The Scheme to Support National Organisations is funded by the Government of Ireland through the Department of Rural and Community Development

Grow National Survey 2020

Recovery Outcomes in Mental Health Report

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November 2021

Contents

Summary of findings

This report presents the data findings from Grow's National Survey 2020. Surveys were completed by 132 Members using Survey Monkey or returned by post between the end of October and mid-December 2020. At the time of survey administration, all Grow group meetings were happening online due to Covid-19 restrictions. The survey collected information on the following:

- socio-demographic characteristics – gender, age, region and current economic status
- profile of mental health need and engagement with mental health services
- impact of Covid-19 restrictions
- engagement with Grow and views on weekly Grow meetings
- individual recovery outcomes and social supports

The gender of respondents was 61% (79) female and 39% (51) male.[1] In terms of age, just over one half of participants were in the middle age categories: 22% (29) aged 45-54 years old; and 31% (40) aged 55-64 years old. Respondents came from all regions around the country. Just under one third of participants, 31% (41), were currently working, while another 17% (23) were not working due to illness or disability.

In relation to current engagement with mental health services, respondents were most likely to be seeing their GP, 45% (59), followed by a Psychiatrist, 30% (40). Anxiety and depression were the two most common mental health needs reported by participants, 63% (83) and 53% (70) respectively. When asked what factors contributed to their mental health need, respondents were most likely to say childhood experience (42%), followed by work/employment (30%). Other issues included poor relationships with family (27%), separation/divorce (23%) and bereavement (20%).

When asked to rate the impact of Covid-19 restrictions on their mental health, over one half, 58% (73), said it had a medium effect (giving a score of 2 or 3 out of 5). However, almost one third of members, 29% (36), gave a negative rating (score of 4 or 5). The main issues identified were loneliness/isolation, lack of social contact/activity and unable to visit family and friends.

Almost 7 out of 10 respondents, 69% (91), were attending a Grow group on a weekly basis. Most participants were attending online meetings, 84% (109) while 15% (19) were not currently attending at present. The majority of participants were Grow Members for a number of years – 36% (47) for 1-5 years and a further 22% (29) for more than 10 years. In

[1] Data on gender was missing for the remaining 2 respondents.

relation to their role in Grow, 71% (98) were Members while others held a particular role, e.g. Recorder, Organiser. More than one half, 57% (75) of respondents self-referred to Grow while 20% (25) were referred by a professional working in the area of mental health, e.g. Counsellor, Psychiatrist.

The aspects of attending Grow that were rated as most beneficial were peer support program (67%), weekly meetings (58%) along with a structured program and practical tasks/goals, both at 51%. Suggestions put forward as to how Grow could be better included a return to face to face meetings (14%), more promotion/advertising about Grow (12%) and more/younger members (6%).

The results on individual recovery outcomes and social supports focus on the following indicators:

- progress towards personal goals
- social support
- symptoms
- coping
- relapse of symptoms and hospitalisation
- participation in community activities and physical exercise
- outlook on life and optimism about the future.

Analysis of recovery outcomes by duration of Grow Membership showed some patterns in the results where longer term Members of Grow (six years or more) were more likely to report more positive outcomes compared to those who had been attending for less than one year. In particular, in relation to being affected by their mental health symptoms, coping with emotional well-being, last relapse of symptoms and hospitalisation, which will be discussed towards the end of the report. Finally, there was some evidence to support the contention that Grow members who reported being least adversely affected by Covid-19 restrictions had more positive personal outcomes compared to those more severely impacted by such restrictions.

Introduction

Grow's mission is to "nurture mental health, personal Growth, prevention and full recovery from all kinds of mental illness." Grow delivers a 12 Step Program of Recovery which is designed for people to take back control of their lives, overcome obstacles and start living a life full of meaning, hope and optimism. It provides a peer supported program for Growth and personal development to adults with mental illness and those having trouble in coping with life's challenges. It has been working in Ireland since 1969 and at the time of writing this report, there were approximately 96 support groups holding weekly meetings.[2] Grow's vision is to ensure that Growth, Recovery, Optimism and Well-being is possible for everyone.

This report presents the findings of a survey that was administered to Grow Members between the end of October and mid-December in 2020. It comprised a National Survey, which has been conducted on an annual basis over the last six years. As well as giving an insight into the characteristics of Members and a profile of their mental health needs, data was collected on several indicators of well-being and recovery outcomes, e.g. last relapse of symptoms, family support and participation in community activities. In addition, a new question was included to establish the impact of Covid-19 restrictions on their mental health. The findings in this report will help to inform the future development of Grow in Ireland and the services it provides to promote positive mental health in all aspects of its work.

Background

Recovery from mental health illness

In recent years, the concept of recovery has become more widely used in mental health research and government policy informing the development of mental health services. In Ireland, the national policy 'A Vision for Change' (2006)[3] identified recovery as a strategic priority for the Irish Mental Health Service. A review of this policy resulted in the publication of 'Sharing the Vision' in 2020[4] to provide a framework for the development of mental health services over the next ten years. One of its key priorities remains a focus on recovery.

[2] As at 31st October 2021, there were 56 Community Groups holding face to face meetings, 36 Online groups and 4 Other groups (2 Day Centre, one Prison and one Special Group).
[3] Department of Health and Children (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy* https://www.gov.ie/en/publication/999b0e-a-vision-for-change/ (accessed 15th November, 2021).
[4] Department of Health (2020) *Sharing the Vision: A Mental Health Policy for Everyone* https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/ (accessed 15th November, 2021).

It adopts the definition of recovery set out in The National Framework for Recovery in Mental Health, 2018-2020 (HSE, 2017)[5] as follows:

"*Recovery is intrinsically about people experiencing and living with mental health issues in their lives and the personal goals they want to achieve in life, regardless of the presence or severity of those mental health issues*." (HSE, 2017: 1)

In much of the literature on mental health, recovery is deemed to be a personal process that varies from person to person. While clinical recovery refers to the absence of symptoms, personal recovery is focused on 'healing, discovery and rebuilding a worthwhile life' possibly at the same time as experiencing a varying degree of symptoms (Watts and Higgins, 2017). Based on their review of relevant literature, Leamy et al (2011) developed a conceptual framework for personal recovery known as CHIME. The presence of these factors was deemed to promote recovery from mental health illness.

- **C**onnectedness – Positive relationships with family and friends and keeping linked in to local community supports.
- **H**ope and optimism – Belief in recovery, motivation to change, positive thinking and having dreams and aspirations.
- **I**dentity – Positive sense of self, overcoming stigma and being recognised as a whole person.
- **M**eaning in life – Living a meaningful and purposeful life, importance of feeling valued and contributing as an active Member of the community.
- **E**mpowerment – Focusing on strengths, taking personal responsibility and control of one's life.

CHIME has been adopted in the National Framework for Recovery in Mental Health (HSE, 2017). Based on a new understanding of recovery, the National Framework sets out key principles for the development of a recovery oriented mental health service to empower and facilitate individual recovery from mental health illness. The first principle highlights the importance of the service user's lived experience and recognises that the individual must be at the centre of the recovery process. In order to support service users to avail of the resources to aid recovery, the National Framework recommends that they have access to peer support, either at group or individual level. Peer support is a unique aspect of the Grow program.

[5] See *https://www.hse.ie/eng/services/list/4/mental-health-services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/* (accessed 15th November, 2021).

Research on Grow

The Grow program first started in Australia in 1957. Since then it has developed in many other countries and celebrated its 50th anniversary in Ireland in 2019. Central to the Grow program is a weekly meeting at which Members share experiences and learning, set themselves practical tasks for the week ahead and agree to take part in a particular activity which is known as '12 Step work'. This may involve supporting another Member in the Group, e.g. meeting for coffee, or getting involved in the organisation, such as helping at a Grow event. Members are given the opportunity to play an active part in the Group by volunteering for certain roles, e.g. Recorder, Organiser or Leader. Grow groups are run by Members for Members with some input from a Grow staff Member as needed.

Several international research studies have been conducted on Grow. For example, Corrigan et al (2005) carried out research in America involving 57 Members and they found that the most important aspect of Grow in contributing to recovery was peer support. After carrying out research in America, Rappaport (1988) described Grow as "an extended family for people". Finn et al (2009) conducted observation of Groups and interviews with Members in Australia to explore how Grow impacts on psychological well-being. One of their key conclusions was that attending Grow groups facilitated a process of identity transformation, whereby individuals were able to improve their interpersonal skills and build confidence within their Group, which represented a safe environment. After achieving this, they were then able to use these newly developed social skills in other settings outside of the Group.

Based on their findings, Finn et al (2009) developed a multi-dimensional model of change to describe how this process worked across three levels: individual; group; and program/community. This model proposed that attending a Grow Group facilitated individual change in two key areas: firstly, the development of life management skills, e.g. communication skills, social skills; and secondly, a change in how Members perceived themselves in terms of having an improved sense of belonging and enhanced feelings of personal value and self-worth. The second aspect refers to the 'helper' therapy principle which supports the notion that those who help others are actually helped the most themselves (Reissman, 1965). Within Grow, this principle can be applied to Members agreeing to take responsibility for carrying out certain roles within the Group when they feel ready. These can be of a fairly informal nature, e.g. making tea/coffee, welcoming new Members, as well as more formal roles, e.g. Recorder, Organiser and Leader in Groups. These roles may support other individual Members in the Group and also promote the functioning of the Group itself.

In Ireland, Watts and Higgins (2017) conducted interviews with twenty six Grow leaders. Based on participants' experiences of being involved in Grow, they argue that recovery from mental illness can be seen as a 're-enchantment with life' (Watts and Higgins, 2017). This

process involved three phases: a desire to escape mental illness; 'a time of healing' which was represented by becoming a Grow Member and the experience of attending Group meetings; and the opportunity to be involved in all aspects of life, e.g. education, employment, community activities etc. Some participants in Watts and Higgins' research described Grow as being a bridge between mental illness and life. One key theme that emerged from the experiences of participants was that at some point many accepted that they had to assume the responsibility for their own recovery rather than relying on others to get well, e.g. family, friends, professionals etc.

Much of the research on Grow has reported the benefits of attending group meetings for those experiencing mental health illness in their lives. One interesting finding from Rappaport's (1988) research in America was that Members who had been attending for a longer period of time were more likely to have more positive outcomes compared to those attending for a shorter period. As a result, the length of time attending Grow will be an important independent variable to explore in the analysis of the data collected here from the Grow National Survey 2020. This will be reflected in the results and findings in the rest of this report.

Methodology

This section explores how the Grow National Survey 2020 was carried out and who was involved.

Research method

The primary aim of the National Survey was to provide data on various recovery outcomes related to mental health for Grow Members. For example symptoms, hospitalisation and participation in certain activities such as physical exercise and community activities. In addition, the survey aimed to compile information on the mental health needs of Members and their engagement in and views on Grow. As the nature of data collected was descriptive, a quantitative survey instrument was used. This made it possible to collect comprehensive data from a large number of respondents quickly and efficiently. Most questions were closed ended in that respondents could choose from a list of possible answers. This made it easier to fill in and facilitated the comparison of data across all respondents. A copy of the survey is attached at the end of this report.

Confidentiality was an important consideration when collecting data and respondents were not asked to include a name on the survey unless they wished to do so for contact purposes.

Total Population and response rate

The total population for the survey comprised all Grow Members who attend Grow groups around the country, which are typically run on a weekly basis. The 2020 survey was also open to Grow members who were not currently attending meetings due to Covid-19 restrictions and other reasons, e.g. could not access online meetings. On a monthly basis Grow collect data on various aspects of each Group meeting including the number of people who attend.

In December 2020, an average of 390 individuals were attending Grow meetings.[6] The number of completed National Surveys was 132. Therefore, an estimate for the overall response rate is 34%, which fell from 50% in 2019. Despite this decrease, given the circumstances at the time, one third is still a reasonably good response rate.

Steps in data collection

Surveys were largely administered through Survey Monkey between the end of October and mid-December 2020. At this time, all Grow meetings were taking place online.[7] A Word version of the survey was also available to reach Grow Members who may not have been able to access online meetings. Hard copy surveys were received from 19 respondents while the remaining 113 were completed through Survey Monkey.

