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Grow National Survey 2021

Report on Recovery Outcomes in Mental Health

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Contents

Summary of findings

This report presents the data findings from Grow's National Survey 2021. Surveys were completed by 106 Members using Survey Monkey or returned by post between November 2021 and January 2022. 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 66% (70) female and 34% (36) male. In terms of age, one half of participants were in the middle age categories: 26% (27) aged 45-54 years old; and 25% (26) aged 55-64 years old. Respondents came from all regions around the country. Over one third of participants, 39% (41), were currently working, while another 20% (21) 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, 41% (43), followed by a Psychiatrist, 29% (31). Anxiety and depression were the two most common mental health needs reported by participants, 61% (65) and 45% (48) respectively. When asked what factors contributed to their mental health need, respondents were most likely to say childhood experience (47%), followed by poor relationships with family (32%) and bereavement (31%). Other issues included relationship breakdown (27%), work/employment (19%) and separation/divorce (19%).

When asked to rate the impact of Covid-19 restrictions on their mental health, just over one half, 52% (50), said it had a medium effect (giving a score of 2 or 3 out of 5).[1] However, almost one third of members, 32% (30), gave a negative rating (score of 4 or 5). The main issues identified were loneliness/isolation, lack of social contact/interaction, e.g. being unable to visit family and friends, and anxiety/fear of the future.

Eight out of 10 respondents, 82% (86), were attending a Grow group on a weekly basis. Just over one half of participants, 57% (59) were going to face to face meetings while 38% (40) were attending online meetings. The remaining 5% (5) were not currently attending at present.[2] The majority of participants were Grow Members for a number of years – 36% (37) for 1-5 years and a further 22% (23) for more than 10 years.[3] In relation to their role in

[1] This question was answered by 96 respondents.
[2] The results on current attendance were based on 104 respondents.
[3] These results were based on 104 respondents.

Grow, 68% (72) were Members while others held a particular role, e.g. Recorder, Organiser. Almost three quarters, 73% (76) of respondents self-referred to Grow while 13% (13) 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 and weekly meetings, both at 62%, along with meeting other people (49%), structured program (45%) and practical tasks/goals (43%). Suggestions put forward as to how Grow could be better included a higher number of group members, e.g. younger, newer members, more 12 Step Work/social events and a greater public profile for Grow.[4]

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 (one year or more) tended to report more positive outcomes compared to those who had been attending for less than one year. In particular, in relation to the extent to which attending Grow helped to cope with everyday life, last relapse of mental health symptoms and participation in community activities/events, 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 had more positive personal outcomes compared to those more severely impacted by such restrictions.

[4] These suggestions were made by 45 respondents.

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 support 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 98 support groups holding weekly meetings.[5] 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 November 2021 and January 2022. It comprised a National Survey, which has been conducted on an annual basis over the last seven 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 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)[6] 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[7] 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.

[5] In Quarter 2 2022, there were 62 Community Groups holding face to face meetings, 31 Online groups and 5 Other groups (3 Day Centre, one Prison and one Special Group).
[6] 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 August, 2022).
[7] 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 August, 2022).

It adopts the definition of recovery set out in The National Framework for Recovery in Mental Health, 2018-2020 (HSE, 2017)[8] 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.

[8] See *https://www.hse.ie/eng/services/list/4/mental-health-services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/* (accessed 15th August, 2022).

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 2021. This will be reflected in the results and findings in the rest of this report.

Methodology

This section explores how the Grow National Survey 2021 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 2021 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 2021, an average of 459 individuals were attending Grow meetings.[9] The number of completed National Surveys was 106. Therefore, an estimate for the overall response rate is 23%, which fell from 34% in 2020. Despite this decrease, given the circumstances at the time, almost one quarter is still a reasonably good response rate.

Steps in data collection

Surveys were largely administered through Survey Monkey between November 2021 and January 2022. At this time, both face to face and online meetings were taking place in Community Groups and Online Groups. 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 3 respondents while the remaining 103 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 provided basic information on respondents' views of their mental health at one single point in time. Therefore, it gave 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 were anonymous.
- Compared to 2020, the number of respondents fell from 132 to 106, a decrease of 20% (26). However, given the transition to online groups earlier in the year and the return of former Community Groups from July 2021 onwards, this is still a reasonable response.

[9] This figure is based on the National report for Quarter 4, 2021. 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.

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.[10] The discussion of any relationships between variables in this report focus on consistent patterns in the results that emerged from data analysis.

[10] 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 11th July, 2022)

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.

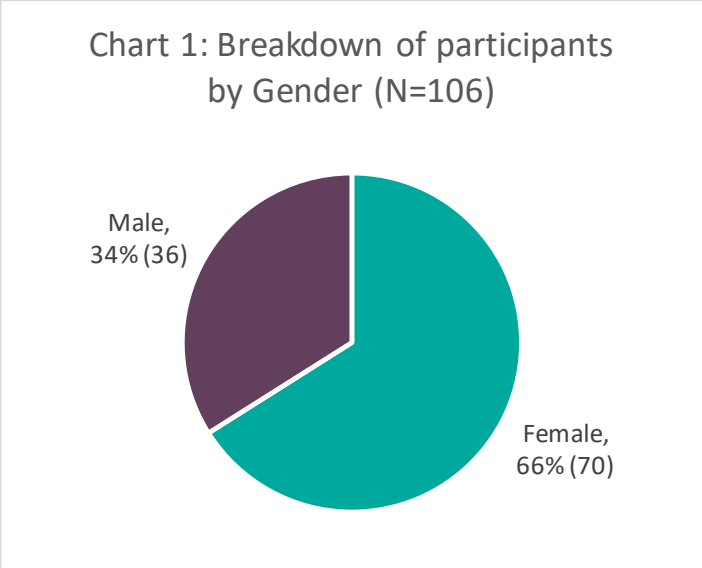
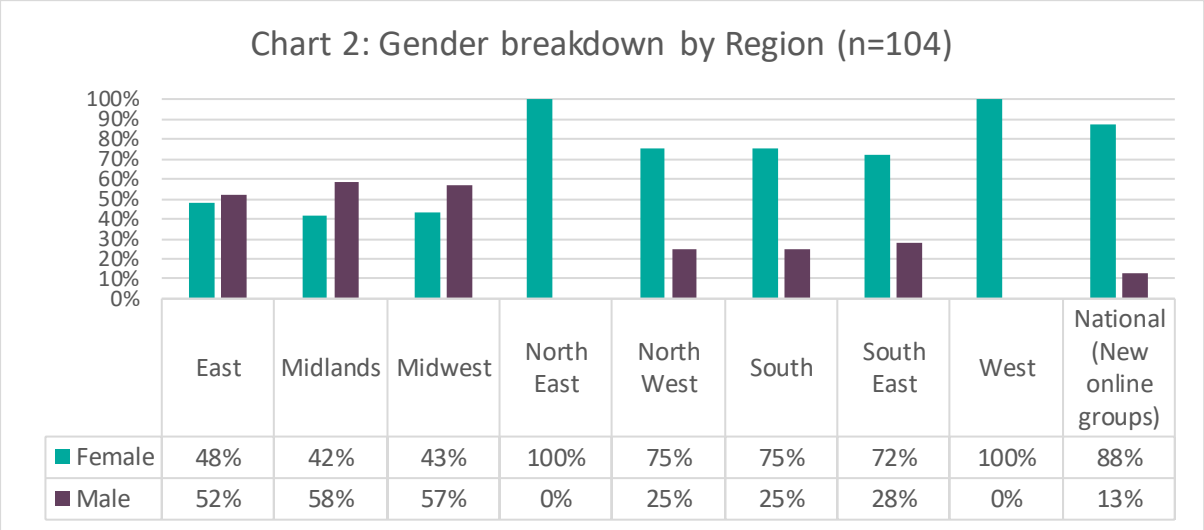


Chart 1 shows that two thirds of respondents were female, 66% (70) and 34% (36) were male.

Compared to 2020, the proportion of females increased from 61% to 66% in 2021. The higher proportion of female survey respondents compared to males reflected the national gender breakdown across all Grow groups in December 2021 of 58% female and 42% male.

Chart 2 shows the gender breakdown for survey participants in each Grow region. Four regions had a higher proportion of female respondents compared to males: North West; South; South East; and National new online groups, which recorded a female response rate of 88%.[11] In the North East and West, all survey participants were female. By contrast, three regions had a higher proportion of male respondents compared to females: East; Midlands; and Midwest. Chart 2 is based on a total of 104 respondents as data for region were missing for two participants.

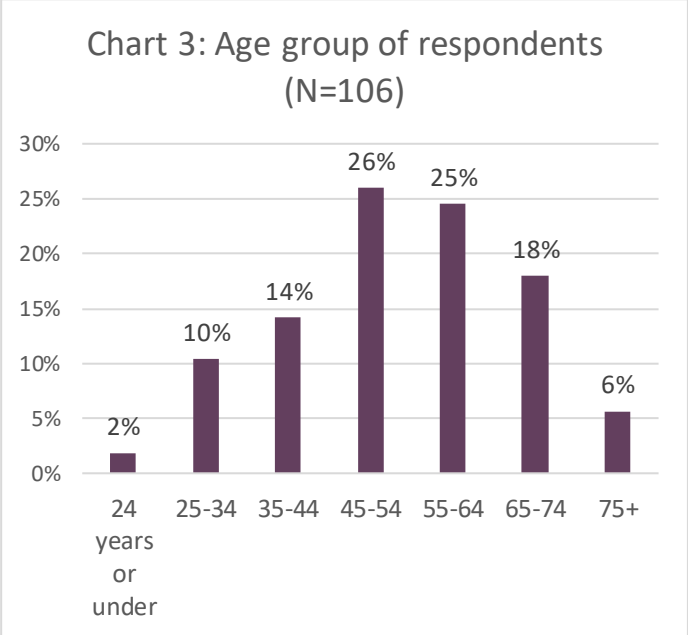
[11] The National new online groups were set up for newcomers to Grow who sent in an enquiry on the Grow website to join a Grow group. These groups held all meetings online using Zoom. By the end of 2021, there were 20 National new online groups. As members could come from more than one region, they were given a National remit.



