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Goal setting among people living with mental illness: a qualitative analysis of recovery camp

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Keywords

illness:, qualitative, analysis, recovery, camp, living, people, among, mental, setting, goal

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People living with mental illness (consumers) often experience difficulty in achieving life goals, particularly those important for recovery. An innovative approach to address consumers' goals for recovery can be found in the form of therapeutic recreation (TR) initiatives. *Recovery Camp* is a five-day TR program, bringing together people with a serious mental illness, undergraduate health students, and staff members. This paper aims to examine the types of goals set by consumers in the context of *Recovery Camp*, and to what extent self-identified goals were attained. Consumers ($n = 27$) were invited to set goals that they wished to achieve during the week. On the final day of *Recovery Camp*, each participant rated the degree to which they felt that each of their goals were achieved or not. Goals were themed using content analysis, revealing four key themes: connectedness, developing healthy habits, challenging oneself, and recovery. All goals were, to some extent, attained. The results suggest people with a mental illness are able to both set and evaluate self-identified goals in the context of a TR initiative. A collaborative recovery approach indicates that goal-planning should be undertaken in direct consultation with the consumer.

Keywords: goals, mental health, recovery, therapeutic recreation

INTRODUCTION

Recovery from mental illness is not synonymous with cure, but instead can be defined as “gaining a social identity through engagement in an active life” (Moxham, Liersch-Sumskis, Taylor, Patterson, & Brighton, 2015, p. 62). It is recognised that people with a serious and enduring mental illness often experience difficulty in achieving life goals, particularly those that influence the recovery process, such as living independently, establishing healthy relationships, and maintaining wellbeing (Corrigan & Shapiro, 2010). This can be perpetuated by negative prejudices, with public stigma portraying people with a mental illness as childlike and disempowered, requiring someone else to make decisions about their goals (Corrigan & Shapiro, 2010).

Goal-setting, within the sphere of recovery from mental illness, is a means by which aspirations for the future can be explored and steps towards those aspirations can eventuate. A goal can be defined as an internal portrayal of an aim, whether it be an outcome, event, or process (Austin & Vancouver, 1996). Goals can be short- or long-term, broad or specific. Simply setting a goal may increase the amount of time and effort an individual expends on an activity.

In the past, consumer involvement in goal-setting was limited and the paternalistic attitudes that previously existed meant staff imposed goals upon consumers. In contemporary mental health service delivery, consumers are an active part of their treatment plan and interventions should not occur without their involvement from the outset. Indeed, the old adage ‘nothing about me without me’ should constantly be at the fore of any intervention, including goal-setting. To that end, Whitley, Strickler and Drake (2012) contend that novel approaches are required to address consumers’ goals for recovery. Each consumer should have the

opportunity to be in control of their own recovery process, developing their own strengths, and setting their own goals.

An innovative, novel approach to address consumers' goals for personal recovery can be found in the form of therapeutic recreation (TR) initiatives (Moxham et al., 2015). TR initiatives value the uniqueness of each person. They invite participants to take part in activities designed to challenge, remediate and rehabilitate individuals in a safe, supportive setting (American Therapeutic Recreation Association, 2009). The overall purpose is to assist participants towards increased wellbeing and life satisfaction (Pegg & Lord, 2008).

While there is empirical support for the effectiveness of goal-setting in the context of recovery from mental illness (Austin & Vancouver, 1996; Slade, 2010), little to no research has focused on goal-setting within the context of specific interventions or programs, particularly those that are TR-based. As such, this paper examines goal-setting in the context of a holistic, recovery-oriented, strengths-based TR experience called *Recovery Camp*.

Recovery Camp occurs outside a traditional clinical mental health setting (e.g., hospital-based settings). It brings together people with serious, enduring mental health issues, a multidisciplinary mix of future health professionals (undergraduate students), and a multidisciplinary mix of staff members.

Since its inception in 2013, students from the fields of Nursing, Psychology, Exercise Science and Dietetics have been invited to *Recovery Camp*. Staff attendees have included Mental Health Nursing, Psychology, Education and Business (therapeutic recreation specialist) professionals. The *Recovery Camp* 'team' also includes a person with lived experience of mental illness who is employed as a Peer Support Worker. *Recovery Camp* is an annual event occurring over five days and four nights at an established YMCA facility west of Sydney, Australia.

Activities at *Recovery Camp* are purposefully designed to appeal to a wide variety of individuals, and are primarily facilitated by experienced YMCA group TR instructors, with the exception of a qualified tai chi instructor and a musician for the bush dance evening. While some pursuits are more physical and daring (e.g. the flying fox or zipline, high ropes course, and giant swing), others focus on mindfulness and relaxation (e.g. tie dye, tai chi, arts and crafts). This increases the likelihood that each individual will experience success, of some form, within at least one activity. All activities provide the setting for positive social interactions to occur between participants. Meals and transport to and from the facility are undertaken as a group and this facilitates the formation of therapeutic relationships.