Limitations of the survey

As with any research method, there are some possible limitations of the National Survey.

- The survey data provides basic information on respondents' views of their mental health at one single point in time. Therefore, it provides a snapshot of information on respondents' mental health and aspects of their lives at this point only.
- The information collected may not be fully representative of all Grow Members. As the survey was confidential and anonymous, it is not possible to track non-response and to establish if any particular cohort of Members is not included in the survey population.
- The information provided cannot be probed for more detail as participants are anonymous.
- Compared to 2019, the number of respondents fell from 232 to 132, a decrease of 43% (100). However, given the suspension of all face to face Grow meetings in March 2020

[6] This figure is based on the National report for Quarter 4, 2020. An average figure for attendance is more appropriate than a total figure as meetings are held on a weekly basis. Therefore, the same individuals are likely to attend more than once throughout the month. This data is collected in Group Evaluation Forms that are filled in on a monthly basis for all meetings that take place that month. Attendance data is recorded for each weekly meeting that takes place.

[7] A small number of Grow groups returned to face to face meetings in the month of December when Covid-19 restrictions allowed this to happen. However, during the time of survey administration, the majority of Grow meetings were taking place online.

due to Covid-19 restrictions and the time needed for many Grow groups to transition to online meetings, this is still a reasonable response.

While acknowledging these potential limitations, the data from the survey provides a valuable insight into recovery outcomes for a large number of Grow Members, as well as their background characteristics and views on Grow. This information can be used by Grow to help inform the future development of the organisation and the services it provides.

Data analysis

Survey data was input into Survey Monkey and exported into Excel. Data analysis was largely done in Excel using pivot tables. Further analysis was carried out to establish if there were any patterns or trends in recovery outcomes by selected criteria, in particular the duration of Grow Membership. This was done by running cross-tabulations and comparing the percentage results. In addition, where appropriate, the Chi-square test of statistical significance was run in Excel to establish if the results found were likely to indicate a real relationship or were due to chance factors.[8] The discussion of any relationships between variables in this report focus on consistent patterns in the results that emerged from data analysis.

[8] The Chi-square statistic is commonly used to test relationships between categorical variables when carrying out cross-tabulations or frequency tables. The test assesses whether an association exists between variables by comparing the observed or actual % results to the expected % results if the variables were independent of each other. Comparing the Chi-square statistic against a critical value from the Chi-square distribution helps to decide whether the observed %s are significantly different to the expected %s. See *https://www.statisticssolutions.com/using-chi-square-statistic-in-research/* (accessed 18th October, 2021)

Profile of respondents

This section presents the findings on socio-demographic data and provides a profile of Members who responded to the survey.

Gender

Chart 1 shows the gender breakdown for all respondents.

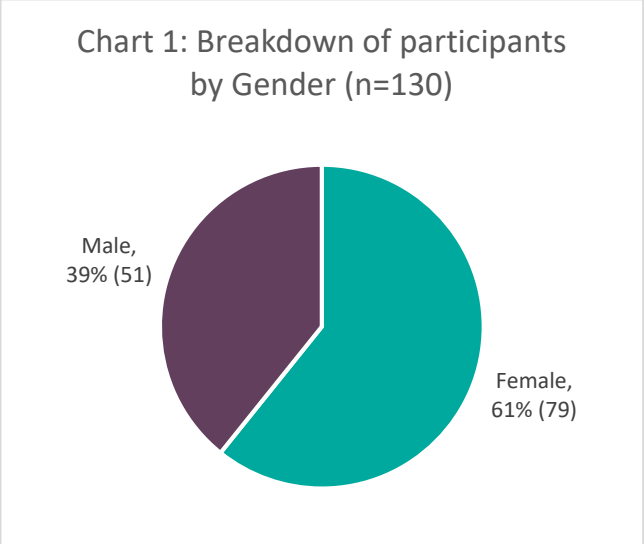
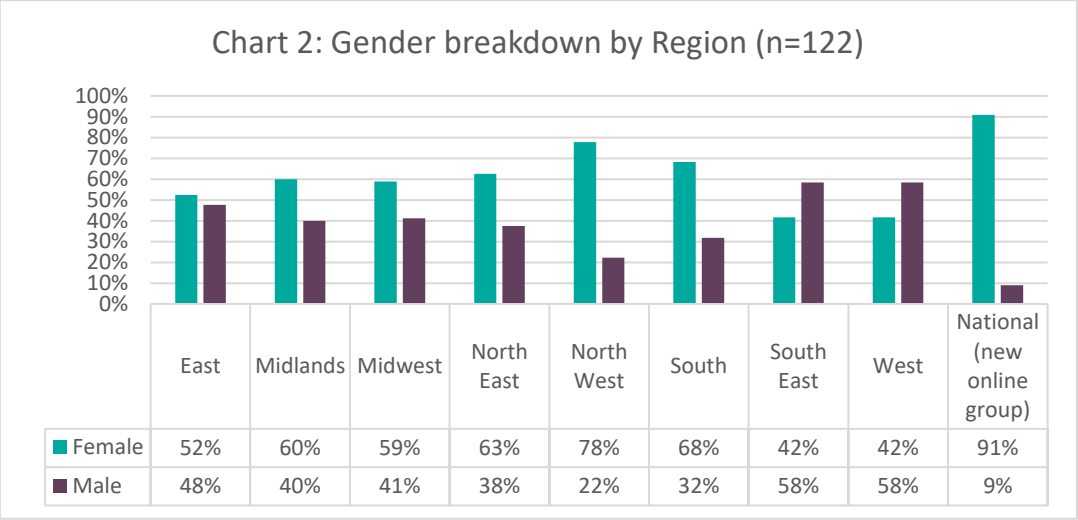


Chart 1 shows that over one half of respondents were female, 61% (79) and 39% (51) were male. Data was missing for the remaining two respondents.

Compared to 2019, the proportion of females increased from 54.5% to 61% in 2020, which represented 6 out of 10 respondents. This was similar to the national gender breakdown across all Grow groups in December 2020 of 59% female and 41% male.

Chart 2 shows the gender breakdown for survey participants in each Grow region. Three regions had a similar gender profile to that for all regions (61% female and 39% male): Midlands; Midwest; and North East. Another three regions had a lower proportion of female respondents than the 61% all regions figure: East; South East; and West. While two regions had a higher proportion of female respondents than 61%: North West; and National new online groups, which had a particularly high female response rate of 91% (9 out of 10 participants).[9] Chart 2 is based on a total of 122 respondents as data for gender and/or region were missing for 10 participants.

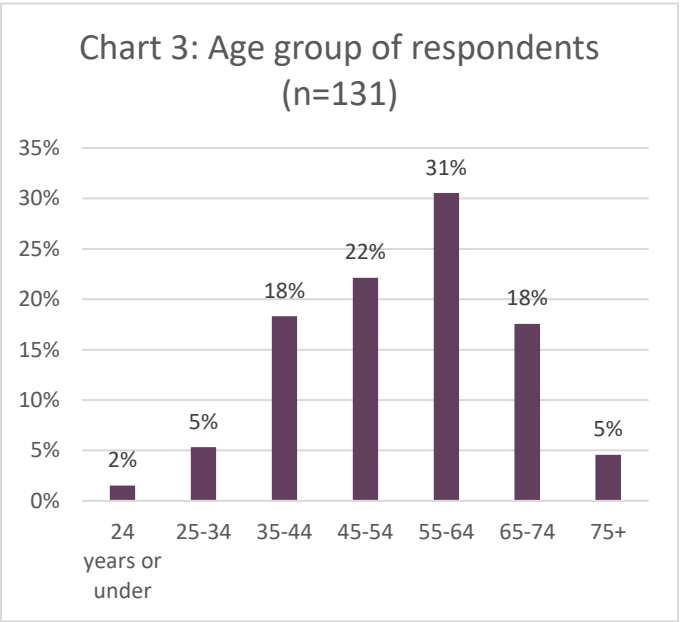
[9] The National new online groups were set up for newcomers to Grow who sent in an enquiry on the Grow website to join a Grow group. These groups held all meetings online using Zoom. By the end of 2020, there were 15 National new online groups. As members could come from more than one region, they were given a National remit.



	East	Midlands	Midwest	North East	North West	South	South East	West	National (new online group)
Female	52%	60%	59%	63%	78%	68%	42%	42%	91%
Male	48%	40%	41%	38%	22%	32%	58%	58%	9%

Age

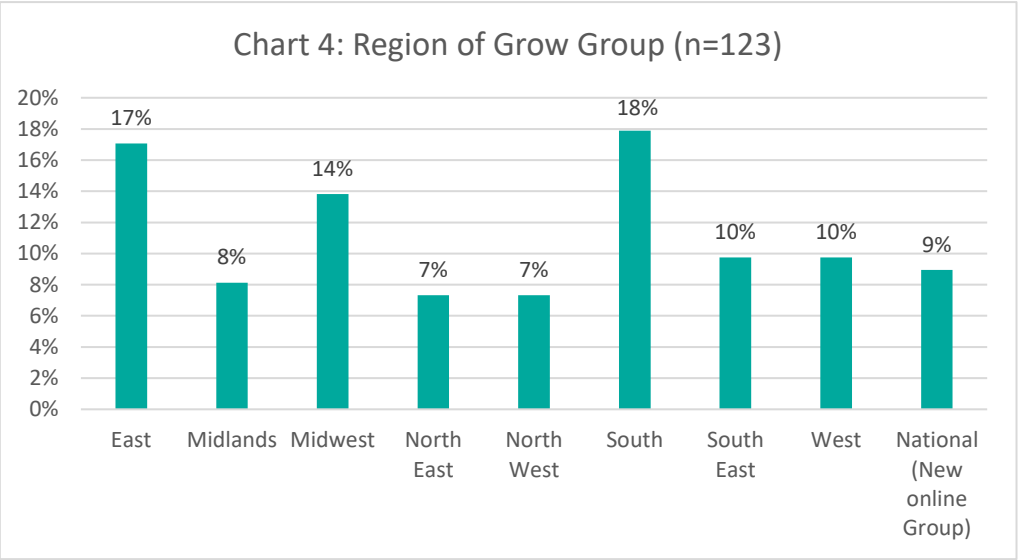
Chart 3 shows that respondents were most likely to be aged 55-64 years old, 31% (40), followed by 45-54 years old, 22% (29). Therefore, respondents were most likely to be in the middle age categories. This was similar to the national age breakdown across all Grow groups in December 2020, whereby 55% of attendees were aged 45-64 years old.



Compared to 2019, the proportion of respondents aged 45-64 fell from 27% to 22% in 2020, while those aged 54-64 increased from 26% to 31%. The results for the other age groups were similar.

Geographical location

Data was collected on the region of the Grow group that respondents were attending. Chart 4 shows the results below.



It can be seen that respondents came from Grow groups all around the country, ranging from 7% (9) in both the North East and North West to 18% (22) in the South. After the South, the next highest percentage of respondents came from the East, 17% (21) followed by the Midwest, 14% (17). Almost one in ten respondents, 9% (11), came from the National new online groups. Data on region was missing for nine respondents.

