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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

The Meaning and Experience of engaging in the Meitheal Mara Project for adults with Mental health problems: A Qualitative Study

Adebisi Akintola

CARL Research Project
in collaboration with
Meitheal Mara

CARL
COMMUNITY - ACADEMIC
RESEARCH LINKS
University College Cork, Ireland

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Date completed:	September 2018

What is Community-Academic Research Links?
Community Academic Research Links (CARL) is a community engagement initiative provided by University College Cork to support the research needs of community and voluntary groups/ Civil Society Organisations (CSOs). These groups can be grass roots groups, single issue temporary groups, but also structured community organisations. Research for the CSO is carried out free of financial cost by student researchers.

CARL seeks to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

What is a CSO?
We define CSOs as groups who are non-governmental, non-profit, not representing commercial interests, and/or pursuing a common purpose in the public interest. These groups include: trade unions, NGOs, professional associations, charities, grass-roots organisations, organisations that involve citizens in local and municipal life, churches and religious committees, and so on.

Why is this report on the UCC website?
The research agreement between the CSO, student and CARL/University states that the results of the study must be made public through the publication of the final research report on the CARL (UCC) website. CARL is committed to open access, and the free and public dissemination of research results.

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How can I find out more about the Community-Academic Research Links and the Living Knowledge Network?
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http://carl.ucc.ie. You can follow CARL on Twitter at @UCC_CARL. All of our research reports are accessible free online here: http://www.ucc.ie/en/scishop/rr/.

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University College Cork, Ireland

The Meaning and Experience of engaging in the Meitheal Mara Project for Adults with Mental health problems: A Qualitative Study

Adebisi. A. Akintola

Thesis Submitted in Partial Fulfilment of the Requirements for the

Degree of Master in Public Health

University College Cork

Department of Epidemiology and Public Health

September 2018

Department Head: Professor: Ivan Perry

Research Supervisor: Dr Ana Paula Ramos Costa

Table of Contents

Declaration form 7

Acknowledgement 8

Abstract 9

Chapter 1 **10**

Introduction 10

1.1 Thesis outline 10

1.2 Background 10

1.3 Context of the study 11

1.4 Study Aim 12

1.5 Study Objectives 12

Chapter 2 **13**

Literature Review 13

2.1 Introduction 13

2.2 Mental Health in broad focus: Internationally and nationally 14

2.3 Rehabilitation 16

Chapter 3 **22**

Methodology 22

3.1 Introduction 22

3.2 Context 22

3.3 Study Design 22

3.3 Recruitment 23

3.4 Participants 24

3.5 Interviews schedule 24

3.6 Interviews 24

3.7 Data Analysis 25

3.8 Ethical Consideration 25

Chapter Four **26**

Results 26

4.1 Introduction 26

4.2 Theme 1: Teamwork 30

4.3 Theme 2: Expectation and Motivation 30

4.4 Theme 3: Skills and Social Rehabilitation 30

4.5 Theme 4: Psychological Rehabilitation 32

Chapter Five **33**

Discussion 33

5.1 Introduction 33
5.2 Teamwork 34
5.3 Expectation and Motivation 34
5.4 Skills and Social Rehabilitation 34
5.5 Psychological Rehabilitation 35
5.6 Strengths and limitations 35
5.7 Recommendations 36
5.8 Conclusion 37
Bibliography 54

Appendices:

Appendix 1: Information sheet

Appendix 2: Informed Consent form

Appendix 3: Interview question guide

Appendix 4: signed CARL Agreement

Appendix 5: Ethics approval form

Appendix 6: Records of meetings between student and project supervisor

Figures:

Figure 1: Picture of people building a boat

Figure 2: Picture of the traditional Irish boat

University College Cork

Department of Epidemiology and Public Health

Title of Thesis

The Meaning and Experience of engaging in the Meitheal Mara Project for adults with mental health problems: A Qualitative Study.

Student Name: **Adebisi Akintola**

Student Number: **117228076**

I declare that the content of this assignment is all my own work. Where the work of others has been used to augment my assignment it has been referenced accordingly.

Signed: *AKINTOLA A. A* **Date: 21st September 2018**

Word count: 8,931 words
(excluding declaration, acknowledgements, references and appendices).

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Abstract

Background: Globally, the rates of mental illness continue to increase significantly, and the burden of mental illness is underestimated for several reasons, with the rate to be generally higher in women than in men. In Ireland, with increase rate in suicide and self-harm, there have been various rehabilitation model to help the population. Community-based mental rehabilitation has proved to be effective in multiple contexts.

Objectives: The main aim of this study was to explore the meaning and experience of participating in a community-based rehabilitation program for people with mental health problems.

Methods: A qualitative study design was used to explore the meaning and experience of engaging in a community-based rehabilitation service. A semi-structured interview was conducted with eight people who were currently engaged in the Meitheal Mara project. Data received from the interviews were analysed using Interpretative Phenomenological Analysis.

Results: Four main themes emerged from the Interpretative Phenomenological Analysis. Theme 1: Teamwork. Theme 2: Expectation and Motivation. Theme 3: Skills and Social Rehabilitation. Theme 4: Psychological Rehabilitation.

Conclusion: The centre brings physical, educational, social and psychological support to people with a mental health problem in the society, through indigenous and culturally acceptable facilities that are integrated into the community. This was used to attain community-based rehabilitation which is an essential part of social and psychological rehabilitation. The vocational and social skills learnt in the centre allow the participants to find meaning and purpose in what they have experience.

Chapter 1

Introduction

1.1 Thesis outline

There are five chapters contained in this thesis. Chapter one outlines the thesis, rationale behind the study, the context of the study and the aim and objectives of the study. Chapter two looks at a review of the literature on community rehabilitation and the meaning and experiences of those who were involved in the programme. Chapter three discusses the study design, the process of recruitment, data collection and analysis. Chapter four present the results from the data analysis while chapter five examines the findings of the study about the reviewed literature, the strength and limitation of the study and make recommendations for further research and air the participant's recommendation as well.

1.2 Background

According to Rowe (2015), Public engagement should include Public Communication, Public Consultation and Public participation (Rowe 2005). Civic engagement has been a part of the University College Cork (UCC) for the past 173 years, as a University in the community, of the community and for the community, UCC is committed to broadening access to education achieves her civic engagement in various ways. This includes: Performing of a coordinated internal approach that allows active connection externally; Communicating the social contribution of the university to the society; Collaboration research with the public, which actively engages staff and students of the University; Community focused group presentations (Campusengage.ie, 2018). CARL project started partnering with communities in September 2010, and valuable pieces of research have been produced in this short period (University College Cork, 2018).

The CARL initiative is a community engagement initiative by the University College Cork, and this research was conducted under the Community-Academic Research Links initiative, a UCC collaboration research with the public involving UCC and City Links (specifically the Meitheal Mara project). Students of UCC on behalf of non-profitable community organisations conduct research topics across various academic disciplines in UCC.

This CARL project was advertised on the CARL website, and Dr Mary Cronin (Health Promotion Pathway coordinator) met with students that showed interest to discuss the project

details. Post selection of a candidate, a meeting was scheduled with relevant stakeholders in Meitheal Mara and UCC alongside the CARL coordinator Dr Anna Kingston to determine the aims and objectives of the research. A three-way research agreement was signed after concluded deliberations; the agreement includes the student, CARL and Meitheal Mara Coordinator.

1.3 Context of the study

City Links is an educational program comprised of the Mental Health Services of Health Service Executive (HSE) South, the Cork Education and Training Board, the Department of Social Protection, and St. John's Central College. In 2004, City Links started as an experimental programme with the aim to "*further the educational and personal development of their mental health clients through involvement in educational and recreational activities in mainstream (non-disability specific) contexts."* (City Links brochure). The methods applied to achieve this is "*Placing or re-integrating clients from the Mental Health Services back into 'normal' continuing educational and recreational contexts while maintaining a discreet though the effective level of support and guidance to maintain them there as long as such support is needed*" (City Links brochure). City Links offer three levels of educational course which allows their clients to progress through the various stages. These stages are Foundation, Intermediate, and Mainstream. Students are referred by the Mental Health Services to the various levels. The Foundation level comprises three courses, Radhairc Nua (creative arts), Meitheal Mara (traditional boatbuilding) and Aisling Nua, (horticulture, garden crafts and pet care). The intermediate level involves the Spring Links Course, a ten week taster course for further education, and the mainstream course comprises a QQI level 5 one year full-time course (City Links brochure).

Meitheal is an Irish word for a gang, work team or party, and the word signifies the Irish co-operative labour system. In Ireland, groups of people in the same community take a turn to help each other with harvesting crops in farming work (The Mary Robinson Centre, 2018). Meitheal Mara builds and repairs the traditional Currachs and wooden boats and provides training to community groups in woodwork, boat building and rowing. Students are referred by the Mental Health Services to the foundation class. The programme consists of 17 short courses, with a three-hour weekly session structured for students with long-term enduring symptoms of mental illness or those who find it difficult to re-integrate into the Mainstream programme. The programme runs three times each year, annual intake of students

approximated to be 80 students, Available academic qualification in the programme is QQI level 3(City Links brochure).

1.4 Study Aim

This study aims to explore the meaning and experience of participating in a community-based rehabilitation program for people with mental health problems.

1.5 Study Objectives

1. To investigate the impact of a boat building programme for adults with mental health problems.
2. To examine the support and resources available to participants and also the utilisation of these resources in the Meitheal Mara project.
3. To analyse the experience, extent of satisfaction and recovery experiences of adults with mental health problems in the Meitheal Mara project.
4. To make recommendations for future community-based recovery services that are geared towards assisting adults with mental health problems, which will allow them to develop their own social and educational resources for proper reintegration into society.

