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Grow National Survey 2022

Report on Recovery Outcomes in Mental Health

Michele Kerrigan and Nzube Obireke

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Summary of findings

This report presents the data findings from Grow's National Survey 2022. Surveys were completed by 179 Members using Survey Monkey, MS Forms, or returned by post between November 2022 and February 2023. 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 69% female and 28% male. In terms of age, one half of participants were in the middle age categories: 27% aged 45-54 years old; and 28% aged 55-64 years old. Respondents came from all regions around the country. Less than a quarter of participants, 23%, were currently working, while another 9% 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 Psychiatrist, 25% followed by their GP, 21%. Anxiety and depression were the two most common mental health needs reported by participants, 60%. When asked what factors contributed to their mental health need, respondents were most likely to say childhood experience (25%), followed by poor relationships with family (22%) and bereavement (19%). Other issues included relationship breakdown (12%), work/employment (11%) and separation/divorce (19%).

When asked to rate the impact of Covid-19 restrictions on their mental health, just over one half, 68% said it had a medium effect (giving a score of 2 or 3 out of 5).[1] However, almost a quarter of members, 24% 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.

[1] This question was answered by 174 respondents.

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 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.

Introduction

Grow's mission is to *"create new hope, sense of identity, meaning and valued connections by empowering people to nurture their own positive mental health and well-being, by supporting personal growth and establishing a path to recovery with education, self-teaching and peer support"*. 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 100 support groups holding weekly meetings.[2] Grow's vision is *"An Ireland where no one needs to navigate mental health challenges or life's struggle alone."*

This report presents the findings of a survey that was administered to Grow Members between November 2021 and January 2022. It comprises 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)[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 to focus on recovery.

[2] In Quarter 1 2023, there were 79 Community Groups holding face to face meetings, 18 Online groups and 3 Other groups (2 Day Centre, one Prison).

[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 August, 2022).

[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 August, 2022).

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. 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 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 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 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 were more likely to have more positive outcomes compared to those attending for a shorter period.

Methodology

This section explores how the Grow National Survey 2022 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 2022 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 collects data on various aspects of each Group meeting including the number of people who attend.

In March 2022, an average of 600 individuals were attending Grow meetings. The number of completed National Surveys was 179. Therefore, an estimate for the overall response rate is 30%, which increased from 23% in 2021.

Steps in data collection

Surveys were largely administered through Survey Monkey between November 2022 and February 2023. 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.

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 cohort of Members is not included in the survey population.
- The information provided cannot be probed in more detail as participants were anonymous.
- Compared to 2021, the number of respondents increased from 106 to 179, an increase of 69%

While acknowledging these potential limitations, the data from the survey provides a valuable insight into recovery outcomes for many Grow Members, as well as their background characteristics and views on Grow. This information can be used by Grow to help inform 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.[6] The discussion of any relationships between variables in this report focus on consistent patterns in the results that emerged from data analysis.

[6] 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 Breakdown of participants by Gender n=179

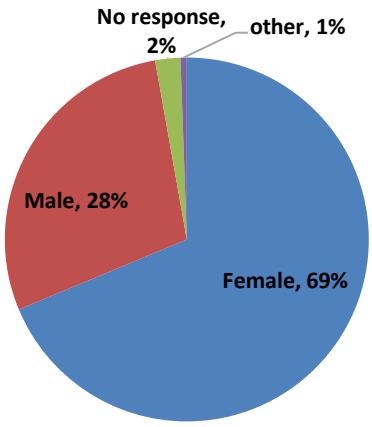
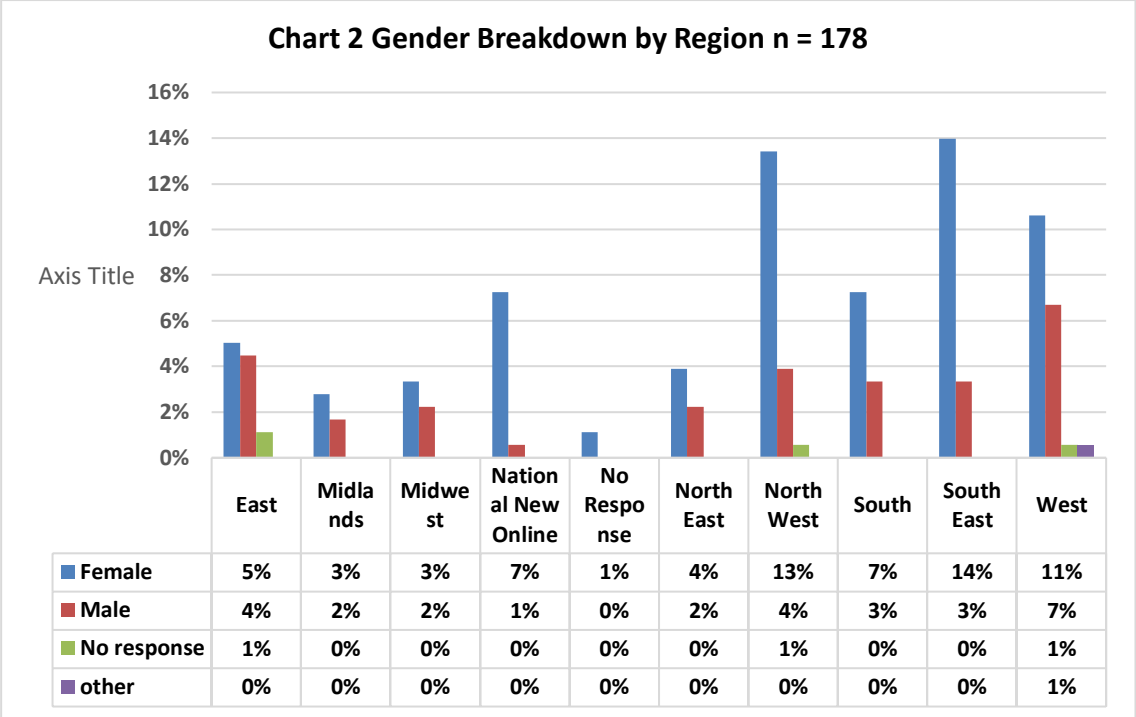


Chart 1 shows that approximately two thirds of respondents were female, 69%, 28% were male, 1 % did not identify themselves and 2% did not respond.

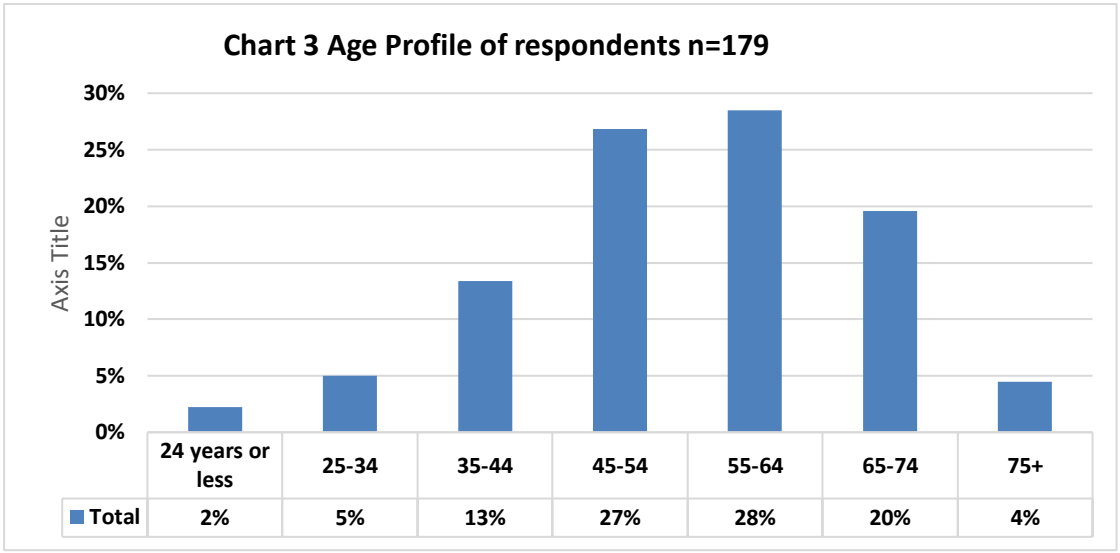
Compared to 2021, the proportion of females increased from 66% to 69% in 2022. The higher proportion of female survey respondents compared to males reflected the national gender breakdown across all Grow groups in December 2022 of 54% female and 46% male.