Another indicator of geographical location was collected by asking respondents if they lived in an urban, suburban or rural area. The results were as follows:

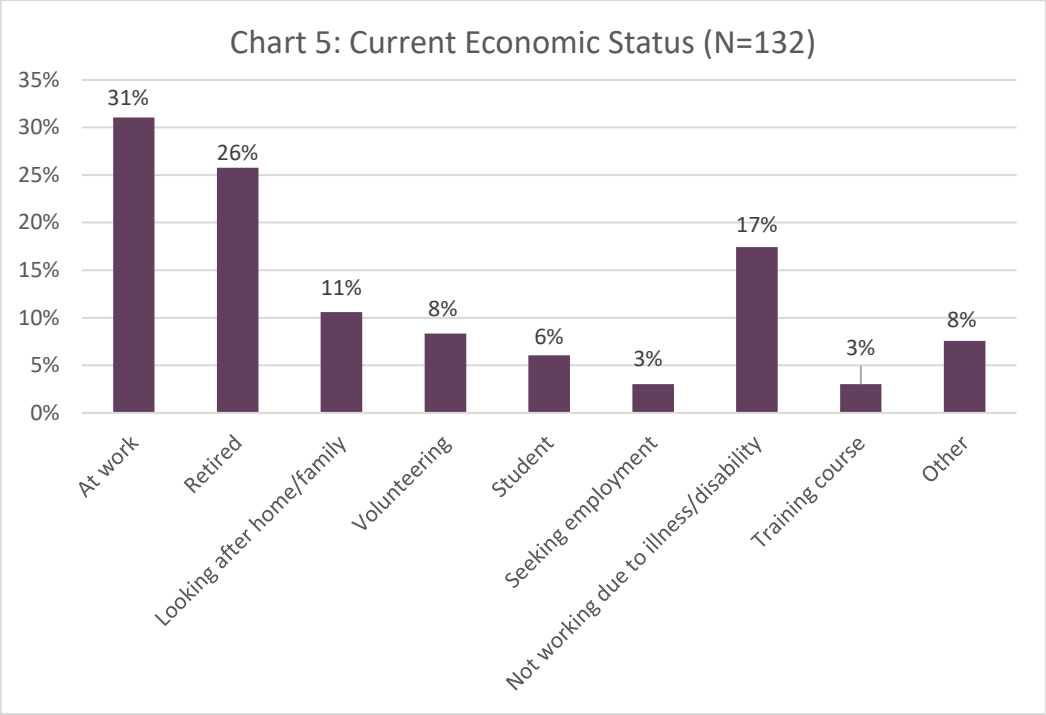
- 22% (28) lived in an urban area
- 31% (40) in a suburban area, and
- 47% (60) in a rural location.

Therefore, there was a fairly even number of respondents from towns/cities and surrounding suburban areas (53%) compared to rural locations around the country (47%).

Compared to 2019, the proportion of those living in an urban area fell from 36% to 22% in 2020. While those living in a suburban area increased from 22% to 31% in 2020, as well as those in a rural location from 41% to 47% in 2020.

Current economic status

Chart 5 presents the findings on the current economic status for survey respondents. It shows that almost one third of respondents, 31% (41), were at work, followed by 26% (34) who were retired. A further 17% (23), were not working due to illness or disability. Compared to the previous year 2019, where 28% of respondents were at work, these results for 2020 were very similar.



Comparison with Census of Population 2016

It is interesting to draw some comparisons with data from the Census of Population 2016.[10] Two key findings are of particular note:

- 53% of people aged 15 years and over were 'at work' based on the Census data[11] – the figure from the Grow survey is far lower at 31%
- 4% of people aged 15 years and over were 'unable to work due to permanent sickness or disability' based on the Census data – the figure from the Grow survey is 17%, which is four times the figure for the national population.[12]

Based on this data, it can be said that the Grow survey respondents are far less likely to be currently engaged in employment and far more likely not to be working due to sickness/disability compared to the national population.

[10] It is acknowledged that the survey data and Census data have been collected at different times – 2020 and 2016 respectively. However, Census data provides a key benchmark that can be used to consider how the circumstances of Grow survey respondents compares to that of the national population. The next Census is due to take place in April 2022 after being postponed from April 2021 due to the Covid-19 pandemic.

[11] See Table 1.1 in Census of Population 2016 – *Profile 11: Employment, Occupations and Industry*, see the link http://www.cso.ie/en/releasesandpublications/ep/p-cp11eoi/cp11eoi/pec/ (accessed 18th October, 2021)

[12] See Figure 1.1 in Census of Population 2016 – *Profile 11: Employment, Occupations and Industry*, see the link http://www.cso.ie/en/releasesandpublications/ep/p-cp11eoi/cp11eoi/pec/ (accessed 18th October, 2021)

Profile of mental health need

This section asked respondents to answer questions on the following:

- current engagement with mental health services
- perception of their mental health need, and
- contributory factors to their mental health need.

Engagement with mental health services

Chart 6 shows the mental health services that respondents were currently using.[13]

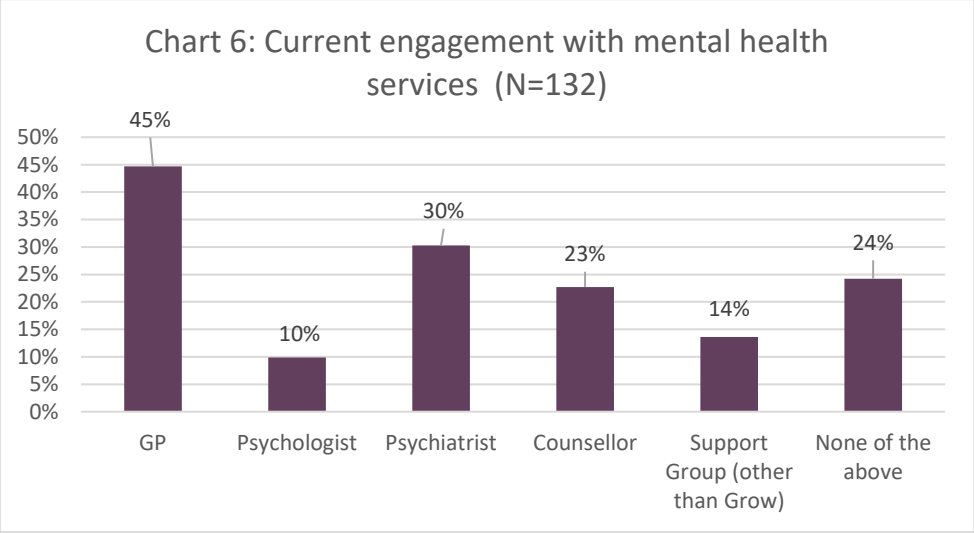


Chart 6 shows that respondents were most likely to be engaging with their GP, 45% (59), followed by a Psychiatrist, 30% (40). Almost one quarter of respondents, 23% (30), were seeing a Counsellor, while a further 10% (13) were engaged with a Psychologist. Just over one in ten respondents, 14% (18), were attending a support group other than Grow. Two of these respondents said they were also members of Alcoholics Anonymous and a third said they were attending meetings in their local church.

Compared to last year, the results were very similar with two exceptions. Firstly, the percentage of respondents not engaging with one of these mental health services increased slightly from 19% to 24% in 2020. Secondly, the number of respondents engaging with a support group other than Grow increased from 2% to 14% in 2020. However, only three individuals gave a name of another support group. Therefore, the type of other support group they were accessing was not known.

[13] In some cases, respondents selected more than one mental health service. Therefore, Chart 6 adds up to more than 100%.

Self-perception of mental health need

Respondents were asked to state the nature of their mental health need. This provides information based on the respondent's own understanding of their mental health. Chart 7 presents the results. [14]

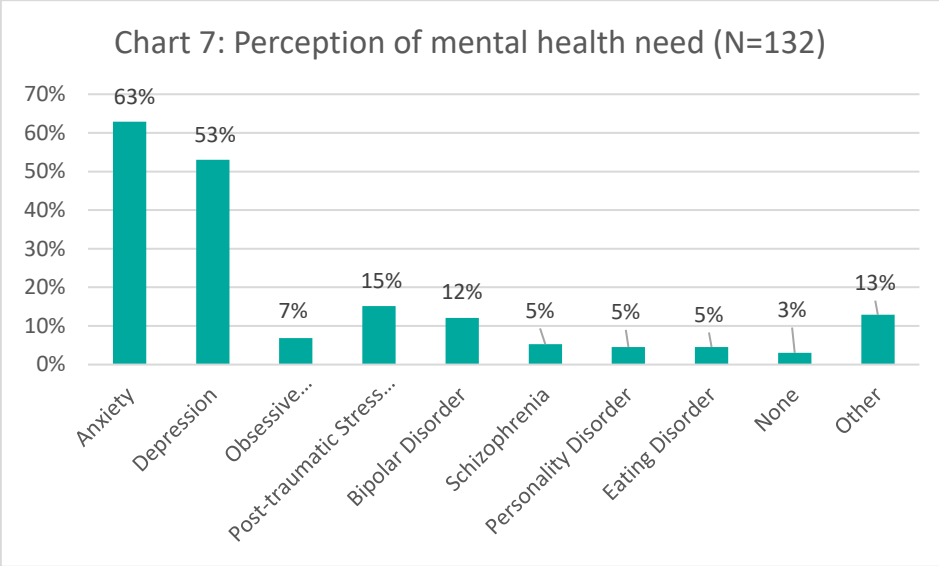


Chart 7 shows that more 63% (83) of the respondents reported having anxiety, followed by 53% (70) who were experiencing depression. Anxiety and depression were the two most common mental health needs. In addition, 15% (20) of the respondents had Post-traumatic Stress Disorder while Bipolar Disorder was reported by 12% (16) of the respondents. A further 13% (17) of respondents said they had other types of mental health needs. These included stress (2), Attention Deficit Disorder (2), post-natal depression (1), bereavement (1) and grief (1) – some of these are considered in the next section on contributors to mental health need.

Compared to 2019, the percentage of respondents with anxiety increased from 48% to 63% in 2020, while those who reported having depression rose from 47% to 53% in 2020. The percentage of respondents who stated post-traumatic stress disorder also increased from 6% to 15%. It is not surprising that anxiety and depression are the two most common mental health needs reported by Grow Members. According to The Irish Health Survey 2019 (Central Statistics Office, 2019), it stated that "*over 4-in-10 (43%) of persons aged 15 years with disabilities report some form of depression, far above the State average of 14%. In particular, 9% of persons with a disability report suffering from moderately severe or severe depression, more than four times the average State level of 2%*".[15] Therefore, it is widely prevalent in the general population.

[14] In some cases, respondents gave more than one response. Therefore, Chart 7 adds up to more than 100%.
[15] See Table 2.1, Figures 2.2 and 2.3 in the Irish Health Survey 2019, Central Statistics Office. See the link https://www.cso.ie/en/releasesandpublications/ep/p-ihsd/irishhealthsurvey2019-personswithdisabilities/healthstatus/ accessed 21th October, 2021.

Factors contributing to mental health need

Respondents were asked to indicate if any particular factors contributed to their mental health need. This information gives a better understanding of the life events that may have a negative impact on mental health, as experienced by those who took part in the survey. Chart 8 shows the results.[16]