Chapter 2

Literature Review

2.1 Introduction

The purpose of this chapter is to explore existing literature that relates to meaning and experience of adults with mental health issues in rehabilitation settings. Databases which include PubMed, Web of knowledge, Academic search premier, JSTOR, Google Scholar, CINAHL were searched using key terms such as ‘Mental illness’, ‘Recovery’, ‘Rehabilitation’, ‘Community-based mental rehabilitation’, ‘Mental health disorder’ and the most relevant articles were used for literature review.

The World Health Organisation (WHO) defines mental disorders to include a wide range of problems with various symptoms which include an abnormality in emotions, behaviours, thoughts and interacting with other people; examples include depression schizophrenia and intellectual disabilities (WHO, 2018). The Diagnostic Statistical Manual-V (DSM-V) considers that no definition of mental disorder sufficiently states the exact limitation for the concept of "mental disorder". Similar to other scientific and medical ideas, mental disorders lack a steady working definition for various cases (Stein et al. 2010). DSM-V defines mental disorder as a psychological or behavioural pattern that occurs in an individual and is clinically significant, associated with distress or disability or significantly increases the risk of pain, disability, pain or loss of freedom which is not a cultural and expectable response to a specific event (Stein et al. 2010). According to the DSM-V classification of mental disorders, mental disorders include: Neurodevelopmental disorders such as Autism spectrum disorder and intellectual disabilities; Anxiety disorders; Depressive diseases; Schizophrenia spectrum and other psychotic disorders; Substance-related and addictive disorders; Trauma and stress-related disorders (Association 2013)

2.2 Mental Health in broad focus: Internationally and nationally

2.2.1 International focus

There was a 36% increase in the burden of mental disorder globally between 1990 and 2010 as the population grows, the burden of mental disorder increases (Whiteford et al. 2013). In 2010, depressive disorders were the second leading cause of years lived with disability (YLDs)**,** with Major Depressive Disorder (MDD) accounting for 8.2% and dysthymia (a mild form of depression) 1.4% of global YLDs (Ferrari et al. 2013). Depressive disorders were a leading cause of disability-adjusted life years (DALYs), with MDD accounting for 2.5% of global DALYs and dysthymia 0.5% (Ferrari et al. 2013). MDD also contributes to 16 million suicide DALYs (Ferrari et al. 2013).

In 2011, mental disorder and substance use disorders accounted for 7.4% (183.9 million) of all DALYs, 0.5% (8.6 million) of all YLLs and 22.9% (175.3 million) of all YLDs worldwide, putting YLDs as the leading cause of mental disorder and disorder of substance use (Whiteford et al. 2013). Depressive disorder accounted for 40.5% of DALYs, anxiety disorder 14.6%, illicit drug use disorder 10.9%, alcohol use disorder 9.6%, schizophrenia 7.4%, bipolar disorder 7.0%, pervasive developmental disorder 4.2%, childhood behavioural disorders 3.4% and eating disorders 1.2% (Whiteford et al. 2013). Variation in DALYs

occurs with age and sex with the highest proportion in population aged 10-29 years (Whiteford et al. 2013).

In the 2016 global burden of diseases, the major depressive disorder was one of the five leading causes of YLDs, contributing 42% (34.1 million) of total YLDs (GBD 2016 Disease and Injury Incidence and Prevalence Collaborators 2017)

According to Vigo et al. (2016), the global burden of mental illness is underestimated for several reasons (Vigo et al., 2016). Some of these reasons include grouping some mental health issues such as suicide and self-harm as a separate category of disease, the overlap of neurological and psychiatric disorders and exclusion of some disorders such as personality disorder from the burden of diseases (Vigo et al., 2016). The authors believe that mental illness is underestimated by more than a third (Vigo et al., 2016). Mental disorders accounted for '32.4 % of lives lived with disability, and 13% of (DALYs) putting mental illness at a distant first in the global burden of disease using the Years Lost due to Disability (YLDS), and at the same level as cardiovascular diseases in terms of DALYs (Vigo et al., 2016).

2.2.1.1 Age and Sex

Based on the Global Burden of diseases studies between 1990 and 2000, the burden of depression was analysed by country, age, sex and as a risk factor for suicide amongst other factors (Ferrari et al. 2013). The burden of major depressive disorder was higher in females and adults of working age group compared to the burden of dysthymia (mild depression). Prevalence of psychiatric disease is higher in women aged 25-34years and 45-54years but no significant association with age in men (Bebbington et al. 1981). In the 2016 global burden of diseases, ages 40 to 69 years had the largest absolute increase in numbers of YLDs globally, with 10.4% higher in men than women for all conditions (GBD 2016 Disease and Injury Incidence and Prevalence Collaborators 2017).

According to mental health foundation report, gender pattern of the common mental health problem in devolved nations shows that in Wales, Northern Ireland and Scotland, percentage of common mental health problems in women and men were 16, 20, 17 and 10, 16, 14 respectively (Mental Health Foundation., 2016., pg. 15)., showing that women have a higher prevalence of common mental health problems than men.

2.2.2 National Focus

In the European Union (EU) yearly, over a third of the total population has a mental disorder. In 2011, estimated mental disorder prevalence in the EU at 38.2% (164.8 million) of the population compared to 2005 with an estimate of 27.4 % (82 million) (Wittchen et al. 2011). The increase in prevalence is related to factors such as added EU members and newly added disorders of childhood and old age (Wittchen et al. 2011). Commonest disorders include anxiety disorders, major depression, insomnia, somatoform, substance use disorders, ADHD in the young and dementia in the old with no considerable social variation except for substance use disorders (Wittchen et al. 2011). Brain disorders especially mental disorders account for 26.6% of the total burden of diseases which is high compared to another region of the world. Variation in the prevalence of these disorders is based on gender and age group (Wittchen et al. 2011).

The Psychiatric Epidemiology Research across the Lifespan (PERL) group at the Royal College of Surgeons Ireland (RCSI) stated that the impact of behavioural and mental disorders in Ireland is high, particularly for the individuals, their families and the communities and this includes unemployment and stigmatisation (Cannon et al., 2013). Over 1 out of 2 young people aged 19-24 years will develop a form of mental disorder in their lifetime, the most prevalent being mood disorder followed by anxiety disorder (Cannon et al., 2013). These young people are also at risk (about two times more likely) of a mental disorder and substance abuse in young adulthood (Cannon et al., 2013).

2.3 Rehabilitation

Rehabilitation is “A whole system approach to recovery from mental ill health which maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and which leads to successful community living through appropriate support.” (Killaspy et al., 2005, pg.163) Rehabilitation in people with mental health challenges should be directed towards community integration, recovery and quality of life. These goals will help to determine the model to be employed in the care and treatment of people with mental illness (Sanchez et al. 2016). According to Killapsy et al., (2005) Rehabilitation speciality isn’t well represented in the national policy in England, and there is no guideline on the constituents of a standard rehabilitation service (Killaspy et al. 2005). Naveen et al., also agreed that the planning of rehabilitation services is confronted with various challenges which include lack of guidelines,

training, resources; serial intervention (treatment before rehabilitation) and emphasis on the medical model rather than a bio-psycho-social model of care (Naveen Kumar et al. 2014). Rehabilitation needs a coordinated action of all stakeholders which include peer support groups, caregivers, governmental agencies and NGO's (Naveen Kumar et al. 2014). A guidance paper by HSE National vision for change working group on advancing community mental health in Ireland, stated that values and principle of rehabilitation should be centred around helping service users achieve recovery in a variety of life domains (Advancing community mental health services in Ireland, 2013). The mental health foundation, England suggests that productive approaches to mental health problems should be built on knowledge, skills and relationships within communities (Mental Health Foundation., 2016).

Work is essential for mental health, work create an opportunity to be involved in the meaningful activity and to be able to socialise (Van Dongen 1996). Unemployment leads to feelings of low self-esteem and inadequacy, but good work experience increases self-esteem (Van Dongen 1996). Those with mental illness are known to have low self-esteem and reduced quality of life (Van Dongen 1996). Factors that contribute to this low quality of life include social stigma, side effects of medication, hospitalisation and unemployment (Van Dongen 1996). People with a mental illness according to Happell et al., has a lower quality of life compared to those without mental health challenges and this has been a significant challenge for the mental health team workers (Happell et al. 2016). The process of recovery from mental illness involves self-determination, meaningful life roles for the people, hope and empowerment (Sanchez et al. 2016).

2.3.1 Some various rehabilitation models

One model may not fit in every setting for rehabilitation, models should be developed based on the culture and should be original to allow the use of the community resources (Naveen Kumar et al. 2014).

1. Focused care model: In the UK, a rehabilitation service called Youthspace was used to speed up youth sensitive service. It is a model based on focused care. The model promotes prevention and early intervention in line with the mental health policy of the United Kingdom, using technology such as social media and internet (McGorry et al. 2013).

2. The residential and half way home rehabilitation services: The service user lives outside their home or family home with other service users. (Gillieatt et al. 2018).

This service is needed for realistic reasons, to confront challenges that will interfere with recovery such as cognitive impairment and noncompliance with medications which will lead to relapse (Naveen Kumar et al. 2014).

3. Home-based care: Home-based care involves frequent home visits, it is a significant component of Assertive Community Treatment (ACT) and Intensive Case Management. It integrates health, social care and psychological services (Sharifi et al. 2012).

4. Hospital rehabilitation service: Emerged in the 1990s and was created on the premise of an extended stay in Psychiatric hospitals (Meehan et al. 2017). This type of service is for the group of people that still require intensive treatment after discharge from the acute inpatient care (Meehan et al. 2017).

