see a counsellor. (P1:Int. 2 pp10-11).

In this quote, the participant recounts a narrative associated with his identity and meaningful activity. He has made a direct connection between having employment and the valued role and status associated with this in Western culture. Additionally, we see that the participant has taken extensive measures to ensure that the narrative is real to others as well as himself, by moving his vehicle away from his home. In relation to the transition of leaving the non government agency, this narrative has specific relevance. P1 clearly identified that meaningful activity was a primary source of means of coping with change. The narrative described above fits the participant's need for meaningful activity and valued roles. The participant also identified that this narrative of employment when in fact unemployed served to motivate him to find employment in the long term, which in turn assist his coping abilities and independence.

Quote 3

You always feel like you want to be the strong one, you don't want to show weakness. I can see now I was probably depressed for a lot of the time ... when the children were young. I look back and see the pattern and... gradually in time you get over it. So I think it was always there (the depression) but getting the support for it.... I've got to make my own

decisions. I've got to if I want to shift. I've sort of made it, they (the children) would be there. (P4:Int. 1 p6)

In this quote the participant shows a process of narrating around a number of factors. These include being the 'strong one', the trajectory of depression: the retrospective sense making ventures about depression and 'getting over it' (the depression). This quote shows how the participant has coped with a range of problematic factors through the process of narrating. This particular narrative of being able to cope and the 'strong one' role have been major factors in facilitating the participant's ability to manage the transition of leaving the non government agency.

Whilst not a direct quote as the interview was not taped, P2 provided detailed information in Interview 3 about his use of narrating as a core process in coping. He explained that whilst he has been given a diagnosis of Schizophrenia, and whilst most of the time the diagnosis explained some thoughts, beliefs and phenomenon that he experienced, it did not provide a full explanation for him.

He described not 'giving up' to illness or schizophrenia. This came about when treating staff provided explanations for what he was experiencing from a framework of mental illness and associated symptoms. He said that whilst he believed some parts of his beliefs are about illness or schizophrenia, some beliefs were not. For example he said that he had 'suspicions' that ASIO or the CIA had

him under surveillance in the past and in addition the media broadcast to him directly. He laughed when recounting this to the researcher. However, P2 did not attribute these beliefs in total to illness or schizophrenia. He stated he 'holds' onto them as valid and having meaning. He was quick to point out that he does not act on them or feel the need to. P2 stated that by holding onto what he believed to be true, he did not 'become' the illness or schizophrenia or give over his entire self to it. These views as expressed by P2 form the narrative that he used to manage the transition of leaving the non government agency. That is, an individual capable of managing the transition and able to lead a satisfactory life. This narrative is also essential in his ongoing desire to reduce his involvement in the psychiatric system.

Other applications of narrating

This study has found that a range of techniques and strategies are employed by participants when responding to change, transition or adversity. Whilst the study focused on strategies used when participants experienced transition around psychosocial support levels, participants also provided information on how they cope with other facets of their lives. The use of narrative as a coping mechanism was identified in areas such as relationship breakdown, diagnoses of mental illness, symptoms of mental illness, forced involvement in the mental health system or treatment, monitoring and assessment; life role changes; improvements in quality of life and general functioning and a myriad of other areas.

Theoretical framework of narrating

Narrating or alternative narrative construction has received considerable attention in literature placed within the post-modern paradigm of enquiry and understanding. Ochs (1997) argues that narrating is a key component of life that traverses large terrains of an individual's life. She suggests that the most fundamental form of narrative is general conversation with notions of co-authoring occurring when people engage in conversation together (1997). This may involve the seeking of clarification by another party or direct input into the conversation by disagreeing with the narrative being presented by the primary storyteller.

In the context of this study, the above concepts have direct relevance. It is reasonable to state that a degree of co-authoring took place in the interview process. This occurred by way of the researcher asking questions (usually predetermined through the interview guide) of the participants. In particular, clarification was sought of statements or inferences made by participants. This process lead to co-authoring taking place about the topics being discussed. Transcripts of interviews ranged in size from 5 to 37 pages. This equates to an approximate word number range of 1250 to 9250 words per interview. Whilst word numbers do not directly relate to the existence of narratives, a considerable degree of richness of text and story lines were generated by these interviews and subsequent transcripts.

The following excerpt from a transcript shows this process of co-authoring particular in terms of the language used to describe leaving the agency and how the participant came to report his readiness to leave. In addition, we see the use of a narrative of wellness ("I want to see what else I can do."), being used to make sense of why exit from the Agency was good for P1.

Interviewer: I'd just like to ask you a bit about the leaving (agency name) and how it was raised with you. What words have been used? Leaving or exit? What are you calling it?

P1: Exit.

Interviewer: Exit, okay. How was it raised with you? How did it come up?

P1: Oh.. I brought it up actually. I talked to one of the counsellors or workers and said 'Oh, at the end of the year I'd like to move on.' Not that I don't like it. I like it a lot. I'd love to stay, but circumstances make it difficult, so I can't really stay. No-one is pressuring me. But, I want to you know, see what else I can do. if you know what I mean.

Interviewer: So it that about you wanting to be more independent?

P1: Yeah, and also what I call my neurological condition is getting better as I get older. (P1/Researcher Int. 1:4)

Types of Narratives

In the case of this study the narratives told have relied primarily on the spoken and then transcribed word of participants. It is noted that narratives also encompass body language, music, drama and poetry (Ochs:1997). This begs the question, what is narrative in process? Authors agree that there are some basic underlying principles associated with narrating as a process. These include that human beings are interpretative of their actions, experiences and surroundings. This statement is suggestive of individuals acting recursively, and with degrees of consciousness. The action of interpreting occurs within a defined context. This context facilitates making meaning and sense of the above mentioned actions, experiences and surroundings. (White: 1994:13-15)

Narrating as a Process in Action

When explaining the relationship of narrative to context Kerby (1991) argues that "...the parts can be understood only in relation to the whole..." White (1995) uses concepts he identifies 'borrowing' from other theorists entitled 'landscapes of action' and 'landscapes of consciousness'. Landscapes of action relate to the "...events, sequences, time or plot" (1995:30) of the presenting issue or problem. In other words the concept refers to the practical components and description applied to an experience, interaction, event or action. The latter concept of landscapes of consciousness relates to the meaning applied to and made of, the aforementioned. It implies a dynamic relationship between action and

consciousness or meaning. The following section will examine how the three concepts of action, interpretation and consciousness have been found in this study.

In exploring the interpretation by participants of events, actions, behaviours and experiences, numerous instances can be found of such in the data. Two examples of this process will be considered. The primary example being the process of action, interpretation and consciousness in the transition of leaving the non government agency. The second related, but non primary example is that of participant's acceptance of diagnosed mental illnesses and the narrative constructed accordingly. The following figure provides diagrammatic explanation of the process of action, interpretation and consciousness in action. This model has been developed to provide information on the phases associated with participant's making sense of leaving the non government agency. Glaser (1978) identifies a Basic Social Process will have a minimum of two inherent stages. As previously mentioned, the researcher prefers to consider 'phases' which indicates a fluidity to the process. Nevertheless, the following model displays a process of meaning and sense making of exit from the agency, utilising narrating as the core variable to facilitate this transition.

ACTION = Introduction of notion of leaving non government agency. In the majority of cases this is introduced externally by agency workers. However, in the case of one participant, he introduced this to the agency worker.



INTERPRETATION = Sense making ventures by the individual. Specifically, this involves individuals applying the fit of not receiving services or support from the non government agency. For example, P3 was provided with two options regarding ongoing service delivery from the non government agency. The first option was to exit the agency or the second being if P3 felt it necessary, transfer to another worker. (The primary reason given to P3 for the exit was that the key worker was taking up other duties in the agency and no longer available to P3.) P3 opted to leave the agency after assessing the fit of the information provided to him.



INTERPRETATION AND CONSCIOUSNESS This sees the individual considering and conceptualising what life will be like without the agency. Following this, perceptions of self as independent and capable are considered with consciousness. Notions of expected and prescribed views by others of the individual's independence and capability are interpreted and made sense of. An example of this within the study concerns P2. In particular, P2 located leaving the non government agency within a broader picture and hope of his to reduce his involvement with the psychiatric system.



CONSCIOUSNESS AND NEW ACTION = Testing out the fit of independence with reduced support needs occurring. This may take place in interaction with significant others or through specific actions taken by the individual. An example of this is found in P4's narrative around finding new supports and activities with networks of friends.

FIGURE 4.3 MODEL OF NARRATING PROCESS.

Temporal nature of narrating

Of particular interest to this study is Och's statement in relation to narratives involving a time related transition or shift. To quote Och "...all narratives depict a temporal transition from one state of affairs to another." (1997:189) Given the focus of this study in terms of transition and changes, the identification of narrating as the key process involved in responding to and managing transition is particularly pertinent. In addition, Glaser (1978) refers to Basic Social Processes having inherent stages, along with temporal characteristics.

All participants described through narrative the transitions occurring in their lives. This is not surprising, given that the focus of the study was transition. However, the notion of transition occurred regularly throughout all discussion. P4 in particular, reflected on how critical life events such as the death of her mother, the breakdown of her marriage of over 30 years and her grown children moving out of home brought about transition in roles for her. She identifies that these situations increased her level of depression, bringing it to a turning point in compelling her to seek intensive treatment and support.

The outcome of these factors for P4 has been an identification through narrating of her increased ability to cope with a range of critical life events along with enhanced self esteem. P1 also spoke in detail about transition and its relationship to coping for him. P1 (being the youngest participant in the study) discussed the

relevance of age and maturity levels in terms of ability to cope with a range of life events. Through narrating, he attributed increasing ability to cope with maturation processes attached to becoming older.

Dominant narratives

A key component of understanding around the notion of narrative is the place of a dominant narrative. This dominant narrative is located within the cultural context and social ordering of a community and society. On being a person in western culture, White (1994:16-17) argues that there is a dominant cultural story that emphasises “self possession, self containment and self actualisation” (amongst other things). This is seen by White to be tantamount to individuality, which he argues, in this cultural context is identified as the preferred and dominant mode of operation. Additionally, he argues that individuality is given ‘moral worth’ which leads to contradiction and experiences of ‘otherness’ when an individual’s narrative differs from the dominant narrative.

As discussed earlier in this chapter in relation to the Basic Social Structural Process, the mental health system plays a significant role in the lives of all participants. The narrative created by this system is dominant and dominating at times in varying degrees for all participants. Some participants expressed this sense of dominance more strongly than others. The following quote provides one experience of the mental health system, in this case identifying the value of involvement at particular times.

I hate to say it, because I thought it was for mad people - a psychiatrist. I've got to really think about it, research that. I just can't... I need someone to talk to all the time, and I get lonely heaps. Like I'll go to people's houses just to have company. (P1. int. 2:11).

In this quote, P1 is raising the possibility of him returning to visit a Psychiatrist to talk over pressing issues, in an endeavour to make sense of particular life events.

White (1994) refers to individual 'sub stories'. This concept is applied when the dominant narrative does not match the individual narrative. According to White this leads to the development of sub stories that seek to provide meaning and sense of the individual's experiences. This provides individuals with the opportunity to 're-author' their lives. Kerby (1991) argues that self narrative and the associated sense of self can be significantly impacted upon by critical life events or times of crisis. The inference in his work is that such events provide contradictory narratives between dominant stories and lived experiences.

Ochs (1997) picks up the above themes using different language to convey her meaning. She refers to past, present, imagined or desired future states and suggests that the re-authoring process is contingent on these temporal factors. She argues that in any given narrative the past, present and future will be represented or implied in some manner. Consider the following quote (1997:191) "...when we connect narratives about the past, we apprehend them in terms of what they are for the present and future." In this way, narratives have the potential to provide

new understanding, meaning and sense making opportunities of events and the self.

As can be seen from previous examples and quotes, participants have sought to create sub stories where contradictions exist between dominant narratives and lived experiences. This re-authoring has taken a number of guises, dependent on the situation in which narrating a sub story closer to lived experiences has occurred. The following text considers how a participant has sought to re-author in the face of contradiction between experience and a dominant narrative applied to him.

In the case of P1, re-authoring has taken the form of creating a version of events for family and friends to inform them of his worth and value through the notion of employment and meaningful activity. This sub story comes from the dominant story in P1's life of the need to have employment and keep active in a meaningful way. This dominant story is both within the broader culture and his family, friendship and professional networks. It is possible to trace through all interviews with P1 the change in re-authoring as dependent on whether he has employment or not. The need for re-authoring is reduced when P1 has paid employment. However, in the case when he is unemployed, considerable re-authoring occurred, with P1 going to lengthy and complicated measures to convince people in his networks of his employment status. This included misrepresenting his employment status in social settings and moving his car away from his home

during working hours so that any passers-by would assume he was at work, as opposed to being at home.

Subsidiary Variables that Assist Transition

Four other categories have been identified in addition to the core category of narrating. These categories have been found to be relevant and pertinent to all participants in varying degrees and descriptions. In addition, these categories are found to be related to the types of consequences that flow from the process of narrating. The notion of exploring consequences is aligned with the Paradigm Model as presented by Strauss and Corbin (1990). Consequences are presented in terms of identified categories.

Mental Health

The category of mental health is defined as including the range of experiences of mental health, both internal and external to an individual. It includes symptoms; diagnoses; treatment options; the subjective experience of mental health or illness; systems of care; and community views towards people with mental health concerns. Stable mental health was noted by all participants as a key indicator of readiness to leave the non government agency. All participants felt that a treating Psychiatrist or Doctor should assess the extent of mental health present in the person as a key indicator of readiness to reduce the level of support services received.

Significant consequences arise from the coping narrative in relation to mental health. These include an overall improvement in the mental health of participants when the coping narrative is utilised. The type of improvements include increased self management of symptoms and treatment options. Participants reported having a sense of improved overall functioning in the area of their mental health. Other consequences include moving towards notions of recovery from mental ill health and experiencing a decreased need for mental health system care and intervention. The place and impact of the formal mental health system has been discussed earlier in this chapter with reference to the BSSP found in the study.

