Living in a glasshouse: Exploring occupational alienation

Wendy Bryant ▪ Christine Craik ▪ Elizabeth A. McKay

Key words

▪ Community mental health ▪ Occupational alienation ▪ User empowerment

Abstract

***Background**. Community mental health care has shifted focus from resettlement to empowerment, reflecting a wider agenda for social inclusion. **Purpose**. This study evaluated mental health day services from the perspectives of thirty-nine clients. **Method**. Data analysis of the four focus groups explored the implications for occupational therapy. The data collected were subjected to constant comparative analysis and theoretical sampling. **Results**. Participants described how mental health day services structured their day and enabled access to support networks. However, many perceived aspects of the services as fostering their dependence and threatening sessions they valued. This dependency led to them feeling alienated and wishing to seek greater influence over decisions about their current and future life. The concept of occupational alienation was used to further interpret their situation. **Practice Implications**. Occupational therapy could overcome occupational alienation experienced by mental health day service clients, through the development of services within and beyond day services which promote a sense of belonging and offers meaningful occupation.*

Résumé

***Description**. Dans les services communautaires en santé mentale, l'intervention, autrefois axée sur le rétablissement du client, est maintenant centrée sur la remise du pouvoir au client, ce qui témoigne de l'élargissement du mandat de la réintégration sociale. **But**. Cette étude avait pour but d'évaluer les services de jour en santé mentale selon les perspectives de trente-neuf clients. **Méthodologie**. L'analyse des données des quatre groupes de discussion portait sur les conséquences de ce changement pour le domaine de l'ergothérapie. Les données recueillies ont été soumises à une analyse comparative constante et à un échantillonnage théorique. **Résultats**. Les participants ont décrit comment les services de jour en santé mentale leur permettaient de structurer leur journée et d'avoir accès à des réseaux de soutien. Cependant, de nombreux participants avaient le sentiment que certains aspects des services entraînaient une dépendance et menaçaient les séances qu'ils valorisaient. Cette dépendance leur donnait l'impression d'être désengagés et de devoir chercher à exercer une plus grande influence sur les décisions concernant leur vie actuelle et future. Le concept de l'aliénation occupationnelle a été utilisé pour faciliter l'interprétation de leur situation. **Conséquences pour la pratique**. L'ergothérapie pourrait permettre aux clients des services de jour en santé mentale de surmonter l'aliénation occupationnelle, par la mise sur pied de services favorisant un sentiment d'appartenance et offrant des occupations significatives dans le cadre et à l'extérieur du programme de jour.*

The perspectives of individuals with a mental health disability who utilize mental health services offer insight to the provision of occupational therapy and mental health services. On an individual basis, a client-centred approach is used to facilitate change. However, advocates of the social model of disability have widened the agenda to incorporate client perspectives in the strategic development of services. This study was part of a larger project seeking to incorporate consumer views in planning mental health day services and was funded by a joint health and social care project team in London, United Kingdom (UK). The data obtained were used to generate recommendations for the local service providers who commissioned the project.

During data collection, the researchers, an independent team of 3 occupational therapists, were alert to the possibility that the perspectives of the clients might also inform the practice of occupational therapy in mental health day services. The responses of the participants suggested that, whilst the day services offered structure to the day, they encountered barriers to participation in meaningful occupation from staff and the wider community. This study reports on findings from the data analysis, which was shaped by these themes, and relates them to occupational theory. In particular, the concept of occupational alienation was found to illuminate the client's responses. This study is a response to the imperative to promote good practice through the publication of occupational therapy research which involves consumers (Craik, Austin, Chacksfield, Richards & Schell, 1998; Fowler-Davis & Hyde, 2002).