5. Community-based rehabilitation: They are recently established and are found in the community settings, people admitted for acute inpatient care are discharged to this type of service for community support (Meehan et al. 2017).

2.3.2 Rehabilitation model in Ireland

The high rates of suicide and self-harm amongst young Irish people and rising stories of antisocial behaviour, substance misuse and school failure led to the founding of Headstrong (McGorry et al. 2013). Headstrong is a National Centre for Youth Mental health founded to promote change as encapsulated in the national mental health policy framework: *A Vision for Change* (McGorry et al. 2013). This was because services that care for young people were dysfunctional or do not exist and there was no continuous support or collaboration (McGorry et al. 2013).

The Jigsaw model: Headstrong used this model to respond to the challenges of accessing support for young people with mental illness. It included the addition of more services and positions. This model aimed to strengthen the capacity of the community to support the people (McGorry et al. 2013).

Recovery Model: In a study on advancing community mental health services in Ireland, the service users identified recovery to be about developing a pleasing and meaningful life, irrespective of any ongoing mental health symptoms (Advancing community mental health services in Ireland, 2013). The Irish mental health policy inculcated a recovery-oriented approach into its mental health care, having community mental health teams amongst other

group as crucial part of the mental health service delivery team (Advancing community mental health services in Ireland 2013). Recovery can be enhanced by people around those with mental illness that helps them to hold hope for the future and help them to find meaning and purpose in what they have experienced (Advancing community mental health services in Ireland, 2013). This helps them to be involved in a significant role in the society and have a sense of personal control, which increases the people's self-confidence and enables them to belief in themselves and thereby enhancing recovery (Advancing community mental health services in Ireland, 2013). According to an evaluation report on The City Links Creative Technology and Arts (CTA) course hosted by St. Johns Central College, engaging in education and vocational development was identified as a significant factor in providing individuals with mental health problems the opportunity to pursue their educational goals, develop skills, integrate socially, and enhance self-efficacy (Hardiman 2016). This was achieved through increasing self-esteem, development of personal values, and enhanced critical thinking (Hardiman 2016).

2.3.2 Community-based rehabilitation models/services

Community-Based Rehabilitation (CBR) employs a multi-sectoral approach to improve quality of life, social inclusion and functioning of people with mental illness (Asher et al. 2015). Naveen Kumar et al. (2014) considered Community rehabilitation as the ideal form of rehabilitation, with successes in few CBR models developed in collaboration with Non-Governmental Organisations and confirms that community-based rehabilitation (CBR) needs attention (Naveen Kumar et al. 2014).

A good practice is to give care to people with a mental health problem in an environment with less restriction, preferably should be integrated into their local community (Advancing community mental health services in Ireland 2013).

Community-based rehabilitation could be in the form of Assertive Community Treatment (ACT) or the Standard Community Care (Marshall & Lockwood 2000). The ACT aims those with severe mental illness; it helps keep them in the community instead of the hospital to improve their social functioning or quality of life, while the Standard Community Care is for those with less severe mental illness (Marshall & Lockwood 2000).

The community is viewed as a helpful resource with different services that supplement the care given by the Community Mental health teams; these services could be within the community as voluntary, self-help groups or can be interagency outside the community

(Advancing community mental health services in Ireland, 2013). Rehabilitation services and models that are indigenous culturally acceptable should be used to empower people with mental disorder through effective utilisation of resources in the community (Naveen Kumar et al. 2014). Community-based psychosocial rehabilitation is effective in achieving functional improvement, evidenced by neurocognitive improvement within 12 months and helps patient with schizophrenia to respond to treatment (Brekke et al. 2009). The process of Psychosocial rehabilitation gives individuals the opportunity to achieve their optimal level of functioning independently in the community, and this cannot be accomplished by treating with antipsychotics alone (Asher et al. 2015). Community-based rehabilitation should be included in psychosocial intervention in the management of schizophrenia as recommended by the WHO mental health Gap Action Programme (mhGAP) (Asher et al. 2015). In people with schizophrenia, motivation is impaired, and there is accompanying functional implications, the ability of those with schizophrenia to learn during skills-based psychosocial treatment shows that skills-based psychosocial treatment which is part of CBR has a positive impact on motivation (Medalia & Saperstein 2011). Motivation is from Intrinsic and Extrinsic factors with the extrinsic factors playing a major role in the rehabilitation of people with mental disorder (Medalia & Saperstein 2011). The external factor could be in the form of reward while the intrinsic factors are based on the inherent nature and mental state(Medalia & Saperstein 2011).

Skills associated with Recovery-based programs include vocational, independent living, social, neurocognitive and social cognitive functioning, anger management, symptom management, independent life and other functional skills (Medalia & Saperstein 2011).

Community-based rehabilitation studies:

In England, three models of rehabilitation considered by Killaspy et al. (2005) are (a) Tertiary flow model of rehabilitation (b) Tertiary core model of rehabilitation service (see figure 2.1 & 2.2 respectively) (c) combination of both based on having either a community rehabilitation team or the assertive outreach team as part of the rehabilitation service (Killaspy et al. 2005). The Tertiary flow model of rehabilitation involves referral of acute patients from wards for short and long-term rehabilitation and then discharge them to a community or assertive team (Killaspy et al. 2005). In the Tertiary core model of rehabilitation has at its centre the community rehabilitation team, offering care and

organising task and other community needs for the clients (Killaspy et al. 2005). These two models were described to be generally successful (Killaspy et al. 2005).

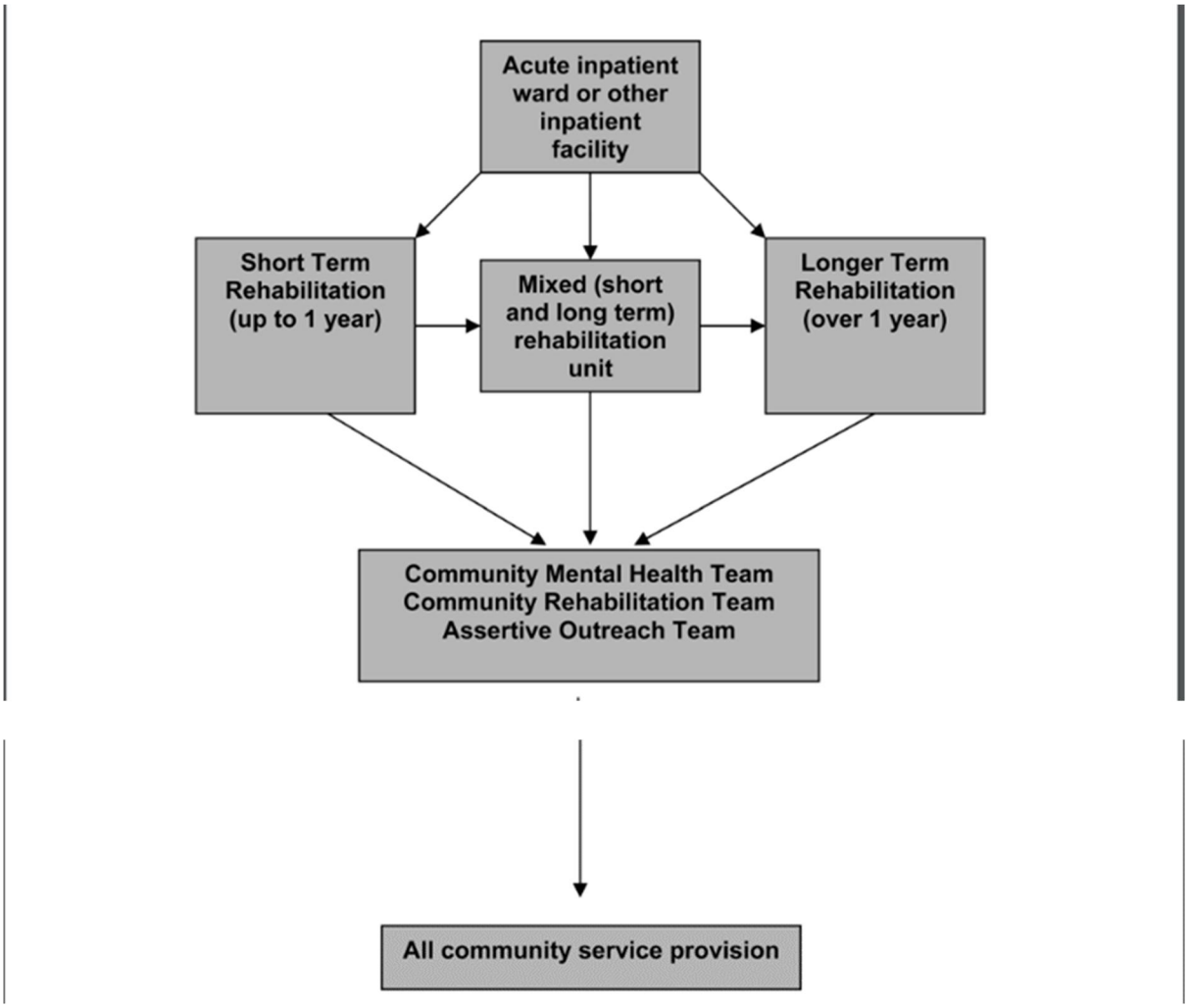


Figure 2.1: Tertiary flow model of rehabilitation (Killaspy et al. 2005).