Self

The category of self is defined as involving all factors around a person's self narrative, view of self, expression of self, cognition, esteem and subjective experience of the world. The coping narrative is found to increase feelings of self esteem and worth, by way of proving to the individual that they can cope and are in fact coping with a range of transitory situations and events. The coping narrative has the consequence of encouraging a stronger belief in the individual's ability to continue to cope with a range of life events.

The notion of a self narrative or a narrated description of the self indicates that the self narrative one holds shapes and is in and of one's life. Self narrative is a primary vehicle for expression of one's self and resultant individuality or difference

from others (White 1994). Kerby (1991) devoted an entire book to the notion of narrative and the self. Kerby (1991) argues that narrative is the principle means by which individuals understand the world around them. In addition Kerby puts forward the argument that the self is constructed by narrative with the "...sense of self being self generated" {by narrative} (1991:3). Narrative is seen to be a primary key in describing the self and creating reality (Kerby 1991).

A large number of instances regarding self narration occurred in the data. Two areas of interest to be pursued here are the self as narrated in terms of coping or not coping and the self narrated as a consumer or a contributor. Figure 4.5 utilising Strauss & Corbin's paradigm model, shows the depth of self narration in terms of coping and/or not coping.

The consumer/contributor role has direct relevance within the mental health field and was found to be of significant importance to participants in the study. All participants expressed a desire to be seen to be, and actively participate in, a role that contributed as opposed to only consuming. A number of participants remarked that the consumer role was one they felt was assigned to them within the mental health system, with direct relationship to the notions of disability or illness. The following two figures (4.4 and 4.5) utilising the Paradigm Model exemplify self narratives in action.

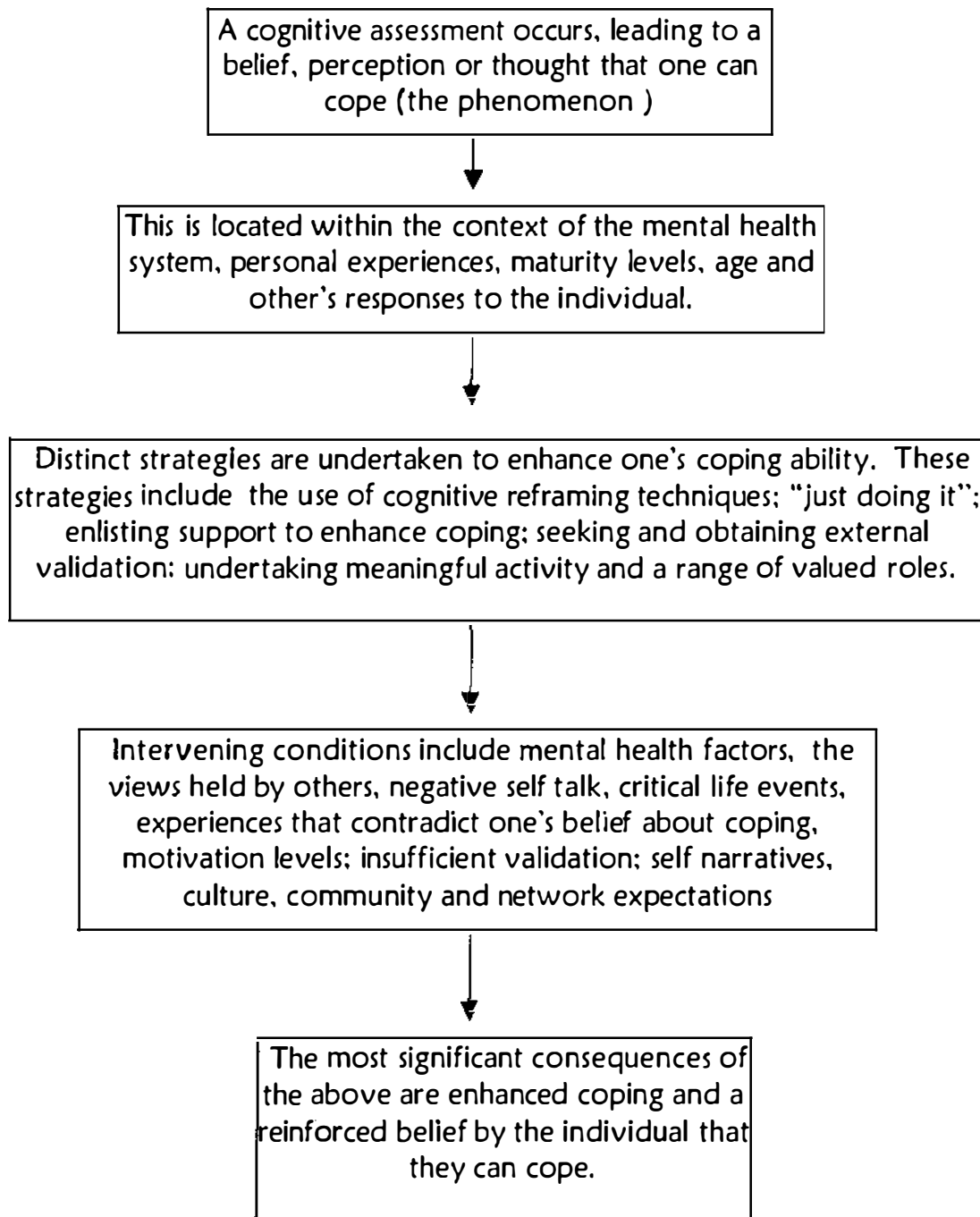


FIGURE 4.4 - PARADIGM MODEL OF SELF NARRATION AND COPING

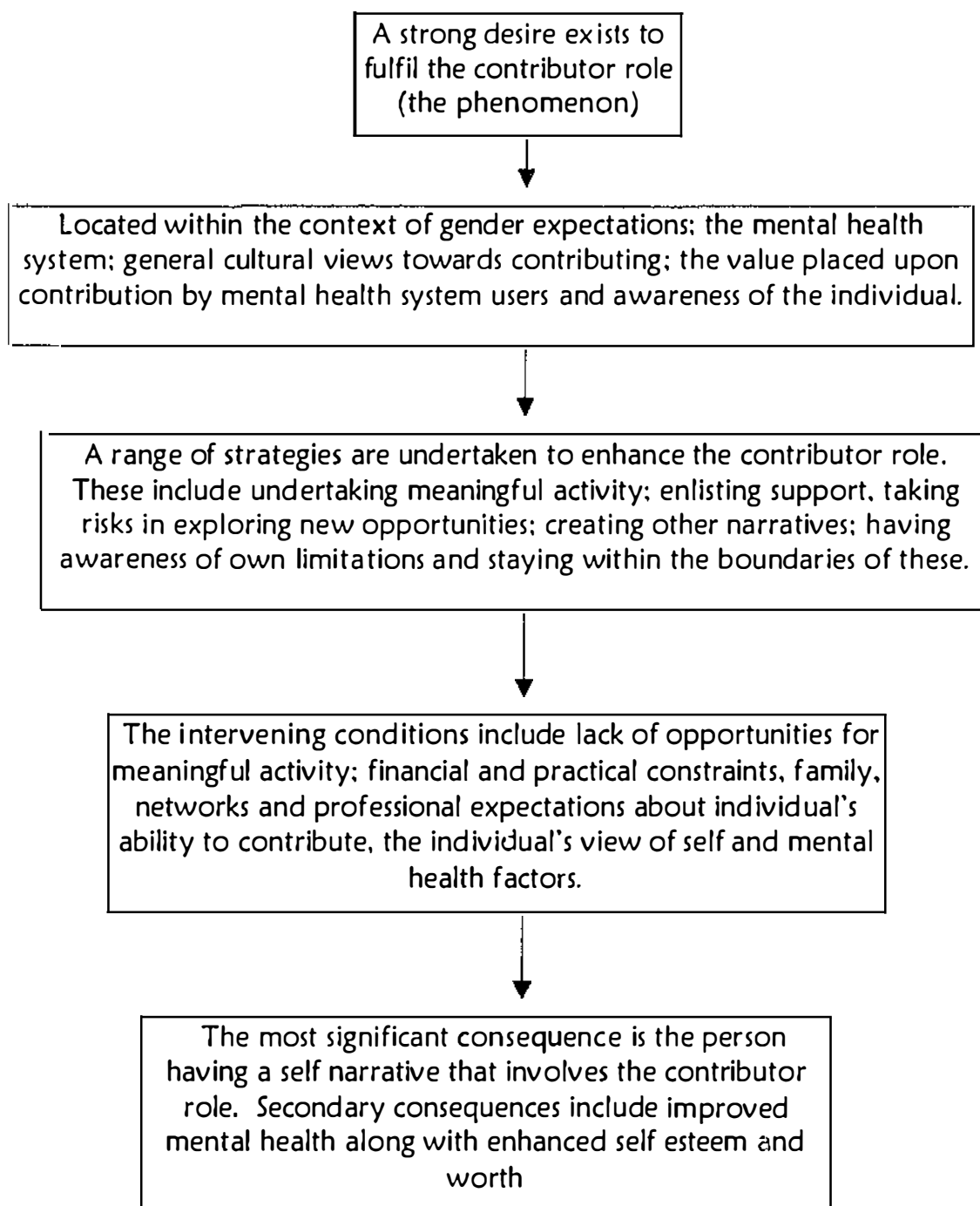


FIGURE 4.5 - PARADIGM MODEL OF NARRATING THE CONTRIBUTOR ROLE

Social

The importance of adequate, supportive and sustaining social relationships and networks for people diagnosed with mental illness is covered comprehensively in related literature. Of key importance is the contention that people diagnosed with mental illness frequently experience reduced levels of the amount of networks and relationships in comparison to non mentally ill people. Walsh and Connelly (1994) claim that people diagnosed with mental illness have on average, a network size of 10 to 15 people, which is half the size of other groups in society. People with mental illness frequently report inadequate numbers of people in their networks.

Within this study the 'social' category is defined as involving social networks, support networks, relationships of both a naturally occurring and professional nature, intimate relationships and family structures. Participants in the study displayed involvement in a wide range of such networks. Predominantly, family members constituted the largest social networks for participants. Study participants generally expressed satisfaction with these type of network constitutions. However, the majority of participants differentiated between the types of functions that family networks provided as compared to either professional support networks or friendship based networks. The following quote provides a good example of this:

"...The issue being mainly loneliness and that sort of thing. Because (agency name) was there as a support, someone to talk to. There are occasions where it's a lot easier to talk to a professional... than let's say a member of your family or something like that. I don't know... why would that be the case? Probably because you can talk about anything and that sort of thing." (P2:Interview 1 pp1-2)

Participants in this study noted degrees of relationships and networks, also referring to a desire to have either more relationships, networks or different types. Specifically, all participants referred to wishing for an intimate relationship in the form of either a sexual relationship or emotional commitment to another person. Two participants took active measures during the course of the interviews to meet this need, but did not appear to address this goal to their satisfaction. One participant described this phenomenon as 'having someone interested in you', or feeling that there is one special person in the world who knows the individual at a depth level and cares deeply about them and their future. The following quote by P1 shows the range of people in his network, along with his hopes to be involved in an intimate relationship:

Well, it's a fairly big network. I've got a number of ... acquaintances. Most of them friends. I don't see the same person every weekend or every week. I've got my family, which I'm pretty close .. to. Very close actually, especially to my father, mum as well. They are very supportive..... I

wish sometimes I wasn't single, that I could have a companion and that gets me a bit depressed at times. (Interview 1, P1:2)

Some participants reported that the non government agency met some of these needs. Clearly, the non government agency did not meet the needs of sexual or emotional intimacy, however the sense of having a person deeply interested and consistently available is something the agency did fulfil. Additionally, participants reported that the ability of the agency workers to persevere with the individual, during times of health and ill-health, appropriate and inappropriate behavior, positive and depressed moods significantly enhanced the participant's view of the agency and the worker. A number of authors reflect this need of participants to have a minimum of one interested, committed and available person in an individual's social network (Rapp:1998; Barham & Hayward:1991; Walsh & Connelly:1996).

Other important elements of social networks, relationships and support include the types of benefits individuals receive by membership to such groups. Becker et al (1998) claim that a number of studies indicate that satisfactory social networks and relationships indicate a decreased rate of hospitalisation in psychiatric facilities and an overall decreased need for use of non hospital based services. Additionally, those individuals receiving intensive community support services had larger social networks. The authors issue a word of caution however, stating that

whilst they focused on numbers of and in networks, the quality of these and associated context is not defined.

Use of the coping narrative in social circles was evidenced in the study. The successful implementation of a coping narrative leads to a range of positive consequences in the social sphere. These include the establishment and maintenance of functional networks by the individual. The networks tend to span a range of types and purposes. Participants in the study identified being able and willing, to take risks in the area of social networks, support and development. This relates to engaging in new situations or interactions that bring about increased social stimulation. This 'risk taking' (term used by participants) enhanced and strengthened the coping narrative in most cases.

Meaningful activity

Meaningful activity is defined to include all forms of activity that provide meaning to the individual. The range of activity includes study, pre-vocational training, paid employment, committee or working group activities, hobbies and valued roles within systems. Relevant literature in the mental health field tends to separate paid employment from either occupational activity or leisure related activities. Participants in the study did not make this distinction. Rather, they emphasised the need to have access to, and be involved in, a range of activities that they judged as meaningful and valued.

To summarise the experiences of participants in the area of meaningful activity:

- P1 identified a number of activities that contributed to valued roles within the broader community and within his family and friendship networks. These included paid employment, training and recreation. P1 expressed a strong need to be in paid employment as he perceived a direct connection to his identity and status. He emphasised the need to be seen to be 'contributing' to society and his family specifically. During the course of the study he engaged in a training course in the hospitality industry. Additionally, he was involved in a range of recreational activities. P1 created a specific narrative to promote his sense of being a worthwhile contributor with associated role status, even when unemployed. This narrative has been covered earlier in the chapter.
- P2 had full time employment and identified that this was of considerable benefit to him on a number of levels. Specifically, it assisted him to have valued roles and contribute within the workplace and community generally. P2 noted difficulties around disclosing his mental health status within his employment sphere. Additional difficulties for P2 within employment included facing challenges around communication and socialising. P2 maintained a range of recreational activities and engaged in study related to his vocational pursuits. The notion of keeping active was described by P2 as important to his overall health and well-being. Additionally, P2 noted that meaningful activity provided opportunities to meet new people, take risks

socially (in terms of testing about social skills), and generally provided opportunities for P2 to achieve his major life goal of returning to pre-morbid functioning.