Chart 2 shows the gender breakdown for survey participants in each Grow region. All regions had a higher proportion of female respondents compared to males. Chart 2 is based on a total of 178 respondents as data for region were missing for one participant.



	East	Midlands	Midwest	National New Online	No Response	North East	North West	South	South East	West
Female	5%	3%	3%	7%	1%	4%	13%	7%	14%	11%
Male	4%	2%	2%	1%	0%	2%	4%	3%	3%	7%
No response	1%	0%	0%	0%	0%	0%	1%	0%	0%	1%
other	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%

Age



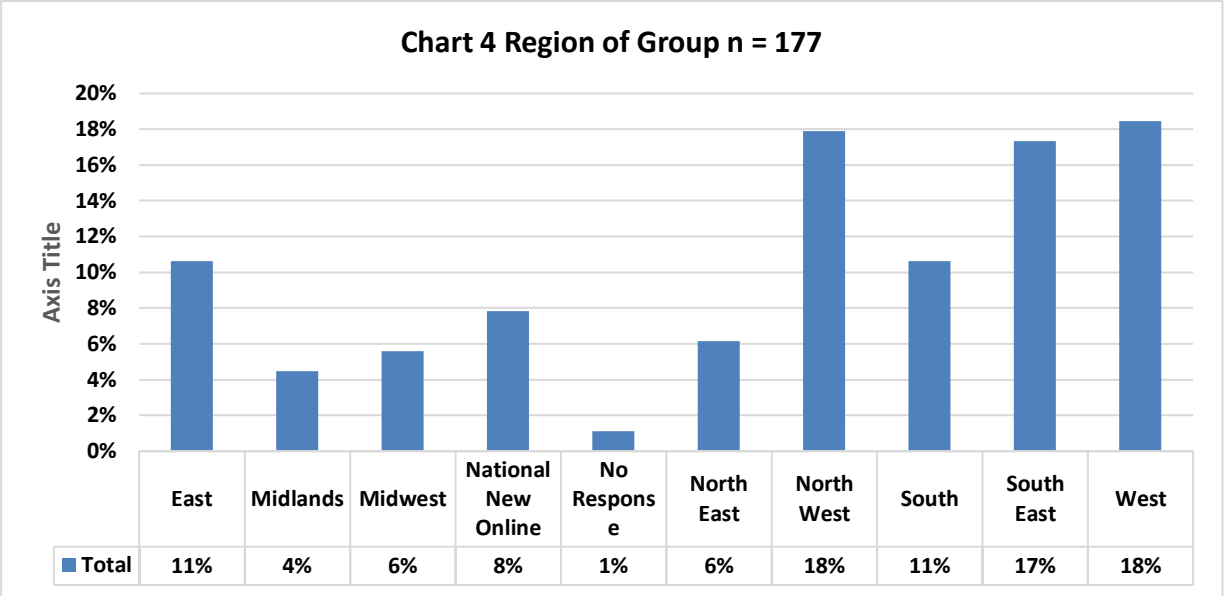
	24 years or less	25-34	35-44	45-54	55-64	65-74	75+
Total	2%	5%	13%	27%	28%	20%	4%

Chart 3 shows that respondents were most likely to be aged 55-64 years old, 28% followed by 45-54 years old, 27% Therefore, respondents were most likely to be in the middle age categories.

Compared to 2021, the proportion of respondents aged 45-64 was slightly higher –51% in 2021 and 55% in 2022. While those aged 25-34 years decreased from 10% in 2021 to 5% in 2022. 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.



	East	Midlands	Midwest	National New Online	No Response	North East	North West	South	South East	West
Total	11%	4%	6%	8%	1%	6%	18%	11%	17%	18%

It can be seen that respondents came from Grow groups all around the country, ranging from 4% in the Midlands to 18% in the West and Northwest followed by South East. Almost one in ten respondents, 8% came from the National new online groups. Data on the 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:

- 41% lived in an urban area (43% 2021)
- 22% in a suburban area, (31% 2021) and
- 37% in a rural location (25% 2021)

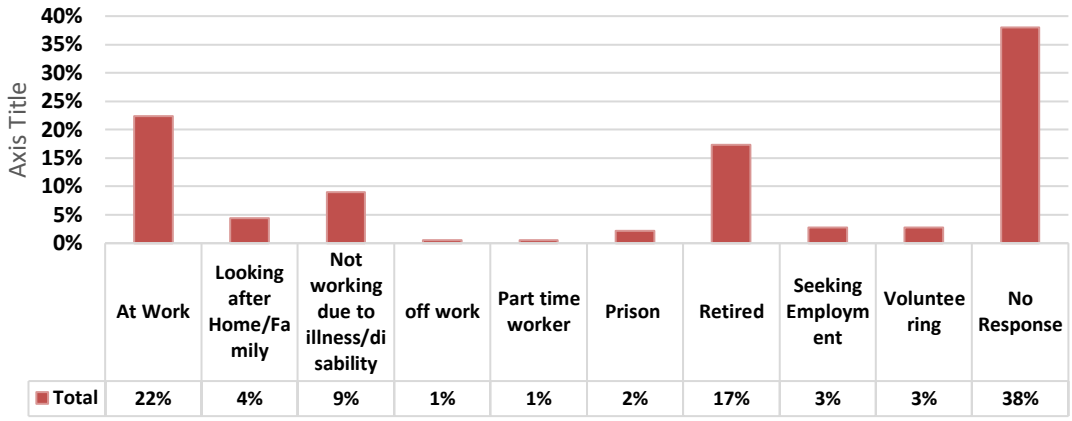
Therefore, there were a higher number of respondents from towns/cities and surrounding suburban areas (63%) compared to rural locations around the country (37%).

Compared to 2021, the proportion of those living in a rural location increased from 25% to 37 % in 2022.

Current economic status

Chart 5 presents the findings on the current economic status for survey respondents. It shows that 22% of respondents were at work, followed by 17% who were retired. A further 9% were not working due to illness/disability. Compared to the previous year 2021, the proportion of respondents at work decreased from 39% to 22% in 2022. While those not working due to illness or disability decreased from 20% in 2021 to 9% in 2022. For the first time the survey includes those who are incarnated which makes up 2% of respondents.

Chart 5: Current Economic Status (n=111)



	At Work	Looking after Home/Family	Not working due to illness/disability	off work	Part time worker	Prison	Retired	Seeking Employment	Volunteering	No Response
Total	22%	4%	9%	1%	1%	2%	17%	3%	3%	38%

[1]

Comparison with Census of Population 2016

It is interesting to draw some comparisons with data from the Census of Population 2016.[7] Two key findings are of particular note:

- 53% of people aged 15 years and over were 'at work' based on the Census data[8]– the figure from the Grow survey is much lower at 22% (although it has decreased from 39% in 2021)
- 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 9%, which is 2.5 times the figure for the national population.[9]

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.

[7] 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.