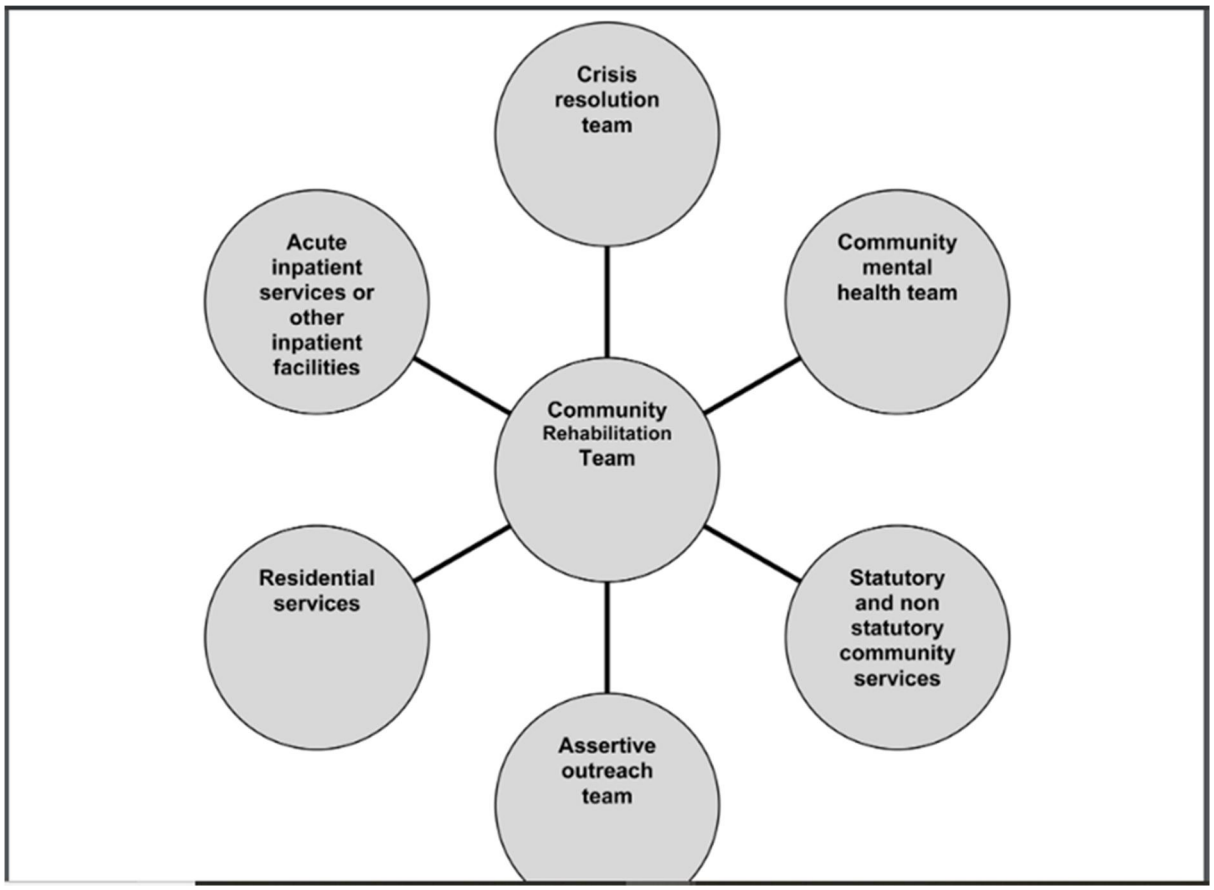


Figure 2.2: Tertiary core model of rehabilitation service (Killaspy et al. 2005).

An enhanced primary care model called Headspace was created in Australia for youth mental healthcare, established to meet the core needs of young people with mental ill health by delivering a multidisciplinary highly accessible youth-friendly mental health service (McGorry et al. 2013). This service is a community-based organisation and also has a close link with specialist service, other community organisations and schools (McGorry et al. 2013). General physical health care services were included for easy access, prevent stigma and to ensure continuity of care (McGorry et al. 2013).

A qualitative interview study on the psychosocial benefits of being involved in a community-based art project for two years was explored among eight people with long-term mental disorders, and their experiences analysed (Lawson et al. 2013). The study findings suggested that the programme offered participants a sense of belonging, enhanced their self-worth, provided meaningful occupation and helped to improve the management of their psychological state (Lawson et al. 2013). The creative art skills of some of the participants in

the programme were developed and consequently led to improvement in the self-management of their mental health (Lawson et al. 2013).

Granerud and Severinsson in a qualitative study to explore the experience of people with mental health problems on integrating socially into the community said that using decentralised psychiatry practice rather than the institutionalised type will help to achieve social integration (Granerud & Severinsson 2006). Social inclusion is essential for modern community mental health care to enhance mental health even though enough success hasn't been achieved from some reports (Granerud & Severinsson 2006).

People with mental illness experienced a sense of loneliness, neglect and struggled for equality**;** the study concluded that people suffering from mental health problems need to experience a sense of belonging in the community for proper social integration (Granerud & Severinsson 2006).

Mazor & Doron (2011) looked at theories formulated to explain the meaning and experience of participants to be a continuous process to integrate back to the community, and they view CBR as a reality that makes people with mental illness live a normal life (Mazor & Doron 2011). These continuous processes are integrated into each other and involve the movement from the community to the institution and back to the community with CBR legislation as the critical component that should be well integrated into the continuum (Mazor & Doron 2011). Support for one another and community unity is essential for mental health, the participants spoke of how the community cohesion alongside some cultural factors has helped them about their mental health (Danto & Walsh 2017). They spoke of building a community for each other, being there for each other, the strength and power in coming together and focus on building a good relationship (Danto & Walsh 2017).

Chapter 3

Methodology

3.1 Introduction

This chapter outlines the research methods and design that is used to gather and analyse data to achieve the aim of the study which is to have the insight to the experience of adults living with mental illness in Meitheal Mara centre. The study is a CARL project, so questions were initiated from the community group (Meitheal Mara) and used as data for the research. The participant's experiences will be explored, a good understanding of the experiences of the participants will help to improve the services made available at the centre. The participants include those at different stages of the programme: Woodwork, Woodturning and Boatbuilding.

3.2 Context

The study was conducted at the Meitheal Mara centre, located in the heart of Cork City, in Crosses Green, Cork. The centre has a workshop for boatbuilding right at the entrance of the building. The Currachs(boats) vary widely from the 6 ft to 26 ft depending on the type (Meitheal Mara - Community Boatyard Cork, 2018).

3.3 Study Design

The qualitative study design was carried out using face to face semi-structured interviews with participants in the Meitheal Mara project to gain insight into the meaning and experience of engaging in the Meitheal Mara project. The semi-structured interview allows the researcher to ask questions that act as triggers which steer the participants to speak on their experiences and other areas of their lives (Carla Willig 2013). Quantitative research is used to quantify the problem by generating numerical data which is then given as statistics and can be used to quantify various characteristics and variables of the study population (Miles and Gilbert 2005). Quantitative research usually involves a large sample size, and self-reported questionnaires can be used (Miles and Gilbert 2005). Quantitative methods emphasise on issues such as the outcome of treatment, scientific control and rates of survival; it does not give healthcare professionals the opportunity to experience the patient live and their experience (Biggerstaff and Thompson 2008). According to Flick (2002), qualitative research focuses on participants' accounts of their experiences and provides the researcher

with an in-depth insight of the subject being studied (Flick 2002). Qualitative research does not measure specific characteristics in a large number of people but explores experiences or phenomena that are exclusive to individuals in details (Carla Willig 2013). Thus, qualitative methodology was suitable for this study as it will help to explore, explain and understand the social phenomena and psychosocial issues of the participants in their context.

3.3 Recruitment

A purposive sampling (expert sample) approach was used through the expert knowledge of the population, to get a sample in a non-random way that can be assumed rationally to be representative of the study population (Lavrakas 2008). Purposive sampling is used in qualitative research to identify and select information-rich cases related to the phenomenon of interest (Palinkas et al. 2013). Sampling was facilitated by a key liaison staff member of the Meitheal Mara centre to recruit suitable participants among those attending the service. Information sheets and consent forms were provided to the liaison staff member at the centre; these were to suitable participants who met the study inclusion criteria.The participants that agreed to take part in the research signed the consent form (see appendix 2), and the scheduled interview was held on a suitable day in the Meitheal Mara centre. The information sheet (see appendix 1) contains the purpose of the study and debriefing, some basic ethical considerations which include Informed consent, right to withdraw and confidentiality (Carla Willig 2013).

3.3.1 Inclusion Criteria

Service users who are currently attending the service and former clients who attended Meitheal Mara. Some of the former service users who participated in this research are back on the course for another stage of the course.

3.3.2 Exclusion Criteria

Adults with severe mental illness, where it may not be deemed suitable for them to participate in the study.

3.4 Participants

A total of 12 participants were currently on the Meitheal Mara project at the time of the research, and they were all eligible to take part in the research. Six participants had been on the program for some months, three were previous service users who are back on the course for another stage and three were new users of the service. The new service users had been on

the programme for two weeks to give them some time to experience the service and make meaning of their experiences before they were scheduled for an interview. The old service users had been in the service for a duration ranging from six months to three years. Five of the six old participants were interviewed (one person was out of the country on holiday and didn't come back till the interview schedule ended). The three previous users back on the course were all interviewed, and the three new service users could not be interviewed because the key liaison staff member at the centre advised that they will need more time to settle in because he noticed the new participants have some difficulties with the new task. The interview couldn't hold because of time.

3.4.1 Sample size

A total of eight male participants were interviewed.

3.5 Interviews schedule

The interview topic guide (see appendix 3) was formulated by the research team to include questions that will help explore the meaning and experience of the participants.