- P3 noted considerable difficulties in obtaining valued employment suited to his level of skills and qualification. He identified his diagnosis of mental illness and history of incarceration made it close to impossible to gain meaningful employment. He also noted the vital importance of employment in the context of selfhood and identity. Additionally, he noted the difficulties encountered in living on a low income through social security benefit systems. P3 was engaged in other meaningful activity via committee membership, mental health consumer training projects and the like. He identified that whilst these activities were fulfilling, they also provided considerable challenges. Specifically, P3 found the notion of talking about himself as a 'mentally ill' person awkward, which required him to externalise his experiences and related these in academic terms. P3 did not identify involvement in hobbies or recreational activities specifically. In summary, P3 identified meaningful activity to be highly purposeful. This is evidenced in the voluntary work P3 undertook, teaching a non-English speaking person English.
- P4 showed marked difference in her definition of meaningful activity to other participants. It is the researcher's contention that this is due to her age and gender expectations of her generation. P4 is a woman in her 60s and did not discuss paid employment in relation to meaningful activity. However, the

need to keep busy was identified by P4 on most occasions as essential and a key factor in her maintaining mental health and overall meaning in her life. The types of activities undertaken by P4 include hobbies (inside and outside of the home); recreation; discussion groups; socialising and having a valued role as mother (or the term coined by the researcher and agreed to by P4) 'family facilitator'. The need to 'feel useful and needed' was expressed by P4 as important and an integral element of her identity and purpose in life.

All participants in the study identified that meaningful activity played a central and integral place in their life. It was nominated second to narrating as the most important variable that assisted the transition of leaving the non government agency. This sentiment is reflected in a wide range of literature on the subject (Rapp:1998; Morgan:1993; Grove:1999; Barham & Hayward:1991; Weller & Muijen:1993).

It is regularly noted in literature (Morgan:1993, Weller & Muijen:1993) that people diagnosed with mental illness experience considerable discrimination and difficulty in accessing employment on the open market. Additionally, the overall high rates of unemployment in Western countries such as the United Kingdom, United States of America and Australia exacerbate these difficulties encountered. The issue of disclosure of the psychiatric diagnosis was a constant pressure for the study group when seeking employment. P2 and P3 noted this specifically, with P4 noting similar concerns in relation to women's discussion and social groups she

attended regularly. Weller & Muijen refer to the low level of knowledge that employers and related groups hold about people diagnosed with mental illness and the impact this has on the availability of employment to the group. They argue that this can lead to applicants facing

...the agonising choice of attempting to conceal their past or undertaking an open explanation of their lives to justify themselves in the eyes of their interviewers. (1993:326).

Barham and Hayward pursue this theme further through a series of interviews with people diagnosed with mental illness. Respondents in the interviews describe using a range of tactics from complete honesty about their history and given diagnosis, through to being “more normal than thou” (1991:25) strategies to disguise the presence of a diagnosis of mental illness.

Literature clearly demonstrates the direct relationship between employment and mental health. It is argued that employment improves one’s mental health for a range of reasons such as identity, a sense of contributing and financial betterment (Murphy:1999, Grove:1999). In discussing the specific relationship between employment and people diagnosed with mental illness, Grove (1999) identifies that this group are generally keen to work, and studies show that approximately 85% of people diagnosed with a mental illness are unemployed, with a comparable figure of between 30-40% of this group capable of working.

The coping narrative is seen to have a range of direct consequences on, and relationships to, meaningful activity. Participant's identified in all cases that meaningful activity is an essential area of life. It is seen to provide mental health, identity, an opportunity to contribute and fulfil valued roles. Direct consequences of the coping narrative in meaningful activity include increasing satisfaction with engagement in meaningful activity; increasing involvement in meaningful activity and enhanced motivation to engage in meaningful activity. The undertaking of meaningful activity in what the participant identifies as a successful framework leads to an enhanced coping narrative. That is to say, the more one engages in activity that is satisfying and enjoyable, the stronger the narrative about being able to cope with transition and life in general will become. Meaningful activity and the coping narrative are closely related in the lives of study participants.

Factors that influence the Basic Social Psychological Process of Narrating

As mentioned earlier, two primary types of factors have been identified as influencing and impacting upon the BSPP of narrating. These factors have been categorised as internal and external to the person. Internal factors are defined as being located within the individual's psychological or inner world. Internal factors are usually described through subjective knowledge, action and consciousness. External factors are defined as being separate to the person, although at the same time part of lived experience. External factors are frequently described in an

objective fashion, indicating distance between the individual and the external object or factor.

The following provides a description of the internal factors identified through the study found to influence or impact upon narrating. (It is also noteworthy that these factors are identified as key categories in the data, surrounding the core category of narrating.) Table 4.2 shows the internal factors impacting upon narrating along with statements of relationship. In addition, Table 4.3 shows the external factors impacting on the core category and associated relationship statements.

TABLE 4.2 INTERNAL FACTORS IMPACTING UPON NARRATING

Internal Factor	Features and processes
Coping	<ul style="list-style-type: none"> • Beliefs held about own ability to cope with transition • The degree of motivation to cope with transition • The degree of consciousness in coping with transition.
Self	<ul style="list-style-type: none"> • The inherent and intrinsic personality features of the individual as relevant to coping with transition. • The perception and belief about individual ability and competence to cope with transition. • Degrees of expression and experience of maturity levels. • Amount and type of life experience in coping with transition. • The role of preferred meanings in the construction of a self narrative about coping with transition. • An individual's expectations of self and the way in which this will/not shape a self narrative about coping with transition.
Meaningful Activity	<ul style="list-style-type: none"> • Personal expectations and experiences of involvement in activity and relationship to ability in coping with transition. • The sense making ventures undertaken about meaningful activity experiences and relationship to narrative of coping.
Motivation	<ul style="list-style-type: none"> • Degrees of motivation to recover from mental illness and the place of this in the narrative of coping. • Degrees of motivation to leave the mental health system and the relationship of this to narrative of coping.
Mental Health Factors	<ul style="list-style-type: none"> • The impact of such factors on the coping narrative. • Degrees of acceptance (or non acceptance) of mental health symptoms and diagnoses and relationship to the coping narrative.

TABLE 4.3 EXTERNAL FACTORS IMPACTING UPON NARRATING

External Factors	Features and Processes
Agency (that study participants exited from)	<ul style="list-style-type: none"> • The participant's perceptions about impact of agency intervention in terms of coping narrative. • Views held about the efficacy of agency.
Social	<ul style="list-style-type: none"> • The relationship between type of social networks and coping narrative. • The value placed upon social networks in relation to coping with transition. • Degrees of support received and required in coping narrative. • Identified gaps in networks and support needs and impact on coping with transition. • Participant expectations about social support and networks and the type of coping narrative presented.
Mental Health System	<ul style="list-style-type: none"> • The impact of dominating mental health narratives upon the coping narrative of the individual. • Degree of expectations experienced by the individual about behaviour and the place in coping with transition. • The level of encouragement to cope and be functional by mental health system and impact upon the type of coping narrative.
Experiences	<ul style="list-style-type: none"> • The relationship between critical life events and coping with transition. • The impact of generally held societal views about people with mental illness and degree of impact upon coping narrative.
Meaningful Activity	<ul style="list-style-type: none"> • The function, extent and purpose of meaningful activity in relation to a coping narrative. • The usefulness of roles in meaningful activity and their place in a coping narrative. • The value placed upon meaningful activity as a method for enhancing a coping narrative.

Summary And Conclusion

These findings indicate that the core variable utilised by individuals exiting the non government mental health agency is narrating. Narrating was found to be utilised by participants in numerous ways and settings. It is consistent across all participant experiences to utilise narrating to cope with change, adversity or new life circumstances. Narrating has been found to be a method by which to make meaning and sense of events and circumstances.

The study has located the participants and the process of narrating within the formalised mental health system within Western Australia. The other variables that assist individuals in this time of transition include having access to and engaging in, meaningful activity; having access to supportive networks of both a natural and professional nature; having a self narrative involving a belief in one's ability to cope along and an identification of mental health by the individual.

CHAPTER FIVE - DISCUSSION

Introduction

This study has considered and identified the core variables that assist individuals diagnosed with a mental illness to cope with a distinct type of transition. Specifically, the transition involved the client exit from a non government agency which provided community based, psychosocial support services to individuals diagnosed with major mental illness. Grounded theory methodology has facilitated the identification of five core variables that assist the process of transition. The research has found these are narrating (the core and central variable); meaningful activity; social support and networks; the sense of self with associated narratives; and mental health factors and systems. These categories have been found to facilitate adaptation to the transition being studied whilst also impacting upon the quality of life as reported by the participants involved in the study. Each of these categories will be discussed with specific attention given in the early part of the chapter to the core category of narrating.

Outline of Chapter

Following an in depth examination of narrating, the implications for practice that arise from identifying narrating as the core category will be considered. The other four categories found to assist the process of transition will then be considered with associated discussion of implications for practice that arise. As the notion of recovery has figured prominently in the findings, participant's reports and contemporary mental health literature, specific attention will be paid to this

concept along with discussion of implications for practice. The chapter will then move on to consider the findings as they relate to the non government agency at the centre of the study. In this section, the views of participants about practice implications will be considered. Relevant theoretical frameworks will also be considered in light of the findings and identified implications for practice. Reflections on the researcher's process during the study, along with limitations will be considered. In conclusion, a summary of the identified implications for practice will be provided and discussion of recommendations for future research into the topic.

The Core Category of Narrating

This section will consider the definition of narrating as developed for the study at hand along with considering other definitions and their relevance. Specifically, the components of narrative definitions will be explored. Whilst this study has located the findings within the post-modern paradigm, the relevance of other theoretical and paradigmatic influences will be considered. The impact of dominant narratives on individuals will be reviewed in line with the previous discussions.

The Definition of Narrating as Applied in the Study

To enhance understanding of the core category, a definition of narrating was developed for the study. This definition is:

Narrating is a process undertaken by an individual which describes:

- Past and present experiences.
- Hopes, desires and goals.
- Beliefs about self, others and the environment occupied by the individual.

The narrative constructed is materialised either by:

- Action taken by the individual or.
- Externalised versions of the narrative shared, articulated and enacted with others.

In essence, narrating is a process of interpretation, meaning and sense making by individuals, accompanied by a form of articulation or expression of the specific narrative. The following discussion will unpack the components as mentioned above of the study definition of narrating.

Past and Present Features of Narrating

This definition seeks to include notions of temporality in that the past experiences are linked and intrinsic to, the current experience of individuals. There is a sense that the future can only be apprehended or understood with reference (either consciously or unconsciously) to the past. That is not to say that individuals act purely on past experiences. It is however, pointing out the distinct impact previous life experiences will have on current experiences and subsequent narratives constructed.

Hopes, Goals, Desires

The hopes, desires and goals of an individual are seen to play a key part in the narrative constructed by an individual. The importance of notions of temporality are evident with hopes, goals and desires. These features held by an individual will have a strong relationship to past experiences of enacting, narrating or fulfilling such phenomenon. For example, if an individual has experiences of not achieving goals or hopes, it is asserted that the narrative around goals and hopes will be influenced by such past experiences to indicate an expectation of non-fulfilment of goals. The hope of achievement of goals or desires will be different for the individual who has a narrative based upon achievement of these features. This has direct relevance for the individual diagnosed with mental illness given the significant barriers that have been identified earlier in this thesis that exist for this group of people.

As has been identified in this study, the use and place of metanarratives about people diagnosed with mental illness have distinct and specific impacts. It is noted that metanarratives have the potential to impact on goals, hopes and desires. If a metanarrative exists that indicates people diagnosed with mental illness have little or no hope of recovery, the individual's narrative about their own recovery will in some way be impacted upon by this metanarrative. Additionally, if the narrative told by significant others or mental health professionals is contrary to the individual's narrative around desired goals, cognitive dissonance will follow.

Beliefs about Self, Others and Environment

The beliefs about self, others and the environment are seen to have direct relevance to the temporality and hopes of the individual. Specifically, these beliefs are located with the narrative developed and articulated by the person (alternatively referred to as 'self narrative'). Views of self for example, as competent and able are contingent on past and current experiences and associated narratives. The hopes, desires and goals held by the individual will exhibit a relationship to beliefs about self and the environment. The views held about the environment will dictate the type of narrative constructed about self. In the example where an individual holds a narrative that they are competent to cope with transition to reduced support levels, distinct beliefs will be held about the environment. These may range from believing that the environment is an oasis of opportunity through to believing that the environment has little to offer. The impact of beliefs and subsequent narratives about the environment will have a direct correlation to the narrative of self. If as in the above example of a coping self narrative, a belief is held that the environment provides multiple opportunities, the self narrative will be reinforced through action and reflection around accessing resources in the environment.

The Action Component of Narrating

The study definition indicates that narratives constructed are materialised in action taken by the individual or externalised versions of the narrative shared, articulated or enacted with others. This indicates a component of reality to the narrative

either through discussion with others or a form of articulation. Given that narrative can be found in many forms such as spoken and written word, drama, music, poetry and body language (Ochs 1997), the form of articulation or sharing with others may be varied and may dictate degrees of specificity of enactment or articulation.

In articulating the narrative or enacting a specific part of it, a form of validation occurs. This may be a positive or negative validation. For example, the articulation by the individual diagnosed with mental illness that they are capable of satisfying and functional intimate relationships may be validated by a key person in their life. Alternatively, it may be invalidated with responses about the individual's inability to express their emotions or having a low level of personal hygiene skills and knowledge. It is important to note that the validation may be from others (directly, indirectly, consciously, unconsciously) or from the individual by measuring the fit of their expressed narrative to the lived experience at hand.