Literature review

People with a mental health disability are encouraged to be active consultants in their own care, local service development and research in the UK (Department of Health, 1999; Faulkner & Thomas, 2002). A recent systematic review concluded that this involvement in the provision of services, training and research was achievable (Simpson & House, 2002). These shifts in attitude towards the involvement of clients reflect increased understanding and acceptance of the social model of disability, at least in strategic planning. The social model proposes that there is a collective responsibility for minimising the difficulties associated with impairment, as these difficulties or disabilities arise from external barriers to participation (Oliver, 1983; World Health Organisation, 2001). Overcoming such barriers requires a widespread shift in attitude, such as accepting that not all people with a mental health disability will experience recovery (Sayce, 2000). Sayce also proposed that clients are more likely to be accepted as part of the local community if they are enabled to make a visible and practical contribution to it.

Mental health day services and occupational therapy potentially provide a forum for client involvement in this visible and practical sense. However, day services as a term can be open to multiple interpretations. Commenting on UK services, Prior (1993) suggested that the medical concept of treatment, rather than confinement, enabled the development of day treatment services in the 1930's from outpatients clinics. At the same time, social psychiatry fostered the growth of social support in a day care setting. In the UK, there is still a contrast between day treatment and day care, with mental health day services appearing to bridge the two settings. The need for systematic evaluation of these settings was highlighted in the Cochrane reviews by Marshall, Crowther, Almaraz-Serrano and Tyrer, (2002) and Catty, Burns and Comas, (2002) which were unable to draw conclusions due to insufficient evidence. However, there is evidence from smaller, qualitative studies that, for people with enduring mental health problems, mental health day services offer a purpose and structure to the day and access to a safe, social environment (Allen, 2000; Firby, 1995; Mee & Sumsion, 2001; Muijen, 1993; Rollason, Stow & Paul, 2000).

Occupational therapists' specialist skills were recognized in a review of staff roles and training needs (Sainsbury Centre for Mental Health, 1997), which suggested that occupational therapy education and services should focus on people with enduring mental health problems in the community. Studies by occupational therapists have sought to identify effective features of mental health day services. Rebeiro, Day, Semeniuk, O'Brien and Wilson (2001) suggested that being, belonging and becoming needs could be addressed in occupation-based services. These terms had been developed from earlier work by Rebeiro (2001), where participants had emphasized the importance of feeling valued within a safe place, which then enabled a focus on meaningful occupation. Another study, examining quality of life for people with schizophrenia, highlighted the importance of providing occupational opportunities in a social context (Laliberte-Rudman, Yu, Scott & Pajouhandeh, 2000). This was reiterated by Nagle, Cook and Polatajko (2002), who suggested that people with enduring mental health problems review their occupational choices on a daily basis for the potential to be productive, maintain or enhance well-being, and establish social networks.

Fieldhouse (2000) suggested that an emphasis on occupation, to promote mental health, empowers both occupational therapists and clients. In a study of the role of occupational therapy in community mental health, Fieldhouse used the occupational risk factors to inform his analysis. Occupational risk factors were defined by Wilcock (1998), encompassing occupational imbalance, occupational deprivation and occupational alienation. Townsend and Wilcock have subsequently identified these risk factors as outcomes of occupational injustice (2004). Occupational imbalance suggests difficulties in the allocation of time and occupational deprivation involves the absence of opportunities (Townsend & Wilcock, 2004).

Occupational alienation has been defined as the absence of meaning or purpose in the occupations of daily life (Townsend & Wilcock, 2004). In everyday usage, alienation often has a social meaning associated with hostility in relationships (Sinclair, 2001). Psychological, political and social theories of alienation (Bromwich, 1991; Israel, 1971; Laing, 1967) suggest an occupational focus, with Bromwich pointing to the human need to belong, which is fostered by repeating a meaningful occupation in a social context (Bromwich, 1991). Sadlo (2004) highlights the importance of creativity in giving meaning and purpose to occupations, contrasting with boredom and repetition in occupational alienation (Townsend & Wilcock, 2004). The perception of occupations as meaningful or meaningless may not always be shared, suggesting that the experience of occupational alienation can be unique to an individual or shared within a group.

Mental health day services appear to hold the potential to address occupational alienation and other occupational risk factors. In this study, it emerged that these concepts could inform further analysis of the data collected for the larger project, which sought to identify how the experience of attending day services met the needs of people with enduring mental health problems. The initial research question was how do occupational risk factors inform understanding of the perspectives of clients of mental health day services?