The interviews were scheduled to hold on Mondays and Wednesdays, which were the two days set apart in the week for the service users to come to the centre to have their classes and training based on their stage in the project. The older group comes in on Monday while, the newer ones come in on Wednesday. Before the beginning of their classes, there is a thirty minutes chat/tea time that brings service users and the service providers together to discuss generally.

3.6 Interviews

Interviews were held at the Meitheal Mara Centre, Crosses Green, Cork. An office was set apart for the interview section, which made the participants more relaxed and created an enabling environment far away from the workshop. The information sheet was explained to the participants, and signed consent forms were retrieved before the commencement of the interview. The researcher was present in one of the chat/tea time before the start of the scheduled interview which allows familiarisation with the participants and other staffs of the centre.

3.7 Data Analysis

The interview was audio recorded and transcribed verbatim. The interview transcripts were read and re-read taking notes for initial thoughts and ideas of the participants. The transcripts were coded and checked with the supervisor for reliable and consistent coding, and the codes were organised into themes (Braun & Clarke 2006). Data were analysed using thematic analysis. Thematic analysis is a qualitative analytic method that is used to identify themes or patterns, analyse, and report the patterns (themes) within data (Braun & Clarke 2006). The transcripts were analysed using the Interpretive Phenomenological Analysis (IPA). IPA is a qualitative method that is used to examine personal lived experiences based on its terms rather than on previous psychology theory or inherent inclination of the researcher (Smith 2017). It helps both the participant and researcher to explore the meaning of personal experience (Smith 2017).

Thematic analysis is flexible because it is not fixed to any known theoretical framework and it can be used in various methods: to reports experiences, meanings and the reality of participants (essentialist or realist method) or to examines the ways in which events, meanings, experiences are the effects of a range of discourses operating within society (constructionist method). It can also be used in between essentialism and constructionism (contextualist method) an example of which is critical realism with takes account the ways individuals make meaning of their experience and how the broader social context impinges on those meanings (Braun & Clarke 2006).

3.8 Ethical Consideration

Ethical approval was granted by The Social Research Ethics Committee (SREC) at University College Cork, and a research agreement was signed with Community-Academic Research Links (CARL) of University College Cork. Ethical issues outlined in the Information sheet and consent form were reiterated to the participants before the interview commenced. Participants were informed that they have the right to withdraw from the study at any stage and were told that they could stop the interview at any time if they feel they cannot continue due to emotional or psychological disturbances while reflecting on their mental health problems. Strict confidentiality was also maintained.

Chapter Four

Results

4.1 Introduction

The main findings from the data analysis are illustrated in the chapter, the analysis was related to the meaning and experience of engaging in the Meitheal Mara Project for adults with mental health problems. The data from eight participants were used in this study; all participants are male with an age range of 29- 64 years. All the participants were referred by their mental health team, mainly the occupational therapist to the Meitheal Mara project, though were one time or the other referred from some national organisations.

Discussion with the participants reveals that the mental health disorder in the study population includes: Social anxiety(agoraphobia) (participant 2), Drug addiction and anxiety (participant 3), Drug addiction (participant 4), Schizophrenia (participant 6).

Previous experiences prior to coming to the centre according to the participants were that of "been okay" (participant 1), "leaving the house to lose track of time without doing anything" (participant 2), "being isolated and spending a lot of time at home doing the wrong things"(participant 3), "having no purpose in life, life having no meaning, pattern or structure" (participant 4), "being good and having to look after self as participant was involved in a national rehabilitation programme" (participant 5), "being too bad and been a total loner" (participant 6), "feeling of a missing part of me" (participant 7), "feeling of been down and depressed" (participant 8).

Coding was done to find themes (see table 4.1) and our main themes and subthemes were identified in the analysis (see figure 4.1).

Figure 4.1: Themes and Subthemes

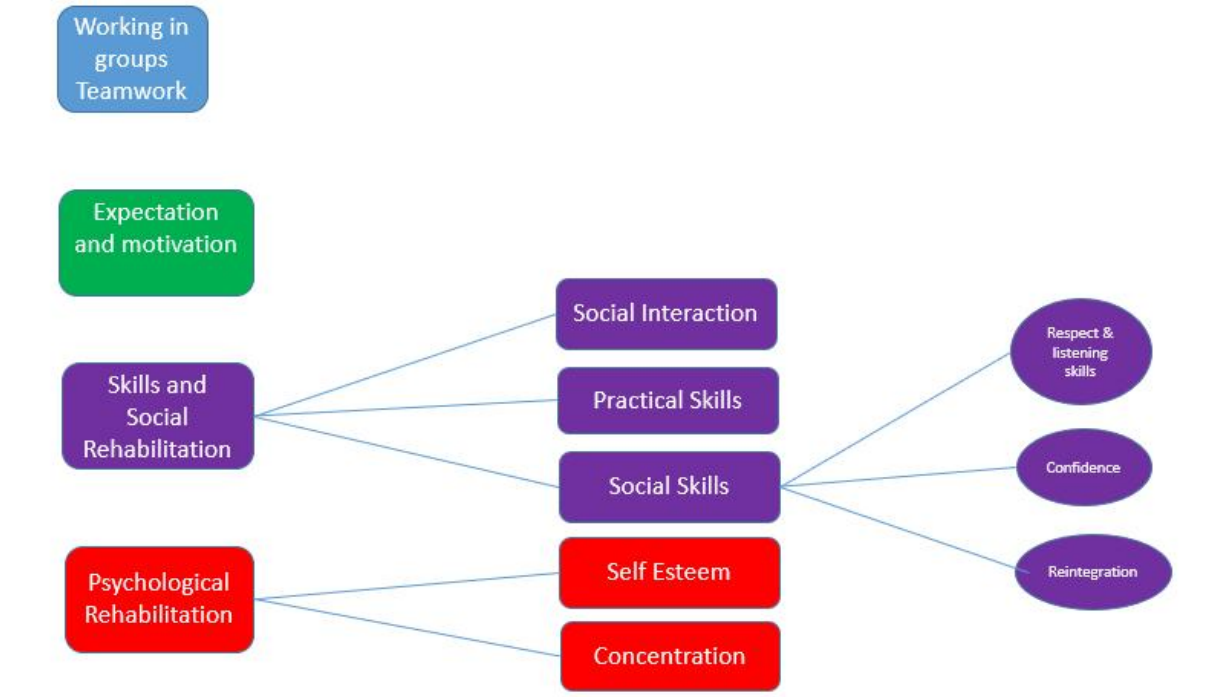


Table 4.1: Codes and Themes

Themes	**Teamwork**	**Expectation and Motivation**	**Skills and Social Rehabilitation**	**Psychological Rehabilitation**
Codes	The project helped with how to organise and work with people and that this is good for the body and the mind. Making me confident to	The project was something more constructive, regularly scheduled and with a tangible outcome that the participants look forward to every week.	Having to meet a lot of people was the social skill common to all the participants, and some learnt how to interact with people. Other social	Participants learnt to be open about their mental health, helping them to be able to release the fear the have and help them realise they aren't the only

	work with people and to know that so much can be achieved by working as a team. Being part of a group, more can be achieved through cooperation.	Some of the participants take time to plan before the day they will be at the centre and begin to look forward to another day from the day they leave the centre.	skills learnt through interacting with people include: -Confidence -Respect -Listening skills -Ability to take instructions and act on it. Practical skills were also learnt, and some understood that they could go beyond the boat building and learn other practical skills such as wiring that will be useful to them in their homes and another organisation.	one in the world with mental health challenges. Being part of a task that involves a lot of people made them confident. The problem of addiction relapses was overcome, with the programme serving as an outlet. Quality of life enhanced. Ability to concentrate on achieving a task. A participant believes that the programme keeps him alert, well and keeps him going.

				Having people that you work together that you can depend on. The programme is exciting and very relaxing.

4.2 Theme 1: Teamwork

The participants feel good about working as a team and agreed that with the kind of task to be achieved in the Meitheal Mara project, it would be difficult not to interact with those you are working with and feel right about the unity to accomplish a task and how more can be made with team work.

Participant 2: *"It has kind of helped me with working with other people especially like the boat building one, it's a lot of organising with other people, you can't really stay in a corner doing your own little bit and then stick it on to the boat."*

Participant 6: *"and one of them was saying that to work in a group I suppose will be good for you or something, so it's good to work in a group to be part of something, I have learned how to work in a group anyway that's important you know."*

4.3 Theme 2: Expectation and Motivation

Participants were motivated to attend the project and always looked forward to another day to be at the centre. This helps the participant to have a schedule to follow.

Participant 1: *"I didn't know what to expect and erhmm I took my time and now it is only something I could look forward to every week, I kind of keep one day to plan ahead. As soon as am out of the door here, I would have been looking forward again for next week."*

Participant 2: *"there is kind of, a kind of something in the week that is regularly scheduled, such a thing as on Mondays I have to come in here and everything sort of blending together*

into one big day… Erhmm, a kind of tangible outcome at the end of the day like this is what I have done, like something I hadn't had for a long time, that is good as well, that kind of visible outcome sort of."

4.4 Theme 3: Skills and Social Rehabilitation

All the participants agreed to social reintegration through meeting a lot of people and making new friends at the centre, learning new social skills and relearning some old social skills which were probably lost due to the illness.

4.4.1 Social Interaction

Participant 3: *"at the start I was a bit shy and a bit worried , now as it went on, I kind of have a better attitude towards it definitely and , even like when I leave here then, like normally I won't really talk to strangers like or anything like that but now recently I would like just have a chat like as they say talking to someone you don't know could even help you more…everyone kind of knows each other and it says it all…even people that don't work in there like the secretaries upstairs as well, they will all say hello, and you have a bit of a chat like, that can be very beneficial as well."*

4.4.2 Practical skills

Practical skills of boat building were learnt, even though most participants agreed they might not build a boat in the future, it helped them to think of other practical skills that can be useful to them.