The final component of the study definition focuses on the place of interpretation, meaning and sense making ventures by the individual. Central to all descriptions and processes of narrating is the fundamental issue of narrating being an attempt to make sense of events, experiences, hopes or desires. It is fair to say, that this final component lies at the heart of the narrative process and overlays all other defined elements.

Other Definitions of Narrative

It is worthwhile to consider some other definitions of narrative and compare the relevance of these to the above mentioned concepts. Josselson (1995) provides the following definition of narrative:

Narrative is the representation of process, of a self in conversation with itself and with its world over time. Narratives are not records of facts, of how things actually were, but of a meaning-making system that makes sense out of the chaotic mass of perceptions and experiences of a life. (1995:33)

This definition comprises some key components. Specifically, notions of temporality involving past and present are indicated in the first sentence of the quote. In particular, emphasis is placed in this definition on the process of making meaning from a variety of experiences. The statement regarding narratives not being expressions of fact, rather an interpretation of experience around events, layered with sense and meaning making ventures, highlights the importance of understanding the composition and purpose of narrative. As this definition implies, narrative is not simply a 'story' about an event or sequence of experiences. Narrative is the version of experience retold through experience, meaning attachment, impact of metanarratives and the sense of self held. Another feature in this definition is the articulation and expression of the self narrative by the individual. Josselson's (1995) definition covers many of the key components contained within the definition developed for this study.

Holmes (1998) provides a definition of narrative varying in philosophical underpinnings from those grounded in post-modern or post-structuralist literature. In an article published in the British Journal of Psychiatry, Holmes considers the place of narrative in different methods of psychiatric practice. Principally he compares the Neuroscience based model and the Psychodynamic model of psychiatry. Specifically, he points to the importance of listening to, and seeking understanding of the narrative presented by 'patients'. He provides the example of a psychiatrist who bases their practice of Neuroscience on hearing a 'patient's' account of their symptoms through a framework or paradigm of symptomatology. However, within the psychodynamic paradigm of psychiatric practice, Holmes argues that the narrative heard is interpreted utilising "...expectations, assumptions, rules and schemata..." (1998:279). Holmes provides the following definition of narrative within psychodynamic psychiatric practise:

Narrative explanations are part of a network of representations of the self and the world which provide a causal map which guides action and enables social relationships to run smoothly. We need to know who we are and where we come from if we are to relate effectively to others. (1998:279)

Whilst this definition may not contain the inferred richness of other definitions of narrative, it still holds basic principles and premises seen in other definitions, including the one developed for this study. For example, the use of narrative to identify and articulate the self is present, along with the sense of narratives

providing yardsticks of experience, hopes and dreams. The temporality of narrative is considered by Holmes when he refers to individuals requiring a sense of knowing their past to understand and participate in their future.

Epston and White (1992) provide a conceptually more dense definition of narrative, drawing on their practice and experience as Family Therapists working in the narrative tradition:

...Social Scientists have proposed that it is the narrative or story that provides the primary frame for this interpretation, for the activity of meaning-making, that it is through the narratives or the stories that persons have about their own lives and the lives of others that they make sense of their experiences. Not only do these stories determine the meaning that persons give to experience, it is argued that stories also largely determine which aspects of experience persons select out for expression.These stories determine real effects in terms of shaping of persons' lives. (1992:123)

This definition emphasises the process of interpretation and meaning-making by the individual of their and others' experiences. The definition posits that experiences interpreted lead to story or narrative construction. These stories or narratives have a direct affect on the direction and shape of the person's life. Additionally, the parts of the experience or narrative that are selected by the individual will have specific meaning, dependent on the past and present

experiences of the person. We see the importance of temporality in this definition. Epsen and White's (1992) definition is reflective of the study definition mentioned previously, with different emphasis noted.

Clearly, the above definitions of narrating and narrative construction have similarities and in some cases differences in emphasis. However, the common themes running through all definitions are:

- The emphasis on the temporal nature of narrating.
- The place of self narrative.
- The role of hope, desire and goals.
- The importance of expression and articulation of a narrative.
- The role of interpretation, meaning and sense making in narrative.

Narrating and Theoretical Frameworks

The researcher's decision to utilise the postmodern paradigm of explanation has been documented in previous chapters, specifically Chapter Three - Methodology. However, it is suffice to note that the postmodern paradigm is closely aligned to the researcher's professional and academic world view. Additionally, it is the researcher's opinion that this paradigm offers the most conceptual depth and practice applicability of a range of paradigms. The following section will explore the relevance of the post-modern paradigm to social work practice, mental health

systems of treatment and the participant group of people diagnosed with a mental illness. This will be related to the study topic and associated findings.

As mentioned previously in this chapter and others, the concept of narrative is firmly located with the post-modern paradigm of understanding and explanation. Of particular interest to the researcher has been the applicability of a number of theoretical and paradigmatic possibilities for explanation. Whilst the post-modern paradigm has been chosen as the representative framework of explanation, it has been found that a number of other paradigms or theoretical bases could have been selected and would have provided adequate systems of explanation of the phenomenon found within the data and study. That is to say, that the phenomenon of narrating as located in the study as the core element used by participants to cope with the transition of leaving the non government agency could have been explained within other theoretical bases.

Exploration of Other Possible Theoretical Frameworks

The researcher has noted that two theories have the potential to explain the findings are Social Learning Theory and theories of Optimism. Both of these theories are located within Psychological paradigms, specifically cognitive and behavioural frameworks. Social Learning Theory will be used as a brief point of reference to indicate the relativity of knowledge and the importance of ideological and paradigmatic influences in selecting frameworks for understanding of research findings.

In short, Social Learning Theory as posited by Goldstein (1981) contemplates the process of individuals adapting to change and seeks to emphasise how individuals construct particular cognitive sets. Payne(1991) provides a contemporary interpretation of Goldstein's work which is seen to have considerable influence in areas of social work that are based on cognitive and humanistic models. Payne (1991) argues that Goldstein's model indicates a need to be aware that individuals are purposeful and goal oriented; reality is constructed by people through experiences and learning resulting from this; adaptation provides opportunities for stability and equilibrium and the construction of self is a key element in adaptation to change or transition. According to Payne (1991), Goldstein emphasises the importance of self perception undertaken by an individual. Consider the following quote from Payne (1991:188).

Perception, according to Goldstein, is crucial to adaptation because it links our thoughts and feelings with the external and social world. The view of perception, he claims, links social and psychological explanations, because it includes both.

Whilst the above is a brief and annotated explanation of social learning theory, it is sufficient to exemplify the point being made by the researcher. That is to say, that if the researcher came from a cognitive, humanistic framework, Social Learning Theory could have easily been chosen and would in fact have fitted the findings well. In particular, the elements aligned with the study and subsequent

findings include notions of perception of self, the ongoing examination of internal and external processes and experiences and regular attempts at making sense and meaning by individuals. The philosophical and ideological viewpoint of the researcher will fundamentally alter the types of explanations provided in any research project. This particular issue also raises the point that no one paradigm can make a claim with integrity, to a specific body of knowledge. However, what can be claimed is the ability to present the information or phenomenon in a particular philosophical framework. In doing this, different meanings are attached and subsequently the researcher's own narrative about their findings will be altered and the focus of interpretation, meaning making and temporal qualities defined.

The Impact of Dominant Narratives

In turning to consider the power of dominant or metanarratives in the lives of the study participants and other people diagnosed with mental illness, the 'Speaking Out and Being Heard' gathering held in Adelaide in 1995 (facilitated by the Dulwich Centre) has some relevant comments to make. Specifically, the dominant narrative constructed by the 'medical model' (explored in detail in previous chapters) is noted as pervasive and strong. Inherent in these reflections and discussions are notions of power. Specific practices within mental health systems are seen to reinforce the inability to hear the specific stories, needs and meanings of people diagnosed with mental illness (Dulwich Centre:1995). The authors

identified a number of practices that seek to reinforce mental health service providers having power over consumers along with not hearing their narratives.

These include:

- The persuasiveness and powerfulness of the "medical model" as a means of distancing service providers from the consumers of the service. Similarly, the medical model is seen to provide an all encompassing system of explanation for individual's experiences, without recognition of the individuality of each person's narrative, interpretations or experiences.
- The power and pervasiveness of labelling individuals with diagnoses. Associated with this is the generalising and 'totalising' effects of these diagnoses. That is to say, that the same explanations and 'truths' are applied to all people diagnosed 'schizophrenic', as opposed to seeking to find the individual meaning attached to such a diagnosis.
- The limited attention paid to the context in which consumers live and come to encounter the mental health system.
- The extensive and vested power service providers have (or potentially have) over consumers and carers. This point incorporates many of the above issues previously mentioned. (Dulwich Centre:1995)

Re-authoring

As mentioned in Chapter Four - Findings, the subsequent need for people to re-author or re-story becomes essential. Re-authoring is particularly the case when the dominant narratives have limited or no applicability to the lived experience of

the individual. This has specific relevance for the study topic. The importance for the participants to author their own narratives about their ability to cope was clearly identified in this study. Openly articulated or inferred dominant narratives about people diagnosed with mental illness and their ability to cope generally or with the transition studied will be considered and examined by the individual. If these dominant narratives are not reflective of the individual's experience, views of self or hope for self, another narrative will be created by the individual. This process is referred to varyingly in the literature as sub-stories, or sub-authoring (Kerby:1991, Epsom & White:1992, White:1995).

Co-Authoring

The notion of co-authoring has been considered in previous chapters of this document. In particular, the notion of co-authoring occurring between participants and the researcher was considered. However, in light of information from participants and other literature, the notion of negative co-authoring should also be considered. This has the potential to occur when professionals, carers and significant others seek (consciously or unconsciously) to amend or manipulate the narrative held by an individual diagnosed with mental illness (Dulwich Centre:1995). Mental health consumers report understanding that when professionals seek to change the narrative of an individual it is usually with good intention. However, it is noted by these consumers that it remains an unsatisfactory experience, and one that does not recognise their individual context or narrative (Barham and Hayward:1991, Dulwich Centre:1995).

Implications for Practice

The following section will explore the implications for practice that are identified in relation to the concept of narrative as the core variable assisting transition. In particular, issues such as the relevance of the type of definition applied of narrative in practice, the relationship between postmodernism and narrative in social work specific and generic mental health practice and opportunities arising from such practice will be considered.

Narrative Definitions and Practice Implications

The role of different definitions for clinical and other practice will be considered in relation to implications for professional human service practice generally. Whilst it is not evident immediately that the type of definition held will greatly impact on a professional's practice in the area of mental health or social work, some subtle variations require consideration. For example, assuming that the definition of narrative is loosely based on the commonalties found in the cited definitions, the matter of emphasis may be the point of impact or implication. A practitioner who for example, emphasises the importance of temporality in the narrative of a client may inadvertently neglect to consider the types of interpretations made by the client. Alternatively, the sense and meaning making ventures undertaken may not be fully understood or located within the appropriate context. What this implies for ongoing practice is the need to ensure that practitioners are aware of the

definition they hold around narratives and secondly that they ensure they hold consciousness of which parts of the definition they tend to emphasise.

The relevance of these definitions and implications for practice is central to the topic of the study. It is the researcher's contention that practitioners will benefit from seeking to understand their own and client's narratives around exit from the non government agency and other mental health agencies. The client and professionals' narratives will not only provide details on the way in which the client is making sense of the event, but also alert the practitioner to the types of emphasis they may or may not place on the narrative account provided by the client of their relationship to the issue at hand.

Challenges Raised for Social Work Practice by Post Modern Understandings

Postmodernism as an ideological and explanatory framework is relatively new to the profession of social work. As a profession, social work can claim to have been influenced theoretically in a number of ways and on a number of levels. It is possible to make distinctions between the theoretical and ideological bases of particular practitioners and groups of social workers. Some theoretical influences currently observable in social work include systems theories; crisis and task oriented theories, family theories and therapies, behavioural and cognitive theories, humanistic and existential theories and psychoanalytic theories. (Payne:1991).

Post-modernism is beginning to be reflected in new literature, texts and courses of study in social work. One recent author to take up this issue is Gorman (1993). In her article, Gorman advocates for the importance and necessity of adopting post-modern methods of clinical practice and research enquiry as a means of bridging the historical gaps in social work between research and practice. Gorman argues that post-modern approaches to client work begin to move away from the scientific thrust that social work has adopted in research endeavours historically. She argues "...the scientific ethos in social work has repressed a powerful mechanism of societal consciousness-raising and change." (1993:247)

She goes on to argue throughout the article that social workers are in a distinct and privileged position to be able to carry the stories of marginalised and devalued clients to public forums as a means of awareness raising about specific issues faced by client groups. Gorman (1993) also claims that the ambiguity, confusion and non rationality associated with such client stories should be valued as real life experiences of marginalised individuals, as opposed to being labelled as 'non rational' and 'non scientific' knowledge. A further emphasis on asserting the need to understand local theories and contexts is made by Gorman, arguing that grand theories are inappropriate to develop knowledge about specific issues faced by clients of social work.

The Place of Narrative in Social Work Practice

In terms of the place of narrative in post-modern social work practice, Gorman (1993) argues that narrative is the primary vehicle for social workers to understand and glimpse the reality of client lives. Gorman also sees that narratives provide opportunities for social workers to reflect on their own assumptions and biases in their work with clients. These features of post-modernism, narrative and social work are essential ingredients in both the researcher's and the study process of uncovering the specific findings about transitional coping skills of the group of participants studied. Principles such as seeking to represent localised contextual knowledge about process and ensuring the adequate voice of participants have been key guides in this study, and in fact continue to be in the researcher's practice of social work outside of the study.

Opportunities Presented Through Post Modern Social Work Practice

In turning to consider the experiences and views of people diagnosed with mental illness both social work and post-modernism are seen to have much to offer this group. The above statement refers to the ability of both social work and post-modernism to provide avenues for people diagnosed with mental illness to be 'heard' and promote their needs, interests and rights. This is a key ideological value assumed by the researcher. The specific representation of client or consumer stories, with associated ambiguities, confusion and pain is seen by the researcher to be essential and empowering to all involved.