	East	Midlands	Midwest	North East	North West	South	South East	West	National (New online groups)
Female	48%	42%	43%	100%	75%	75%	72%	100%	88%
Male	52%	58%	57%	0%	25%	25%	28%	0%	13%

Age

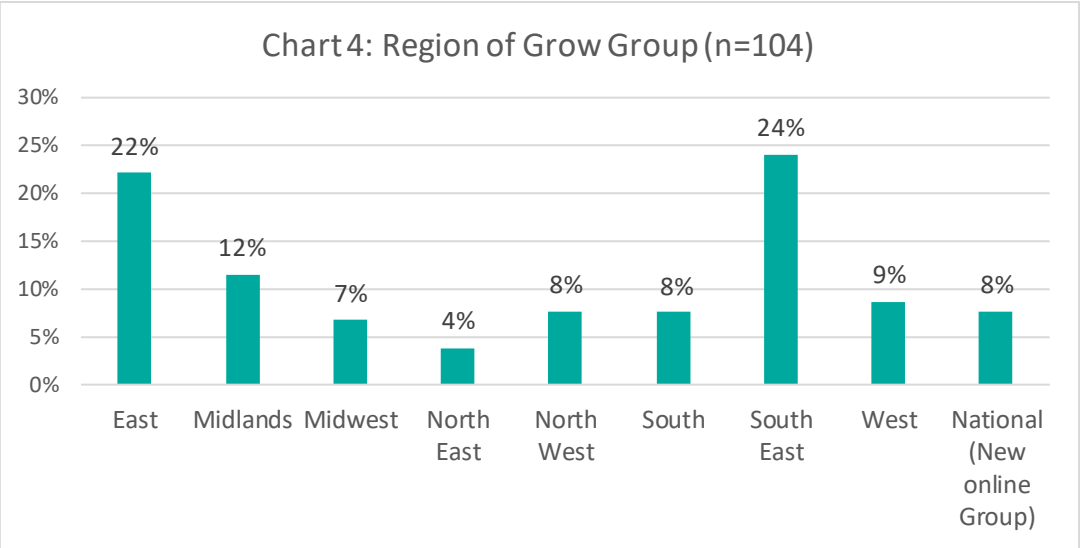
Chart 3 shows that respondents were most likely to be aged 45-54 years old, 26% (27), followed by 55-64 years old, 25% (26). Therefore, respondents were most likely to be in the middle age categories. This was similar to the national age breakdown across all Grow groups in December 2021, whereby 54% of attendees were aged 45-64 years old.



Compared to 2020, the proportion of respondents aged 45-64 was similar – 53% in 2020 and 51% in 2021. While those aged 25-34 years increased from 5% in 2020 to 10% in 2021. 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 4% (4) in the North East to 24% (25) in the South East. After the South East, the next highest percentage of respondents came from the East, 22% (23) followed by the Midlands, 12% (12). Almost one in ten respondents, 8% (8), came from the National new online groups. Data on region of Grow group was missing for two 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:

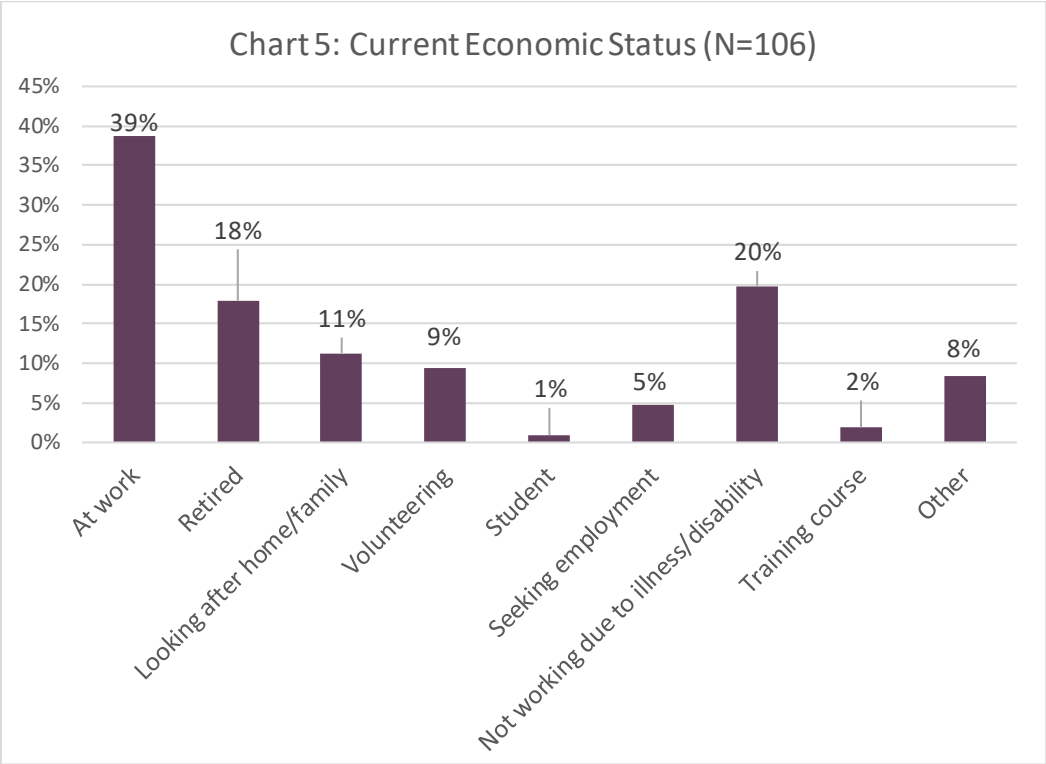
- 43% (43) lived in an urban area
- 31% (31) in a suburban area, and
- 25% (25) in a rural location.

Therefore, there were a higher number of respondents from towns/cities and surrounding suburban areas (74%) compared to rural locations around the country (25%). Data was missing for seven respondents.

Compared to 2020, the proportion of those living in a rural location fell from 47% to 25% in 2021. While those living in an urban area increased from 22% to 43% in 2021.

Current economic status

Chart 5 presents the findings on the current economic status for survey respondents. It shows that more than one third of respondents, 39% (41), were at work, followed by 20% (21) who were not working due to illness or disability. A further 18% (19) were retired. Compared to the previous year 2020, the proportion of respondents at work increased from 31% to 39% in 2021. While those not working due to illness or disability rose slightly from 17% to 20% in 2021.



Comparison with Census of Population 2016

It is interesting to draw some comparisons with data from the Census of Population 2016.[12] Two key findings are of particular note:

- 53% of people aged 15 years and over were 'at work' based on the Census data[13] – the figure from the Grow survey is much lower at 39% (although it increased from 31% in 2020)
- 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 20%, which is five times the figure for the national population.[14]

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

[12] It is acknowledged that the survey data and Census data have been collected at different times – 2021 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 preliminary results published for Census 2022 to date do not include Principal Economic Status, which is why the results for 2016 were used for comparison here.

[13] 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 12th July, 2022)

[14] 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 12th July, 2022)

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.[15]

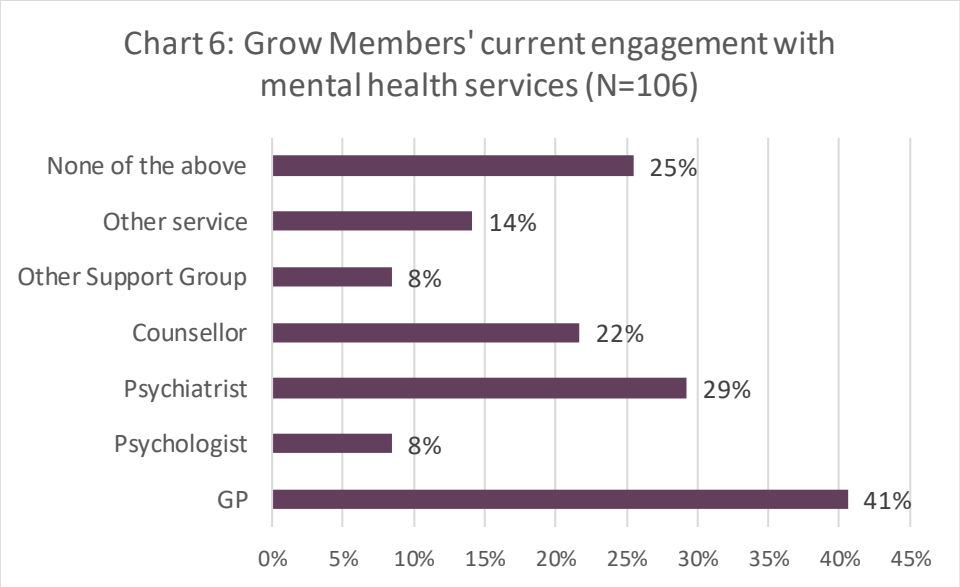


Chart 6 shows that respondents were most likely to be engaging with their GP, 41% (43), followed by a Psychiatrist, 29% (31). Just over one quarter of respondents, 22% (23), were seeing a Counsellor, while a further 8% (9) were engaged with a Psychologist. Just under one in ten respondents, 8% (9), were attending a support group other than Grow. These included Aware, Alcoholics Anonymous and other local support services. One quarter of respondents, 25% (27), were not engaging with any of these mental health service. Compared to last year, the results were very similar.