Participant 3: *"definitely with all the skills they have shown me, I could go longer, I mean like if someone needed a new leg for a table, maybe to woodturning I would definitely I'll say definitely…it is nice if I add to doing wiring in the house or consider that I can do it now instead of bringing someone up to help me with it"*

Participant 5: *"it should, it should give me the skills to use if am in the X organisation, there is always projects there that require people who know how to use woodwork and to do woodwork project... and generally around the home or anything like that I will be more useful to do tasks at home as well if it involves some woodwork and things, so I have more input then doing those things at home"*

4.4.3 Social Skills

Social skills were developed by interacting with the staffs of the centre and amidst the participants on the project.

4.4.3.1 Respect and listening skills

Participant 4: *"Respect… listening skills, yea, listening skills and being able to take the instructions from, you know the mentors."*

4.4.3.2 Confidence

Participant 2: *"If I am involved like a kind of a teamwork or a group work situation, I will be more confident that I will be able to handle that, like to go through with that sort of interaction."*

Participant 3: *"when I come out of here, I feel I like as if I have done something good and kind of it gives me self-confidence."*

4.4.3.3 Reintegration:

The various social and practical skills learnt made reintegration to the community seamless for the participants.

Participant 2: *"Like I was getting to know people and being around people again"*

Participant 6: *"I suppose my life is better because I have something to do on the Wednesday and it is interesting to see the way the boats come together…and even though I do often get the bad feeling, I have something to do."*

4.5 Theme 4: Psychological Rehabilitation

The project helps the participants with the reformation of their mind, making them overcome some of their mental health challenges. Participants had a better mind and attitude to their mental health as they started attending the project.

Participant 1: *"been more open about my mental health and kind of knowing that am not the only one in the world that has it …can mix so much with the same people (slight hesitation) a kind of release, I suppose the fear."*

Participant 3: *"Before like I was like in 2013, I gave up drugs, and I relapsed a couple of times, and I ended up going into GF over there in the hospital, and I was in there with them for a month for treatment and since then, I haven't touch anything anymore like two years now since I just knocked it on the head and So, this is great for me, like it's an outlet to get in…learning as well, I have had a clearer head now, I kind of pick up things a bit faster and it is very enjoyable…What I've known is that any day that I come in here and go working like, I feel good really mentally."*

4.5.1: Self-esteem

Participant 4: *"Well, it has put a little bit of structure in my life, something to do, you know(hesitations)it's a form of occupation therapy for me…I do want to go out meet people, and erhm make things with my hands."*

Participant 6: *"So this is important for me that I could fill my time on Wednesday usually for a couple of hours so, all the times like it is important to have some quality of life."*

4.5.2: Concentration:

Some participant realises that since they were able to concentrate and learn boat building, it has an impact on other mental/psychological activities**.**

Participant 4: *"makes me concentrate a bit more than before you know that I couldn't concentrate like before I couldn't read a book before but now I can read books whether it has an effect by coming to this place I don't know but before I couldn't read a book but now I can read books, concentrated reading more books"*

Chapter Five

Discussion

5.1 Introduction

Results of the research after analysis showed that participants of the Meitheal Mara centre had various meaning and experiences of the centre which include Teamwork, Expectation and Motivation, Skills and Social rehabilitation, Psychological rehabilitation. Data was obtained using semi-structured interviews with participants and analysed using interpretative phenomenological analysis. In this chapter, the themes in relation to the literature review will be discussed, aims and objectives of the study, strength and limitations of the study and the recommendations for the practice and research will also be discussed. Themes and subthemes that emerged are outlined in Figure 4.1.

5.2 Teamwork

The theme "teamwork" was a recurring experience for participants; work was an important aspect to most of them, the ability to work had a great impact on various aspects of their

lives. All other themes were grounded on the experience of work and working with the right people, this agrees with what Van Dongen (1996) says about work. Work provides the opportunity to learn the way of doing things and enables you to learn from other people's perspective thereby enhancing other aspect of life. The data showed that support for one another and unity at work is essential for their mental health, Danto and Walsh (2017) also agreed to the power of coming together. Exchange of cultural and social ideas develops participants interest and inspires community bonding.

5.3 Expectation and Motivation

The theme "Expectation and Motivation" talks about the impact the project has on their attitude to the work they do. This ability to be hopeful or motivated to do anything is key to psychosocial rehabilitation in people with mental disorder. Motivation comes from the environment or from within the individuals according to (Medalia & Saperstein 2011). The participants in the project are extrinsically motivated because of the vocational qualification and the working environment and intrinsically because the project improved their cognitive capacity. The environment though for educational qualification and skills acquisition wasn't too formal or restrictive for the participants, and this agrees with Killaspy et al. (2005)'s suggestion to help the participants in rehabilitation.

5.4 Skills and Social Rehabilitation

The theme "Skills and Social Rehabilitation" discusses the various skills achieved by the participants in the Meitheal Mara centre that has helped them with rehabilitation. The study found that Social skills and social interaction was essential for the participants and this agrees with the guidance paper on advancing community mental health in Ireland. Interaction with people around and outside the work environment enhances recovery, gives them hope for the future help them to place meaning and purpose to what they have experienced. The sense of loneliness is a common finding in the study, Granerud and Severinsson (2006) similarly found that people with mental illness experienced a sense of loneliness, neglect and struggled for equality. This also echoes in a study by Danto and Walsh(2017) where the participants spoke of building a community for each other and being there for each other (Granerud & Severinsson 2006) (Danto & Walsh 2017). The project also helped participants to be involved in a significant role in the society, and this helps them to believe in themselves thus increasing their self-confidence and sense of belonging which is an essential element in Rehabilitation of people with mental illness.

5.5 Psychological Rehabilitation

The Theme "Psychological Rehabilitation" explains the mental state and mental experience of the participant about the programme. The data indicated that the participants had a feeling of low self-esteem and reduced quality of life when unemployed but developed self-esteem and feel good about themselves while engaging in the education and vocational development programme. Van Dongen (1996) and Hardiman (2016) resonate with this that most people with mental illness have low self-esteem compared with those who don't have. Good work experience increases self-esteem, enhance critical thinking and personal values making reintegration possible (Van Dongen.,1996; Hardiman., 2016). Psychological rehabilitation is the hallmark of mental rehabilitation, the mind when filled with positive attitude, thought and behaviours can overcome mental disorder, this is achieved with medication and Psychosocial Interventions.

5.6 Strengths and limitations

The most significant Strength of the study is the nature of the study, being a Community-Academic Research Links project, the study provides a strong bond between the University and the community where it belongs. This also affords the increase of knowledge about community-based rehabilitation for the people.

The use of qualitative study was another strong point, this type of study helps the researcher to get a broad meaning of the experience of the participants.

The participants were able to discuss their experiences based on the interview guide used by the researcher

The study despite the strengths is not without some limitations which include:

Although most participants spoke in detail about the meaning and their experiences of their illness and in the Meithael Mara project, some participants were not willing to expound on their experiences even though they were willing to talk about it but not in details.

Small sample size, some participants were not included in the interview even though they were eligible to partake but have difficulties about reiterating their mental illness experience.

Participants in the study were all male, though there wasn't any female in this set, there have been female participants in the previous groups.

In accessing the centre due to the training nature at the centre, the access to the centre was based on the prior schedule and timing of the courses.

Time constraints: Not all participants on the programme were interviewed even though they were eligible for the research because of time to reschedule their interview.

5.7 Recommendations

After analysing the meaning and experience of each participant in Meitheal Mara project in relation to their mental illness experience and based on suggestions given by them, we believe that the duration of the programme could be increased. Participants suggested twice a week instead of once a week but still half day because most of the participants claim that they have 'low mood'in the mornings due to side effects of the medications. Increasing the period of attending the programme in a week for each group in every stage of the project will allow the participants to have more time to socialise, achieve more and familiarise thoroughly with previous task taught.

Enlargement of the Meitheal Mara centre to accommodate more people and facilities in the centre. The participants think that when more people come into the programme, more can be achieved within a short period

Refurbishing of some facilities at the centre especially the Kitchen and Toilet. When the facilities are appropriately furnished, it creates a more relaxing and enabling environment.

Safety is paramount to individuals and organisations; the provision of personal protective equipment is crucial to the physical and mental state of the participants.

Provision of advanced equipment will ease labour-intensive procedure in achieving a task which can discourage some participants.

Further research in Community-based rehabilitation centre can look into the structured guidelines if available for community-based mental rehabilitation, and if not available, development of one should be considered for optimal Rehabilitation within the community.

5.8 Conclusion

Based on the results, we conclude that the rehabilitation programme offered by the centre is good, had a significant impact on adults with mental health problems. It brings physical, educational, social and psychological support to people with a mental health problem in the society, through indigenous and culturally acceptable facilities that are integrated into the

community. The vocational and social skills learnt in the centre allow the participants to find meaning and purpose in what they have experience. The sense of loneliness is replaced by a sense of belonging with improved confidence, learning skills, respect for others, listening skills, communication skill amidst other skills. The project also helped participants to be involved in a significant role in the society, and this helps them to believe in themselves thus increasing their self-confidence. The programme supports medical treatment and improves the functionality of the people optimally.

Figure 1: Picture of people building a boat.

Figure 2: Picture of the traditional Irish boat

Curraghs

Appendix 1: Information Sheet for Research Participants

Information sheets for participants.