Specifically, the proceedings from a gathering held in Adelaide, South Australia during 1995 called 'Speaking Out and Being Heard' will be considered in highlighting the importance of representing the voices of people diagnosed with mental illness and finding avenues for these voices to be heard. This gathering brought together consumers, carers and workers in the mental health field. Its primary aim was to give voice to those affected by mental illness and related mental health systems. A primary service provider group involved in the organisation and documentation of the gathering was the Dulwich Centre in Adelaide. This Centre identified its work from the 'narrative tradition' (Dulwich Centre:1995) in seeking to explore the types of meanings and interpretations made by people marginalised through a number of factors, and in this instance mental illness. The following quote exemplifies the underlying philosophical approach taken by this group:

Consumers of mental health services, and their families and friends who care for them, often find themselves marginalised and excluded by the general society. Dominant community understandings of mental illness often impose feelings of shame and guilt, and result in isolation and disempowerment. Unfortunately, consumers and carers also often experience current medical approaches to mental illness as silencing, disempowering and disrespectful. (Dulwich Centre 1995:4).

The preferred meanings attached to events, experiences and other narratives by people diagnosed with mental illness are frequently given minimal attention or value by non mentally ill people. This was found to be particularly the case in the study. Consider the following quote from a study participant:

There's not opportunity to represent yourself. You're told what to do, you're told when you can go home and you're told everything. You're a subject. It's a question of control. (P3:Int. 1, p5)

In this quote P3 is referring to his desire to represent himself, with associated preferred meanings about a range of issues important to him. These issues include his mental health status, diagnosis and specific needs he may have had about mental health or other matters. The context of this quote is P3 referring to his experiences in secure psychiatric hospital facilities, a forensic unit and prison. He identifies the same experience in all these settings around his not being heard by these systems about his specific needs. It is contended by the Dulwich Centre and others (White:1995) that the label of 'mentally ill' (and in the case of P3 'criminally insane') serves to block the ability for service providers to hear the expression of preferred meanings for the group. These preferred meanings are developed through sense and meaning making ventures undertaken by individuals when the dominant narrative presented does not fit their experiences or views. Refer to Chapter Four - Findings for a full discussion of the use of a process model involving action, interpretation and consciousness. In this model, preferred meanings serve an essential purpose.

It is important to note that it is not always the case that non mentally ill people do not hear preferred meanings, stories and narratives of mentally ill people. However, as many of the participants in this study and throughout literature have indicated, it happens with sufficient regularity to be a point of concern, frustration and disempowerment for people diagnosed with mental illness. The participants at 'Speaking Out and Being Heard' reflect these sentiments. The following quote from an unidentified participant at the gathering shows this:

If there are going to be any real changes, the very first step has to be having our voices and our stories heard and acknowledged. (Dulwich Centre 1995:10).

In order to correct the imbalance of consumers and carers not being heard, a group of professionals formed a 'listening group' to hear, document and reflect on the stories told by participants at the gathering. This was noted as a new experience for consumers and carers. Additionally, it is noted as one that is essential and necessary. This is reflected in a quote from a participant, specifically about the impact of the listening group on their experience:

My belief in myself improved. I had been accepted as having a worthwhile point of view and not treated as a trouble-maker. (Dulwich Centre 1995:11)

Implications for Practice Arising from Postmodern and Narrative Understandings

The first consideration in terms of professional human service work with people diagnosed with mental illness is the necessity to be attentive the place and extent of preferred meanings. Put simply, this requires practitioners to be willing and sensitive to hear these preferred meanings. Many of these preferred meanings as expressed may be difficult and challenging for practitioners to hear at a depth level. It is at times, easier and more convenient to hear preferred meanings as delusions, paranoia, personality disorder manipulation and a variety of other technical, jargon based terms. However, as in this study and within the narrative tradition, the challenge is to listen at a number of levels and seek to understand the meanings hidden behind the explicit (White:1995, Dulwich Centre:1995).

Throughout this study, the researcher has sought to understand the information presented by participants in a way that is an accurate reflection of their intentions. Techniques undertaken by the researcher to ensure information given by participants was represented accurately include:

- Considering and exploring the context of the participant,
- Being attentive and sensitive to factors identified by the participant as important or critical.
- Returning to participants to check that the interpretations made, were reflective of their individual narratives.

This type of approach is established in the Narrative Therapy movement utilised by Michael White and David Epston (1992). A fundamental assumption of this research and Narrative Therapy is that clients/consumers/participants are the primary experts on the situations they experience, including their life. Practitioners, researchers and therapists have technical skill and knowledge that may facilitate the telling of a narrative or the changing of problematic life situations, however the participant retains primacy in knowing what the narrative is, what is problematic about it and what will best facilitate change required.

Secondly, the research challenges practitioners to assume responsibility for identifying and challenging dominant narratives as they impact on clients. Frequently, practitioners may be affected by the same sorts of dominant narratives that clients experience (White:1995). Examples of this include dominant narratives about gender roles, expectations and values. Gorman (1993) touches on this when she refers to the majority of social workers being female and subjected to the same types of dominant narratives about women and women in helping roles that may also affect women clients. It is the opinion of the researcher that social work as a profession is in a key position historically and in a contemporary sense to challenge dominant narratives.

As Gorman (1993) discusses, social change, highlighting injustices and issues of marginalisation are key tasks of social work practice. Clearly, there will be debate about this point within the profession of social work. However, the researcher asserts that social work is not only about facilitating positive changes for clients it is

also about promoting and striving for change in areas that see individuals in society marginalised, disadvantaged or subjugated. In relation to the topic of study, it is asserted by the researcher that awareness of dominant narratives within the local and international mental health field will greatly assist practitioner awareness of the experiences and concerns of consumers of their services. It is likely that these dominant narratives will originate from localised and more far reaching contexts. Stigma and prejudice directed at people with mental illness will have associated narratives. These narratives will presume the level of ability of people diagnosed with mental illness; the 'safety' for the community when such individuals live nearby and what it means to encounter mental illness as a non mentally ill person. The researcher contends that practitioners have a responsibility to expose such dominant narratives along with raising awareness within their professional communities about the existence of such narratives and the effects on people diagnosed with mental illness

To conclude this section on implications for practice, the notion of clients needing to re-author or sub-story their situations, experiences and hopes will be discussed. As explored in previous parts of this chapter and other areas of the thesis, re-authoring is undertaken by individuals when dominant narratives do not fit the individual's lived experiences or hopes. Processes of interpretation and meaning making occur to make sense of the fit of individual and dominant narratives. This will be more fully explored in following sections of this chapter.

However, it is suffice to note the implications on a general level of professional human service practice. Practitioner awareness of the dominant narratives that impact on clients, but also what effort is given to re-author by the client will be of benefit to consumers of services. Practitioners have a responsibility to facilitate empowering re-authored narratives by clients. This may involve a range of professional intervention techniques, including awareness of available and required resources; sound interpersonal skills; collaborative approaches to tasks with clients and assertive methods of engaging with clients.

The Subsidiary Variables Assisting Transition

The following section will consider the four minor variables identified in the study that assist the transition of leaving the non government agency. These variables are identified as meaningful activity, social support, sense of self and the mental health system. In addition to discussing these variables, consideration will be applied to the implications for practice the study has pointed to.

Meaningful Activity

As identified in the Findings Chapter, the role of meaningful activity in the lives of study participants as a variable assisting the transition of leaving the non government agency, was central and weighted with significant importance. Participants reflected on the multiplicity of needs that are met through engagement in meaningful activity. The sense of being a person who is contributing as opposed to only consuming figured in all the stories told by

participants. Whilst the type and extent of contribution varied amongst participants, it is nonetheless a consistent theme. This emphasis on contribution is hardly surprising, particularly within the mental health field, where clients are consumers of services. This is particularly the case when one views the historical types of treatments and services provided within mental health. The notion of 'asylum' as traditionally relied upon in psychiatry, sees individuals assigned with particular diagnoses which imply particular inability and deficits. Therefore, the asylum or institution seeks to meet these needs in an inclusive and comprehensive manner. For example, the physical, medical and emotional needs of the person are reported to be taken care of in the asylum or institution.

Clearly, stories from people who have been through asylums or psychiatric institutions identify that large proportions of needs were not met in this type of setting (Barham and Hayward:1991). However, the intention was one based in good faith generally, and sought to care for a group deemed to not be fit to care for themselves. The intention of such services and indeed the medical model is not one that intentionally set out to strip people of their rights or treat them with disrespect. Rather, such models of intervention are appropriate to the time, era and context in which they developed. However, technology, recent research and current service delivery practices and standards tell us that there are more client focused, humane and appropriate methods on which to base professional interventions with people who have a diagnosis of mental illness.

Therefore, the move from the passive, consumer 'patient' role to an active, contributing client or consumer role is a sign of the times and reflective of the current context of service delivery to people diagnosed with mental illness(Mental Health Division of WA:1998). It is suffice to note that people diagnosed with mental illness are no different to the non mentally ill in their need and desire for satisfying life roles and functions. In addition, they seek to have a range of meaningful activity opportunities to choose from. It is evident that opportunities for access to a range of activities are limited by a number of factors. The primary factor being resource restrictions that ensure sufficient programmatic and other opportunities exist.

Secondly, the community shows a reluctance to provide opportunities for this group outside of those organised by the formal mental health system (Barham and Hayward:1991, Morgan:1993). For example, opportunities for mainstream employment tend to be limited by stigma, inaccurate beliefs and an inability or unwillingness to tolerate an individual employee who may at times have some special needs around work. All participants in this study noted the inadequate amount of employment, vocational or recreational services available to them.

In summary, the place of meaningful activity for the study group is central and essential. There appears to be insufficient opportunities for this group to explore and access relevant services and niches. Participants reported a strong connection and relationship between meaningful activity and their coping narrative. The

existence of satisfactory meaningful activity lead to a narrative constructed by the individual based on hope, energy and coping with transition, and in life generally.

Social Supports, Networks and Relationships

Participants in this study identified the necessity for them to have supportive, sustaining and adequate social relationships. It is important to note that this is not a need specific to people diagnosed with a mental illness. What appears to be different for this group is the reduced numbers of adequate relationships and networks experienced. Within the study, a number of participants commented on the power of stigma about mental illness in terms of its impact on their relationships and network composition. A number of participants referred to not disclosing their mental illness diagnosis as a means of protecting themselves from stigma, prejudice and poor treatment. Additionally, they noted that people would treat them 'differently', which may not necessarily have been negative. Participants identified the need to be treated the same as others.

Some participants identified that an important function the non government agency had played was in encouraging increased socialisation activities by and between clients. Frequently, this takes the form of group activities involving recreational activities. Participants expressed mixed views about the value in the long term of this. On the one hand, participants noted that these activities lead to socialisation opportunities in a safe environment. The safety occurred in the form

of being with other people who were diagnosed with mental illness. Therefore, notions of disclosure about mental health status were not necessary to consider, or anxiety provoking. Additionally, the types of recreational pursuits provided were of interest and generally stimulating. However, participants also noted that these activities did not lead to broader integration into the community. Socialising with other people with a diagnosis of mental illness did not provide opportunities to test out social skills on non mentally ill people or indeed to undertake activities in a mainstream environment. In summary, participants noted mixed responses to these activities, identifying both positive and negative qualities to the events.

The centrality of family members in comprising networks and providing support was noted by all participants and identified as important in dealing with adversity and managing life generally. During the course of the study, participants commented on the ability of family members to reinforce or reject dominant narratives that did not always match the participants' experiences of individual narratives. Participants also identified their reluctance to discuss all important matters with family members, preferring to undertake this with professional support services and individuals. However, a strong theme of the importance, centrality and highly valued role of family members was consistent in all participants.

The impact of mental illness on carers has been documented comprehensively in both research studies and relevant literature (Morgan:1993, Weller & Muijen:1993,

Dulwich Centre:1995). Literature reports that carers frequently carry a heavy load in their care (either direct or indirect) for family members diagnosed with mental illness (Weller & Muijen:1993, Morgan:1993). Morgan (1993) notes that carers undertake much of the unseen supportive functions. Additionally these functions are consistent, called upon regularly and difficult to categorise. This study has considered the views of the person diagnosed with a mental illness and not carers. However, implications for practice are significant when considering the coping narrative and its relationship to social support, networks and relationships.

The specific types of implications related to family members show the need for mental health professionals to be informed and aware of the role that carers and family members are playing in the client's life. Specifically, practitioners should seek to understand the narrative that clients hold about their family, with reference to the amount, type and range of support provided. This may require frequent and in-depth dialogue between practitioners and clients to uncover the range of meanings attached by clients to their relationships with relatives and carers.

The same types of implications for practice exist in other support networks and relationships. Practitioners have a key role in identifying the types of narratives communicated to clients from the networks and relationships. As discussed, these narratives have the potential to be extremely powerful and at times defining of an individual's ability to cope or live their life. The emphasis should be on

practitioners seeking understanding on the range of interpretation, meaning and consciousness attached to these narratives and where needed, work to point out the underlying messages within the narrative.

In summary, social networks and relationships have a powerful influence upon an individual's coping narrative. They also serve as a 'mirror' to the individual diagnosed with mental illness by reflecting back their ability, competence and hopes. The Strengths Model has much to offer practitioners in this domain of work. Specifically, if social supports, networks and relationships are viewed as windows of opportunity for clients, significant positive difference can occur in both the quality, nature and function of relationships and networks.

The "Self"

The category of self is defined as involving all factors around a person's self narrative, view of self, expression of self, cognition, esteem and subjective experience of the world. As with other categories previously mentioned, this category has specific implications for professional mental health practice. Namely, it is essential for practitioners to develop in-depth understandings around the self narratives held by individual clients. The self narrative has the potential to impact in wide ranging areas of an individual's life. Therefore, understanding by involved professionals will lead to increased knowledge about meanings placed on, and action taken, around specific issues. In particular, the type of self narrative about

one's ability to cope with adversity. change or transition should be assessed by practitioners within the non government agency when determining readiness for exit from the agency. Additionally, the self narrative of coping should be kept in mind by practitioners when planning the exit from the agency process and associated interventions.