[15] 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. [16]

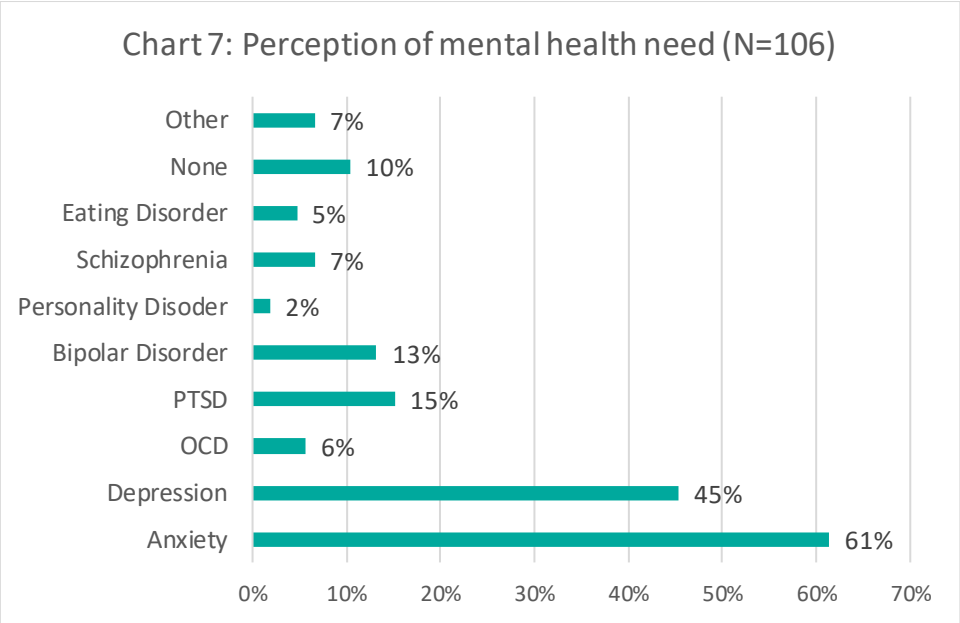


Chart 7 shows that 61% (65) of respondents reported having anxiety, followed by 45% (48) who were experiencing depression. Anxiety and depression were the two most common mental health needs. In addition, 15% (16) of the respondents had Post-traumatic Stress Disorder while Bipolar Disorder was reported by 13% (14) of the respondents. A further 7% (7) of respondents said they had other types of mental health needs. These included low mood, bereavement, loneliness and lack of confidence – some of these are considered in the next section on contributors to mental health need.

Compared to 2020, the percentage of respondents with anxiety was similar – 63% in 2020 and 61% in 2021. While those who reported having depression fell from 53% in 2020 to 45% in 2021. The remaining results were similar. It is not surprising that anxiety and depression were 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%*".[17] Therefore, it is widely prevalent in the general population.

[16] In some cases, respondents gave more than one response. Therefore, Chart 7 adds up to more than 100%.
[17] 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 12th July, 2022.

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.[18]

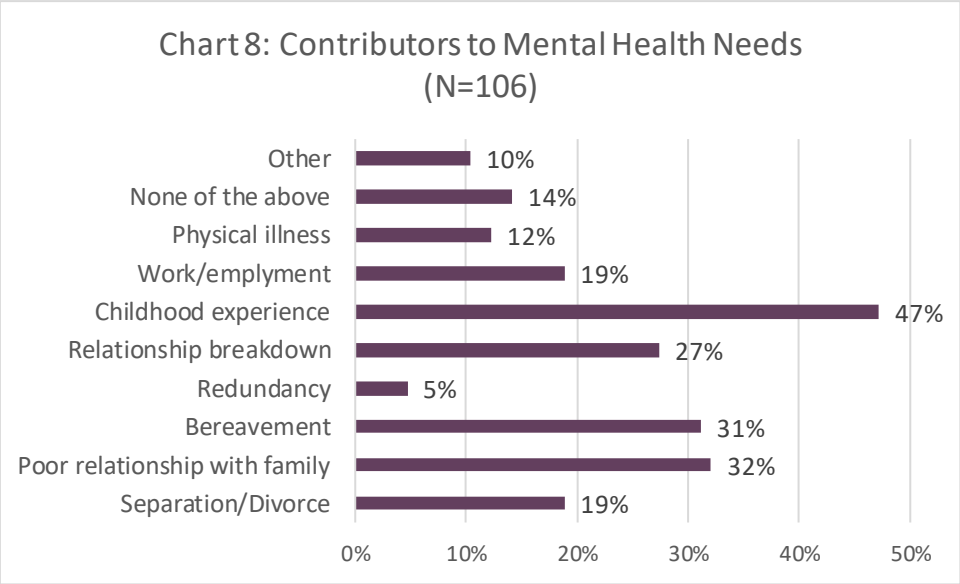


Chart 8 shows that the highest contributor to mental health need was childhood experience, 47% (50), which was followed by poor relationship with family, 32% (34) and bereavement, 31% (33). Other life events that also affected respondents' mental health include relationship breakdown, 27% (29), work/employment, 19% (20) and separation/divorce 19% (20). Just over one in ten respondents, 14% (15), said that none of these factors contributed to their mental health need. One in ten respondents, 10% (11), chose the 'other' category, which included anxiety about Covid-19, post-natal depression, addiction, gender and financial issues.

Compared to 2020, the results for 2021 indicate an increase in several contributory factors:

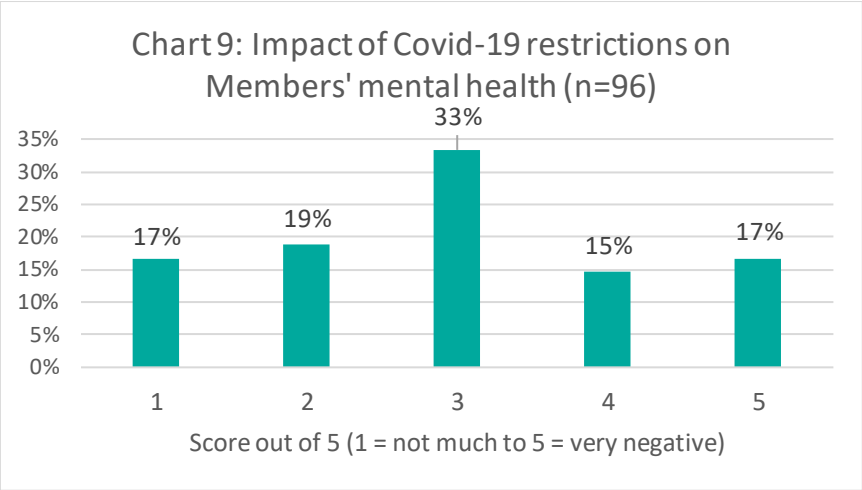
- childhood experience – from 42% to 47% in 2021;
- bereavement – from 20% to 31% in 2021;
- relationship breakdown – from 17% to 27% in 2021; and
- poor relationship with family – from 27% to 32% in 2021.

While there was a decrease in issues to do with work/employment from 30% to 19% in 2021. The extent to which some of these factors were 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.

[18] In some cases, respondents gave more than one response. Therefore, Chart 8 adds up to more than 100%.

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

A question was asked in the 2021 National Survey on the impact of Covid-19 restrictions to establish the extent to which Grow Members' mental health was affected. The same question was also asked in the 2020 National Survey. 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 33% (32) giving a score of 3 out of 5. However, almost one third of members, 32% (30), gave a rating of 4 or 5, which indicated that restrictions had a negative or very negative impact on their mental health. Compared to the survey in 2020, the results were similar.

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 latter cases was relatively small (n=5). 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 (26)
- lack of social contact/interaction, e.g. family, friends (17)
- anxiety/fear (11)
- missing face to face Grow meetings (7)
- cannot attend social events/restrict movements (6)
- keeping safe from Covid (6)
- depression (4)

It is clear that loneliness and isolation were the most common issues affecting respondents. This was followed by lack of social contact/interaction, e.g. with family/friends and anxiety/fear of the future.

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.