[8] 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)

[9] 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.

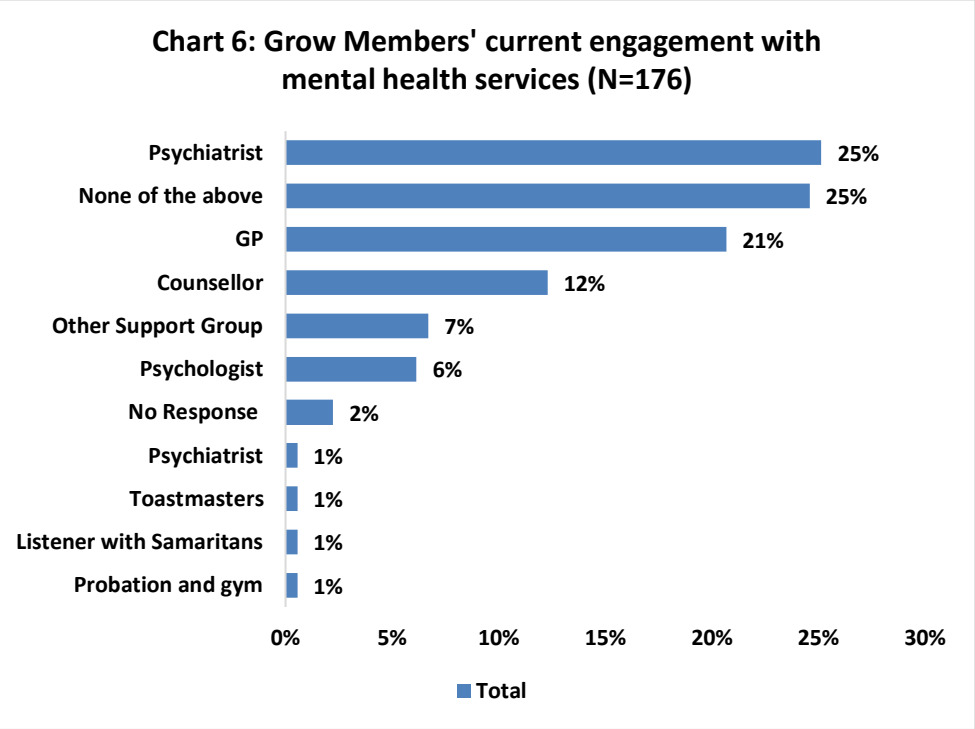


Chart 6 shows that respondents were most likely to be engaging with their Psychiatrist (25%) followed by their GP, 21% a further 12% of respondents were seeing a Counsellor, while 6% were engaged with a Psychologist. A further 8% attended a support group other than Grow. These included Aware, Alcoholics Anonymous, Toastmasters and other local support services. One quarter of respondents, 25%, were not engaging with any of these mental health service.

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.

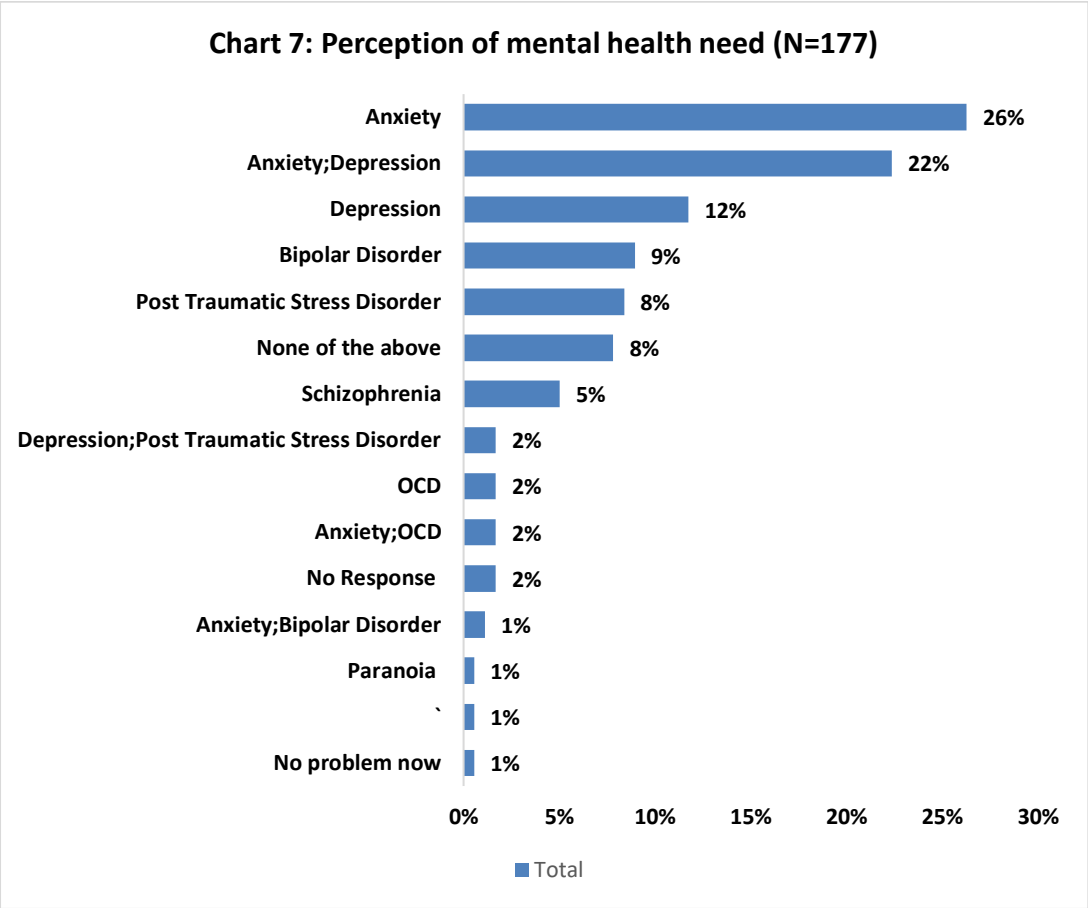


Chart 7 shows that 26% of respondents reported having anxiety, followed by 23% who were experiencing anxiety and depression. Anxiety and depression were the two most common mental health needs. In addition, 8% of the respondents had Post-traumatic Stress Disorder while Bipolar Disorder was reported by 9% of the respondents. A further 8% of respondents said they had other types of mental health needs. These included Obsessive Compulsive Disorder, Schizophrenia, and Paranoia

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%*".[10] Therefore, it is widely prevalent in the general population.

[10] 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 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.