Mental Health and Associated Systems

The impact of the mental health and associated systems has been covered through most aspects of this chapter. To recap, it has been found in this study that the mental health system is the major context in which the study has been played out. The study has ascribed the mental health system with the labelling phenomenon of Basic Social Structural Process. This indicates that all other categories and features are situated with this foundation and context. That is not to say that the mental health system is totalising and encompassing, however it is a primary feature in all categories and experiences of the study participants.

Michael White's work (1995) within the narrative tradition will be used as a primary source of reference in this section to discuss the pathology and deficit focused paradigm In which most mental health services are located, White discusses the use of industry specific language. He argues that not only is the **language** and discourse employed pathologising, it also seeks to create an external

reality which is unquestionable, 'scientific' and objective. This leads to notions of 'truth' about mental illness, specific diagnoses and use of treatment interventions.

Such factors can make it difficult for consumers of mental health services to question effectively their treatment and associated dominant narratives about their diagnoses. White also turns his attention to the role of such dominant narratives in the lives of practitioners with the following quote:

..This mantle of 'truth' makes it possible for us to avoid reflecting on the implications of our constructions and of our therapeutic interactions in regard to the shaping of people's lives. In this way, pathologising discourses make it possible for mental health professionals to avoid accountability, and to retain and to extend on their monopoly on power.
(White 1995:115)

These contentions by White raise questions about practices undertaken by mental health professionals. Specifically for the practitioners in the non government agency subject to this study, the following points are raised.

- What degree of awareness is maintained by the agency about the pathologising and dominating discourses that abound in the formal mental health field?
- How much Intra agency dialogue is engaged in that unpacks and explores these discourses, with specific reference to the impact of such discourses on clients of the agency?

- What does the agency consider is its role or mandate in highlighting these dominating narratives?
- Does the agency perpetuate these dominating narratives consciously or unconsciously?
- To what extent do these dominant narratives impact on the process of assessing suitability for exit from the agency by clients?
- How much does the agency critically analyse its ability to exercise power and control over the lives of clients?

These questions are clearly of a critical nature and not within the mandate of this study to answer or fully explore. They do however point to implications for practice within the context of a formalised mental health system that has a tradition of dominating discourses and subjugation of people diagnosed with mental illness.

Reflection Upon the Concept of Recovery and Implications for Practice

The notion of recovery has not been fully explored in the Findings Chapter as something of relevance found through investigation. However, some participants did refer to returning to a degree of functioning and life satisfaction similar to that they experienced before being diagnosed with mental illness. The most explicit explanation of this came from P2 who identified this as his life goal which served to motivate him significantly. Other participants less explicitly referred to

'returning to normal' or gaining a semblance of life as it previously was for them. As discussed in Chapter Two - Literature Review the notion of recovery is raised in a large body of literature, sometimes reflective of varying definitions of recovery which tend to define the types of recovery oriented interventions professionals undertake (Rapp:1998, Morgan:1993, Anthony:1993).

Sound, workable definitions that have been co-created by both practitioners and consumers have the potential to shape ideological and practical definitions and forms of service delivery to people diagnosed with mental illness (Rapp:1998). It is possible to identify a trend of 'recovery is not possible' in some literature and service delivery practices (Barham & Hayward:1991). P3 reported experiencing these kinds of attitudes and responses, and expressed this in the form of feelings that the mental health system would always seek to treat him. However, P3's goal was to one day no longer need to take medication and live a life free of intervening and treating systems.

A number of authors (Barham & Hayward:1991, Rapp 1998) note that the initial steps in recovery are for the individual to begin to accept that they are afflicted by mental illness. The following quote by Estroff (1989) quoted in Rapp summarises this point:

It is the time when the 'I am illness' becomes the 'I have illness', (Estroff 1998:p19).

This quote sees the distinction between the person and the illness. This process involves the skill and technique of narration, including self narration to being able to make sense and meaning of what it is to have a mental illness, what this means about the self and what types of narratives get articulated internally and externally about this phenomenon. Within this study, a clear example of this occurred with P1. He frequently referred to processes of 'maturation' and the abatement of his 'neurological condition', in explaining how he still experiences significant features of a psychiatric disorder, but is moving to a position of externalising it from his intrinsic, narrated self.

Key Features of Recovery

To recap, the key features of recovery oriented theories are:

- An identification that mental illness is not the totality of the individual, rather a part of the whole.
- A sense of personal control over the illness, including knowledge about the illness, treatment interventions and symptoms.
- Notions of hope are identified as central and important.
- The need for a sense of purpose in life.
- The need to have and assume valued and meaningful roles. The role of helping others is highly valued.
- Having at the minimum one person present in the individual's life who offers support, witnesses the recovery and is consistent in their presence.

These features will be explored in terms of implications for practice and relativity to the study findings and topic.

Mental Illness is a Part of the Person, Not the Person

The first factor mentioned has been discussed previously, in referring to the contention that mental illness is not the person, or the whole of the person, rather a feature of their lives. The recognition of mental illness being a part but not the whole of a person has some essential implications for practice, in that professionals working in mental health are steeped in all things associated with mental health, illness and psychiatric disorder. That is to say, their reason for existence is due to mental health factors and problematic issues. Therefore, considerable vulnerability exists in such practitioner models in not seeing mental health or illness in its rightful place within an individual's life. Specifically, it is to reiterate that mental health factors are only one part of an individual's life, however the mental health system may see them as all of the person's life, without malice or wrongful intent. In terms of relationship to study findings, there is not direct relevance. However, the notion of being attentive to and respectful of, individual narratives about ability, competence and goals indicates the importance of seeing mental illness as a distinct component of the person's life.

The Need for People Diagnosed with Mental Illness to be Informed

The second feature of needing to validate an individual's sense of personal control over mental illness is vital in referring to implications for practice. Associated with

this feature is the need for individual's diagnosed with mental illness to be provided with adequate, consistent and user friendly information on the diagnosis, treatment and symptoms. Clearly, it is important for all practitioners in the area of mental health to incorporate psycho-educational techniques in their work with clients. Whilst attention must be given to this task at the early stages of diagnosis and presentation to mental health systems, it should also be ongoing during the course of treatment, intervention or work with the client. Clients will experience different features of mental health over time, and will therefore need to be provided with information about such factors within an appropriate timeframe.

Michael White (1995) picks up this issue from a slightly different vantage point, referring to consumer's right to 'return the gaze'. He advocates for consumers to question the types of information provided to them by mental health practitioners. Specifically he seeks to encourage consumers to 'return the gaze' of practitioners by asking questions about what investment the practitioner has in the recommended course of treatment or action as put forward by the practitioner. Consider this quote which is suggesting ways in which consumers might promote dialogue with mental health practitioners about suggested courses of action.

To encourage speakers to situate their opinions in the context of their purposes, we could ask questions like: *So you have a strong opinion about what I should do. Tell me, in voicing your opinion in this way, what effect do you hope this might have on what I do?* (1995:129)

In identifying the relationship of this second point of recovery to the study findings, direct relevance can be seen, in particular for practice implications. As noted previously in this chapter, the need to be conscious, aware of, and sensitive to the client's narrative about self and leaving the non government agency is of importance. Specifically, how the individual narrates their relationship with the mental illness diagnosis and subsequent notions of knowledge, control over, and skills in managing will be highly relevant. These narratives will equip an individual for self management (or otherwise) of the illness after leaving the agency. This includes knowing when (if at all) to seek treatment for mental health symptoms and factors; seeking to negotiate treatment methods and to provide explanatory narratives to others about the client's mental health needs and presentation.

Hope and Recovery

The third point of hope being a central and pivotal point for recovery has direct relevance to the study findings. All participants referred to having a sense of hope about their future and recovery. This was a key part of their narrative about coping with the transition of leaving the non government agency. Specifically, this hope related to being Independent and managing without intensive psychosocial support services. P2 expressed this most clearly of all participants and related it to his religious faith. Implications for practice are considerable in this domain of work and will be considered in the following text.

It is fair to state that hope as a concept has not received specific or detailed attention in the mental health literature. This is most likely reflective of the concept of hope being somewhat difficult to articulate, research and define. Hope as a concept in professional human service delivery has characteristics of being transcendental and nebulous. Additionally, it is frequently related to religious or spiritual beliefs held by individuals or in some cases service delivery agencies. This indicates that the challenge for individual practitioners and agencies is to seek to understand what hope means within their defined contexts and within the context of the client. When this is identified, strategies to impart a sense of hope that the individual can live the desired narrative are essential. A number of participants in the study identified how the non government agency worker had instilled a sense of hope that the goals set were achievable. This was reported by participants as a motivating factor in the work with the agency.

The fourth and fifth factors of having purpose in life and meaningful activity or roles has been covered in previous sections of this chapter in the area of discussion about meaningful activity. What is specifically highlighted in the recovery literature and by first person accounts of recovery is the desire to, and importance of, helping others (Rapp:1998). If the idea that people diagnosed with mental illness are the best qualified experts on mental illness is accepted, it follows that this group have considerable wisdom, knowledge and skill to pass on in a range of ways. This not only includes working with people diagnosed with mental illness, it also involves contributions to policy, procedure and planning committees or

processes. The non government agency subject to this study incorporates this within their organisational framework and one participant was directly involved in such work. He reported the sense of satisfaction and validation this work provided. He also reported it could be difficult at times, particularly when asked what it meant for him personally to have a mental illness. This participant reported using techniques of externalising narratives that distanced him from his responses to such questions.

Someone Interested in You

The final feature of recovery being the need to have a minimum of one person in the individual's life who offers support, witnesses the recovery and is consistent in their presence was reflected in study findings. Participants reported that the non government agency had fulfilled this role. Variation existed amongst participants about whether the non government agency was the only source of this or if the participant found this need met through other sources (often naturally occurring such as family systems). Participants reported this in varying ways:

"Someone interested in you" (P4)

"Someone to 'unleash' your problems on" (P2)

This tends to point that the non government agency's philosophical commitment to working in a relationship based way with clients is effective and in an overall sense productive to the individual's recovery. The study findings indicates that this particular feature will assist in facilitating a positive process of the individual leaving the non government agency.

To summarise this section on recovery, it is recommended that the notion of recovery be reviewed, considered and defined by mental health agencies and individual practitioners within these. Clearly, consumers of such services identify the importance to have a sense of, and hope for, recovery. This serves as a motivating factor improving upon, and narrating about one's mental health.

Implications for Practice Within the Non Government Agency

The section seeks to reflect upon the model and process identified in the study of participant's experiences of leaving the non government agency. This process involves the phenomenon of narrating one's experience and meaning making ventures around this phenomenon. White (1995) proposes that in the process of making sense of experience and re-authoring one's narrative, three key concepts are utilised. These being - action, interpretation and consciousness. The researcher has applied these concepts to form a model of process undertaken by participants as they left the non government agency. (Refer to figure 4.2 in Chapter Four - Findings.)

Whilst this model may require further refinement by extra study and checking with clients leaving the non government agency, it still points to some key implications for the non government agency's practice, policy and procedural matters. In terms of the Action stage, whereby the notion of the participant leaving the non

government agency is introduced, the specific implications for practice focus on assessment by the practitioner of the context the participant is operating within, the relationship issues existent between worker and client and finally the types of criteria being used by practitioners and the agency to determine participant readiness for exit.

Participant Suggestions on Agency Practice

During the interviews with participants the researcher sought to understand participant's views on their experience of exiting the non government agency. Specifically, the researcher asked a question in the first interview along the lines of:

“If you were able to give advice to (Agency name) policy makers about what should be considered when clients leave the service, what would you suggest?”

All participants were able to provide a list of suggestions and responses to this question. These are summarised in Table 5.1.

Table 5.1 - Suggestions on Assessment Criteria for Exit Readiness

Suggested Criteria	Comments and interpretation
Psychiatrist or treating Doctor identifies readiness for participant to exit.	This was reported as a criterion by all participants. Specifically, participants referred to the need for Psychiatrists/Doctors to assess the person's mental stability, medication stability and increasing independence. This provided a particular point of interest in the research given that one participant strongly rejected the mental health system and the diagnosis he had been given, but still advocated for a Psychiatrist being a primary deciding voice in the readiness for exit.
The participant identifies readiness for exit.	Most participants reported this was an important feature to indicate readiness for exit. In the case of P1, he identified to the agency that he wished to exit, feeling an increased sense of independence and ability to manage without formalised support systems.
Assessment of the ongoing need by the participant to ventilate their issues and feelings	This was seen by participants as an important assessment criteria. The general feeling amongst participants was that if a person still felt the ongoing need to discuss issues on a one to one basis, they were not yet at a point of readiness for exit. The specific distinction was made between natural supports and professional support structures as offered by the non government agency.
The existence of functional support and social networks to ensure the participant is not unduly isolated.	The need to ensure that participants have a sense of belonging and being able to access support when required was importantly noted by participants.
The existence of functional and fulfilling meaningful activity, along with valued roles.	All participants recognised the need for engagement in meaningful activity as a key assessment criteria and also an Indicator of ongoing successful living without formalised and intensive support services.

These suggested criterion provide information in the form of potential assessments to be undertaken by practitioners in the non government agency. Participants were not requested by the researcher to weight the relative importance of the criteria. It may be useful for the non government agency to consider initiating an assessment tool and system incorporating the above criteria along with other pertinent factors suggested by clients, practitioners and related stakeholders. Other key factors that participants highlighted to the researcher included the notion of timing and availability for contact post exit. Participants clearly articulated that they were able to made adjustment to the introduction of the notion of leaving the service by being given sufficient time to digest the information. The researcher would add that appropriate timing allowed participants to apply interpretation and consciousness to this news. The other key factor mentioned by participants was the importance of having a sense that they could make contact with the non government agency worker after exit if need be. This was not taken up by any of the participants, however, it was noted as an important element in feeling that support existed in the background if required.