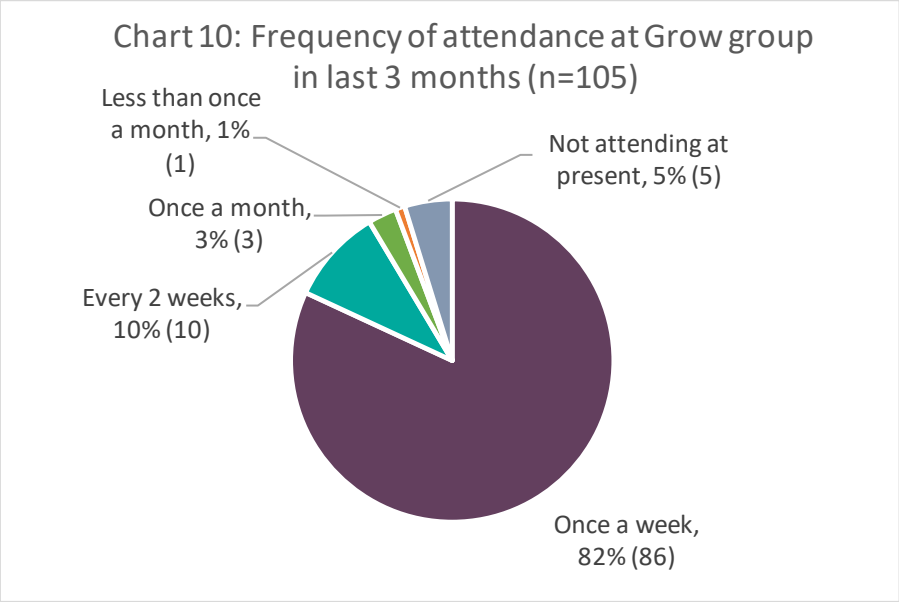


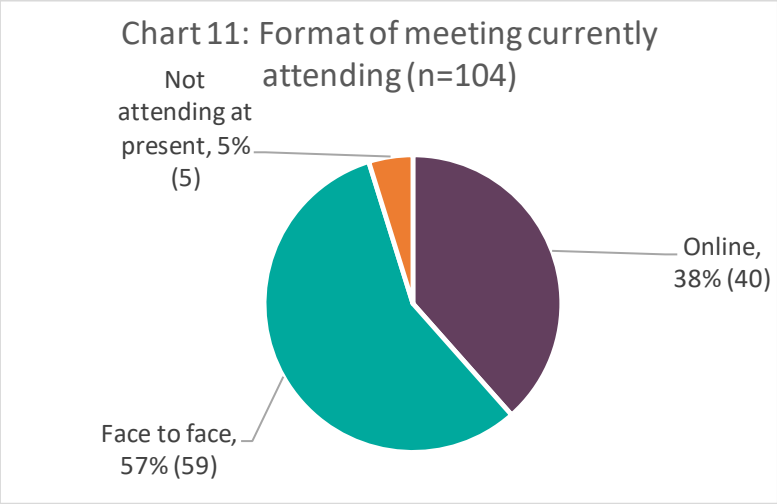
Chart 10 shows that more than 8 out of 10 respondents, 82% (86), attended a Grow group meeting every week in the last three months. Another 10% (10) attended every two weeks. Therefore, the majority of respondents (92%) attended Grow on a regular basis. A further 5% (5) said they were not attending a Grow group at present due to concerns about Covid or their Group had not yet returned to holding face to face meetings at the time of survey administration (November 2021 to January 2022). Although Grow meetings were taking place online, not all Members were able to access them. Data was missing for one respondent.

Compared to 2020, the percentage of respondents who attended Grow weekly increased from 69% to 82%, while those not currently attending fell from 15% to 5% in 2021. Results on the format of the meeting being attended by respondents is presented in the next section.

Grow meeting format

As already stated, there were a mix of online and face to face Grow meetings taking place at the time of survey administration. Chart 11 shows that 57% (59) of respondents were attending face to face meetings while 38% (40) were attending online meetings. The remaining 5% (5) were not attending a Grow meeting at the time of filling in the survey. Data was missing for two respondents.

Compared to the previous year 2020, at a time when most Grow meetings were taking place online, the proportion of respondents attending face to face meetings increased from 2% to 57% in 2021. This is likely to be attributed to the return of many former Community Groups to holding face to face meetings since July 2021.



Duration of Grow Membership

The length of time that respondents had 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.

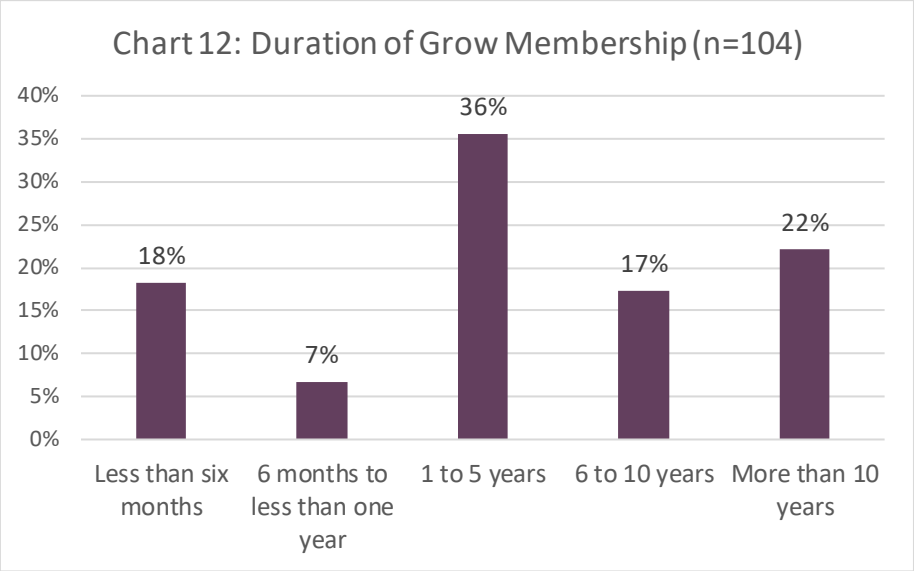


Chart 12 shows that respondents were most likely to have been Grow Members for between one to five years, 36% (37). This was followed by 22% (23) who had been members for more than 10 years. Based on these results, 7 out of 10 respondents were Grow Members for one year or more. While 25% (26) of respondents had attended for under one year and were relatively new to Grow – 18% for less than six months and 7% for between six months to less than one year. Data was missing for two respondents.

Compared to 2020, the proportion of Grow Members attending for less than one year fell slightly from 30% to 25% in 2021. While those who had been Members for 6 to 10 years increased from 11% to 17% in 2021.

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 – 68% (72)
- Recorder – 19% (20)
- Organiser – 13% (14)
- Leader – 2% (2)
- Regional team Member – 3% (3)
- Board Member – 1% (1)
- Staff – 2% (2)
- Other – 2% (2)

Therefore, almost seven out of ten respondents were Grow Members, which was followed by Recorders at 19% and then Organisers at 13%. As respondents could hold more than one role at the same time, the results add up to more than 100%.

Referral

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

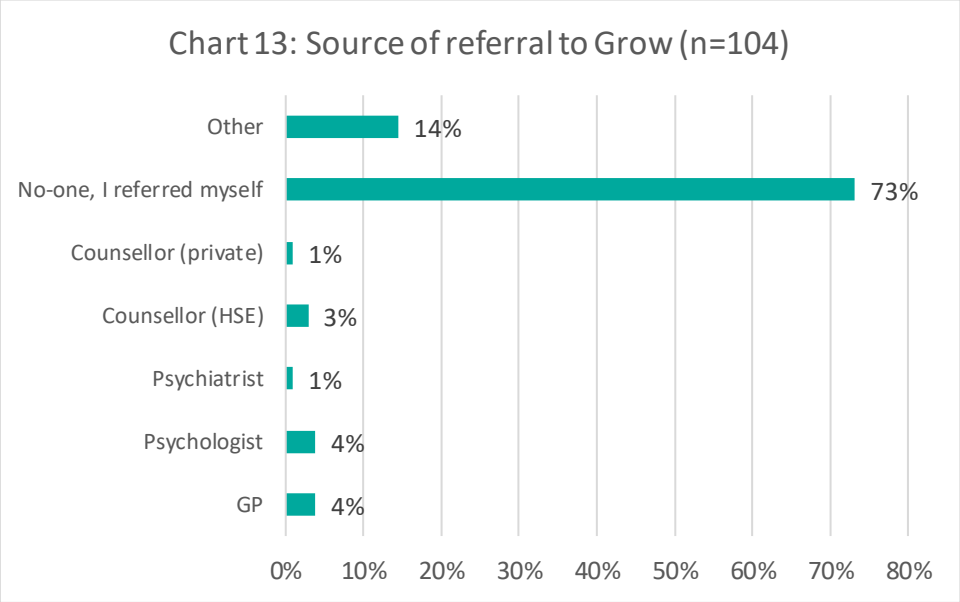


Chart 13 shows that almost three quarters of respondents, 73% (76), said they referred themselves to Grow. In addition, 13% (13), reported they were referred by a professional, most likely a GP or Psychologist (4% for each). Compared to 2020, the percentage of self-referrals increased from 57% to 73%, while referral by a professional fell from 20% to 13% in 2021.

Other sources of referral included a friend (4), nurse (3), family member (1), Grow newsletter (1), parish newsletter (1), and a volunteer in other community organisation (1).

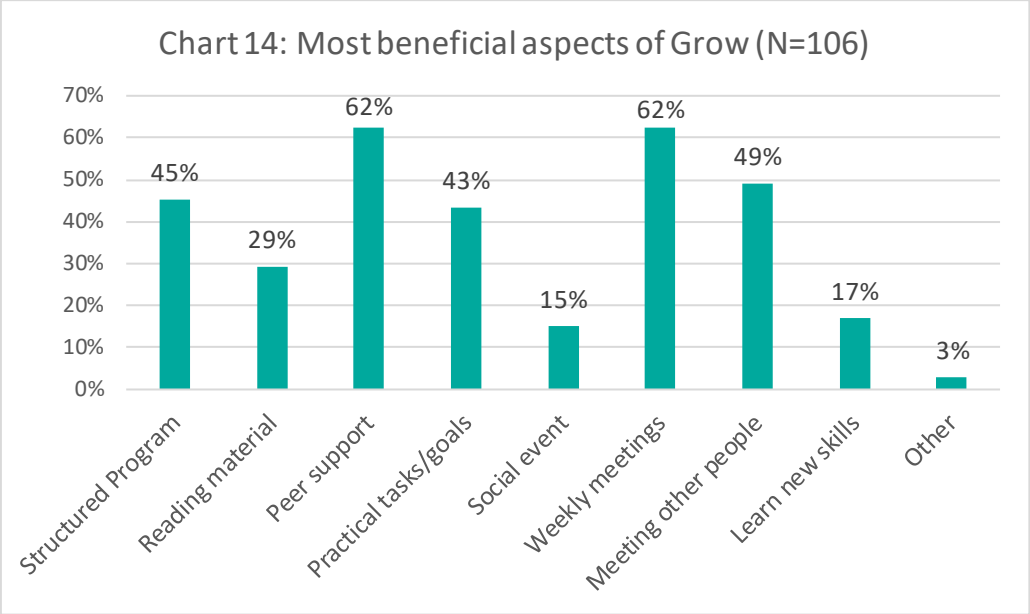
Views on Grow

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.[19]

[19] 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%.



The two benefits that were rated highest by respondents were peer support and weekly meetings, both at 62% (66), which was followed by meeting other people, 49% (52). Next came a structured program, 45% (48), and practical tasks/goals, 43% (46).