Purpose of the Study: This study is being conducted by the School of Public Health at University College Cork as part of a Masters in Public Health. This study aims to explore the meaning and the experience of participating in a community-based rehabilitation program for people with mental health problems and how well this programme helps the individuals to re-integrate back into their community.

What will the study involve? The study will involve taking part in a brief interview (20-30 minutes) with a researcher from the School of Public Health. During the interview you will be asked about your experiences with the Meitheal Mara Project. With your permission the

interview will be recorded and used only by the researcher and her supervisor for research purposes. All data will be stored securely and any information you provide will be made anonymous.

Why have you been asked to take part? You have been asked to take part because you attend the service and the researcher would like to learn more about your experience in the Meitheal Mara service.

Do you have to take part? No, participation is voluntary. A consent form will be given to you to read and sign, you will also have a copy of this form to help you with all the information you need. You have the option to withdraw at any stage of the research and your information obtained prior to withdrawal will be destroyed.

Will your participation in the study be kept confidential? Yes. I will ensure that your confidentiality will be protected at all times. Any extracts from what you say that are quoted in any written reports will be entirely anonymous.

What will happen to the information which you give? The data will be kept confidential for the duration of the study, it will be securely stored on a double password protected computer and interview transcripts will be stored in a locked filing cabinet in the School of Public Health, the researcher and her supervisor will be the only individuals with access to the study data.

What will happen to the results? The results will be presented in the thesis. They will be seen by my supervisor, a second marker and the external examiner. The thesis may be read by future students on the course. The study may be published in research journal.

What are the possible disadvantages of taking part? While the risks are minimal, it is possible that talking about your experience in this way may cause some distress, and you will be advised to make contact with your key worker / community mental health nurse.

Who has reviewed this study? This study has been approved by the Social Research Ethics Committee at University College Cork.

Any further queries? If you need any further information, you can contact Bisi on: 117228076@umail.ucc.ie and my Supervisor Dr Ana Paula Ramos Costa on 021 4205593 / ana.ramoscosta@ucc.ie

Appendix 2: Consent Form for Research Participants

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

CONSENT FORM

I……agree to participate in Bisi's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Bisi to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the

interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below: (Please tick one box:)

I agree to quotation/publication of extracts from my interview □

I do not agree to quotation/publication of extracts from my interview □

Signed: ……. **Date:** …….

PRINT NAME: …….

Appendix 3: Interview question guide

Age and Sex:

I. How did you become a member of the Meitheal Mara project?

II. Can you tell me what life was like for you before you joined the project?

III. Can you tell me what life has been like for you since joining the project?

IV. Do you think that joining the project has had a positive impact on your mental wellbeing? If yes, please tell me more about that. If no, please tell me more about that.

V. Can you tell me about any new life skill that you have learned and how it has improved your way of life?

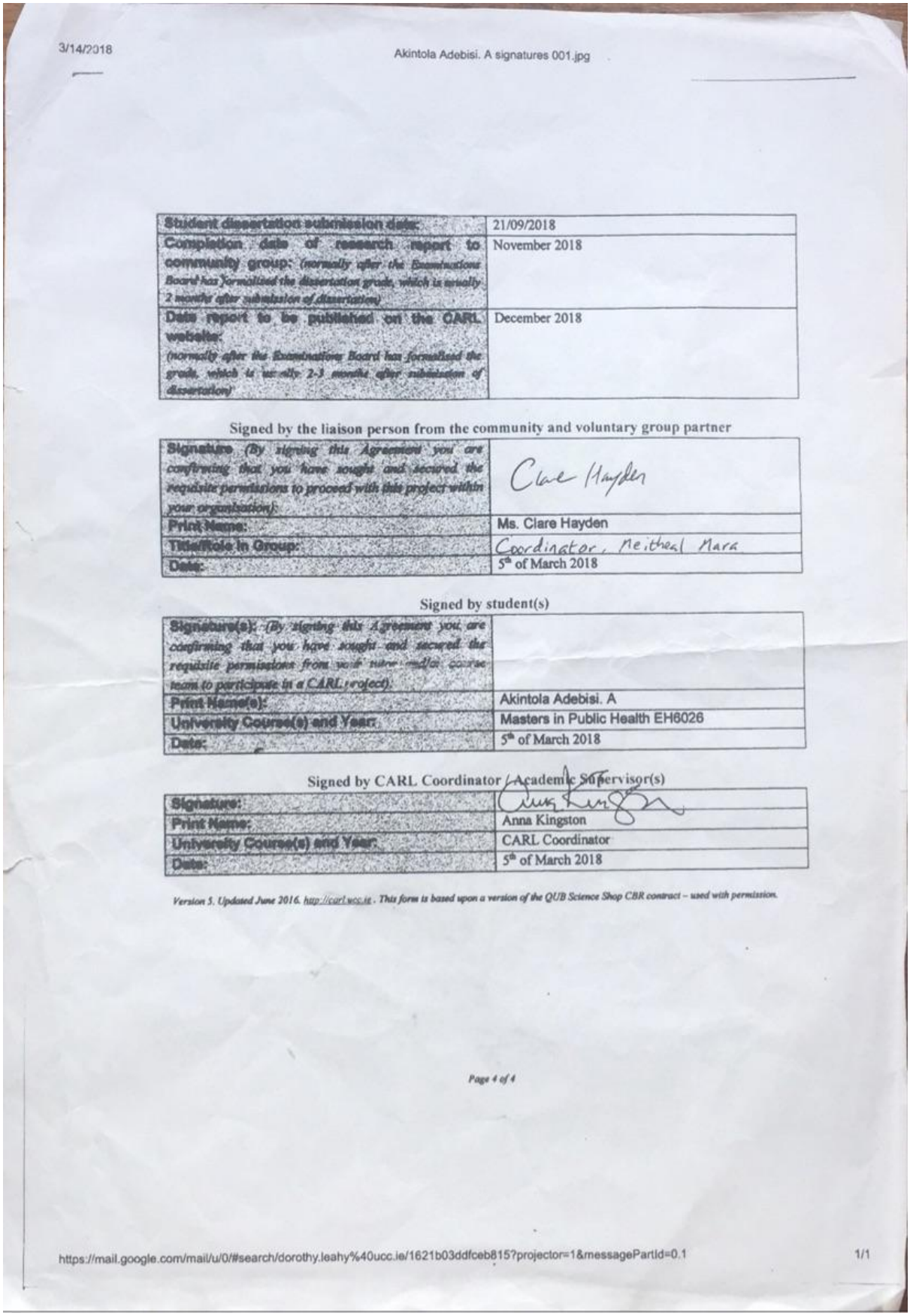
VI. Do you think these will help you in life going forward?

VII. Do you have any recommendations for the project?

VIII. So, you think these recommendations could improve the project? can you tell why they
would help it?

IX. Is there anything else you would like to say?

Appendix 4: Signed CARL Agreement.



3/14/2018 Akintola Adebisi. A signatures 001.jpg

Student dissertation submission date:	21/09/2018
Completion date of research report to community group: *(normally after the Examinations Board has formalised the dissertation grade, which is usually 2 months after submission of dissertation)*	November 2018
Date report to be published on the CARL website: *(normally after the Examinations Board has formalised the grade, which is usually 2-3 months after submission of dissertation)*	December 2018

Signed by the liaison person from the community and voluntary group partner

Signature *(By signing this Agreement you are confirming that you have sought and secured the requisite permissions to proceed with this project within your organisation).*	Clare Hayden
Print Name:	Ms. Clare Hayden
Title/Role in Group:	Coordinator, Meitheal Mara
Date:	5th of March 2018

Signed by student(s)

Signature(s): *(By signing this Agreement you are confirming that you have sought and secured the requisite permissions from your tutor and/or course team to participate in a CARL project).*	
Print Name(s):	Akintola Adebisi. A
University Course(s) and Year:	Masters in Public Health EH6026
Date:	5th of March 2018

Signed by CARL Coordinator / Academic Supervisor(s)

Signature:	
Print Name:	Anna Kingston
University Course(s) and Year:	CARL Coordinator
Date:	5th of March 2018

Version 5. Updated June 2016. http://carl.ucc.ie . This form is based upon a version of the QUB Science Shop CBR contract – used with permission.

Page 4 of 4

https://mail.google.com/mail/u/0/#search/dorothy.leahy%40ucc.ie/1621b03ddfceb815?projector=1&messagePartId=0.1 1/1

Appendix 5: Ethics approval form

UCC School of Public Health

ETHICS APPROVAL FORM

Social Research Ethics Sub-Committee (SREC)

michelle.syron@ucc.ie

Introduction

MPH postgraduate research students in School of Public Health who are seeking ethical approval should complete this approval form. Ethical review by the Social Research Ethics Sub-Committee (SREC) within this School of Public Health is required where the methodology is not clinical or therapeutic in nature and proposes to involve:

- direct interaction with human participants for the purpose of data collection using research methods such as questionnaires, interviews, observations, focus groups etc.;
- indirect observation with human participants for example using observation, web surveys etc.;
- access to, or utilisation of, anonymised datasets;
- access to, or utilisation of, data concerning identifiable individuals.

SREC @ SPH considers itself an enabling committee, promoting strong research ethics amongst SPHs community of staff and student researchers. We are open to all types of research in the social research domain and if your research approach does not readily fit into this research form, do not be discouraged. Please add additional relevant notes to convey what you think is pertinent about the ethical aspects of your study.

Application Checklist

This checklist includes all of the items that are required for an application to be deemed complete. In the event that any of these are not present, the application will be returned to the applicant ***without*** having been sent for review. Please ensure that your application includes all of these prior to submission. Thank you and best of luck with your research.