The Importance of the Helping Relationship

The Importance of the relationship between the non government agency worker and client was raised by all participants. Study participants noted the centrality of this feature In the service they had received from the non government agency. The length of service received varied from one to four years In the participant

group. Clearly, a form of relationship will have been developed between participants and practitioners during such periods of time. Participants displayed clarity about the purpose of the relationship and in some cases, the potential pitfalls or vulnerabilities if they invested too great a commitment in the importance of the relationship. The following quotes exemplify the above statements:

Quote 1

Prior to this quote P2 is discussing feeling proud of himself for having coped without the non government agency support since exit. He reported feeling that he would have liked to have made contact, but applied his problem solving skills and managed on his own. This led to a sense of pride in his ability.

You miss the friendship.. that you've built up with the person (non government agency worker) over that time. Just sharing each other's company is quite important... I realised that you know, I wouldn't get too close as a friend sort of thing. Because I knew at some stage we'd have to part. It was a professional procedure that was going on. (Emphasis added, (P2:Interview 2 p3)

Quote 2

Prior to this quote P3 is explaining his experience with a student on placement at the non government agency, who was assigned by P3's key worker to work with him. P3 found this interaction with the student dissatisfying as the student

identified the purpose of her work with P3 was to assist him to develop living skills. P3 stated he felt humiliated by this experience, stating he was well capable of undertaking living skills such as shopping, rather the inconvenience of shopping without a vehicle was the issue for him.

Well, I spoke to (name of non government agency worker) about it (the above incident). I said to him 'a friend would offer me a ride to the supermarket' and wouldn't say 'you get yourself to the supermarket and I'll meet you there'. A friend would say, 'yes. I'll call around to pick you up'. He (the non government agency worker) said 'but we're not friends, you're getting the professional ethics confused with friendship ethics.' I had to agree with him. But.. there's a problem with differentiating between a friendship encounter and a professional encounter. Now I realise there has to be some distance, but at the same time what people who are coming out of the system need most is a circle of friends. (Emphasis added)

(P3:Interview 1 pp10-11)

These quotes highlight the importance for non government agency workers to be aware of the interpretations and meaning made by clients of the relationship taking place. The non government agency emphasises the notion of professional relationships between practitioners and clients as being a key to facilitating effective change for clients during the course of service provision. The services provided are identified as personalised and matched to the individual's needs. This is clearly commendable and appears to be a factor in the types of positive

evaluation results obtained about the agency's work (Ruah Inreach Annual Report:1997). However, there is a distinct need for practitioners to ensure they take action to understand the types of meanings attached to the relationship by clients.

Most participants expressed sadness about the loss of relationship with the non government agency worker. None appeared to exhibit extended grief about loss of this relationship during the course of this study. Participant's referred to "missing" the non government agency worker and the companionship attached to this. It is the researcher's contention that there will be cases of clients leaving the non government agency whereby significant grief occurs around the loss of relationship. In this case, the necessity to be attentive to the investment in the relationship by the client is essential and will require specific intervention to ensure that this grief is worked through and not left unresolved.

Agency Worker's Experiences of Client Exit

Of relevance is a small study conducted by the researcher as a preliminary study into the general area of client exit from the non government agency. The primary purpose of the study was to acquaint the researcher with grounded theory methodology, prior to commencing this study. The study considered the experiences of workers in the non government agency when exiting clients from the service. Significant emphasis was placed by the agency workers on the importance of the relationship held with clients. Some workers in the study

reported considerable emotional impact on themselves when exiting clients. Additionally, workers reported a way of responding to this significant emotional impact, sense of grief and betrayal of clients when exiting was to contravene agency policy and continue to have informal contact with clients after they had been formally exited from the service.

It is possible to assert from the above that the notion of relationship is important and a fact that facilitates positive changes and impacts in the lives of clients. It does however raise the importance of further investigation into how much weighting is placed on the relationship in the groups of clients and practitioners. A question to guide such further investigation could be "Is the amount of importance placed on the relationship between clients and workers the same?"

The Action Stage of Client Exit and Implications for Practice

In summarising the issues for practice in the Action stage of exiting the non government agency, three key areas are suggested for the non government agency to maintain awareness of, and potentially employ specific policies and procedures. These include in-depth awareness and knowledge of the historical and current context of the client's life. This may involve keeping awareness of the client's previous experiences of leaving, exit, grief and loss. Secondly, the types of criteria to assess readiness for exit should be reviewed and incorporated by the agency. Finally, the importance and functionality of the relationship between client and

worker should be kept in mind when exiting clients from the non government agency.

Making Sense of Impending Exit from the Non Government Agency

In moving on to the second and third phases of the process of leaving the non government agency, Interpretation and Consciousness are undertaken in relation to the news given of impending exit. These phases see the participant apply the new information and knowledge about being a person not receiving the formal and intensive support of the non government agency. The individual considers and conceptualises what life will be like without the agency. An exploration of the perceptions of self as independent and capable are considered with consciousness by the person. Notions of expected and prescribed views by others of the individual's independence and capability are interpreted and made sense of.

In terms of implications for practice, it is recommended that non government agency practitioners hold awareness of the types of processes that clients may encounter when responding to exit from the agency. As mentioned earlier, timing was reported by participants as important in allowing the process of applying the fit of not receiving support to occur. Whilst participant's nominated this process of timing as important, it also ensures that the participant can start to assess dominant narratives about their ability to cope. These narratives may be located in the broader mental health context (for example "people with mental illness can

not adequately live without support”) or may be derived from significant others or small communities of people (for example family members asserting the individual’s competence in coping with change and without support). Practitioners may also benefit from taking time to check with the client how they see themselves fitting the prescribed narrative of not needing ongoing support from the non government agency. This checking in with the client may unveil narratives about self and coping that the practitioner did not now existed.

Similarly, options around how the exit occurs and ongoing contact post exit are seen to be points of dialogue. Participants in this study reported needing to feel involved in the planning and actual exit from the non government agency. Other features to arise during this time will be the extent of other supports and meaningful activity. These two features will be incorporated into the new narrative of the person and their coping ability and independence.

Other Theoretical Frameworks, Findings and Implications for Practice

Three other specific frameworks of theoretical understanding related to the topic will be explored. The theory frameworks to be examined are the Strengths Model, models of adaptation to change and loss, and finally theories of motivation and change. The Strengths Model has been discussed and explored in previous chapters of this document. Specifically, it has been applied to the

findings to provide systematic explanations of findings. This model has been developed by a number of theorists and practitioners. (Morgan:1993)

Strengths Model

The basic tenets of this model are that individuals have competencies, ability and potential. It is noted that not all people reach their full potential. Rapp (1998) argues that in order to survive the mental health system, most people utilise their skills in compliance. The following quote from Rapp explains the Strengths Model.

The Strengths Model posits that all people have goals, talents and confidence. That all environments contain resources, people and opportunities. Our visual perception of these are limited, modest, dysfunctional, barrier ridden, pathology ridden and pale in comparison to the deficits. Both can be 'objectively' true. (1998:24)

Rapp (1998) explores the notion of labelling people with mental illness. He argues that labelling serves to differentiate a group from others, re-victimise them and create a 'social identity' for them. This is evidenced through language such as 'schizophrenic' or 'manic', which in turn leads to an identity of 'schizophrenic' as opposed to a person diagnosed with schizophrenia. Rapp goes on to argue that these labels are accompanied by "...baggage of helplessness and weakness"

(1998:8), with the process serving to 'deindividualise' people in the labelled group.

The Strengths Model has direct and strong relevance to both the findings of this study and the non government agency at the centre of the study. The assertion that consumers of, or participants in, services are the key experts and knowledge sources about their situations, needs and hopes runs through this study, the narrative tradition and the Strengths Model. The emphasis on clients of mental health services having high levels of competence and ability to articulate their needs and contexts is central to these themes and models.

In terms of implications for practice for the non government agency and other mental health agencies, it may require a shift (ranging from subtle to major) in the way that clients of the services are viewed. The medical model typically views clients as having deficits and pathologies, hence the need for intervention. Variable attention is given to the abilities and competence of the client. Another factor is that when attention is given to the abilities of the individual, it is within a 'yes, but' context. This means that the abilities are viewed through deficit tinted glasses of ability counteracted with deficit or pathology. An example of this may be that a client is viewed as having skills in maintaining their home, but this is discounted because they are not 'medication compliant'. Or as in this study, one participant was noted by mental health systems to be skilled in articulation and critical analysis of systems and their impact on people. At the same time he was

labelled as being troublesome, grandiose and resistant to treatment. This participant actively took steps to not accept this dominant narrative of himself, preferring to construct a narrative that was based on his abilities. In particular, he referred to this narrative as 'playing the game' to survive such dominating and subjugating narratives.

The inherent and historical starting point of practitioners assessing for deficit implies the necessity at a practitioner level to be trained and skilled in assessing for strengths and competence. The Strengths Model does not advocate the neglect of areas requiring either skill or knowledge development in clients. Rather it advocates seeing such areas as opportunities for development, as opposed to deficits or features lacking in a client. Similarly, the community in which clients live can be viewed by practitioners as deficit ridden. Within the field of mental health, there is a reasonable degree of evidence to promote this type of thinking. A large number of people with mental illness do not have access to a range of resources otherwise available to other members of the community. However, the emphasis in the Strengths Model is to view the community as "an oasis of resources" (Rapp 1998:47).

In terms of practice implications for workers in the non government agency and other mental health fields, the shift from deficit focused communities to opportunity filled indicates a distinct shift in thinking about the community. It is recommended that practitioners and agencies continue to lobby for high standard

resources and services for those diagnosed with mental illness. However, a significant factor is for practitioners to reconsider how they view the community, seeking opportunities in areas where more resources are required. Additionally, the notion of forming partnerships and working collaboratively with clients and other key stakeholder groups stands as an invitation to action for practitioners.

The types of interventions undertaken within the Strengths Model are based on a number of features. Most fundamental to the model is working from a client centred base, aiming for “client self determination”. Rapp expands this in the following quote:

A cornerstone of the strengths perspective of case management is the belief that it is a client’s right to determine the form, direction, and substance of the case management help she is to receive. People with major mental illness are capable of this determination, and adhering to this principle contributes to the effectiveness of case management. (Rapp 1998:50)

The belief that a client is capable of identifying the direction in which interventions should head extends a distinct challenge to mental health services and individual practitioners. It is the researcher’s belief that many practitioners in the mental health and social work field are committed to working from client self determined frameworks. There are occasions when agency policy and procedure along with legislative requirements make it difficult for practitioners to carry this out. However commitment can be made to this principle, as it is the researcher’s

contention that it is an effective tool in ensuring that agency and client outcomes are reached in service delivery to the client group. Participants in this study indicated a key element to determine readiness for exit from the non government agency was having the person involved identify their readiness. Client involvement in determining the format and timing of exit is client self determination in action, and one that requires a healthy respect by the agency and individual practitioners. This also reiterates the notion of clients being the experts on their situations and needs.

Models of Adaptation to Change

Three specific models will be considered in terms of implications for practice and relevance to the findings of this study. Firstly, the Assumptive World View model posited by Parkes (1993) claims that not all life changes necessarily infer loss, and that some life changes may bring about a sense of benefit (1993). Parkes suggests that everyone holds an 'assumptive model' of the world that dictates how they understand and experience that around them. Change is seen to challenge the world view of the individual, inviting an assessment of whether a new world view (or at least a modified world view) is required to adapt to the situation at hand. Parkes' background is in the area of loss and grief as a result of death, however he has moved on to extend his work to a range of loss related areas including, loss of employment, relationship breakdowns, individuation of children and a range of other areas.

In terms of the focus of this study, this process of challenge to the assumptive world view has particular relevance and is well aligned with the process of narrating and the principles attached to it. The model incorporating action, interpretation and consciousness as discussed earlier and in other chapters shows similarities to the model proposed by Parkes. In terms of applications and implications for practice, this model promotes the need for practitioners to maintain awareness of the existing assumptive world view held by the client and ensure that this world view is honoured and respected in the process of the client leaving the non government agency. The same principles as discussed in previous sections about implications for practice apply.

The second model to be considered is that of adaptation as discussed by Perese (1997). Perese bases her research work on the nursing theory of modelling and role modelling. According to Perese, the model encompasses the following:

...Basic need satisfaction, achieved through attachment to life cycle appropriate caregivers who facilitate the development of internal resources, is directly associated with the capacity to adapt to stressors. (1997:30)

Perese's model proposes that in order to adapt to change, individuals with mental illness require the following requirements to be met:

- Basic material needs such as shelter, money, food and safety.
- A defined, clear concept of the self with an identified and distinct belief system.

- At least one significant relationship with an individual who will consistently be available and supportive.
- A sense of belonging and membership to at least one identified group or community.
- Fulfilling, valued roles and activity

The above are drawn from Hansell's (1976) model of psychological adaptability. These features are highly significant to the findings of this study and directly apply. The study identified all of the above as categories of explanation through findings. To recap, the categories identified as assisting individuals to cope with the transition of leaving the non government agency are narrating (core category); meaningful activity; social support and networks; established sense of self and associated self narrative; mental health factors and systems. In applying these categories to the above needs for successful adaptation, the first element of basic material needs is present in the majority of categories found in the study. It is an underlying feature mentioned in the responses and stories of all participants as an essential factor to quality of life in community living. The other features as mentioned above are self explanatory in terms of their relationship to the categories identified through the study.

The final model to be reviewed is that developed by Prochaska and DiClemente (1992) on change and motivation. They argue that change related behaviour can be understood in terms of five key phases. These are pre-contemplation, contemplation, action, maintenance and relapse. This model has specific

relevance to the work of the non government agency in terms of clients leaving the service and the process of action, interpretation and consciousness discussed earlier in this chapter. The most significant implication for practice lies in practitioners having awareness of such a model and assessing collaboratively with clients their alignment with such phases. In recounting the story of exit from the agency being introduced, P2 noted how he was at first surprised that the non government agency worker introduced this idea. In this, it is possible to claim that he was in the stage of 'pre-contemplation'. However, upon reflection, he began to 'contemplate' the idea of increased independence, particularly in relation to his life goal to return to pre-morbid functioning. To achieve this goal, reduced supports would be indicated in his life, with greater self responsibility being taken by P2 for his overall well-being and health.