Compared to 2020, peer support remained one of the highest rated benefits of Grow, which fell slightly from 67% to 62% in 2021. While weekly meetings rose slightly from 58% to 62% in 2021. The benefit of meeting other people also increased from 41% to 49% in 2021. Social events increased from 9% to 15% in 2021.

What could be better about Grow?

Respondents were asked to say what could be better about Grow? Suggestions were made by 45 participants. The most popular comments were as follows:

- More group members/younger members/retain newcomers – 22% (10)
- More 12 Step work/social events for Members – 16% (7)
- More advertising/targeted advertising at young people – 13% (6)
- More interaction between groups – 4% (2)
- Meet twice a week – 4% (2)
- Start meetings on time – 4% (2)
- Tea breaks in meetings/shorter meetings – 4% (2)

Other ideas that were suggested in the survey by individual Members were as follows:

- Visit by a Counsellor at Groups
- Encourage former Growers to return (who left due to Covid-19)
- Educational courses on mental health
- Limit Group numbers to six
- Face to face meetings
- Better discipline – if someone is disruptive, ask them to leave

- Guide for new members
- Better knowledge of the Program amongst Members
- More reading material in Grow book
- More support/guidance/sign posting by Area Co-ordinator for Members
- Engage with secondary schools and colleges

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

"Members are doing the 12 Step Program even if they can't get to the meeting. To encourage Growers to come back to meetings."

"A beginner's guide covering information about which steps to tackle first, material to read, first interactions with a group etc."

"Keeping in touch during the week."

"At the moment our group is very small and could do with a few more members."

"Increase social interaction between different groups and regions. Broaden people's social circles."

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 2020. 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:

- 28% (27) said they had a personal goal and had achieved it
- 23% (23) said they had a personal goal and had gotten pretty far in achieving it
- 31% (30) said they had a personal goal and made a little way towards achieving it
- 4% (4) said they had a personal goal but had not done anything to achieve it, and
- 14% (14) said they had no personal goals.[20]

Therefore, just over one half of respondents, 51% (50), said they had a personal goal and had either achieved it or were near to achieving it. This increased from 45% in the previous year 2020. Almost one third of respondents, 31% (30), said they had a personal goal and had made a little progress in achieving it. While 4% (4) said they had a personal goal but had not done anything to achieve it. Finally, 14% (14) said they had no personal goal, which increased from 6% 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.

[20] These results were based on 98 respondents as data was missing for 8 cases.

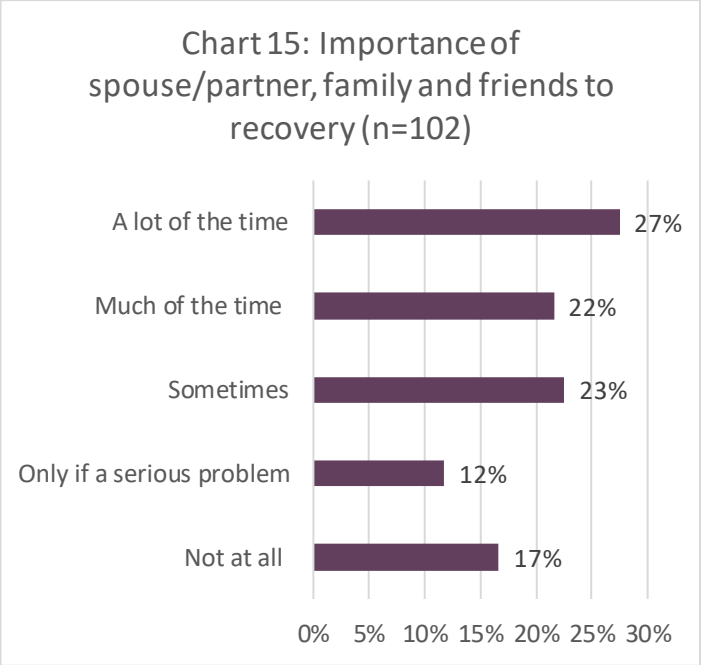


Chart 15 shows that almost three quarters of respondents, 72% (73), received social support – 49% (50) saying either a lot or much of the time (first two categories combined) and 23% (23) received support 'sometimes'. However, almost 2 in 10 respondents, 17% (17), said they did not receive such social support.

Compared to 2020, the percentage of respondents who received support a lot or much of the time increased from 44% to 49% in 2021, with those responding 'a lot of the time' rising from 23% to 27% in 2021. While those who said 'only if a serious problem' fell slightly from 14% to 12% in 2021. The other results were similar. Therefore, compared to 2020, respondents were more likely to receive such support in 2021.

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.

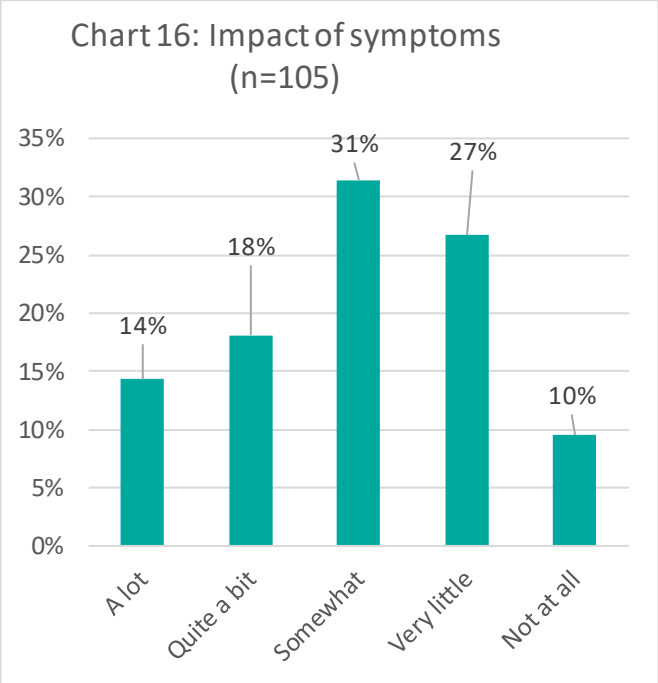
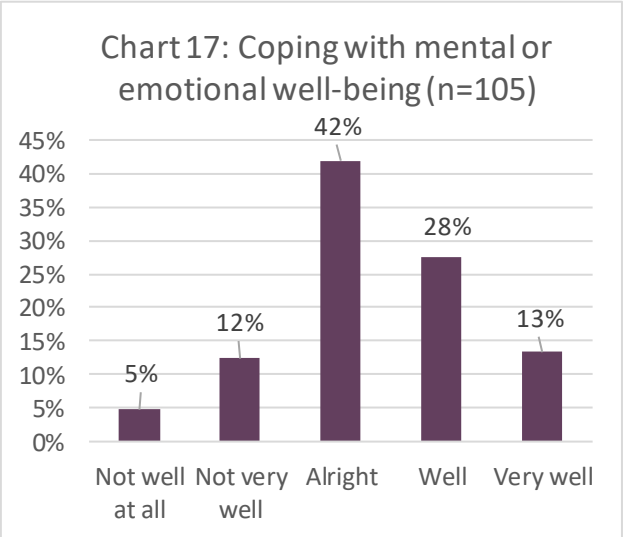


Chart 16 shows that respondents were most likely to say that their symptoms bothered them 'somewhat', 31% (33), which was followed by 'very little', 27% (28). Combining the first three categories shows that 63% (67) of respondents were affected by their symptoms, which fell from 74% in the previous year 2020. While those who said they were affected 'very little' increased from 18% in 2020 to 27% in 2021. One in ten respondents, 10% (10), said they were not affected at all by their symptoms, which was similar to 9% in 2020. Therefore, fewer respondents reported being affected by their mental health symptoms in 2021.

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 over one third of respondents, 42% (44), reported that they were coping 'alright' with their mental health or emotional well-being. A further 28% (29) said 'well' and 13% (14) said 'very well'. Almost 2 in 10 respondents reporting coping difficulties with 12% (13) saying 'not very well' and 5% (5) 'not well at all'.



Compared to 2020, the percentage of respondents who said they were coping 'alright' fell from 51% to 42%. Although those who reported 'well' increased slightly from 25% to 28%, the percentage who reported coping difficulties ('not well at all' or 'not very well') rose from 11% in 2020 to 17% in 2021.

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 fourth year that the question had been asked as it was a new question in the 2018 survey. The results are shown in Chart 18.

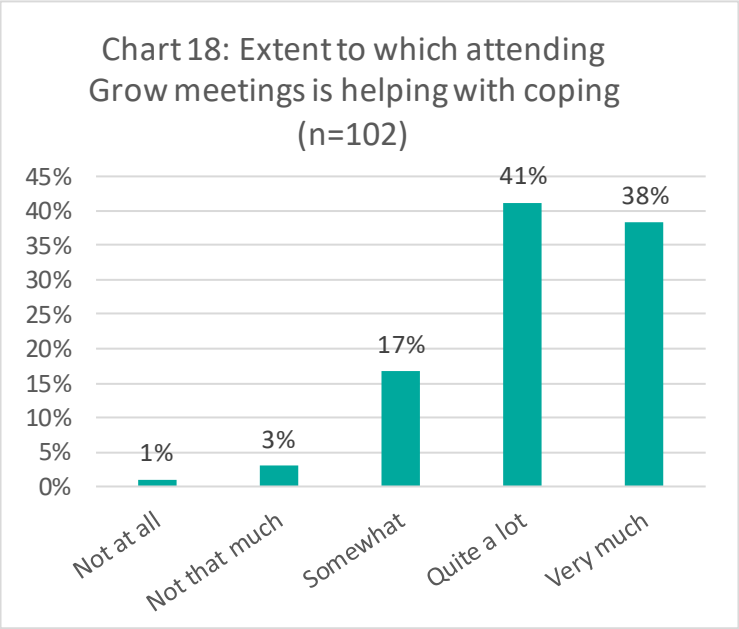


Chart 18 shows that most respondents said that attending Grow meetings helped them to cope with everyday life – 41% (42) saying 'quite a lot' and 38% (39) replied 'very much', which makes 79% in total. A further 17% (17) said it had helped 'somewhat'. Just 3% (3) said 'not that much' and 1% (1) 'not at all'.