This paper aims to examine the types of goals set by individuals with a lived experience of mental illness in the context of this TR initiative, and to what extent the goals were attained. It is hypothesised that participants will find success in achieving their goals, given the recovery-oriented, strengths-based approach of this initiative.

METHOD

The current study examines the 2015 *Recovery Camp* cohort.

Participants

The 2015 *Recovery Camp* was attended by 27 people with serious and enduring mental illness (consumers) and 26 undergraduate health students. The benefits to the students were vast. However, they are the subject of another paper. Consumers ranged from 22 to 63 years of age ($M = 45.48$; $SD = 9.78$) including 17 females and 10 males. Consumers self-reported as being 'stable' and 'living in the community.' They were not hospitalised at the time they attended *Recovery Camp*. Reported mental health conditions included: Depression, Bi-Polar

Disorder, Schizophrenia, Anxiety, Schizoaffective Disorder, Alcohol Addiction, PTSD and Borderline Personality Disorder. Reported co-morbid physical health issues included: Sleep Apnoea, Diabetes, Irritable Bowel Syndrome, Asthma, Chronic Fatigue, Hypothyroidism, Back Injuries, Poor Mobility, Arthritis, Crohn's Disease, Hip Replacement, Gout, and Hypertension.

Consumers were invited to attend *Recovery Camp* at no cost. The experience was advertised through local mental health organisations (government, non-government and private), and through word-of-mouth, commencing 3 months prior. Participants who were interested in attending were invited to call or email a research assistant who gathered their details, asked them if they had any questions about the experience, and invited them to an information evening. Information packs (containing a packing list and joining instructions) were sent out approximately 3-4 weeks prior to the commencement of *Recovery Camp* and participants were invited to call the research assistant (a Psychology graduate) to talk through any concerns prior to *Recovery Camp* attendance.

During *Recovery Camp*, consumers were encouraged and supported to share their lived experience of mental illness with each other, students and staff. This approach is reflective of principles of recovery in mental health and person-centred health care. Further, consumers were invited to participate in all activities at a level that suited them. For instance, even if they did not feel they had the strength for rock-climbing, they could be part of the belay team or provide encouragement to others.

Procedure

Ethical approval was sought and received from the relevant university Human Research Ethics Committee (HE15/076). All participants provided written, informed consent following a clear description of the study and its aims. At the commencement of *Recovery Camp*

(Monday morning), all consumers ($n = 27$) were invited to write down up to five goals that they wished to achieve during the week. To avoid bias, a research assistant administered all surveys and did not discuss goals with participants. Specifically, participants were asked: “Please list the goals you set for yourself in attending *Recovery Camp*.” On the final day of camp (Friday afternoon), each participant was asked to rate the degree to which they felt that each of their goals was achieved or not achieved on a scale from 0 (not achieved) to 10 (achieved). Across the sample of 27 participants, 101 goals were listed in total, which were then themed.

Data Analysis

Using content analysis, each data set was analysed by two members of the research team independently. Content analysis involved coding and classifying data with the aim to make sense of the data collected and to highlight the important features. Content analysis in this project was used to summarise the content of the goals that the clients documented at the beginning of the week and then subsequently ranked at the end of the experience. By counting various aspects of the content and applying labelling and coding, themes emerged. Counting served to simplify the detection of themes.

FINDINGS

A number of themes arose from data analysis. This paper will look at four key themes. These themes are outlined in Table 1, along with the frequency of each theme across the sample and the degree to which goals within each theme were attained.

Overall, analysis indicated whether participants reported achieving their goals Entirely (rating of 10), Almost Entirely (rating of 7, 8, or 9), Partially (rating of 5 or 6), A Little (rating of 3 or 4), or Not At All (rating of 0, 1, or 2).

[TABLE 1 TO BE INSERTED ABOUT HERE]

The most common themes related to connecting with others and challenging oneself. Goals within the 'Connectedness' theme included statements such as, "*have conversations with new people*" and "*make new friends.*" Within the 'Connectedness' theme, the majority of goals were either entirely (rating of 10) or almost entirely (rating of 7-9) attained. A small portion of goals were partially attained (rating of 5-6) and these were related to making a new friend.