All relevant files are combined into one PDF file (SREC application form, consent forms, information sheets, data collection instruments, permission letters, etc.)	Yes
Completed SREC Application Form	Yes
Information Sheet(s) / Information Statement (i.e. at the beginning of an electronic survey) included	Yes
Consent Sheet(s) / Consent Statement (i.e. at the beginning of an electronic survey) included	Yes
Data Collection Instrument: Psychometric Instruments / Interview Guide / Focus Group Schedule / Survey Questionnaire / etc. included	Yes
Copy of permission letters to undertake research from relevant agencies/services included (if available)	No
If you are under academic supervision, your supervisor(s) have approved the wording of and co-signed this application prior to submission	Yes
If this is a resubmission, all the revised and new text is highlighted in yellow	No

APPLICANT(S) DETAILS

Name of UCC applicant(s)	Adebisi Akintola	**Date**	27th Feb 2018
Department / School / Research Institute / Centre / Unit / College	School of Public Health, University College Cork.	**Contact No.**	021 4205593
Correspondence Address	% Dr Dorothy Leahy. 4.07 School of Public Health, Western Gateway Building. University College Cork.	**Email Address**	117228076@umail.ucc.ie
Name and year of course (students only)	Masters in public health 2017/2018	**Name of supervisor(s)** (students only)	Dr Dorothy Leahy
Is this a resubmission?	No	SREC Log No. (if known):	
What type of SREC approval are you seeking?[2]	Full approval ✓ Outline approval ☐ Funding approval ☐		

Obtaining ethical approval from SREC does not free you from securing permissions and approvals from other institutional decision-makers and agency ethical review bodies. These bodies may accept the SREC approval, but researchers are responsible for ensuring they are compliant in advance of collecting data.

Project working title	The meaning and experience of engaging in the Meitheal Mara Project for adults with mental health problems.

If this is a collaborative project / community-based participatory research project / *joint* application with another agency, please complete this additional section:

Names of research partners / civil society organisations collaborating on this project (this section must be completed for participatory / community-based participatory research studies)	University College Cork and Meitheal Mara.
Agency contact person and position	Clare Hayden, Youth Programme Manager and Trainer.
Agency address	Crosses Green House, Crosses Green, Cork.
Details of the partnership (roles, type of partnership, etc.)	This is a community-based participatory research project between the School of Public Health and Meitheal Mara, where service users attending the Meitheal Mara boat building programme will be invited to take part in a research interview.

[2] *Full approval* is required for study design, data collection *and* data analysis. *Outline approval* is for activities such as early-stage research design and participatory processes where there is *no* data collection at this time. For *outline* approvals, a further application will be necessary should there be a subsequent data collection phase. *Funding approval* should be ticked if your funding grant requires approval within a short time frame (e.g. 2 months).

Bisi Akintola Akintola Bisi	Dorothy Leahy
Date: ~~23/2~~ February 2018 23/2/18	Date: 23/02/2018

1. Please submit a signed copy this form and all relevant attachments **as one PDF file** to [redacted]. No hard copies are required.
2. SREC is not primarily concerned with methodological issues but may comment on such issues in so far as they have ethical implications.

Website links and helpful resources

UCC *Child Protection Policy*	[redacted]
UCC *Code of Research Conduct*	[redacted]
Garda Vetting of UCC Staff	[redacted]
UCC Student Vetting Policy	[redacted]
IT Support for UCC Researchers	[redacted]
EU Commission, Responsible Research and Innovation & H2020 RRI Tools Website	[redacted] http://www.rri-tools.eu/
Irish Qualitative Data Archive (IQDA)	[redacted]
Irish Social Science Data Archive (quantitative datasets)	[redacted]

Electronic data storage

UCC NAS (Network Attached Storage)	[redacted]
UCC Device Encryption Service	[redacted]
UCC Staff IT Services	[redacted]
HEAnet FileSender	[redacted]

Appendix 6: Record of meetings between student and project supervisor

UCC University College Cork, Ireland Coláiste na hOllscoile Corcaigh | School of Public Health

Master of Public Health

Record of meeting between student and the project supervisor

(A minimum of four records must be included in Appendices of submitted Dissertation)

Name of Student: ADEBISI A. AKINTOLA

Name of Supervisor: DR DOROTHY LEAHY

Project Title: THE MEANING AND EXPERIENCE OF ENGAGING IN THE MEITHEAL MARA PROJECT FOR ADULTS WITH MENTAL HEALTH PROBLEMS

Project Aim: TO EXPLORE THE MEANING AND EXPERIENCE

Project Objectives: IMPACT, SUPPORT, ANALYSE EXPERIENCE AND MAKE RECOMMENDATIONS

Date of Meeting: 6th Dec 2017.

Issues Discussed:

1. Ethics application.
2. Link with Participating Site.
3. Sign off of CARL agreement.
4. Structure of Literature review.

General Comments

Planned to submit ethics application, arrange sign off of CARL agreement and commencement of literature review

Agreed Goals for next meeting

1. CARL agreement
2. Meitheal Mara review of study documentation.
3. Literature review
4. Methods chapter
5.

Signature of student: Adebisi

Signature of Supervisor: Dorothy Leahy

Date and time of next meeting: _____

UCC University College Cork, Ireland Coláiste na hOllscoile Corcaigh | School of Public Health

Master of Public Health

Record of meeting between student and the project supervisor

(A minimum of four records must be included in Appendices of submitted Dissertation)

Name of Student: ADEBISI AKINTOLA

Name of Supervisor: ANA PAULA RAMOS COSTA

Project Title: THE MEANING AND EXPERIENCE OF ENGAGING IN THE METHEAL MARA PROJECT FOR ADULTS WITH MENTAL HEALTH PROB.

Project Aim: TO EXPLORE THE MEANING AND EXPERIENCE OF PARTICIPATING IN THE PROGRAMME

Project Objectives: IMPACT, SUPPORT, ANALYSIS EXPERIENCE & RECOMMENDATION

Date of Meeting: 06/07/2018

Issues Discussed:

1. Planned visit to methneal mara
2. Planning date collection
3. Discussion about the feasibility of staff interview (we don't have on the others).
4. 10,000 words Confirmation.

General Comments

Supervisor familiarisation with the research centre (both of us visit the centre) and with the research proposal.

Agreed Goals for next meeting

1. Proposed date of data collection
2. Literature review
3. Methods chapter
4.
5.

Signature of student: Adebisi

Signature of Supervisor: Ana Paula Ramos Costa

Date and time of next meeting: _____

UCC University College Cork, Ireland Coláiste na hOllscoile Corcaigh | School of Public Health

Master of Public Health

Record of meeting between student and the project supervisor

(A minimum of four records must be included in Appendices of submitted Dissertation)

Name of Student: ADEBISI A. AKINTOLA

Name of Supervisor: Ana Paula Ramos Costa

Project Title: _____

Project Aim: _____

Project Objectives: _____

Date of Meeting: 20/07/2018

Issues Discussed:

1. Complete data collection
2. Commence transcribing
3. Literature review
4. Methods chapter discussion.

General Comments

Referencing training using software.

Agreed Goals for next meeting

1. Complete transcription
2. Start coding.
3. Enhancing the literature review
4.
5.

Signature of student: Abeat

Signature of Supervisor: Ana Paula Ramos Costa

Date and time of next meeting: 23/08/2018 - 14:00

UCC University College Cork, Ireland Coláiste na hOllscoile Corcaigh | School of Public Health

Master of Public Health

Record of meeting between student and the project supervisor

(A minimum of four records must be included in Appendices of submitted Dissertation)

Name of Student: ADEBISI AKINTOLA

Name of Supervisor: ANA PAULA RAMOS COSTA

Project Title: _____

Project Aim: _____

Project Objectives: _____

Date of Meeting: 23/08/2018

Issues Discussed:

1. Coding and Prioritizing themes.
2. Description of the study site
3. Literature search about the themes.
4. Gender bias in the study (Boat building

General Comments

Agreed Goals for next meeting

1. Literature review
2. Thematic analysis
3. Consider starting discussion.
4. Conclude on Paper format or traditional format
5.

Signature of student: ABoact

Signature of Supervisor: Ana Paula Ramos Costa

Date and time of next meeting: _____

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

School of
Public Health

Master of Public Health

Record of meeting between student and the project supervisor

(A minimum of four records must be included in Appendices of submitted Dissertation)

Name of Student: ADEBISI AKINTOLA

Name of Supervisor: DR ANA PAULA RAMOS COSTA

Project Title: _____

Project Aim: _____

Project Objectives: _____

Date of Meeting: 13/09/2018

Issues Discussed:

1. Start and conclude coding
2. Commence thematic analysis
3. Commence discussion
4. Write Results.

General Comments

Agreed Goals for next meeting

1. To finish discussion
2. Adjustments in results and texts.
3.
4.
5.

Signature of student: _____

Signature of Supervisor: Ana Paula Ramos Costa

Date and time of next meeting: 20/09/2018

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

School of
Public Health

Master of Public Health

Record of meeting between student and the project supervisor

(A minimum of four records must be included in Appendices of submitted Dissertation)

Name of Student: ADEBISI AKINTOLA

Name of Supervisor: DR ANA PAULA RAMOS COSTA

Project Title: _____

Project Aim: _____

Project Objectives: _____

Date of Meeting: 20/09/2016

Issues Discussed:

1. Final adjustments on the documents.
2.
3.
4.

General Comments

Agreed Goals for next meeting

1.
2.
3.
4.
5.

Signature of student: _____

Signature of Supervisor: Ana Paula Ramos Costa

Date and time of next meeting: NO

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