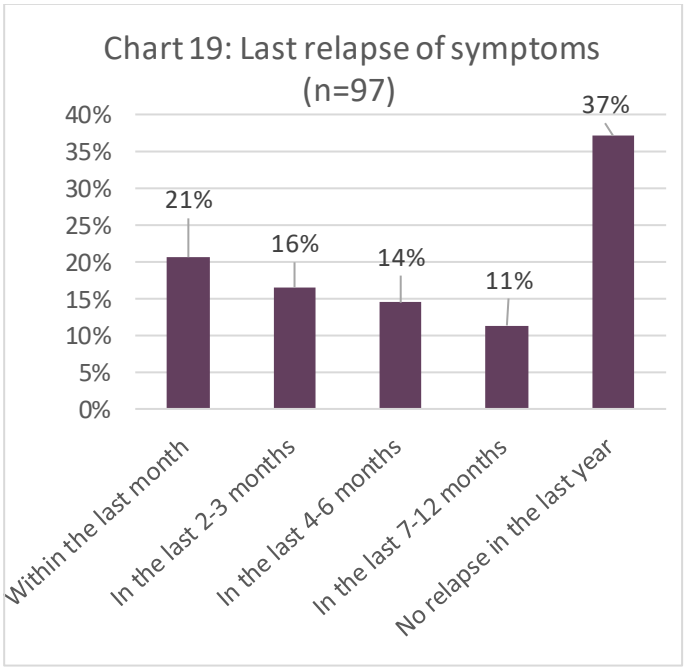
Compared to 2020, those saying 'quite a lot' fell from 45% to 41% in 2021, while those who responded 'very much' increased from 33% to 38% in 2021. The proportion who said 'not that much' or 'not at all' increased from 1% in 2020 to 4% in 2021.

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, 37% (36), did not have a relapse of symptoms in the last year, which compared to 63% (61) who did have a relapse in this time – the sum of the other four categories. This was most likely to have happened in the last month, 21% (20).[21]

Compared to 2020, the results were similar.



[21] Chart 19 is based on 97 respondents as data was missing for the remaining 9.

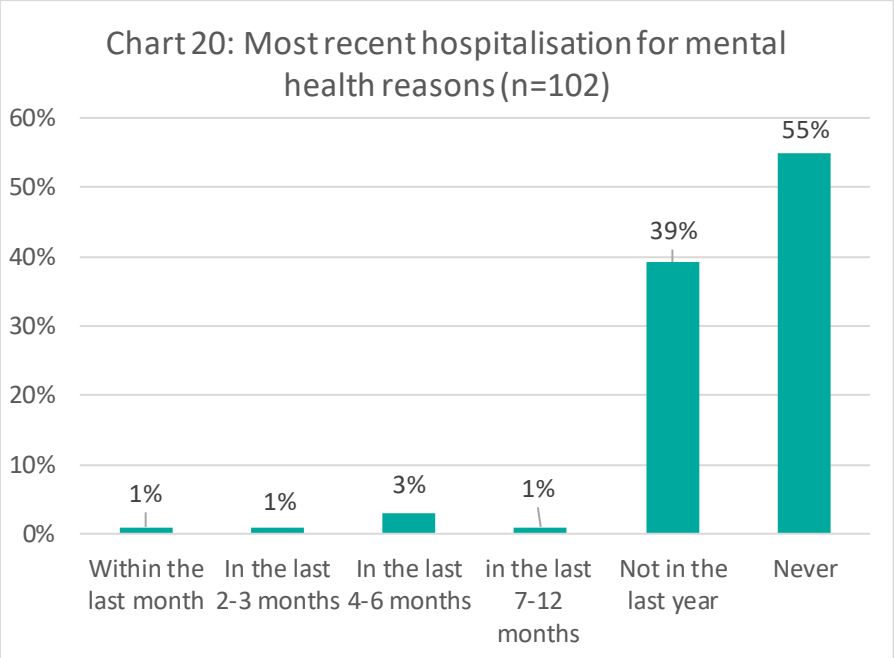


Chart 20 shows that just over half of respondents, 55% (56), had never been hospitalised for mental health reasons. A further 39% (40) had not been hospitalised in the last year. Just 6% (6) had been hospitalised in the last year, typically in the last 4-6 months, 3% (3). Compared to 2020, the likelihood of being hospitalised in the last year fell from 12% to 6% in 2021, while those who were never hospitalised increased from 49% to 55% in 2021.

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.

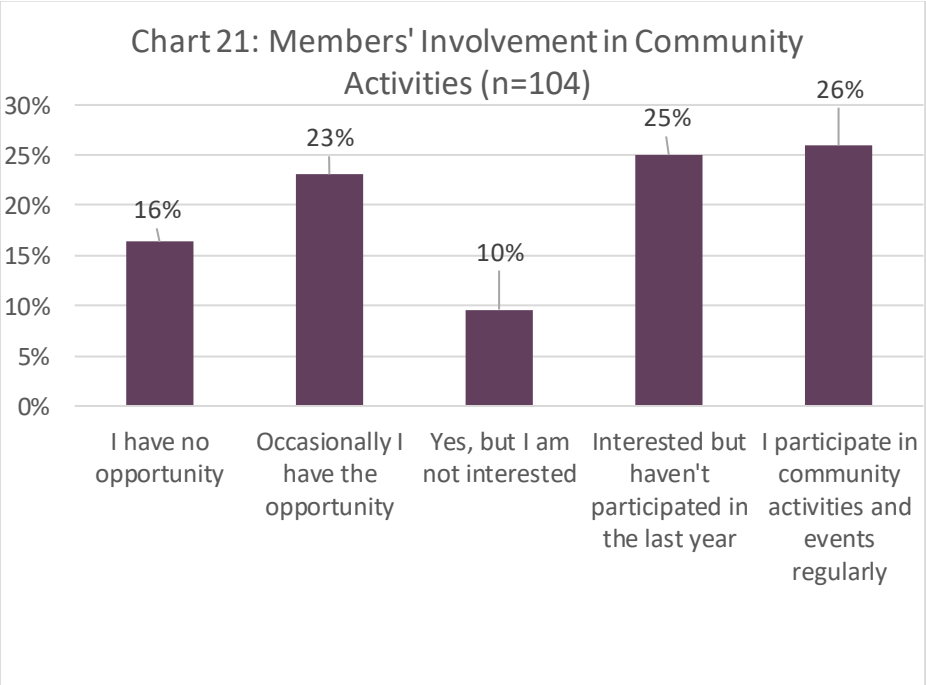


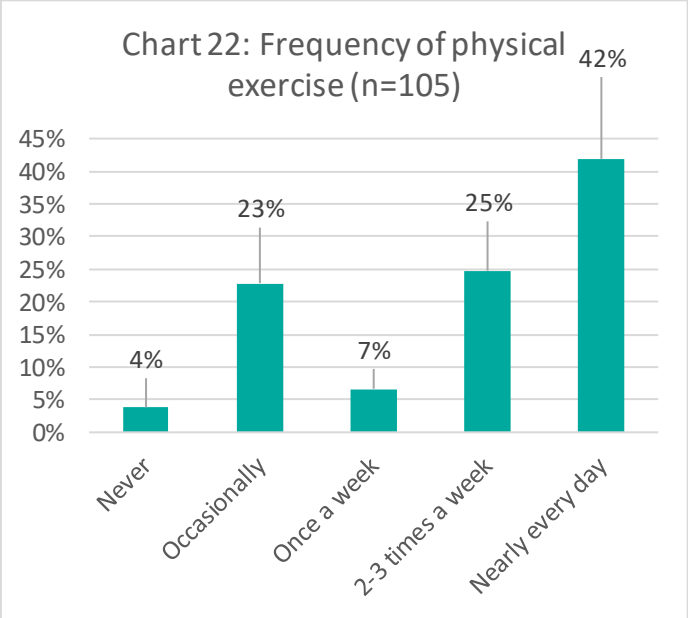
Chart 21 show that over one quarter of respondents, 26% (27), participated regularly in community activities and events outside Grow. A further 23% (24) said they took part occasionally. Almost 2 out of 10 respondents said they had no opportunity, 16% (17). While one quarter, 25% (26), said they were interested but had not taken part in community activities in the last year. Given the timing of survey administration, this could have been affected by Covid restrictions.

Compared to 2020, the percentage of respondents who said they participated in community activities and events regularly fell from 33% to 26% in 2021. While those who said they were interested but had not participated in the last year increased from 16% in 2020 to 25% in 2021. Similarly, those who said they were not interested rose from 5% in 2020 to 10% in 2021. Given these comparative findings, it is likely that some of these trends were impacted by Covid-19 restrictions with fewer Members taking part in activities regularly and a higher number saying they were interested but had not taken part or were not interested.

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, 42% (44), followed by 25% (26) who exercised two to three times a week. A further 23% (24) said they exercised occasionally. Just 4% (4) said they never took physical exercise.

Compared to 2020, the results were similar with two thirds of respondents saying they exercised at least two to three times each week or every day.