Goals within the 'Challenge Myself' theme included statements such as, "*step out of [my] comfort zone*" and "*have a go at physical challenges.*" Within the 'Challenge Myself' theme, again, the majority of goals were either entirely (rating of 10) or almost entirely (rating of 7-9) attained. Only a small portion of goals were ranked as partially attained (rating of 5-6).

These were specifically related to fears, for instance conquering a fear of heights or a fear of losing touch with reality.

A theme surrounding the development of healthy habits also arose, including statements such as, "*to eat healthy*" (physical health) and "*to expand my coping skills*" (resilience). Within the 'Develop Healthy Habits' theme, a large portion of goals were almost entirely attained (rating of 7-9). Over a quarter were only partially attained (rating of 5-6). These included statements relating to physical health, such as establishing a 'sensible' bedtime and being more active.

The theme of 'Recovery' also arose within participant goals, and included statements such as, "*help progress towards recovery*" and "*hopefully start a new future.*" A majority of goals within this theme were almost entirely attained (rating of 7-9), though a small portion fell short. Those that were only partially (rating of 5-6) or 'a little' (rating of 3-4) attained related to being more positive and relaxing self-standards that consumers considered had been set "*too high.*"

Overall, the majority of goals were either entirely or almost entirely attained. A small portion were only partially or ‘a little’ attained. No goals were reported as ‘not at all’ attained, suggesting all goals established at the commencement of *Recovery Camp* were, to some extent, attained at the completion of *Recovery Camp*.

DISCUSSION

This paper aimed to examine the types of goals set by people who have a lived experience of serious, enduring mental illness in the context of a five-day therapeutic recreation (TR) initiative termed *Recovery Camp*. Consumers were invited to identify their own strengths and choose their own goals, which is an important self-determination concept in the journey of personal recovery (Corrigan et al., 2012). As anticipated from an experience that adopts a person-centred approach, many participants were successful in achieving their goals. The following four key themes arose from data analysis.

Connectedness

The theme of connectedness was prominent within the data set. Goals such as “*make new friends*” and “*meet new people*” were attained. The Socialist Health Association (2013) asserts that bringing people together and working with them from a strengths-based perspective promotes better health. This finding is supportive of the first tenet of the CHIME recovery processes (consisting of elements of recovery such as connectedness; hope and optimism about the future; identity; meaning in life; and empowerment) (Leamy, Vird, Le Boutillier, Williams, & Slade, 2011).

Recovery Camp was a leisure activity that contributed to meaning making (Iwasaki, Messina, Coyle, & Shank, 2010), and was an opportunity for social connection to occur. Dividing

participants into three smaller groups at the commencement of *Recovery Camp* ensured familiarity across the five-day experience. There were continued opportunities for therapeutic relationships to be built and maintained. Everyone was encouraged to support one another, particularly during the more daring and heart-pumping activities, such as the 18-metre high giant swing. Participants were able to achieve goals together and unique bonds were formed as a result. A small portion of goals within this theme were ranked as being only partially attained and these were related to making a new friend. Despite the desire to achieve this goal, some participants may have lacked the skills or confidence to do so. This is something that ought to be addressed during future *Recovery Camps*.

Challenge Myself

The theme regarding challenging oneself was also common across the participant cohort. Goals such as “*step out of [my] comfort zone*” and “*have a go at physical challenges*” were attained. Living with a mental health condition, in and of itself, can be a significant challenge. Recovery is a process. Part of that process is overcoming self-stigma (Corrigan & Rao, 2012) and discovering (or re-discovering) ones’ strengths and how one can contribute to ones’ own sense of wellbeing (Amering & Schmolke, 2009). This can involve stepping out of ones’ comfort zone and trying something different. *Recovery Camp* offered this. A variety of activities were on offer, designed to appeal to a broad range of people. For some, the physical challenges were an obstacle, while for others the more mindful activities, which required sustained attention and concentration, were challenging. Many people discovered, or re-discovered, a variety of personal strengths as a result. Translational learning was possible in that overcoming challenges at *Recovery Camp* could readily be applied to the challenges of day-to-day living.

Develop Healthy Habits

Many participants identified goals in relation to their desire to develop healthy habits. These included goals across both physical and mental domains of functioning. While many reported attaining these goals, over a quarter reported only partially attaining goals that fell under this theme. These included statements relating to physical health, such as establishing a sensible bedtime and being more active when they returned home. These longer-term goals were not met in the five days of *Recovery Camp*, although, anecdotally, many people reported being much more physically active. It is well established that a large portion of people with a lived experience of mental illness struggle with chronic physical health problems (Ehrlich, Kendall, Frey, Denton, & Kisely, 2015). While *Recovery Camp* involved activities that promoted physical health and fitness, such as daily tai chi, orienteering (walking), rock climbing, and a health education session on exercise, the size of the group meant that individual differences with regard to current fitness and wellbeing could not easily be taken into account and a one-size-fits-all approach was mostly required. Participants were, however, encouraged to approach their general practitioner or a certified health professional to explore their health and fitness options post-camp. Following *Recovery Camp*, the research team have heard anecdotal accounts of participants who have engaged personal trainers, joined gyms, and increased daily, incidental exercise.