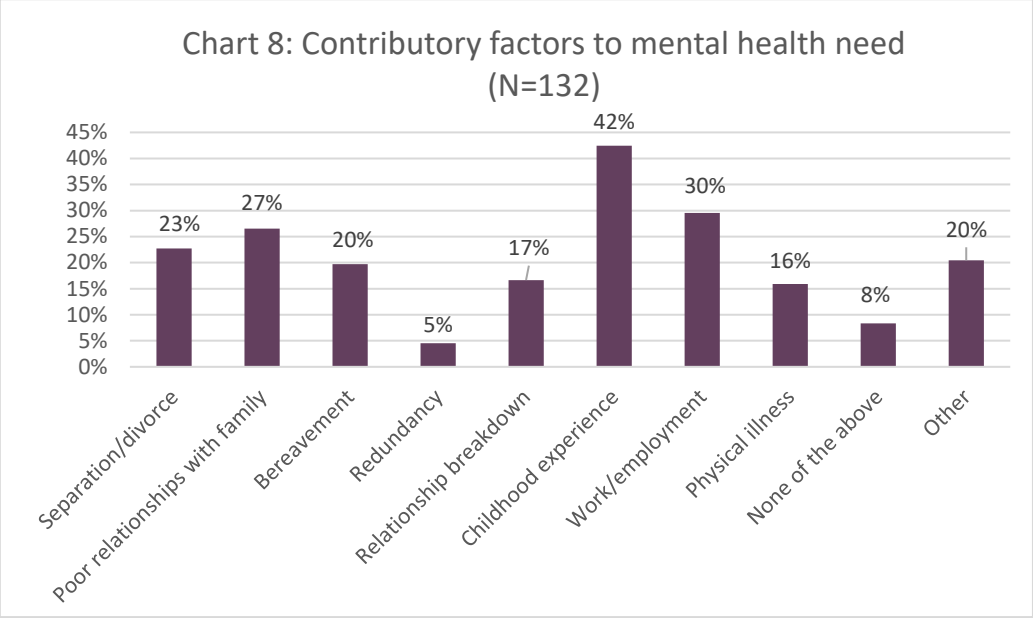


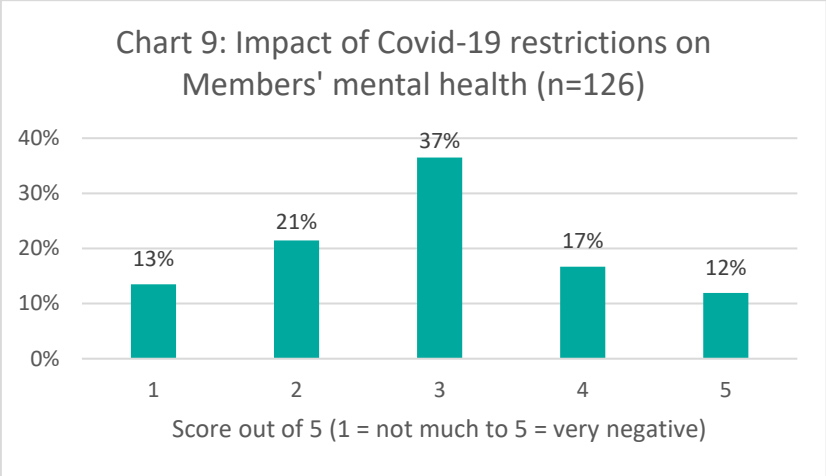
Chart 8 shows that the highest contributor to mental health need was childhood experience, 42% (56), which was followed by work/employment, 30% (39). Other life events that also affected respondents' mental health include poor relationships with family, 27% (35); separation or divorce, 23% (30); bereavement, 20% (26); and relationship breakdown, 17% (22), while 5% (6) mentioned that redundancy was the factor that contributed to their mental need. Almost one in ten respondents, 8% (11), said that none of these factors contributed to their mental health need. One in five respondents, 20% (27), chose another category, which included anxiety about Covid-19 (3), adapting to change (3), social isolation (2), caring for sick partner/parent (2), college work (2), addiction (2) and visual impairment (1).

Compared to 2019, the results for 2020 indicate an increase in nearly all of the contributory factors. Childhood experience increased from 35% to 42% in 2020, work/employment from 19% to 30% in 2020, separation/divorce from 14% to 23% in 2020, and physical illness rose from 13% to 16% in 2020. While poor relationships with family fell from 32% to 27% in 2020. The extent to which some of these factors are related to the Covid-19 pandemic is not known, however as it was mentioned in some of the 'other' responses, it is likely to have had some impact on these results.

[16] In some cases, respondents gave more than one response. Therefore, Chart83 adds up to more than 100%.

Impact of Covid-19 restrictions on Grow Members' mental health

An additional question was asked in the 2020 National Survey on the impact of Covid-19 restrictions to establish the extent to which Grow Members' mental health was affected. Chart 9 shows the results.



The results show that restrictions were most likely to have a medium impact on the majority of Grow members' mental health, with 21% (27) giving a score of 2 out of 5 and a further 37% (46) giving a score of 3 out of 5. However, almost one third of members, 29% (36), gave a rating of 4 or 5, which indicated that restrictions had a negative or very negative impact on their mental health. Further analysis was carried out to see if this subjective rating varied by the frequency of attendance at Grow meetings, especially for those who were not currently attending. However, the percentage of respondents who gave a score of 4 or 5 was similar for those attending weekly/every two weeks and those who were not attending at the time of filling in the survey, although the number of these cases was relatively small (n=20). But no variation was found in the rating score by frequency of attendance.

The main issues identified in relation to Covid-19 restrictions were as follows:

- loneliness/isolation (37)
- lack of social contact/activity (22)
- not able to visit family/friends (22)
- anxiety/fear (10)
- missing face to face Grow meetings (10)
- depression/nothing to look forward to (9)
- negative impact on work (8)
- dealing with issues pre-Covid (e.g. relationship breakdown, poverty) (5)
- physical health concerns (5)
- unable to travel/lack of freedom (5)
- bereavement (2)
- family illness (2)
- uncertainty (1)
- poor sleep (1)

It is clear that loneliness and isolation were the most common issues affecting respondents. This was followed by lack of social contact/activity and not being able to see family and friends.

Engagement with Grow

This section presents the findings on the nature and extent of respondents' involvement in Grow.

Frequency of attendance at Grow Group meetings

Respondents were asked to say how often they attended a Grow Group in the last three months. Chart 10 shows the results.

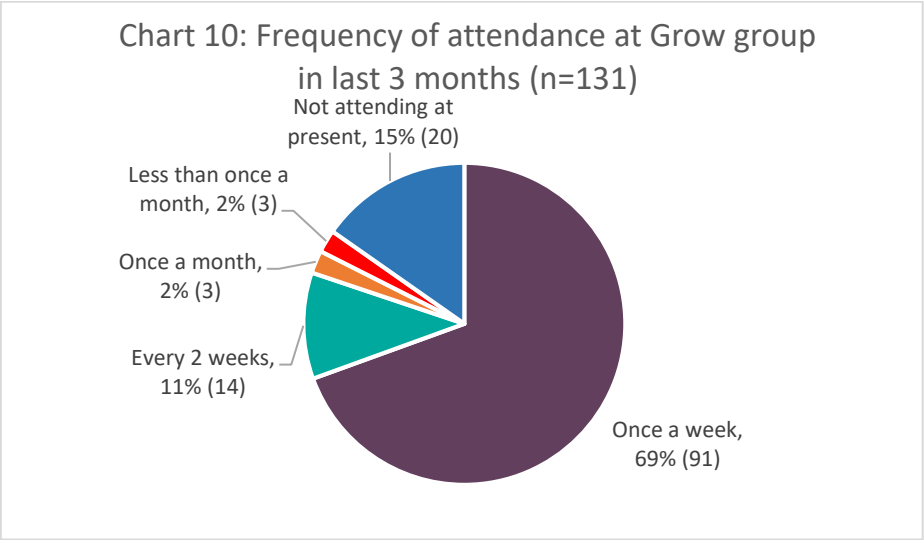
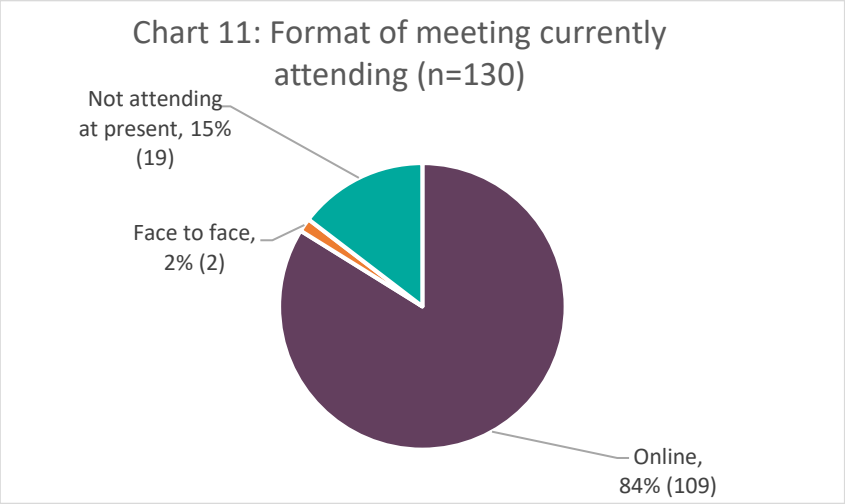


Chart 10 shows that more than two thirds of respondents, 69% (91), attended a Grow group meeting every week in the last three months. Another 11% (14) attended every two weeks. Therefore, most respondents attended Grow on a regular basis. A further 15% (20) said they were not attending a Grow group at present. This is likely to be attributed to the suspension of face to face meetings as a result of Covid-19 restrictions as most surveys were filled in during October/November 2020. Although Grow meetings were taking place online, not all Members were able to access them. Data was missing for one respondent.

Compared to 2019, the percentage of respondents who attended Grow weekly fell from 77% to 69% but this is not surprising given the circumstances at the time. If anything, the rate of weekly attendance is fairly high amongst participants despite most meetings taking place online. Results on the format of the meeting being attended by respondents is presented in the next section.

Grow meeting format

As already stated, the majority of Grow meetings taking place at the time of survey administration were online. Chart 11 shows that 84% (109) of respondents were currently attending online meetings while 2% (2) were attending face to face meetings.[17] The remaining 15% (19) of respondents were not attending a Grow meeting at the time of filling in the survey.[18]



Some respondents gave a reason for why they were not currently attending a Grow meeting:

- cannot attend face to face meetings due to Covid-19 restrictions (8)
- do not want to join an online meeting (5)
- time of online meeting clashes with other commitment (1), and
- transport issues (1).

Duration of Grow Membership

The length of time that respondents have been a Grow Member is a valuable indicator as it may have some relationship with the data on recovery outcomes, which was highlighted in research by Rappaport (1988). It would be reasonable to suggest that recovery outcomes might improve over time, particularly when the appropriate supports can be accessed. Grow Membership might be one potential factor that contributes to an improvement in mental health outcomes. There are likely to be variations by individual based on the nature of their mental health needs and particular circumstances. Chart 12 presents the results on the duration of Grow membership for respondents.

[17] In October 2020, a small number of Grow groups returned to hold meetings in person after the lifting of Covid-19 restrictions at the time. However, this was short lived as restrictions were introduced again at the end of December.

[18] The number of respondents who said they were not attending at present at 19 was slightly different to that reported in Chart 10 as there was missing data for one of these respondents to the question on format of meeting currently attending.

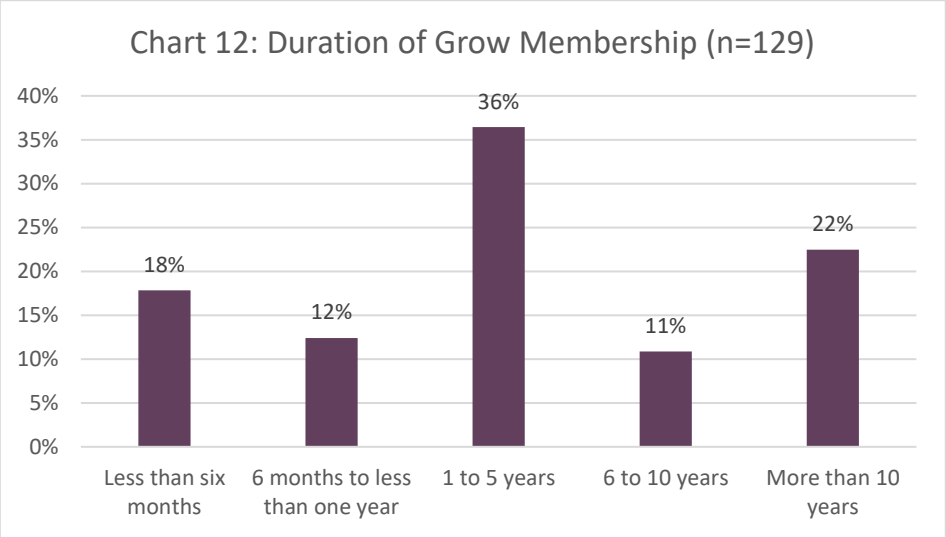


Chart 12 shows that respondents were most likely to have been Grow Members for between one to five years, 36% (47). This was followed by 22% (29) who had been members for more than 10 years. Based on the results, more than two thirds of respondents, 69% (90), were Grow Members for one year or more. Looking at the results for newer Members, Chart 12 shows that 18% (23) were attending Grow for less than six months and a further 12% (16) for six months to one year. Therefore, 3 out of 10 respondents were relatively new to Grow. Data was missing for three respondents.

Compared to 2019, the proportion of Grow Members attending for less than one year increased from 19% to 30% in 2020. This is probably due in part to the development of National new online groups specifically for first time Members from mid-2020 onwards.

It would be interesting to carry out some analysis of recovery outcomes to see if there is any relationship by duration of Grow Membership. This will be covered in the findings on recovery outcomes.