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 2021 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=102)

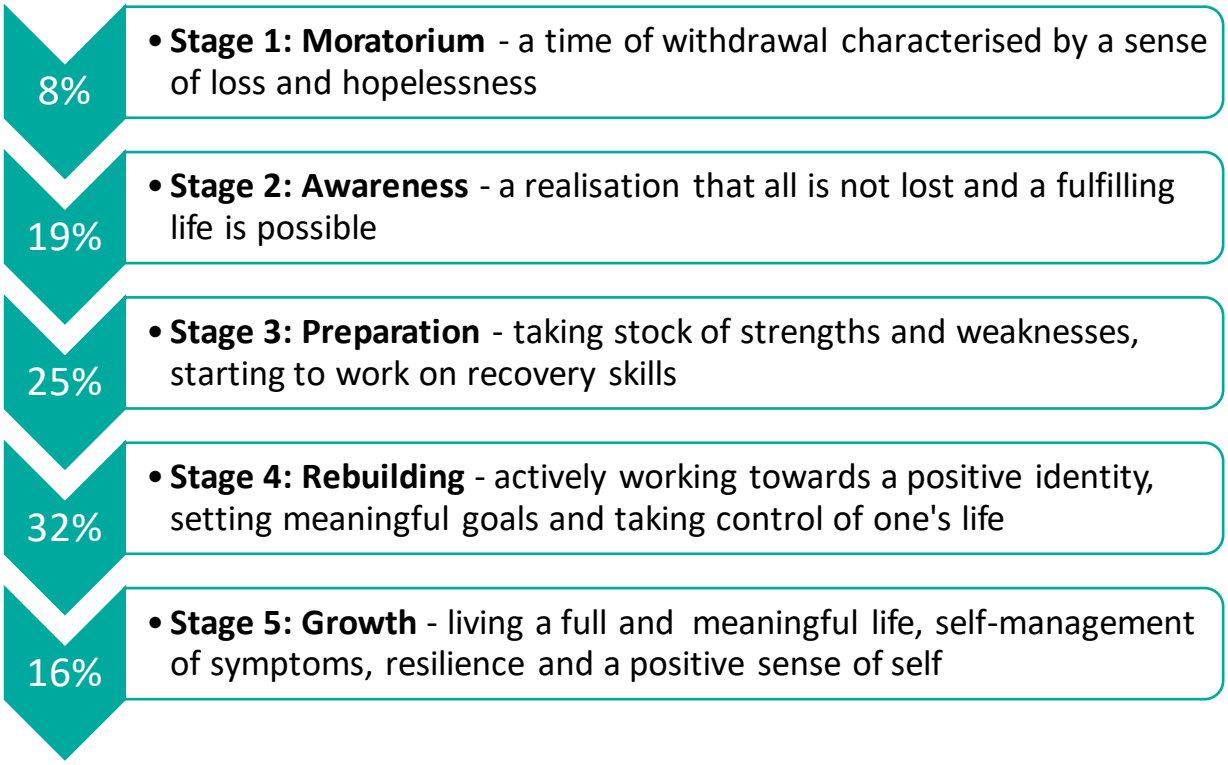


Figure 1 shows that the most common response was Stage 4, the Rebuilding stage, which was selected by 32% (33) of respondents. This was followed by Stage 3 Preparation at 25% (25). A further 19% (18) selected Stage 2 Awareness and 16% (16) chose the highest stage Growth. While just under 1 in 10 respondents selected the lowest stage, Moratorium, 8% (8). Therefore, just under one half of respondents, 48% (49), chose the two highest levels of recovery in the STORI framework (Stages 4 and 5), which was slightly less than 51% in the previous year 2020. Also, those who chose the lowest recovery stage Moratorium, increased from 3% to 8% between 2020-21. Overall, in 2021, respondents were more likely to choose the middle recovery stages of Preparation and Rebuilding (almost 6 out of 10 respondents), with fewer selecting the stages at either extreme.[22]

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

[22] 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.

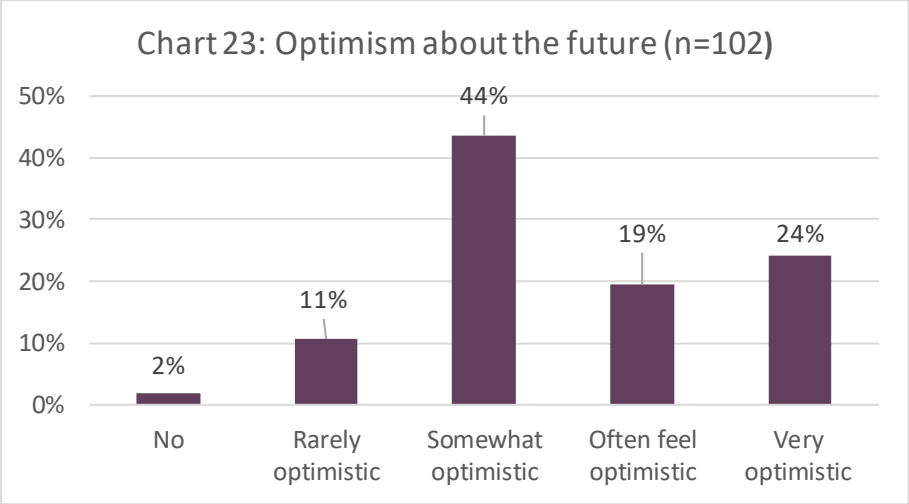


Chart 23 shows that respondents were most likely to feel somewhat optimistic, 44% (45), followed by very optimistic, 24% (25). A further 19% (20) said they often felt optimistic. Therefore, 43% (45) said they were either very or often optimistic about the future. One in ten respondents said they rarely felt optimistic, 11% (11), with just 2% (2) saying they were not optimistic. Compared to 2020, those who said they were very optimistic rose slightly from 20% to 24% in 2021, while those who said they often felt optimistic decreased from 27% to 19%. Those who were not optimistic or rarely optimistic increased from 7% in 2020 to 13% in 2021. While there was no clear trend in either direction, in 2021, it is clear that respondents were most likely to say they were somewhat optimistic.

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.[23] 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.[24] 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. In addition, the relatively small sample size in terms of the number of Grow Members who took part in the survey is a limitation in this analysis[25]. Nevertheless, any association found might indicate that long term Grow Membership could be one possible contributory factor where better outcomes are found.

[23] 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.

[24] 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.

[25] In order to ensure that the Chi-square test was appropriate, some categories were combined so that number of cases in the expected cell count table were not less than 5. A general rule of thumb is that no more than 20% of the cell counts should be less than 5. Combining some response categories in the variables explored here helped to ensure that the data analysis carried out here complied with this.

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

- extent to which Grow meetings were helping with coping
- last relapse of mental health symptoms, and
- participation in community activities and events.

Also, the results were of borderline statistical significance in relation to another two recovery outcomes:

- social support from family/friends, and
- optimism about the future.

Extent to which Grow meetings are helping with coping

Table 1 presents the results on the extent to which attending Grow meetings helped to cope by duration of Grow membership.[26]

Table 1: Contribution of Grow Meetings by duration of Grow Membership (n=101)

Contribution of Grow Meetings	<1 year	1-5 years	6 years+	Total
Not that much or somewhat[27]	40% (10)	14% (5)	13% (5)	20% (20)
Quite a lot	44% (11)	38% (14)	44% (17)	42% (42)
Very much	16% (4)	49% (37)	44% (17)	39% (39)
Total	**100% (25)**	**100% (37)**	**100% (39)**	**100% (101)**

X^2 (4, n=101) = 0.02083, p<0.05[28]

Table 1 shows that longer term Grow Members were significantly more likely to say that attending Grow helped them to cope 'very much' with everyday life – 49% (37) of those

[26] The original 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.

[27] This category comprises the original responses 'not at all', 'not that much' and 'somewhat' as there were a low number of participants who gave negative answers. For the Chi-square test to be valid, there should be fewer than 20% of cells with a value of less than 5. In order to achieve this the response categories were combined.

[28] 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 0.02083 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 (4N) and total number of respondents (n=101) in brackets.

attending for 1-5 years and 44% (17) of those for 6 years or more, which was three times higher than the 16% (4) of new Grow Members (attending for less than one year). At the other end of the scale, new Grow Members were significantly more likely to say that Grow meetings did not really help them to cope with everyday life, 40% (1), compared to just 14% (5) attending for 1-5 years and 13% (5) for 6 years or more, although the case numbers are relatively small in this category. A statistically significant relationship was also found for the recovery outcome relapse of mental health symptoms by duration of Grow Membership.

Relapse of mental health symptoms

Table 2 presents the results on respondents' last relapse of mental health symptoms by duration of Grow membership.[29]

Table 2: Last relapse of mental health symptoms by duration of Grow Membership (n=95)

Last relapse of mental health symptoms	<1 year	1-5 years	6 years+	Total
Within the last 3 months	63% (15)	34% (12)	22% (8)	37% (35)
In the last 4-12 months	25% (6)	34% (12)	19% (7)	26% (25)
I haven't had relapse in the last year	13% (3)	31% (11)	58% (21)	37% (35)
Total	**100% (24)**	**100% (35)**	**100% (36)**	**100% (95)**

X^2 (4, n=95) = 0.0023, p<0.05

Table 2 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% (21) of those attending Grow for 6 years or more did *not* have a relapse in the last year compared to just 13% (3) of those attending Grow for less than one year. Conversely, 63% (15) of respondents attending Grow for less than one year reported having a relapse in the last 3 months compared to 22% (8) of those attending Grow for six or more years.

These results show that the likelihood of experiencing a mental health relapse in the short term (3 months) fell as respondents attended Grow for a longer period of time – from 63% for those attending less than one year, to 34% for 1-5 years and, further still, to 22% for 6 years or more. The Chi-square statistic shows that this result was statistically significant. Therefore, it could be argued that attending Grow meetings for a longer period of time served as a potential protective factor in preventing a mental health relapse for Grow Members who took part in the survey.

[29] In order to have an adequate number of cases in each cell to run the Chi-square test, some of the original response categories were combined: within the last month and 2-3 months became 'within the last month'; and in the past 4-6 months and 7-12 months became 'in the past 4-12 months'.