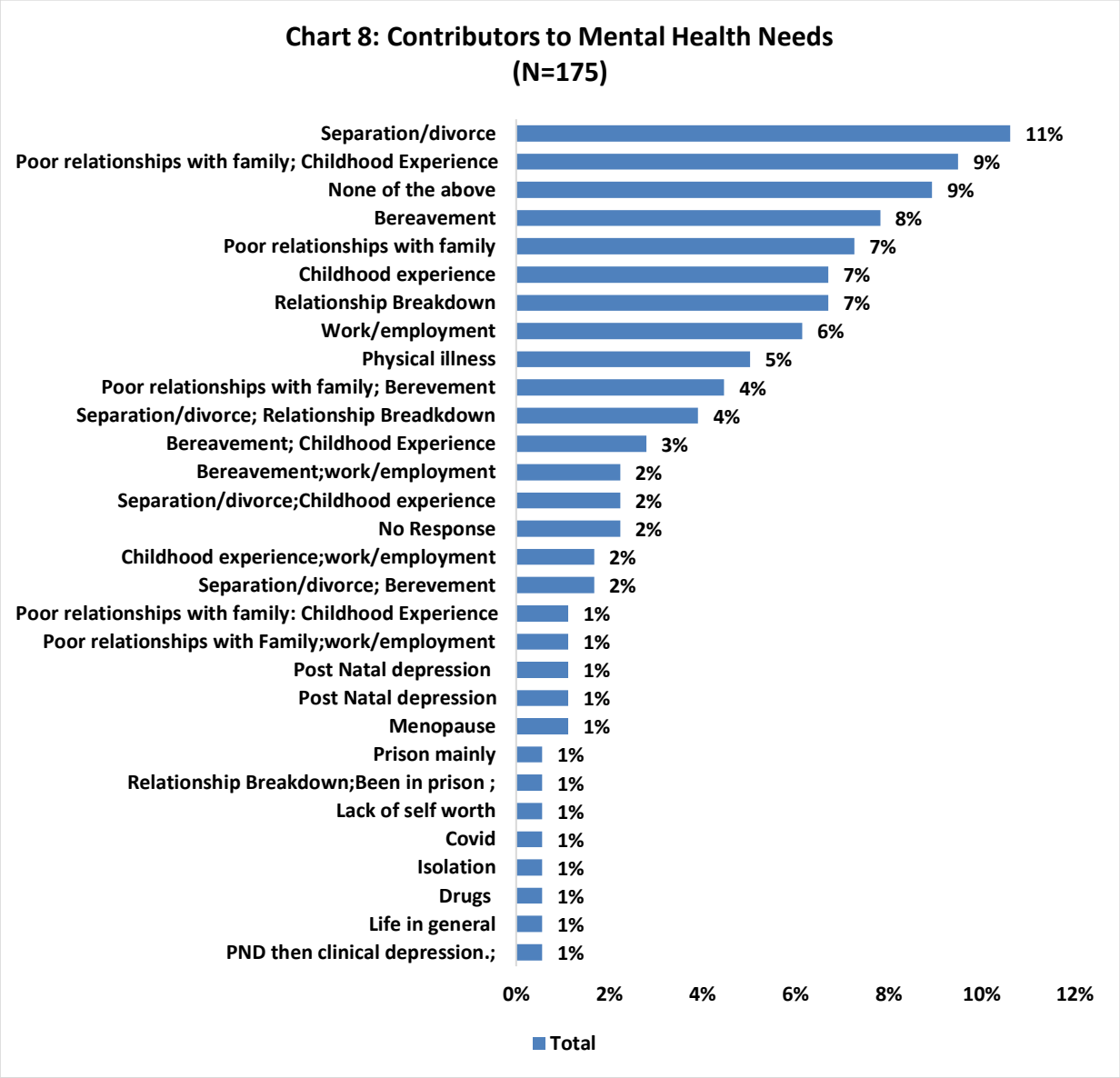
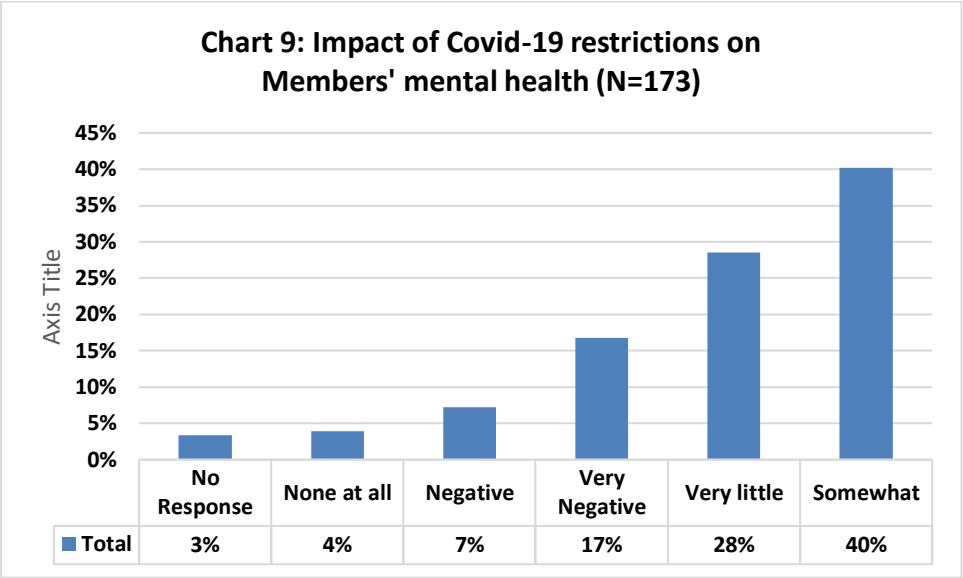


Chart 8 shows that the highest contributor to mental health need was separation/divorce, 11% which was followed by poor relationship with family, 9% and bereavement, 8%. Other life events that also affected respondents' mental health include relationship breakdown, 7% childhood experience 7% , postnatal depression 2%. New to the survey, those who are incarcerated in prison being cited as the contributing factors to mental health need.

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.

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

A question was asked in the 2022 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 2021 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 40% giving a score of 3 out of 5. However, almost one third of members, 24% gave a rating of 4 or 5, which indicated that restrictions had a negative or very negative impact on their mental health.

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

- loneliness/isolation
- lack of social contact/interaction, e.g. family, friends
- anxiety/fear
- missing face to face Grow meetings
- cannot attend social events/restrict movements
- keeping safe from Covid
- depression

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: Frequency of attendance at Grow group in the last 3 months (N=179)

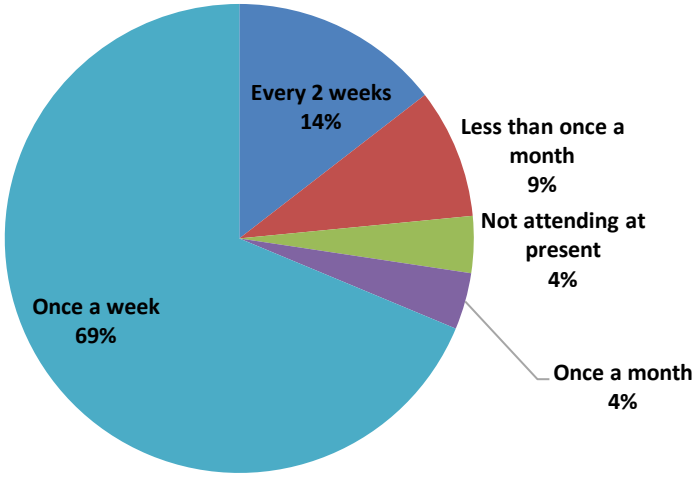
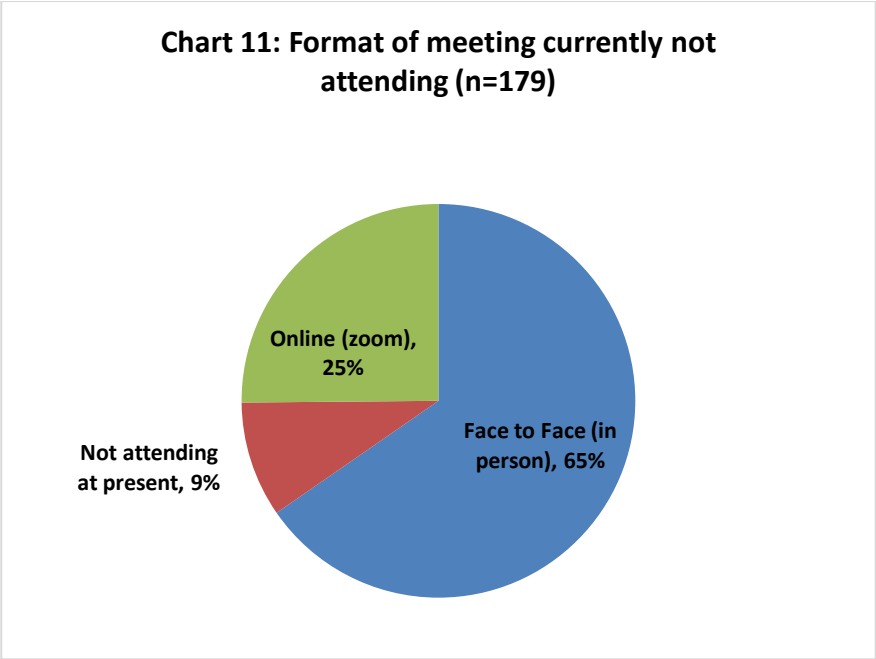


Chart 10 shows that 69% of respondents attended a Grow group meeting every week in the last three months. Another 14% attended every two weeks. Therefore, most respondents (83%) attended Grow on a regular basis. A further 4% said they were not attending a Grow group at present due to concerns about Covid or their Group had not yet returned to holding face to face meetings at the time of survey administration. Although Grow meetings were taking place online, not all Members were able to access them.