Role in Grow

Respondents were asked to indicate what role(s) they held in Grow. The results were as follows:

- Member – 71% (98)
- Recorder – 14% (18)
- Organiser – 17% (22)
- Leader – 8% (11)
- Regional team Member – 10% (13)
- Board Member – 2% (3)
- Other – 2% (3)

Therefore, seven out of ten respondents were Grow Members, which was followed by Organisers at 17% and then Recorders at 14%. As respondents could hold more than one

role at the same time, the results add up to more than 100%. Compared to 2019, the results were very similar.

Referral

The survey asked respondents to say how they were referred to Grow. Chart 13 shows the results.[19]

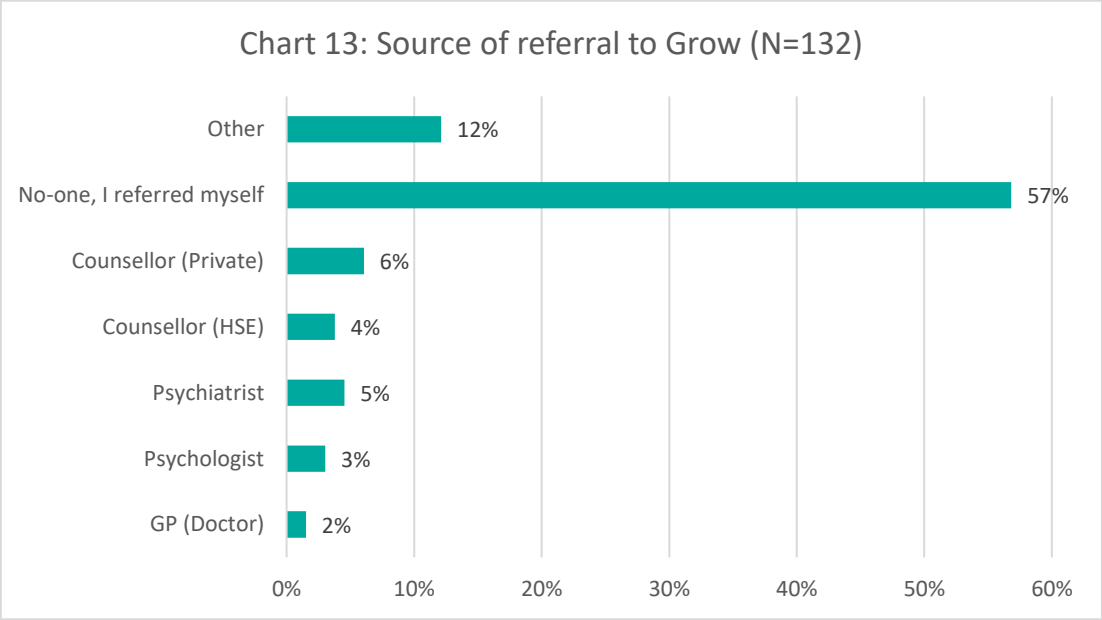


Chart 13 shows that more than half of all respondents, 57% (75), said they referred themselves to Grow. In addition one fifth of respondents, 20% (25), reported that they were referred by a professional, most likely a Counsellor (HSE or private), 10% (13).[20] Compared to 2019, the percentage of self-referrals to Grow increased from 53% to 57% in 2020, while referral from a professional fell from 26% to 20% in 2020.

Other sources of referral included a friend (3), Community Nurse (3), Grow website (2), Recovery College (1), extended family (1), work colleague (1) and leaflet in a GP surgery (1).

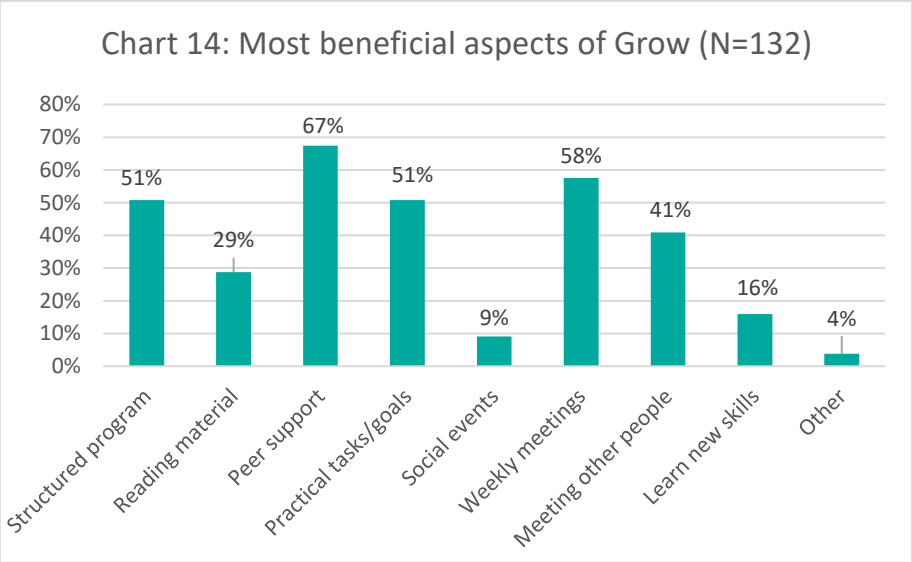
[19] In some cases, respondents gave more than one answer. Therefore, the total adds up to more than 100%.
[20] The result of 20% of referral by a professional is made up by combining the categories for Counsellor (private and HSE), Psychiatrist, Psychologist and GP.

Views on Grow

Respondents were asked to give their views on Grow. They were invited to state the benefits of attending Grow and what could be improved.

Benefits of attending Grow

Chart 14 shows the benefits of attending Grow reported by respondents.[21]



The benefit that was rated highest by respondents was a peer support program, 67% (89), which was followed by weekly meetings, 58% (76). Next came a structured program and practical tasks/goals, both at 51% (67). The next two most popular responses were meeting other people, 41% (54) and reading material, 29% (38).

Compared to 2019, peer support increased from 46% to 67% in 2020. Weekly meetings also rose from 50% to 58% in 2020. Social events fell from 22% to 9% in 2020, which is not surprising due to Covid-19 restrictions that prevented such events taking place during the year.

[21] Respondents were asked to name the top three benefits from a pre-defined list of possible answers. Therefore, Chart 14 adds up to more than 100%.

What could be better about Grow?

Respondents were asked to say what could be better about Grow? It was answered by 77 people. The most popular comments were as follows:

- Return to face to face meetings – 14% (11)
- More promotion/advertising about Grow – 12% (9)
- More/younger members/larger groups – 6% (5)
- More social events – 5% (4)
- More time for group interaction/discussing personal problems – 5% (4)
- More focus on the Grow program – 4% (3)
- More resources on keeping well, e.g. a workbook for members – 4% (3)
- More staff attending Grow meetings for personal development – 3% (2)
- Less red tape/bureaucracy, e.g. recorder sheet – 3% (2)

Some other individual comments included in this section are presented below:

"Due to Covid-19 face to face meetings are not possible and Zoom meetings are used instead. While this method is a good substitute, it probably lacks the dynamic of a group setting."

"More emphasis on the spoken word than the written word."

"Add basic mindfulness wisdom to Grow Program Book."

"Make the words and page numbers bigger in all Grow books."

"Not being structured too closely to a medical/psychiatric model and to encourage members to think for themselves."

Data on Recovery Outcomes and Social Supports

The final section in this report presents the results on eleven questions which attempt to measure recovery outcomes for respondents at the time of doing the survey. Most of these questions were all asked in the previous year's survey in 2019. Therefore, some comparisons can be made in the results for both years. However, the data only gives a snapshot of respondents' well-being at one particular point in time.

Progress towards personal goals

Respondents were asked if they had made progress towards personal goals in the last three months. The results were as follows:

- 22% (28) said they had a personal goal and had achieved it
- 23% (30) said they had a personal goal and had gotten pretty far in achieving it
- 40% (51) said they had a personal goal and made a little way towards achieving it
- 9% (11) said they had a personal goal but had not done anything to achieve it, and
- 6% (8) said they had no personal goals.[22]

Therefore, almost one half of respondents, 45% (58) said they had a personal goal and had either achieved it or were near to achieving it. This fell from 52% in the previous year 2019. Some of this is accounted for by the increase in the next category where respondents said they had made 'a little way towards achieving' their personal goal from 37% in 2019 to 40% in 2020.

Social support

A question in the National Survey looked at the importance of social support to recovery outcomes by asking 'how much are family members, friends, spouse/partner and other people important to you (outside of Grow) involved in your recovery?' Chart 15 presents the results.

[22] These results are based on 128 respondents as data was missing for 4 cases.

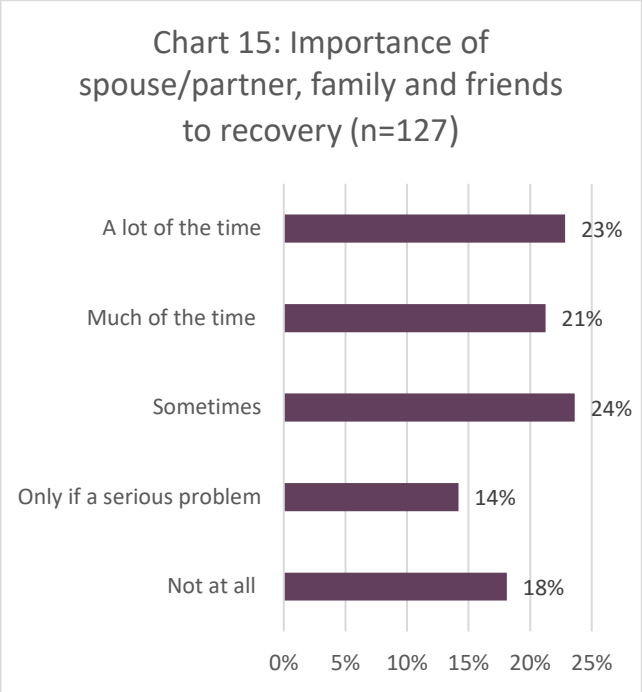


Chart 15 shows that just over two thirds of respondents, 68%, received social support - 44% (56) saying either a lot or much of the time (first two categories combined) and 24% (30) received support 'sometimes'. However, almost 2 in 10 respondents, 18% (23) said they did not receive such social support.

Compared to 2019, the percentage of respondents who received support a lot or much of the time fell from 53% to 44% in 2020, while those who said 'not at all' increased slightly from 15% to 18% in 2020. Therefore, respondents were less likely to receive such support in 2020.

Symptoms

Respondents were asked the extent to which their mental health symptoms got in the way of doing things that they would like to or need to do. Chart 16 presents the results.

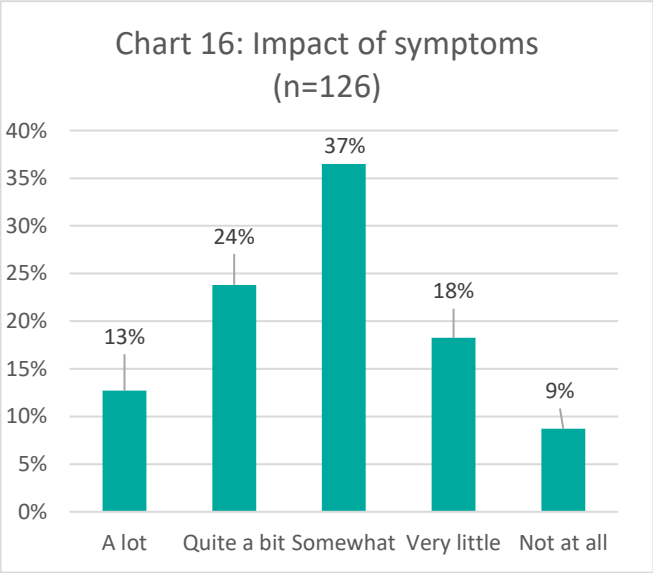


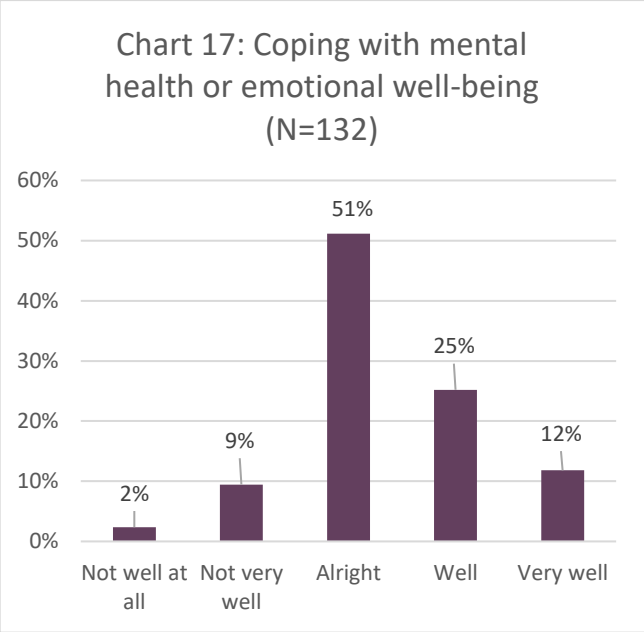
Chart 16 shows that respondents were most likely to say that their symptoms bothered them 'somewhat', 37% (46), which was followed by quite a bit, 24% (30). Combining the first three categories shows that 74% (92) of respondents were affected by their symptoms, which increased from 65% in the previous year 2019. Just under 1 in 10, 9% (12), respondents said they were not affected at all by their symptoms, which fell from 16% in 2019. Therefore, more respondents reported being affected by their mental health symptoms in 2020.