In further discussing exit from the non government agency with the worker, P2 identified that the appropriate use of timing assisted his adaptation to the idea of leaving the agency. This led to the action of P2 disengaging from the agency (the action stage). Whilst P2 did not 'relapse' in terms of making contact with the agency post exit, he noted in post exit interviews to the researcher that he had been 'tempted' to contact, but decided to test his developed problem solving skills. In doing this he 'maintained' the changed behaviour by being independent and not relying on the support of the non government agency to resolve particular issues that had arisen for him since leaving the agency.

Whilst Prochaska & DiClemente's (1992) model has been applied somewhat liberally in this example, it serves to indicate the usefulness of such a model in assessing:

1. A client's willingness and readiness to exit the non government agency.
2. An indication of the appropriate timeframe to apply to the exit process.
3. A potential indicator of other services that might be required in the client's life to ensure ongoing independence.

To summarise this section, four distinct models of theory and explanation have been examined and compared to the study findings. These are the Strengths Model, the assumptive world view model, Perese's adaptation of Hansell's model of adaptation and Prochaska and DiClemente's model of change and motivation. These models have significant potential for further understanding, assessment and responses to client exit within the non government agency.

Reflections on Researcher's Process During Study

As mentioned in the introduction to this thesis, the researcher's professional qualifications and background are within the profession of social work. This profession and associated body of knowledge has shaped, influenced and impacted upon the researcher to a considerable degree. The choice of topic, underlying assumptions, types of experiences and specific narratives held by the researcher have been of key importance. These features have influenced the study

in a range of ways. It is therefore considered important to continue to reflect on the study, relevant literature and theoretical frameworks with reference to social work as a profession. Whilst the degree sought through this research is not a specific social work degree, the researcher continues to identify professionally as a social worker, with membership to relevant professional associations and groups. Additionally, the findings of this study will be shared amongst social work colleagues and with associated professional groups.

The study has provided surprising and challenging results for the researcher. Specifically, finding the process of narrating to be the core variable utilised by participants in coping with the transition of leaving the non government agency was not anticipated and came as something of a surprise for the researcher. Specifically, the researcher had no prior intention of aligning findings with the post-modern framework of explanation and understanding. To do so through the findings and writing of this document is a sign of the researcher's commitment to explore and represent the context in which participants live their lives and explained their associated narratives.

The study has challenged the researcher to new frontiers of knowledge and ways of thinking about the world, mental illness and the formalised mental health system. Whilst it is possible for the researcher to identify that she located herself within the critical framework of social work and human service practice prior to commencing the study, this has been further reinforced by undertaking the

research. In particular, the sacredness of participants' stories and narratives has been highlighted for the researcher. This is combined with the belief that to have heard participants' narratives and life stories is a distinct privilege worthy of respect.

The types of difficulties encountered by the researcher are most likely no different to other post graduate students. However, a significant difficulty encountered centred around the application of grounded theory when prescribed as a rigid system of exploring, categorising and re-constructing data. It was by combining different schools of thought on grounded theory methodology that the researcher was able to be respectful of the data and individual stories, whilst providing a coherent framework of understanding for the findings. The use of a reflective diary greatly assisted the researcher in her processes of understanding and testing out hunches and beliefs. This in itself assisted with the feelings of isolation experienced on occasions by the researcher. The following is an example of a memo written by the researcher early in the study. It tracks early category development, whilst considering the researcher's views and potential biases.

MEMO G1-11/4/99

Type of memo: Themes of an overall nature
Subject: Beginning development of themes
Date: 10/4/1999
Issue: Pondering and hypothesising on overall categories and similarities between participants.

Thinking about overall importance of a couple of themes (or are these categories?)
These are:

- The impact of, and a need for, (as expressed by participants) meaningful activity as a form of identity; contribution; keeping occupied; sharing knowledge/experience/expertise; being valued; earning money; having structure and routine.
- The experience of leaving (the non government agency) via gender differences. Consider expression of feelings about leaving; experience of leaving (I can only know another's experience as they express it); expressed ways of coping with change, expressed ways of coping with leaving non government agency.
- The relationship between worker and participant. Is it expressed as a 'friendship'? Are conflicting messages sent about friendship/relationship? How important is it? Bonds of attachment?
- The notion of support or having someone interested in me. This equates to knowing you can call after exit (share life's ups and downs). Just knowing there is a person in the world (albeit paid) who is interested and who cares (is that the same thing or something entirely different?) *This directly relates to social networks. Having networks doesn't mean they can offer the kind of support some participants say they need. Most participants say they need it, with one participant saying he likes having a 'connection'. Maybe this is his way of saying he needs someone.?*
- Coping with change, change strategies. Participants seem to have limited ability to articulate how they manage change. Why? Maybe the questions I am asking around this are the wrong questions. Participants are unaccustomed to thinking of themselves as being able to manage or cope? *Does this require a change in their assumptive world views?* Participants don't really feel like they are managing - "you just do it".

Other points:

- Have I started from the wrong position - assuming people have the ability to manage change? No - that's right!
- Maybe the wrong assumption is participants can articulate it clearly.
- So, that shows I need to articulate it if I am going to address my thesis topic. Refer to supervision discussion.

FIGURE 5.1 EXAMPLE OF MEMO

Limitations of the Study

The study did not set out to generate meta or grand theory about how people diagnosed with mental illness cope with the transition of leaving a non government agency. The study set out to define the context of a small number of study participants and the types of strategies they use in this transition. To this end, the study has met its goals. However, the exercise of defining the localised context of a small number of study participants indicate implications for taking up recommendations of the study in practice. In terms of usefulness of the findings for the agency, some limitations exist. However these limitations are offset by the challenge for the agency to begin to test out some of the findings of the study, along with associated points of implication for practice that have been raised by the researcher.

Recommendations for Future Research

It is the researcher's opinion that there is a need to replicate this study with a larger group of participants. It is possible that such a larger study could utilise either qualitative or quantitative methods. Both would have advantages. Clearly a quantitative based study would be able to incorporate larger numbers of participants and potentially produce results that have generalisable findings across a broad sphere of mental health service delivery practices. In contrast, a larger qualitative study could continue to incorporate the lived contexts of individuals whilst also generating greater depth of understanding. It may also be that a

combination of these methods of inquiry will produce significant and important results.

In addition to studying how participants cope with specific transition, further studies could also research the notion of narrating within the lives of people diagnosed with mental illness. It is the researcher's contention that the process of narrating has broad implications for theory development and human service delivery in the area of mental health.

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APPENDICES

Appendix 1 TABLE 4.1 - PROPERTIES AND DIMENSIONS OF NARRATING,

Properties	Dimensions	Examples evident in data
Source of origin	Internal→External Self→Others Natural networks→ professional networks Family→Friends	P4 noted the influence of significant other's views about her, leading to specific narratives being created about her ability to cope and move on from depression.
Relationship of lived reality to dominant narrative	Close to→far from Strong→fragile Somewhat→not at all	P3 clearly articulated a narrative of himself that did not include a diagnosis of mental illness. He noted that the diagnosis was the construction of mental health systems of professionals, thereby residing externally to the participant.
Effectiveness	More→less	P2 identified that his narrative involving hope and motivation for recovery to pre morbid functioning was effective and enriching.
Extent	Comprehensive→minimal	P1 showed throughout interviews the need to use narrative to varying degrees in areas such as employment and relationships.
Trajectory of use of current narrative	Short term→long term	All participants displayed a range of length of trajectories in use of current narratives. This was specifically indicated by functionality of the current narrative.
Trajectory of use of historical narratives	Short term→long term	Similar comments apply as with use of current narrative.
Functionality	Significant→minimal	Participants assess the functionality and effectiveness of narratives being utilised.

		For example the functionality of P1's narrative around his employment meets a range of functions, from identity giving through to enhanced self esteem.
Rewards	Some→none	The type of rewards experienced by participants from narratives serve as an assessment tool to determine ongoing use of specific narrative.
Relationships to image (desire to real)	Enhanced→diminished	In the case of all participants, the relationship to desired image and narrative served to motivate individuals in their application of narrative.
Types of	Varied→similar	P4 for example used consistently similar narratives involving self as being able to cope and manage life events.
Need for	High→low	P2 showed a strong need for a positive narrative involving his ability to recover from mental illness.

Appendix 2 STATEMENT OF DISCLOSURE AND INFORMED CONSENT

This study aims to identify the core variables or coping mechanisms that assist people with mental illness in the transition to no longer receiving support. The support has been provided by a non government mental health agency, from which study participants will be identified and invited to be involved in the study.

Participants will be required to partake in three interviews which will entail approximately six hours. When interviews are completed and the data analysed, participants will be asked their opinion on the accuracy of the interpretations made. This will involve another 6 hours. In total participants will be required to give 12 hours to the study.

By identifying the variables that help the transition to not receiving support, more appropriate supportive techniques and interventions can be developed by the agency to better meets client's needs. In addition, this study will facilitate the development of more consistent practises and policies around client discharge. The study has the potential to influence other mental health agencies in their practises around discharge of clients.

Should participants refuse to partake in the study, confidentiality will be maintained without future reprisal or prejudice.

Any questions concerning the project entitled "An identification of the core variables that assist people with mental illness in a time of transition" can be directed to Robyn Martin (Principal Investigator) on telephone number.. ..

I _____ have read the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in the activity, realising that I may withdraw at any time.	
I agree that the research data gathered for this study may be published, provided I am not identifiable.	
Participant	_____ Date _____
Investigator	_____ Date _____

Appendix 3 Interview schedule 1

An identification of the core variables that assist people with mental illness in a time of transition

Semi structured interviews based on themes (listed below) will be conducted. The interviews will take on a conversational format between the interviewer and participant. Probes will be used to amplify and clarify answers provided by participants.

Demographics and Service Client Profile

(These questions will be structured and form part of every interview)

1. Gender
2. Age
3. Relationship status
4. Current housing type
5. How long have you been receiving the XXX service?
6. Who makes up your social network (prompt family, friends, professional helpers, other)
7. What other mental and non mental health services are you involved with?
8. Tell me about how satisfied you are with these other services. (prompt - needs met, appropriateness of service delivered, participant involvement in selecting the type of service they receive).
9. Describe a normal day for you.
10. What do you think has changed in your life since receiving the services of XXX?

Discharge

(The following topics and themes are guides to dialogue)

Leaving XXX

- How the topic of leaving XXX was raised between the worker and client.
- Timing of the discussion
- Participation in the decision
- Satisfaction with the process
- Suggestions by participant if it could have been done differently or better (participant's perception)

Feelings associated with leaving

- Exploration of the participant's feelings around leaving XXX

Coping and adaptation

- Exploration of participant's perceived ability to cope with change

- Exploration of participant's normal coping strategies
- Exploration of the strategies that participant's think will help them cope with the transition.

Sources of support

- Participant's perception of their support needs.
- Potential sources of support after leaving XXX.

Any other themes participant wishes to pursue

Appendix 4 Interview schedule 2 (time of discharge)

An identification of the core variables that assist people with mental illness in a time of transition

Semi structured interviews based on themes (listed below) will be conducted. The interviews will take on a conversational format between the interviewer and participant. Probes will be used to amplify and clarify answers provided by participants.

Comparison of selected profile information provided in previous interview: (structured questions)

Previous responses in the following areas will be shown to participants. They will be asked to comment if anything has changed since the last interview.

1. Current housing type
2. Who makes up your social network (prompt family, friends, professional helpers, other)
3. What other mental and non mental health services are you involved with?
4. Tell me about how satisfied you are with these other services. (prompt - needs met, appropriateness of service delivered, participant involvement in selecting the type of service they receive).
5. Describe a normal day for you.

Leaving XXX

- Description of the actual discharge event.
- Satisfaction with the way discharge occurred.
- Exploration if the discharge could have been done differently or better.

Feelings associated with leaving

- Types of feelings experienced during the leaving process
- Exploration of the benefits of leaving XXX.
- Exploration of the disadvantages of leaving XXX.
- Potential loss and grief issues related to leaving XXX

Sources of support

- Exploration of support networks and sources.
- Exploration of participant's perception of what existing support networks can offer and/or assist with.

Coping and adaptation

- Perceptions of what is helping participant to cope and adapt to changed life circumstances.

- Exploration of whether coping strategies being used are different to those normally used.
- Exploration of whether coping strategies being used are what participant identified in previous interview.

Any other themes participant wishes to pursue.

An identification of the core variables that assist people with mental illness in a time of transition

Semi structured interviews based on themes (listed below) will be conducted. The interviews will take on a conversational format between the interviewer and participant. Probes will be used to amplify and clarify answers provided by participants.

Comparison of selected profile information provided in previous interview: (structured questions)

Previous responses in the following areas will be shown to participants. They will be asked to comment if anything has changed since the last interview.

1. Current housing type
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3. What other mental and non mental health services are you involved with?
4. Tell me about how satisfied you are with these other services. (prompt - needs met, appropriateness of service delivered, participant involvement in selecting the type of service they receive).
5. Describe a normal day for you.

The following themes are a guide to dialogue

Time since discharge

- Description of the participant's experiences since discharge from XXX.

Contact with XXX

- Exploration of contact with XXX initiated by participant.
- Exploration of desired contact with XXX by participant.

Needs (met or unmet)

- Exploration of needs that have arisen since discharge.
- Exploration of whether these needs have been met or unmet and by whom.

Coping and adaptation

- Identification of the coping strategies that have assisted participant since discharge.
- Exploration of what coping strategies worked and did not work for participant.
- Exploration of learning participants have had about their ability to cope with change.

Sources of support

- Types of support available.
- Satisfaction in terms of meeting participant's needs.

Future vision

- Exploration of what participant thinks will help them to live independently.
- Exploration of their hopes for the future.

Any other themes participant wishes to pursue.