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 65% of respondents were attending face to face meetings while 25% were attending online meetings. The remaining 9% did not attend a Grow meeting at the time of filling in the survey.

Compared to the previous year 2021, at a time when most Grow meetings were taking place online, the proportion of respondents attending face to face meetings increased from 57% to 65% in 2022. This is likely to be attributed to the return of many former Community Groups to holding face-to-face meetings.



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 support 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.

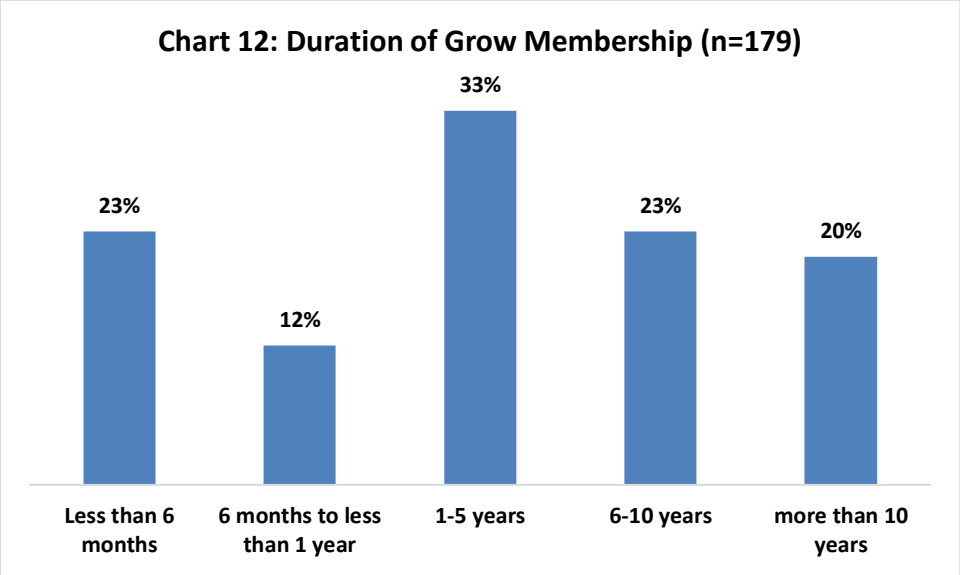


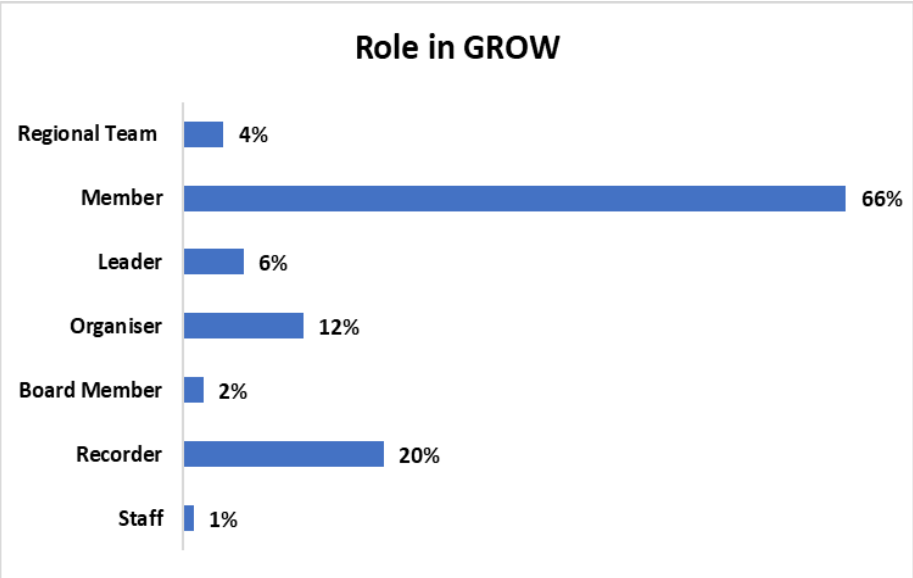
Chart 12 shows that respondents were most likely to have been Grow Members for between one to five years, 33%. This was followed by 23% who had been members for 6 to 10 years and less than 6 months. While 35% of respondents had attended for under one year and were relatively new to Grow – 23% for less than six months and 12% for between six months to less than one year.

Compared to 2021, the proportion of Grow Members attending for less than one year increased from 25% to 35% in 2022. Those who had been Members for 6 to 10 years increased from 17% to 23% in 2022.

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:



Therefore, almost six out of ten respondents were Grow Members, which was followed by Recorders at 20% and then Organisers at 12%. 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.

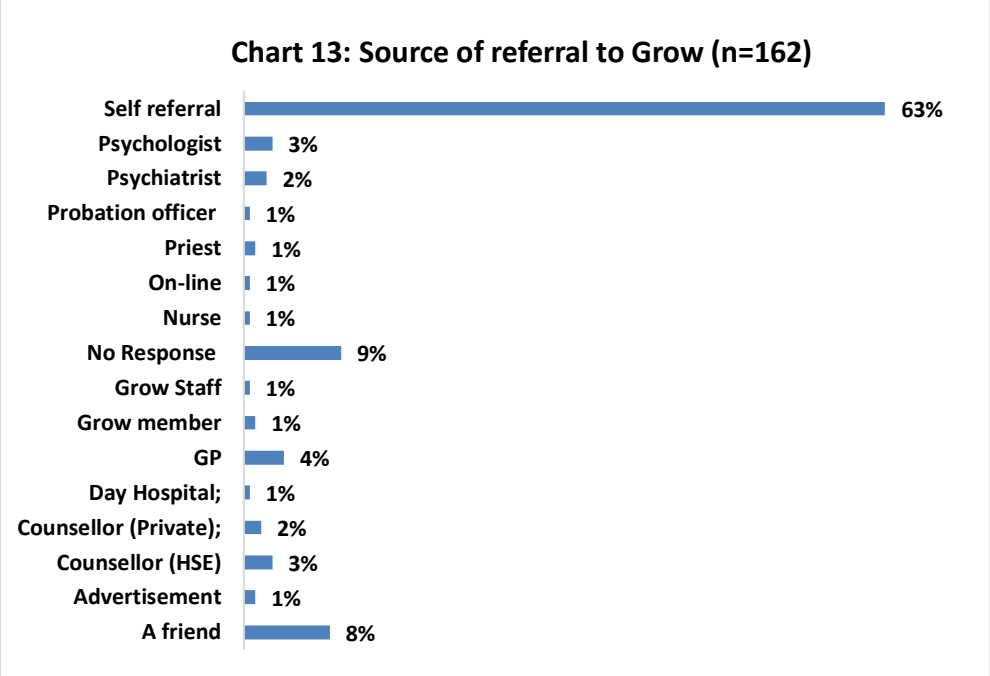


Chart 13 shows that nearly three quarters of respondents, 63% said they referred themselves to Grow. In addition, 14% , reported they were referred by a professional.