Coping

Respondents were asked how well they felt they were coping with their mental health or emotional well-being on a day to day basis. Chart 17 shows the results.

Chart 17 shows that just over half of respondents, 51% (65), reported that they were coping 'alright' with their mental health or emotional well-being. A further 25% (32) said 'well' and 12% (15) 'very well'. One in ten respondents reported coping difficulties with 9% (12) saying 'not very well' and 2% (3) 'not well at all'.

Compared to 2019, the percentage of respondents who said they were coping 'very well' fell from 20% to 12% in 2020, while those saying 'alright' increased from 43% to 51% in 2020. The number who said they had difficulties coping rose slightly from 9% to 11% in 2020.



A second question on coping was included in the survey. It asked respondents the extent to which going to Grow meetings contributed to being able to cope with day to day life? This question was added to give some indication of respondents' views on the possible benefits that were experienced by attending Grow. It was the third year that the question had been asked as it was a new question in the 2018 survey. The results are shown in Chart 18.

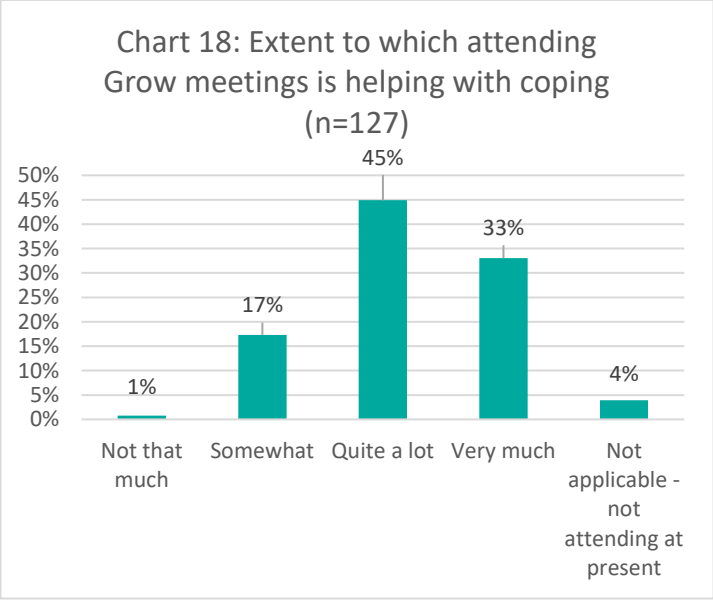


Chart 18 shows that most respondents said that attending Grow meetings helped them to cope with everyday life – 45% (57) saying 'quite a lot' and 33% (42) replied 'very much', which makes 78% in total. A further 17% (22) said it had aided 'somewhat' with just 1% (1) saying 'not that much'.

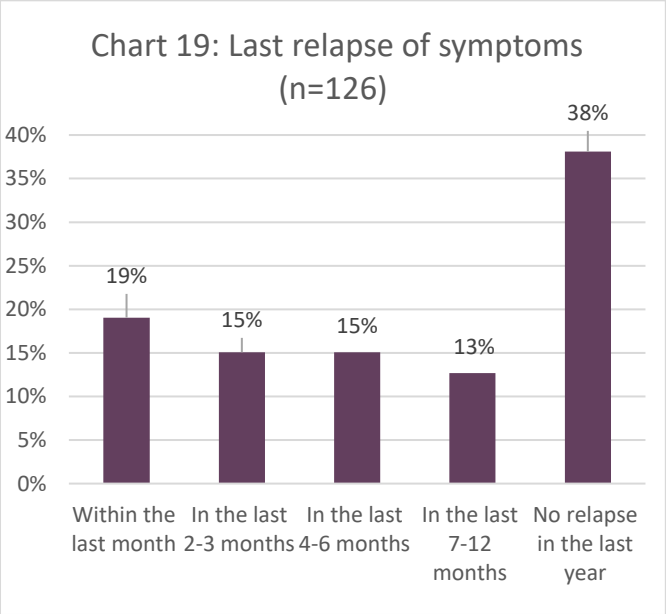
Compared to 2019, the results were similar although those who said 'very much' fell from 40% to 33%. Also, the percentage who replied 'quite a lot' or 'very much' fell slightly from 82% to 78% in 2020.

Relapse of symptoms and hospitalisation

Respondents were asked to say when they last had a relapse of symptoms and the most recent time they had been hospitalised for mental health reasons. Charts 19 and 20 show the results.

Chart 19 shows that almost 4 in 10 respondents, 38% (48), did not have a relapse of symptoms in the last year, which compared to 62% (78) who did have such a relapse in this time – the sum of the other four categories. This was most likely to have happened in the last month, 19% (24).

Compared to 2019, there was a higher incidence of a relapse in the last year, which rose from 49% to 62% in 2020. Similarly, those who had no relapse in the last year fell from 51% to 38% in 2020. Thus indicating a greater vulnerability amongst many Members to experience a relapse of mental health symptoms during the year.



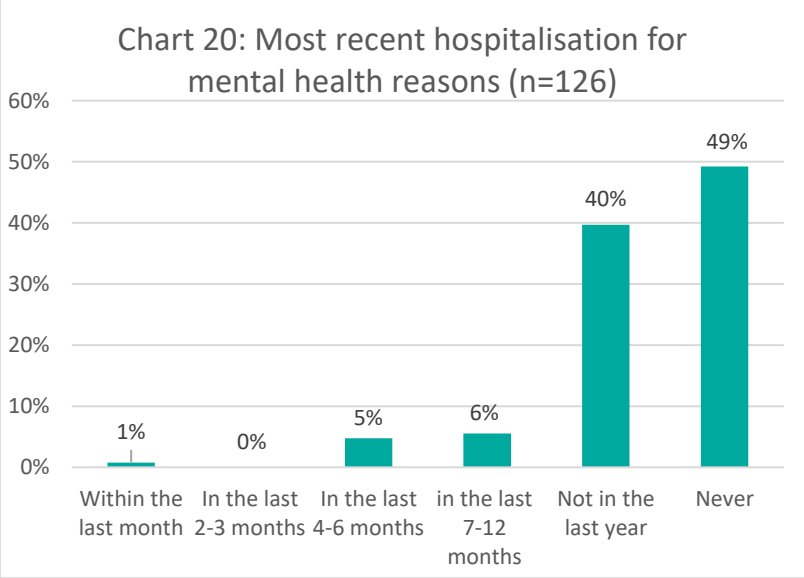


Chart 20 shows that almost half of respondents, 49% (62), had never been hospitalised for mental health reasons. A further 40% (50) had not been hospitalised in the last year. Just over one in ten respondents, 12% (14), had been hospitalised in the last year, typically in the last 4 to 12 months. Compared to 2019, the likelihood of being hospitalised in the last year rose slightly from 8% to 12% in 2020.

Participation in community activities and physical exercise

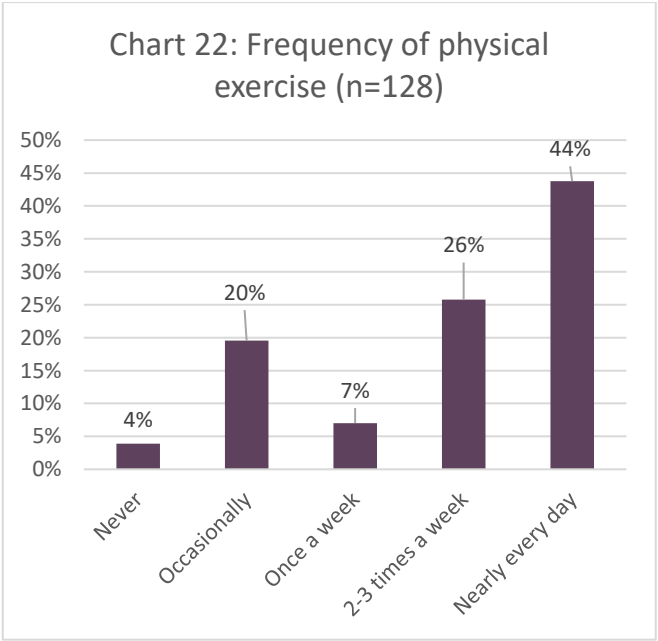
Respondents were asked if they had the opportunity to get involved in community activities and events outside of Grow. Chart 21 shows the results.

Chart 21 show that one third of respondents, 33% (42), participated regularly in community activities and events outside Grow. A further 29% (37) said they took part occasionally. Just under 2 out of 10 respondents said they had no opportunity, 17% (21). Compared to 2019, the results were fairly similar. For example, in 2019, 19% of respondents said they had no opportunity to take part in community activities or events.

In addition to participation in community activities, respondents were asked how often they took part in physical exercise. Chart 22 presents the results.

Chart 22 shows that just over 4 out of 10 respondents took physical exercise nearly every day, 44% (56), followed by 26% (33) who exercised two to three times a week. A further fifth of respondents, 20% (25), said they exercised occasionally. Just 4% (5) said they never took physical exercise.

Compared to 2019, the likelihood of exercising every day increased from 30% to 44% in 2020. While those who exercised occasionally fell from 27% to 20% in 2020 and once a week from 14% to 7% in 2020. Therefore, between 2019-20, many respondents were likely to exercise more often. The percentage of those who never exercised remained the same.



Outlook on life and optimism about the future

A new question was asked in the 2019 survey on respondents' outlook on life. It was also included in the 2020 survey. This question is based on Australian research by Andresen, Caputi and Oades in 2016, which resulted in the Stages of Recovery Instrument (STORI), a five stage recovery model. The aim of STORI is to measure individual recovery from mental health illness using evidence from people who have experienced mental ill health themselves combined with other research evidence on recovery. It comprises a questionnaire of 50 items which represent the different components of recovery: Hope; Identity; Meaning; and Responsibility.

Andresen, Caputi and Oades (2016) conducted preliminary testing on the STORI framework involving individuals who had experienced mental health illness. They concluded that it was a valid measure of the 'consumer definition of recovery' (Andresen, Caputi and Oades, 2016: 2). While the authors note that it requires further testing and refinement, a summary of the five stages was included as a question in the Grow National Survey so that respondents could give some indication of how they perceived their own recovery at a particular point in time. The results can be seen in Figure 1 below.