Participation in community activities and events

Table 3 presents the results on respondents' participation in community activities and events by duration of Grow membership.[30]

Table 3: Participation in community activities by duration of Grow Membership (n=102)

Participation in community activities	<1 year	1-5 years	6 years+	Total
No opportunity or not interested	38% (7)	14% (9)	28% (10)	25% (26)
Occasionally I have the opportunity	15% (6)	41% (9)	13% (9)	24% (24)
I am interested in community activities but have not taken part in the last year	35% (6)	22% (9)	21% (10)	25% (25)
I participate in community activities regularly	12% (7)	24% (10)	38% (10)	26% (27)
Total	**100% (26)**	**100% (37)**	**100% (39)**	**100% (102)**

X^2 (6, n=102) = 0.00953, p<0.05

Table 3 shows that respondents were increasingly more likely to regularly participate in community activities the longer they were Grow Members – frequent participation was reported by 12% (7) of new members (<1 year), which rose to 24% (10) amongst those attending for 1-5 years, and increased further still to 38% (10) of those with Grow for 6 years or more. When broken down by duration of Grow membership, respondents were most likely to say they had no opportunity or were not interested in taking part where they attended for less than one year, 38% (7), which was relatively higher than the 14% (9) for those in Grow for 1-5 years and 28% (10) for 6 years or more. After running the Chi-square test, this result was found to be statistically significant.

Social support from family and friends

Table 4 presents the results on the extent of social support received from spouse/partner, family and friends by respondents broken down by duration of Grow membership.[31]

[30]To be able to run the Chi-square test, the original categories 'I have no opportunity' and 'Yes, but I am not interested' were combined to become 'No opportunity or not interested'.
[31]To be able to run the Chi-square test, the original categories 'Sometimes' and 'Only when there is a serious problem' were combined into the same category.

Table 4: Social support from spouse/partner, family/friends by duration of Grow Membership (n=100)

Extent of social support	<1 year	1-5 years	6 years+	Total
Not at all	12% (3)	6% (2)	28% (11)	16% (16)
Sometimes or only when there is a serious problem	42% (11)	31% (11)	33% (13)	35% (35)
Much of the time	27% (7)	29% (10)	10% (4)	21% (21)
A lot of the time they really help me with my recovery	19% (5)	34% (12)	28% (11)	28% (28)
Total	**100% (26)**	**100% (35)**	**100% (39)**	**100% (100)**

Table 4 shows that respondents who have been attending Grow for more than one year were more likely to say that their spouse/partner, family and friends helped them a lot of the time with their recovery – 34% (12) of those attending for 1-5 years and 28% (11) of respondents coming to Grow for 6 years or more, which were both higher than the 19% (5) of new members (less than one year). However, there is no clear trend in these results as longer term Grow members were also most likely to respond 'not at all', 28% (11), compared to just 12% (3) of new members. While this result was of borderline statistical significance,[32] it shows a greater tendency for longer term Grow members (one year or more) to report a higher level of social support from their network of family and friends.

Optimism about the future

Table 5 presents the results on respondents' optimism about the future by duration of Grow membership.[33]

Table 5: Optimism about the future by duration of Grow Membership (n=101)

Optimism about the future	<1 year	1-5 years	6 years+	Total
No or rarely optimistic	31% (8)	8% (3)	5% (2)	13% (13)
Somewhat optimistic	38% (10)	46% (17)	42% (16)	43% (43)
Often feel optimistic	19% (5)	16% (6)	24% (9)	20% (20)
Very optimistic	12% (3)	30% (11)	29% (11)	25% (25)
Total	**100% (26)**	**100% (37)**	**100% (38)**	**100% (101)**

[32]The p-value for the Chi-square test of statistical significance was 0.07238, which was just slightly higher than the acceptable p-value of 0.05.
[33]To be able to run the Chi-square test, the original categories 'No' and 'Rarely optimistic' were combined into the same category.

Table 5 shows that longer term Grow Members (one year or more) were more likely to report being very optimistic about the future – 30% (11) of those attending for 1-5 years and 29% (11) of those coming to Grow for 6 years or more, which compared to just 12% (3) of new members (less than one year). At the other end of the scale, newer members were most likely to report having the lowest level of optimism, the category 'no or rarely optimistic' at 31% (8), which was far higher than the figures for those attending 1-5 years, 8% (3) and just 5% (2) of those who were Grow Members for 6 years or more. Although this result was of borderline statistical significance using the Chi-square test,[34] there is a consistent trend whereby longer term members report being more optimistic and newer members are more likely to feel least optimistic about the future.

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 one year or more were *significantly more likely* to report that attending Grow meetings helped them to cope better with day to day life and to regularly take part in community activities and events. Similarly, the risk of experiencing a mental health relapse in the last 3 months reduced the longer respondents were attending Grow. In addition, there were trends identified whereby longer term Members were more likely to receive a higher level of social support from their spouse/partner, family/friends and feel more optimistic about the future compared to relatively new members. 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 some of the personal outcomes discussed above were related to the Covid-19 score given by respondents.

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. The Chi-square statistic was also run here to see if any association found was statistically significant.[35] There was a trend whereby those who gave a low rating for Covid-19, in terms of it having less of a negative impact, were more likely to report that they were coping well with their emotional well-being. This result was statistically significant. Table 6 shows the results.

[34] The p-value for the Chi-square test of statistical significance was 0.06098, which was just slightly higher than the acceptable p-value of 0.05.

[35] The categories for the Covid-19 impact score were 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 original question was 1 = not much to 5 = very negative.

Table 6: Extent of coping with mental health by Covid-19 rating (n=95)

Extent of coping with mental health	Covid-19 rating			
	Low	Medium	High	Total
Not well at all or not very well	6% (2)	16% (5)	30% (9)	17% (16)
Alright	35% (12)	48% (15)	43% (13)	42% (40)
Well or very well	59% (20)	35% (11)	27% (8)	41% (39)
Total	**100% (34)**	**100% (31)**	**100% (30)**	**100% (95)**

X^2 (4, n=95) = 0.03203, p<0.05

Table 6 shows that respondents who gave a low Covid-19 rating (in terms of being least affected) were significantly more likely to say they were coping well or very well with their mental health, 59% (20), which was higher than the 35% (11) who gave a medium Covid-19 rating and 27% (8) of those who reported being most negatively affected by Covid-19 by giving a high rating. Similarly, respondents who gave a high Covid-19 rating were most likely to say they were not coping very well with their mental health, 30% (9), compared to 16% (5) who gave a medium Covid-19 rating and just 6% (2) who gave a low rating. This result was statistically significant. This finding is not surprising as those who felt more negatively impacted by Covid-19 are 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.

There was a similar relationship found between the recovery outcome for the impact of mental health symptoms on day to day life and the Covid-19 rating. While it was of borderline statistical significance, it is worth noting here. Table 7 shows the results.

Table 7: Impact of mental health symptoms by Covid-19 rating (n=95)

Impact of mental health symptoms	Covid-19 rating			
	Low	Medium	High	Total
A lot or quite a bit	15% (5)	42% (13)	43% (13)	33% (31)
Somewhat	47% (16)	26% (8)	30% (9)	35% (33)
Very little or not at all	38% (13)	32% (10)	27% (8)	33% (31)
Total	**100% (34)**	**100% (31)**	**100% (30)**	**100% (95)**

Table 7 shows that respondents who gave a medium or high Covid-19 rating were more likely to say that their mental health symptoms were affecting their everyday lives compared to those who gave a low Covid-19 rating – 42% (13) of those who gave a medium

Covid-19 rating and 43% (13) of respondents who gave a high Covid-19 rating, which was more than the 15% (5) who gave a low Covid-19 rating. At the other end of the scale, respondents who gave a low Covid-19 rating were most likely to say their symptoms had little or no impact on their day to life, 38% (13), which was higher than the 32% (10) of those who gave a medium Covid-19 rating and 27% (8) who gave a high Covid-19 rating. Although this result was of borderline statistical significance,[36] it points to a trend whereby those who had a more negative experience of Covid-19 were most likely to have been affected by their mental health symptoms.

Conclusions

This report has presented the main findings from the Grow National Survey 2021. It gives an insight into the socio-demographic characteristics of the 106 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 (61%). The key life events that were reported to contribute to their mental health need were childhood experience, poor relationships with family and bereavement. In addition, three quarters of participations (75%) were engaging with mental health services outside of Grow, which was most likely to be their GP (41%). The survey data also contributes to a better understanding of what aspects of Grow were deemed to be most beneficial to Members, with peer support and weekly meetings being the most popular (62% for both). Just over 8 out of 10 respondents (82%) were attending Grow on a weekly basis.

The survey findings also shed some light on the differences in life chances experienced by Members compared to the national population. In particular, more than one third (39%) of respondents were currently engaged in employment, which was far less than in the national population (53%) based on Census data. Furthermore, 2 out of 10 respondents (20%) were not working due to illness or disability compared to just4% in the wider population.

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 7 out of 10 Members (72%) reporting that they received social support from their spouse/partner, family and friends and a minority of just 6% being hospitalised due to mental health reasons in the last year. However, 63% of Members said that they had experienced a relapse of mental health symptoms within the last year, which shows the cyclical nature of mental wellness and mental illness. In relation to how Grow has contributed to positive mental health, almost 8 out of 10 of respondents (79%) 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 almost 5 out of 10

[36] The p-value for the Chi-square test of statistical significance was 0.08215, which was just slightly higher than the acceptable p-value of 0.05.

respondents (48%) 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. In addition, respondents who had been with Grow for one year or longer were significantly *more likely* to report that Grow meetings contributed greatly to coping with their mental health compared to those attending for less than one year.

These results indicate that Members attending Grow for a relatively longer period of time had a tendency 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 2021

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