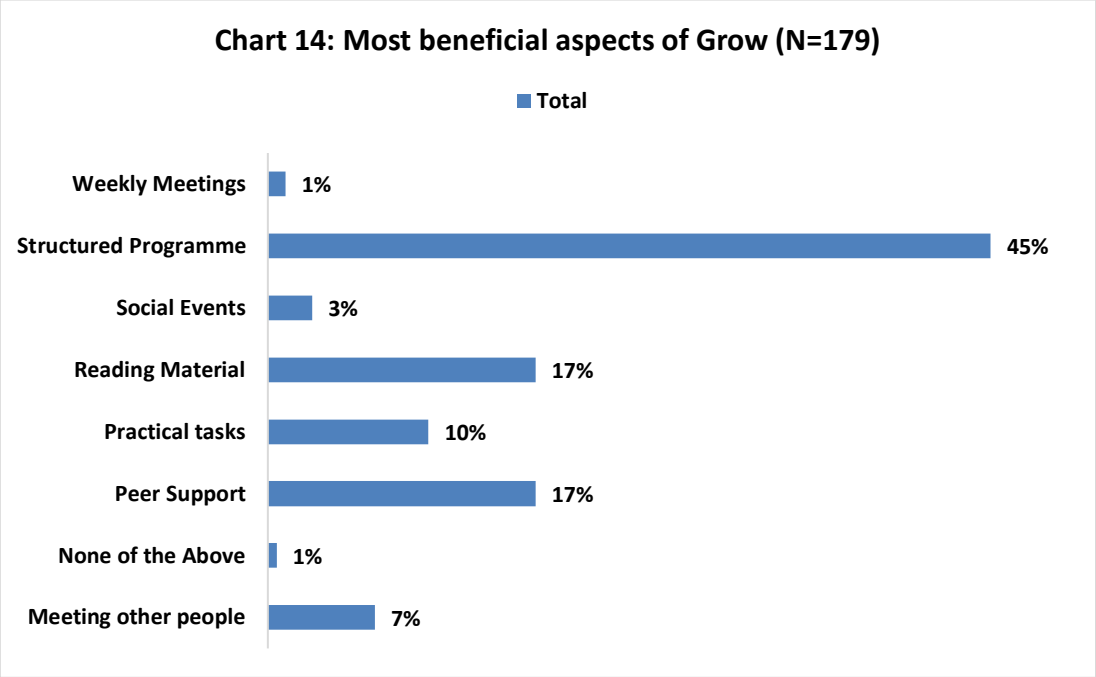
Other sources of referral included a friend 8% and nurse 1%

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.[16]



The two benefits that were rated highest by respondents were structured programme, followed by peer support and reading material both at 17%. Next came practical tasks 10

What could be better about Grow?

Respondents were asked to say what could be better about Grow? Suggestions were made by 91 participants. The most popular comments were as follows:

- More group members/younger members/retain newcomers
- More 12 Step work/social events for Members
- More advertising/targeted advertising at young people
- More interaction between groups
- Meet twice a week
- Tea breaks in meetings/shorter meetings
- More meetings including Saturday meetings
- A greater number of visits by Area Co-Ordinators

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:

"More understanding of the mental health issues that everyone has. "

More focus on progress than on problems. More development of the Program e.g. Leadership papers as before.

"More time to share experiences that are affecting a person in the present"

A good base/office for which meetings can be held and small social gatherings organised and Grow literature stored.

"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 asked in the previous year's survey in 2021. Therefore, some comparisons can be made with the results for both years. However, the data only gives a snapshot of respondents' well-being at one 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:

	2023	2022
A goal and have achieved it	25%	28%
A goal and have gotten pretty far in achieving it	25%	23%
A goal and made a little way towards achieving it	32%	31%
A goal but have not done anything to achieve it	4%	4%
No Personal Goals	11%	14%

Therefore, half of respondents, 50%, said they had a personal goal and had either achieved it or were near to achieving it. Almost one third of respondents, 32%, said they had a personal goal and had made a little progress in achieving it. While 4% said they had a personal goal but had not done anything to achieve it. Finally, 11% said they had no personal goal, which decreased from 14% in 2021

[11] These results were based on 176 Respondents in 2023 as data was missing for 3 cases and 98 respondents as data was missing for 8 cases.

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.

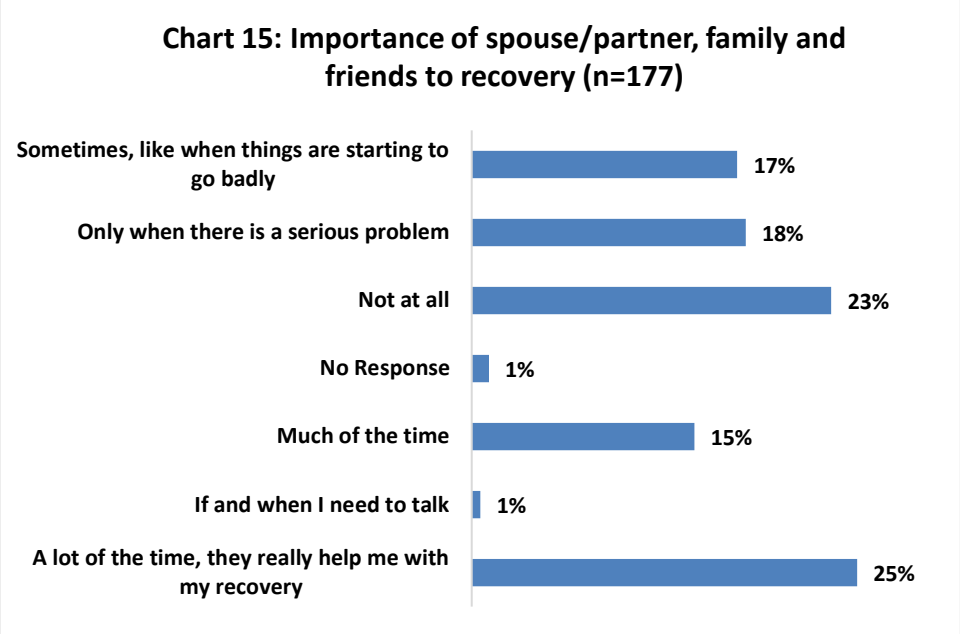


Chart 15 shows that almost three quarters of respondents, 40% received social support saying either a lot or much of the time and 17% received support 'sometimes'. However, 23% said they did not receive such social support.

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.

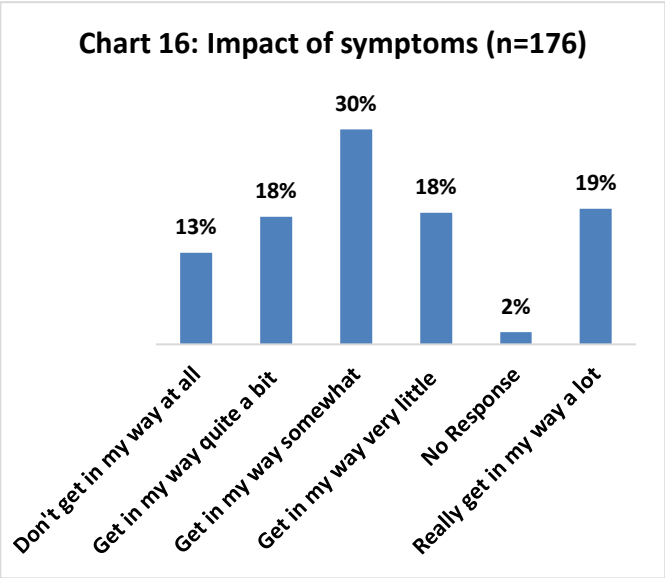


Chart 16 shows that respondents were most likely to say that their symptoms bothered them 'somewhat', 30%. 37% of respondents were affected by their symptoms. While those who said they were affected 'very little' were 18%. Of the respondents, 13% said they were not affected at all by their symptoms, which increased from 10% in 2022

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.