Figure 1: Respondents' classification using the STORI model (n=125)

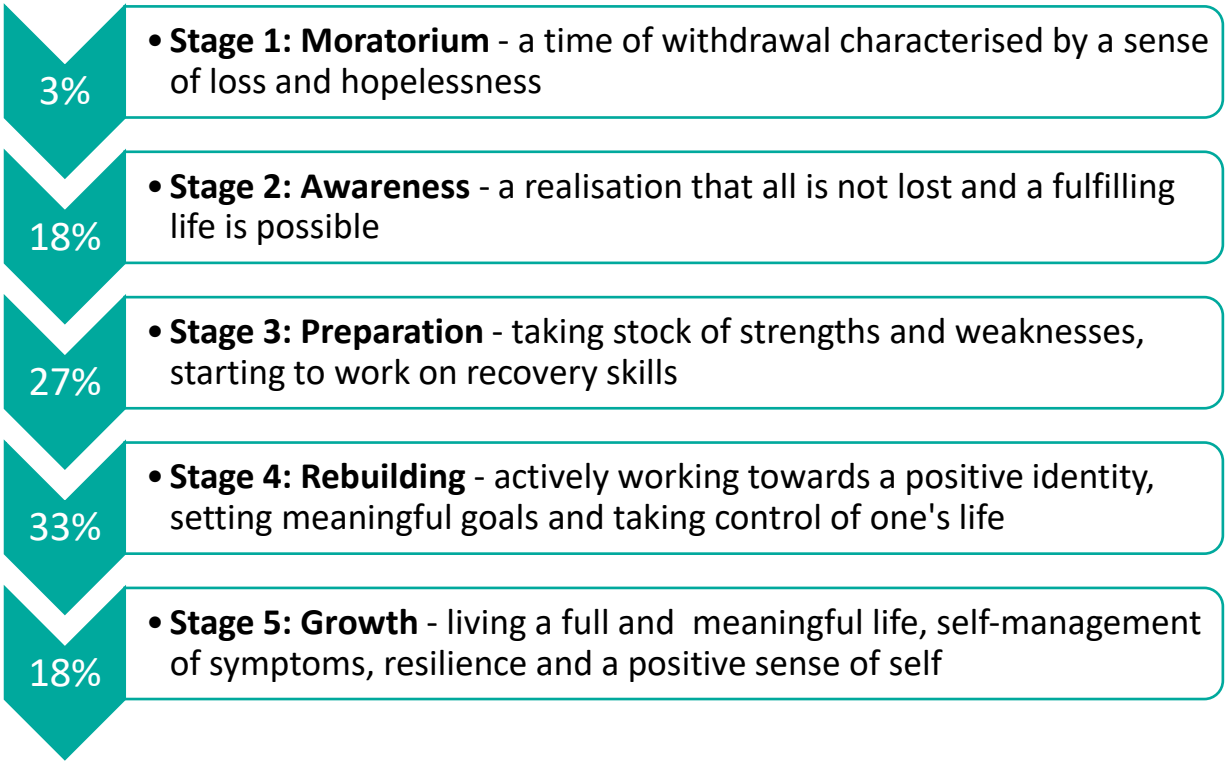


Figure 1 shows that the most common response was Stage 4, the Rebuilding stage, which was selected by 33% (41) of respondents. This was followed by Stage 3 Preparation at 27% (34). A further 18% (23) selected Stage 2 (Awareness) and Stage 5 (Growth). While just 3% (4) chose the lowest stage, Moratorium. Therefore, 5 out of 10 respondents, 51%, chose the two highest levels of recovery in the STORI framework (Stages 4 and 5) to represent their current outlook on life.

Compared to 2019, the percentage of respondents who chose Stage 3 Preparation increased from 20% to 27% in 2020. While those who selected Stage 5 Growth, the highest level of recovery, decreased from 26% to 18%. Looking at the likelihood of choosing either Stage 4 or 5, the two highest levels of recovery, this fell from 59% to 51% in 2020. Therefore, while there was little change at the lower stages of recovery (1 and 2), many respondents were more likely to choose the middle recovery stage (3) with fewer selecting the highest recovery stage (5) in 2020.[23]

The final question in the survey asked respondents if they felt optimistic about the future. Chart 23 presents the findings.

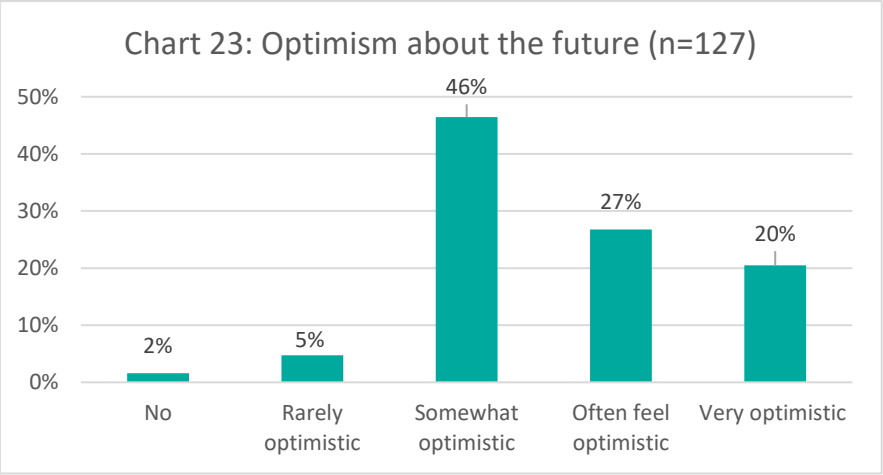


Chart 23 shows that respondents were most likely to feel somewhat optimistic, 46% (59), followed by often feel optimistic, 27% (34). A further 2 in 10 respondents reported they were very optimistic, 20% (26). Therefore, just under half of all respondents, 47% (60), were either very or often optimistic about the future. Just 5% (6) said they rarely felt optimistic and 2% (2%) reported not being optimistic.

Compared to 2019, there was an increase in the percentage of respondents who felt somewhat optimistic from 38% to 46%, while those who said they were often optimistic fell from 32% to 27% in 2020. The likelihood of being very optimistic or rarely/not optimistic was similar. Therefore, there was little change between the two years although slightly more people reported being somewhat optimistic with a fall in those saying they were often optimistic.

[23] It is important to note that the survey question only included the description of each stage as set out in Figure 1, and did not include the descriptions, e.g. Moratorium, Awareness, Growth etc. as this could bias the response.

Further analysis by duration of Grow membership

Further analysis on recovery outcomes was carried out to explore whether the duration of Grow Membership made any difference to these results.[24] It would be reasonable to expect that individuals who were attending Grow for a longer period of time might have more positive recovery outcomes. In addition to comparing differences in the percentage results for recovery outcomes by duration of Membership, a Chi-square test of statistical significance was run where appropriate.[25] Given the nature of the data and the analysis carried out, even where an association was found and it was deemed to be statistically significant, it is not possible to claim causation, i.e. that attending Grow for a longer period of time directly results in better outcomes. Nevertheless, any association found might indicate that long term Grow Membership could be one possible contributory factor where better outcomes are found.

This analysis found that duration of Grow membership was significantly related to four of the recovery outcomes discussed above:

- impact of mental health symptoms
- coping with mental health or emotional well-being
- last relapse of mental health symptoms, and
- recent hospitalisation for mental health symptoms

Impact of mental health symptoms

Table 1 presents the results on the impact of mental health symptoms by duration of Grow membership.[26] It shows that longer term Grow Members are significantly less likely to be adversely affected by their mental health symptoms. For example, 58% (22) of respondents who were Grow Members for less than one year said that their symptoms affected them 'a lot or quite a bit', while this fell to 35% (16) of those attending Grow for one to five years and further still to 18% (7) of respondents who were Grow Members for six years or more. Similarly, longer term Grow Members were significantly more likely to say they were affected very little or not at all by their symptoms - 35% (14) of those attending for six years or more compared to 18% (7) of respondents who were Members for less than one year. Although a higher percentage of longer term Members were affected 'somewhat' by their symptoms (48%) compared to those attending for a shorter period of time (24%), the variation in the percentage results by duration of membership indicates that longer term Grow membership is significantly associated with being least affected by mental health symptoms.

[24] To facilitate this analysis, the variable for duration of Grow Membership was recoded from five into three categories: (1) <1 year; (2) 1-5 years; and (3) 6 years or more. This increased the number of respondents in each cell, which helped to improve the validity of the data analysis results.

[25] The results of the Chi-square test are included where an association was found to be statistically significant. It is not reported where the result was not significant.

[26] The categories for impact of mental health symptoms were reduced from five to three in order to have an adequate number of cases in each cell. The Chi-square test of statistical significance is only appropriate where the majority of cells in the frequency table have 5 or more cases. In order to ensure that similar responses were grouped together, the two categories 'a lot' and 'quite a bit' were combined in the first category and 'very little' and 'not at all' were grouped into the third category.

Table 1: Impact of mental health symptoms by duration of Grow Membership (n=124)

	<1 year	1-5 years	6 years+	Total
A lot or quite a bit	58% (22)	35% (16)	18% (7)	36% (45)
Somewhat	24% (9)	37% (17)	48% (19)	36% (45)
Very little or not at all	18% (7)	28% (13)	35% (14)	27% (34)
Total	**100% (38)**	**100% (46)**	**100% (40)**	**100% (124)**

X^2 (4, n=124) = 0.0078, p<0.05[27]

Coping with mental health or emotional well-being

Table 2 presents the results on the extent to which respondents are coping with their mental health or emotional well-being by duration of Grow membership.

Table 2: Coping with mental or emotional well-being by duration of Grow Membership (n=125)

	<1 year	1-5 years	6 years+	Total
Not well at all or not very well[28]	23% (9)	7% (3)	5% (2)	11% (14)
Alright	54% (21)	57% (26)	43% (17)	51% (64)
Well	13% (5)	24% (11)	40% (16)	26% (32)
Very well	10% (4)	13% (6)	13% (5)	12% (15)
Total	**100% (39)**	**100% (46)**	**100% (40)**	**100% (125)**

X^2 (6, n=125) = 0.0295, p<0.05

Table 2 shows that respondents who have been attending Grow for six years or more were significantly more likely to report that they were coping well with their emotional well-being on a day to day basis, 40% (16), compared to just 13% (5) attending for less than one year. Similarly, those attending for less than one year were significantly more likely to say they

[27] The Chi-square test of statistical significance (X^2) was run for this result to see if the variation in the percentages by duration of GROW membership were likely to be due to chance factors or a real difference. The Chi-square statistic of 0.0078 is based on the difference between the expected and observed values and was statistically significant at the widely accepted probability (p) level of 0.05 (95%). The Chi-square notation also states the degrees of freedom (4) and total number of respondents (n=124) in brackets.

[28] This category is a combination of 'not well' and 'not very well' from the original question to minimise the number of cells with 5 cases or less.

were not coping well, 23% (9), compared to just 5% (2) of those who had been Members for six years or more. The percentage of respondents saying 'very well' is similar for each duration of Grow membership. Nevertheless, the percentage differences in the other categories are large enough to give a statistically significant result. Therefore, it can be concluded that longer term Grow Members were significantly more likely to report that they were coping better with their mental or emotional well-being compared to shorter term members.

Relapse of mental health symptoms

Table 3 presents the results on respondents' last relapse of mental health symptoms by duration of Grow membership. It shows that longer term Grow Members were significantly less likely to have had a relapse in the last year compared to relatively newer Members. For example, 58% (23) of those attending Grow for six years or more did *not* have a relapse in the last year compared to 16% (6) of those attending Grow for less than one year. Conversely, 34% (13) of respondents attending Grow for less than one year reported having a relapse in the last month compared to 15% (6) of those attending Grow for six or more years. The Chi-square statistic shows that there is a significant difference whereby longer term Grow Members were less likely to have had a relapse in the last year compared to relatively newer Members.

Table 3: Relapse of mental health symptoms by duration of Grow Membership (n=124)

	<1 year	1-5 years	6 years+	Total
Within the last month	34% (13)	11% (5)	15% (6)	19% (24)
In the last 2-6 months	34% (13)	30% (14)	25% (10)	30% (37)
In the last 7-12 months	16% (6)	17% (8)	3% (1)	12% (15)
I haven't had relapse in the last year	16% (6)	41% (19)	58% (23)	39% (48)
Total	**100% (38)**	**100% (46)**	**100% (40)**	**100% (124)**

X^2 (6, n=124) = 0.0023, p<0.05

Recent hospitalisation for mental health symptoms

Table 4 presents the results on respondents' most recent hospitalisation by duration of Grow membership.[29]

Table 4: Most recent hospitalisation by duration of Grow Membership (n=124)

	<1 year	1-5 years	6 years+	Total
Within the last year	16% (6)	15% (7)	0% (0)	10% (13)
I have not been hospitalised in the last year	32% (12)	32% (15)	58% (23)	40% (50)
Never	51% (19)	53% (25)	43% (17)	49% (61)
Total	**100% (37)**	**100% (47)**	**100% (40)**	**100% (124)**

X^2 (4, n=124) = 0.0254, p<0.05

Table 4 shows that longer term Grow members (six years or more) were significantly less likely to be hospitalised in the last year (0%) compared to those attending for less than one year (16%). Conversely, the response for *not* being hospitalised in the last year was significantly higher for respondents who had been attending for six years or more, 58% (23), compared to 32% (12) of those attending for less than one year. Although, a higher percentage of respondents attending for less than one year had never been hospitalised, 51% (19), compared to 43% (17) of those attending for six years or more, the percentage difference is greater for the other two categories (hospitalised in the last year and have not been hospitalised in the last year).