Recovery

Finally, recovery, in and of itself, arose as another key theme. Goals within this theme included statements such as “*hopefully start a new future.*” A majority of these goals were almost entirely attained, however 9% were only attained ‘a little.’ These related to being more positive and relaxing self-standards. Negative self-talk can be an ingrained habit (Charmaz, 2002) – one that may require more than a five-day camp to change. Future

research should explore whether long-term exposure to TR may influence factors such as these. Nevertheless, the majority of goals the participants established for themselves within this theme were either almost entirely or entirely attained. This is an important finding, corroborating past research supporting the link between strengths-based TR or leisure initiatives and recovery from mental illness (Iwasaki, Coyle, & Shank, 2010).

Many of the goals listed by participants who attended *Recovery Camp* link to Glover's (2012) self-righting *Star of Recovery*. Utilising her lived experience expertise, Glover (2012) developed the *Star of Recovery* as a construct to assist mental health services in re-establishing methods of care in line with a recovery-oriented approach. The five 'points' of the star signify key areas that people with a mental illness view as important for the recovery journey: Active Sense of Self; Hope; Ability to Respond/Take Control; Connectedness; and Discovery. The themes outlined in this paper relate to most aspects of the *Star of Recovery*, highlighting the recovery-oriented nature of the *Recovery Camp* experience.

Limitations

Clarke, Oades, and Crowe (2012) found that individuals who are further along in their personal recovery journey set significantly more *approach* goals, which are associated with improvements in psychological wellbeing and self-awareness, compared to *avoidance* goals, which focus on decreasing negative outcomes. *Approach* goals are diverse, reflecting broad life domains. Future research in this area may benefit from an exploration of each individual's recovery journey, in particular their stage of recovery at the time they attend *Recovery Camp*, and how that relates to their goals and the fulfilment of said goals.

Further, the research team did not set parameters for goals and did not discuss with participants the potential problems with goal-setting. Perhaps some goals were not achieved to their full extent because they were too complex, non-specific, or not achievable during the

five-days at *Recovery Camp*. Future research could invite participants to help the investigators understand why they felt certain goals were not achieved to their full extent, and enable those participants to explore ways of reshaping their goals if needed.

It should also be noted that this was a sample of participants from one region of New South Wales, Australia. The findings may not be generalisable to people with a mental illness from other regions of Australia or the world. Further, while there was a 1:1 ratio of consumers to students, it should also be considered that there five staff members who also formed part of the cohort in one way or another. This may have influenced participants' abilities to achieve their goals and should be explored further.

Implications for Practice

Data presented in this paper supports the notion that people with a lived experience of serious, enduring mental illness are able to achieve their goals when they have access to and participate in TR-based experiences, which are recovery-oriented and strengths-based. This aligns with past research that suggests the negative effects associated with mental illness, such as self-stigma and the tendency to believe goals cannot be attained, can be diminished by programs or services that promote personal empowerment (Corrigan, Larson, & Rusch, 2009). Ensuring that elements of TR are included within treatment regimes may better encourage the achievement of personal goals and empower the person to take substantial steps towards recovery. It is also important to note that future research should explore the impact of TR initiatives, such as *Recovery Camp*, on student attendees to determine further implications for practice.

CONCLUSION

The World Health Organisation (2009) suggests that communities are groups of people who share common interests or identities. At *Recovery Camp*, a community of people from various walks of life were invited to come together and work toward the attainment of a positive sense of self. Various goals, although individually identified, were commonly shared and many were attained. TR activities embedded within the *Recovery Camp* program were the catalyst for individuals to connect with others and enhance their own strengths. A sense of connectedness and the identification of healthy habits – in both the physical and mental domain – were developed.

Declaration of interest: The authors report no conflict of interest. The authors alone are responsible for the content and writing of this paper.

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Table 1*The Degree to Which Participant Goals at Recovery Camp were Attained*

Goal Theme	Frequency (<i>n</i>)	Attainment of goal				
		Entirely	Almost entirely	Partially	A Little	Not At All
Connectedness	19	42%	47%	11%	0%	0%
Develop healthy habits	15	13%	60%	27%	0%	0%
Challenge myself	18	50%	33%	11%	6%	0%
Recovery	11	18%	64%	9%	9%	0%