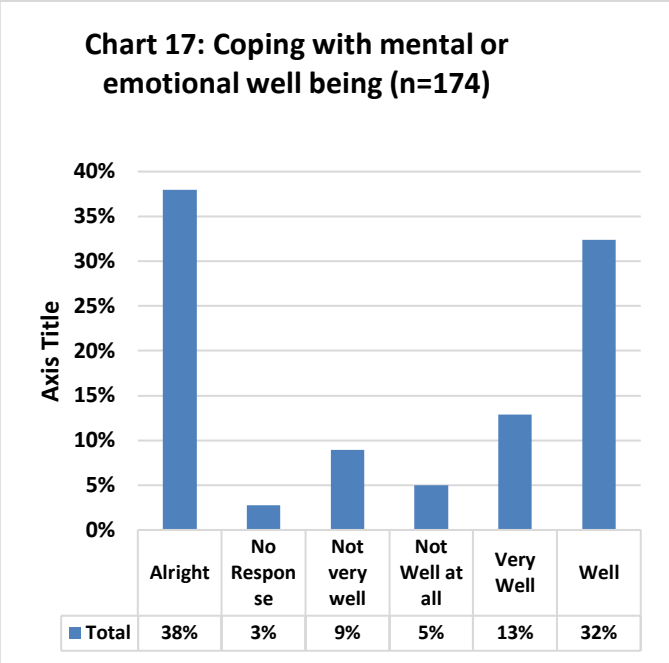


Chart 17 shows that over one third of respondents, 38% reported that they were coping 'alright' with their mental health or emotional well-being. A further 32% said 'well' and 13% said 'very well'. Respondents reported coping difficulties were 9% saying 'not very well' and 5% 'not well at all'.

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

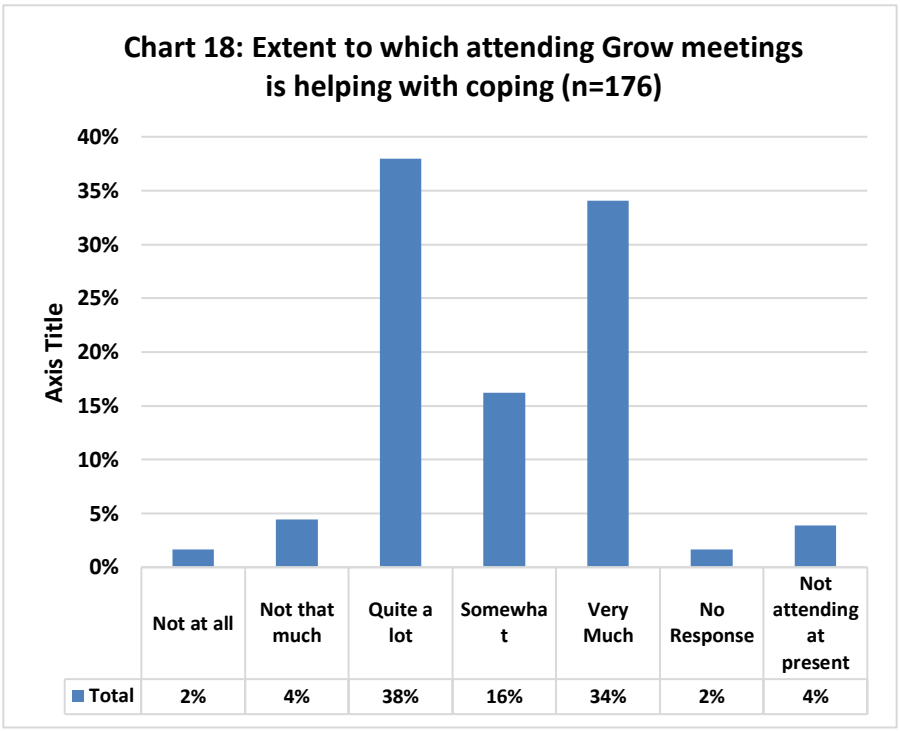


Chart 18 shows that most respondents said that attending Grow meetings helped them to cope with everyday life – 38% saying 'quite a lot' and 34% replied 'very much', which makes 72% in total. A further 16% said it had helped 'somewhat'. Just 4% said 'not that much' and 2% 'not at all'

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.

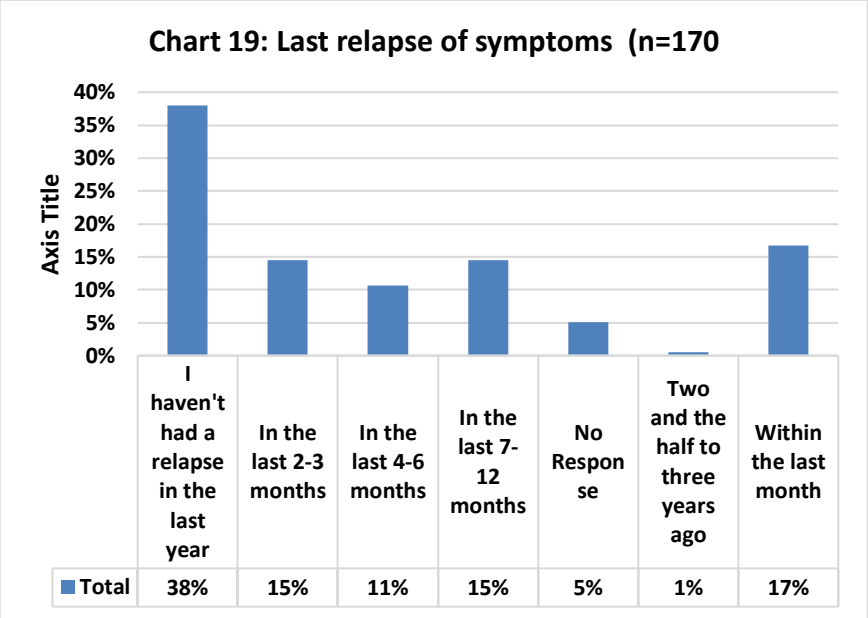
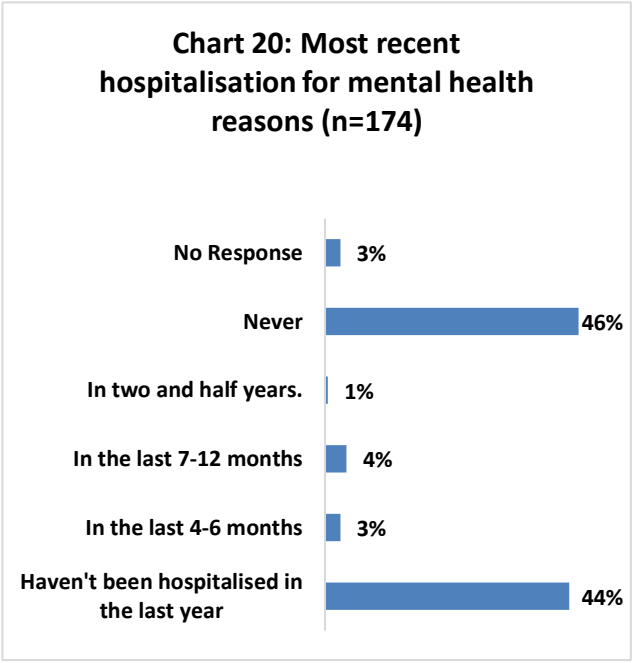


Chart 19 shows that 38% of respondents, did not have a relapse of symptoms in the last year which compared to 41% who did have a relapse in this time – the sum of the other four categories. [18]

Compared to 2020, the results were similar.