So, to summarise, the analysis carried out using the Chi-square statistic shows that longer term Grow membership is significantly associated with some of the more positive mental health recovery outcomes. In particular, respondents who were Grow Members for six years or more were *significantly less likely* to report being adversely affected by their mental health symptoms and experience a relapse in the last year. While longer term Grow Members were found to be *significantly more likely* to say they were coping well with their mental health and emotional well-being and not to have been hospitalised in the last year. While a causal relationship between participation in Grow and more favourable mental health outcomes cannot be established, there are clear indications that longer term Grow attendance may have positive benefits for the mental health recovery of many Grow Members.

Before finishing this report, some analysis was done to see if the four personal outcomes discussed above were related to the Covid-19 score given by respondents.

[29] In order to have an adequate number of cases in each cell to run the Chi-square test, the original three categories of being hospitalised in the last month, last 4-6 months and last 7-12 months were combined to make the new category 'within the last year'. The survey question had a response category for last 2-3 months but no respondents selected it.

Selected recovery outcomes by Covid-19 impact

Some further work was carried out to see if recovery outcomes were better for those who said they were least affected by Covid-19 restrictions. This involved the four recovery outcomes explored in the previous section:

- impact of mental health symptoms
- coping with mental health or emotional well-being
- last relapse of mental health symptoms, and
- recent hospitalisation for mental health symptoms

The Chi-square statistic was also run here to see if any association found was statistically significant.[30] Overall, there was a trend whereby those who gave a low rating for Covid-19 impact were more likely to report being less affected by their mental health symptoms, coping well with their emotional well-being, less likely to have a relapse of mental health symptoms or have been hospitalised in the last year.[31] Table 5 shows the results for impact of mental health symptoms.

Table 5: Impact of mental health symptoms by Covid-19 rating (n=123)

	Covid-19 rating			
Impact of mental health symptoms	Low	Medium	High	Total
A lot or quite a bit	21% (9)	33% (15)	60% (21)	37% (45)
Somewhat	45% (19)	43% (20)	20% (7)	37% (46)
Very little or not at all	33% (14)	24% (11)	20% (7)	26% (32)
Total	**100% (42)**	**100% (46)**	**100% (35)**	**100% (123)**

X^2 (4, n=123) = 0.00912, p<0.05

Table 5 shows that 21% (9) of respondents who gave a low Covid-19 rating reported being affected a lot or quite a bit by their mental health symptoms, which was almost three times lower than those who gave a high Covid-19 rating, 60% (21). Similarly, 33% (14) of those who gave a low Covid-19 rating said they were affected very little or not at all by their mental health symptoms compared to 20% (7) of those who gave a high Covid-19 rating. This result is not surprising as those who felt more negatively impacted by Covid-19 are

[30] The categories for the Covid-19 impact score was reduced from 5 to 3 in order to minimise the number of cells with 5 or less cases. So, where respondents gave a rating of 1 or 2, this was deemed 'low', a rating of 3 was deemed 'medium' and a rating of 4 or 5 was deemed 'high'. The scoring used in the question was 1 = not much to 5 = very negative.

[31] These results were statistically significant for all four outcomes except for last relapse of mental health symptoms, which at X^2 = 0.0979 could be deemed to be of borderline significance (being slightly higher than the widely accepted p level of 0.05). Nevertheless, the same trend still held for last relapse based on the percentage results.

likely to experience more severe mental health symptoms. It is interesting that the data supports this contention amongst Grow Members who responded to the survey.

Conclusions

This report has presented the main findings from the Grow National Survey 2020. It gives an insight into the socio-demographic characteristics of the 132 Members who took part. It also provides some understanding of the nature of their mental health needs and views on Grow.

Anxiety was found to be the most common mental health need identified by more than half of all respondents (63%). The key life events that were reported to contribute to their mental health need were childhood experiences and work/employment. The survey data also contributes to a better understanding of what aspects of Grow were deemed to be most beneficial to Members. Peer support was followed by weekly meetings.

The survey findings also shed some light on the differences in life chances experienced by Members compared to the national population. In particular, almost one third (31%) of respondents were currently engaged in employment, which was far less than in the national population (53%) based on Census data.

Data on recovery outcomes gave a valuable insight into the well-being of respondents at the time of completing the survey. Overall, results were fairly positive with more than two thirds of Members reporting that they received social support from their spouse/partner, family and friends and a minority of just over 1 in 10 being hospitalised due to mental health reasons in the last year. However, 62% of Members said that they had experienced a relapse within the last year, which shows the cyclical nature of mental wellness and mental illness. Furthermore, the incidence of having a relapse in the last year increased from 49% in 2019 to 62% in 2020, which was found to be linked to the impact of the Covid-19 pandemic. In relation to how Grow has contributed to positive mental health, almost 8 out of 10 of respondents said that going to Grow meetings helped ‘quite a lot’ or ‘very much’ to cope with everyday life.

The results to the question on the STORI classification, a five stage mental health recovery framework developed by Australian researchers, showed that 5 out of 10 respondents chose the two highest levels of recovery in the STORI framework, Rebuilding and Growth, to represent their current outlook on life. Furthermore, respondents who were Grow Members for a longer period of time (six years or more) were significantly less likely to have had a relapse in their mental health symptoms in the last year or to have been hospitalised for mental health reasons during this time. These results indicate that Members attending Grow for a relatively long period of time were more likely to report more positive outcomes compared to newer Members. This requires further exploration to gain a better understanding of this and to help establish the possible reasons. For now, it is clear that Grow has an important role to play in contributing to the positive mental health of its Members.

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GROW in Ireland National Survey 2020

Please answer the following questions – your feedback is important to GROW. All the data is anonymous and confidential.

Background characteristics

1. Are you…. Male ☐ Female ☐ Other ☐

2. How old are you? 24 years or less ☐ 25 to 34 ☐ 35 to 44 ☐ 45 to 54 ☐ 55 to 64 ☐ 65-74 ☐ 75+ years ☐

3. Would you describe the area you live in as: Urban ☐ Suburban ☐ Rural ☐

4. What is your current status? At work ☐ Retired ☐
Looking after home/family ☐ Volunteering ☐ Student ☐
Seeking employment ☐ Not working due to illness/disability ☐
Training course ☐ Other ☐ (specify) _____

Engagement with GROW

5. Region of GROW Group: East ☐ North East ☐ Midlands ☐ Midwest ☐ West ☐ South East ☐ South ☐ North West ☐
or National ☐ (New online group after Intro to GROW)

6. Which form of GROW meeting are you currently attending?
Face to face (in person) ☐ Online (Zoom) ☐ Not attending at present ☐

7. If not attending GROW meetings at present, why not?
_____

8. How long have you been attending GROW meetings?
less than 6 months ☐ 6 months to less than 1 year ☐
1 to 5 years ☐ 6 to 10 years ☐ more than 10 years ☐

9. In the last 3 months did you attend a GROW meeting…….?
Once a week ☐ Every 2 weeks ☐ Once a month ☐ Less than once a month ☐

10. What is your role in GROW? *(tick as many that apply)*
Member ☐ Recorder ☐ Organiser ☐ Leader ☐
Regional team member ☐ Board member ☐ Staff ☐

Engagement with other services and views on GROW

11. Who referred you to Grow? GP ☐ Psychologist ☐ Psychiatrist ☐ Counsellor (HSE) ☐ Counsellor (Private) ☐ No-one (self-referral) ☐ Other professional (specify) _____

12. At the moment are you engaging with any of the following?
GP ☐ Psychologist ☐ Psychiatrist ☐ Counsellor ☐
Support group (other than GROW) ☐ *specify* _____
Other ☐ (specify) _____ None of the above ☐

13. How would you define your mental health need? *(tick one)*
Anxiety ☐ Depression ☐ Obsessive Compulsive Disorder ☐
Post-traumatic Stress Disorder ☐ Bipolar Disorder ☐
Schizophrenia ☐ Personality Disorder ☐ Eating disorder ☐
None ☐ Other ☐ (specify) _____

14. Did any of the following contribute to your mental health need?
Separation/divorce ☐ Poor relationships with family ☐
Bereavement ☐ Redundancy ☐ Relationship breakdown ☐
Childhood experience ☐ Work/employment ☐ Physical illness ☐
None of the above ☐ Other ☐ (specify) _____

15. What do you find <u>most</u> beneficial about GROW? *(tick up to 3)*
Structured program ☐ Reading material ☐ Peer support ☐
Practical tasks/goals ☐ Social events ☐ Weekly meetings ☐
Meeting other people ☐ Learn new skills ☐ Other ☐ (specify)
_____

16. What could be better about GROW?
_____
_____
_____

Please turn over

Outcomes

17. On a scale of 1 to 5, what impact has COVID-19 had on your mental health? *(1=not much to 5=very negative or 0=none)* _____

18. What have been the main issues for you during this time?

_____

_____

19. In the past 3 months, I have come up with……..

No personal goals ☐ | A goal but have not done anything to achieve it ☐ | A goal and made a little way towards achieving it ☐

A goal and have gotten pretty far in achieving it ☐ | A goal and have achieved it ☐

20. How much are family members, friends, spouse/partner and other people who are important to you (outside of GROW) involved in your recovery?

Not at all ☐ | Only when there is a serious problem ☐ | Sometimes, like when things are starting to go badly ☐

Much of the time ☐ | A lot of the time, they really help me with my recovery ☐

21. How much do your symptoms get in the way of you doing things that you would like to or need to do?

Really get in my way a lot ☐ | Get in my way quite a bit ☐ | Get in my way somewhat ☐

Get in my way very little ☐ | Don't get in my way at all ☐

22. How well are you coping with your mental or emotional well-being from day to day?

Not well at all ☐ | Not very well ☐ | Alright ☐ | Well ☐ | Very well ☐

23. To what extent has going to GROW meetings contributed to being able to cope with day to day life?

Not at all ☐ | Not that much ☐ | Somewhat ☐

Quite a lot ☐ | Very much ☐

24. When was the last time you had a relapse of symptoms (that is, when your symptoms had gotten much worse)?

Within the last month ☐ | In the last 2-3 months ☐ | In the last 4-6 months ☐

In the last 7-12 months ☐ | I haven't had a relapse in the last year ☐

25. When were you last hospitalised for mental health reasons?

Within the last month ☐ | In the last 2-3 months ☐ | In the last 4-6 months ☐ | In the last 7-12 months ☐

Haven't been hospitalised in the last year ☐ | Never ☐

26. Have you the opportunity to be involved in community activities and events outside of GROW?

I have no opportunity ☐ | Occasionally I have the opportunity ☐ | Yes but I am not interested ☐

I am interested in community activities but have not participated in the last year ☐ | I participate in community activities/events regularly ☐

27. Do you take regular physical exercise?

Never ☐ | Occasionally ☐ | Once a week ☐ | 2-3 times a week ☐ | Nearly every day ☐

28. Which <u>one</u> of the following best describes your outlook on life?

I feel that it is a time of withdrawal characterised by a profound sense of loss and hopelessness ☐

I realise that all is not lost and that a fulfilling life is possible ☐

I am taking stock of my strengths and weaknesses regarding recovery and starting to work on developing recovery skills ☐

I am actively working towards a positive identity, setting meaningful goals and taking control of my life ☐

I am living a full and meaningful life characterised by self-management of symptoms, resilience and a positive sense of self ☐

29. Do you feel optimistic about the future?

No ☐ | Rarely optimistic ☐ | Somewhat optimistic ☐

Often feel optimistic ☐ | Very optimistic ☐

Thank you for your participation