Chart 20 shows that just under half of respondents, 46% had never been hospitalised for mental health reasons. A further 44% had not been hospitalised in the last year. Just 7% had been hospitalised in the last year, typically in the last 7-12 months, 4% Compared to 2021, the likelihood of being hospitalised in the last year increased slightly from 6% to 7% in 2022, while those who were never hospitalised decreased from 55% to 46% in 2022.

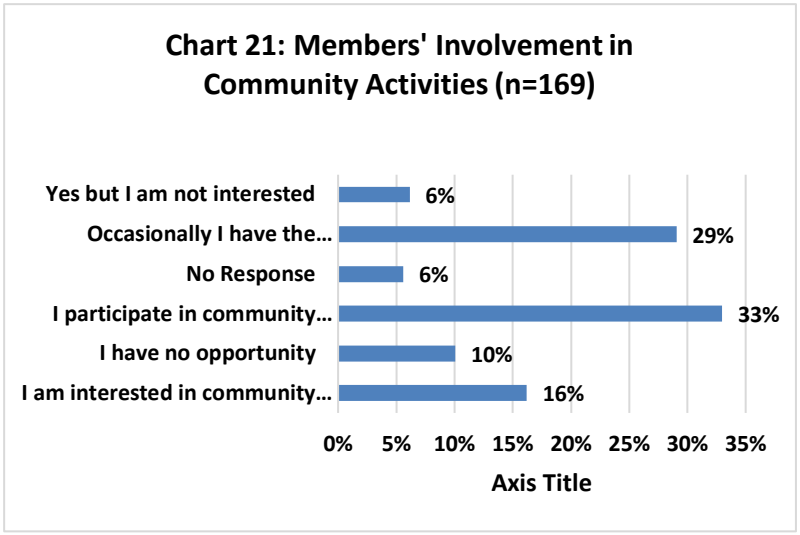


[12] Chart 19 is based on 170 respondents as data was missing for the remaining 9.

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 a third of respondents, 33% participated regularly in community activities and events outside Grow. A further 29% said they took part occasionally. A further 10% of respondents said they had no opportunity, while 16% 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 2021, the percentage of respondents who said they participated in community activities and events regularly increased from 26% to 33% in 2022. Those who said they were interested but had not participated in the last year decreased from 25% in 2021 to 16% in 2022. Similarly, those who said they were not interested rose decreased from 10% in 2021 to 6% in 2022. Given these comparative findings, it is likely that some of these trends were impacted by Covid-19 restrictions. The lifting of restrictions and the opening of the country saw an improvement in member activities.



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

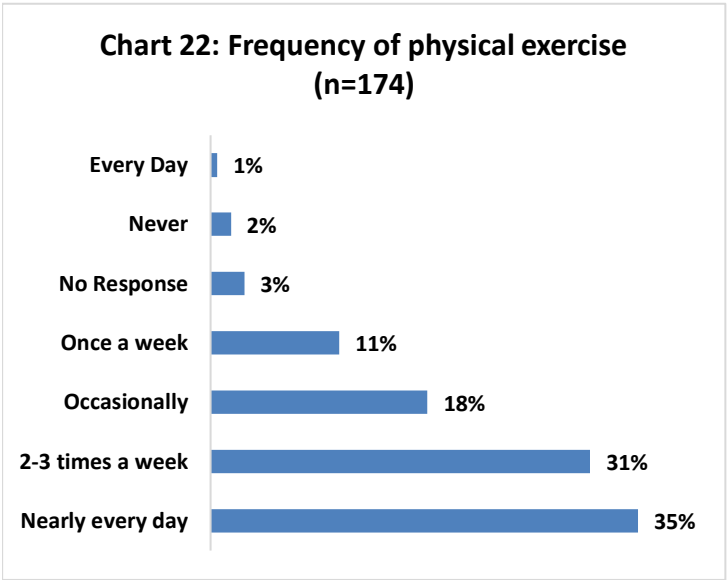


Chart 22 shows that 35% of respondents took physical exercise nearly every day, followed by 31% who exercised two to three times a week. A further 18% said they exercised occasionally. Just 2% said they never took physical exercise.

Compared to 2021, 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

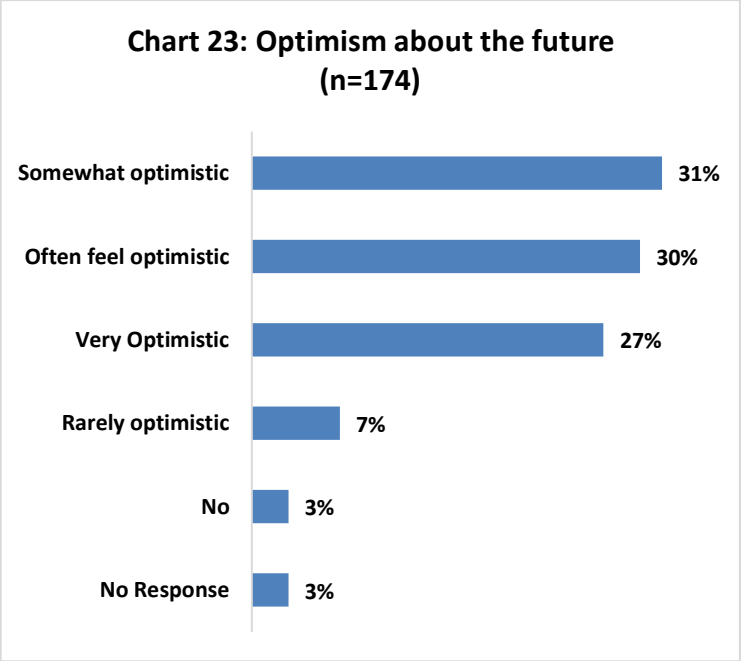


Chart 23 shows that respondents were most likely to feel somewhat optimistic, 31% , followed by very optimistic, 27% .A further 30% said they often felt optimistic.

Therefore, 57% said they were either very or often optimistic about the future, 7% said they rarely felt optimistic with 3% saying they don't feel optimistic.

Conclusions

This report has presented the main findings from the Grow National Survey 2022. It gives an insight into the socio-demographic characteristics of the 179 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 nearly half of all respondents (48%). 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 participants (65%) were engaging with mental health services outside of Grow, which was most likely to be their GP (21%) or Psychiatrist (25%). The survey data also contributes to a better understanding of what aspects of Grow were deemed to be most beneficial to Members, with structured program (45%) and peer support and reading material meetings being the most popular (17% for both) and (69%) of respondents 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. Nearly a quarter (23%) of respondents were currently engaged in employment, which was far less than in the national population (53%) based on Census data. Furthermore, (9%) of respondents were not working due to illness or disability compared to just 4% 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 76% reporting that they received social support from their spouse/partner, family and friends and a minority of just 7% being hospitalised due to mental health reasons in the last year. However, 58% 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 72% of respondents said that going to Grow meetings helped ‘quite a lot’ or ‘very much’ to cope with everyday life.

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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 view 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

17. On a scale of 1 to 5, what impact has COVID-19 had on your mental health? ***Outcomes*** *(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 ☐