Method

A previous report on mental health services in the area (Payne, Schofield & O'Gorman, 2000) had recommended a review of day services, which precipitated this study. The

commissioning team for the project provided a list of topics to be covered. This study draws on the data collected at the four focus groups organized for mental health day service participants. Three other focus groups were for family caregivers, staff and managers, and the findings from the whole project are reported elsewhere (McKay, Bryant & Craik, 2003).

Focus groups were considered to be an appropriate method for the day service setting, where groups are used on a daily basis as a means of contact and communication. Focus groups require planning to facilitate discussions in the same way as therapeutic groups (Krueger & Casey, 2000; Hollis, Openshaw & Goble, 2002). Their use in research by occupational therapists is increasing, taking advantage of long-established professional expertise in group work.

Inclusion criteria for the project specified that participants should be adults with a mental health problem, currently or recently attending mental health day services and willing to participate in the focus group at their local day services. The project was promoted via meetings, posters and letters to all those eligible to participate. Familiar location and convenient timing for the groups were believed to be essential to maximise participation. It was anticipated that about eight individuals would choose to participate in each focus group. Each of the four bases for mental health day services across the area had a designated focus group, so the participants had a shared experience of using mental health day services in a particular location. The focus groups took place over a 3-week period in May 2002.

All procedures were subject to scrutiny and approval by local and university ethics committees. The local ethics committee questioned the need for details of participants' diagnoses on the demographic data collection sheet. Therefore information about the length of contact with services was collected. Ethical considerations permeated the study design and implementation as a whole, with emphasis on informed consent and participation. In particular, it was recognized that there was potential for clients to feel pressured by staff to participate. The focus groups were structured with an introductory phase which preceded the signing of consent forms. In this phase people were encouraged to ask about the project prior to making a decision about participation. There was then a break before the focus group started, where consent forms were completed. This provided an opportunity for clients to leave the group if they preferred.

Data collection

A questioning route (Krueger & Casey, 2000) (see appendix) was developed and piloted using the list of topics provided by the commissioning agency. Each group was facilitated by 2 of the researchers, in roles agreed to during the planning process. An optional activity was planned as an alternative means for individuals to communicate their views. As written and drawn responses are considered to be a useful way of engaging client's interest (Krueger & Casey, 2000), clients were invited to choose an image, from a selection, which to them represented how mental health day services helped them meet their goals, and summarize their thoughts by writing a short statement. The process of looking at the images, choosing an image and writing increased the range of occupations within the focus groups and the researchers believed that this would enable people to reflect on their perspectives in varied ways.

As each focus group was held in a different venue, the process of data collection involved adapting the agreed systematic approach to each setting. Verbal responses were transcribed to facilitate analysis. Field notes were made, recording the details of the group such as where participants sat and their names, and reflections immediately after each focus group.

Data analysis

The data obtained from focus groups are subject to analysis from the moment a participant speaks. Silverman (2000) emphasizes how the analysis is shaped by the theoretical orientation of the research. In a constructivist paradigm, multiple meanings can be attached to data, and so the research question must frame the analysis. Use of the constant comparative method of analysis involves comparing data in relation to emerging themes. For the overall project, initial coding by the primary researcher was concerned with the question of the quality of the services provided. Working from the transcripts, audio records and field notes, the two researchers who had facilitated the groups organised the findings into themes. These themes were then presented to the third researcher and organised into a report. A draft version of the report was circulated amongst participants for member checking, and responses incorporated into the final version (McKay, Bryant & Craik, 2003).

For this study, a second research question was used to frame the data analysis, initially seeking to investigate how occupational risk factors inform understanding of the client's perspectives of mental health day services. Responses indicating factors which promoted well being or recovery were also coded. This process of theoretical sampling (Charmaz, 2000) involved the use of qualitative data analysis software, which facilitated a systematic approach to the large volume of data. Every segment of data was reconsidered at this stage. Themes were explored and discussed with another occupational therapist, with extensive experience in mental health day services.

Decisions were primarily inductive, stimulated by and linked to participants' perspectives and informed by the researchers' own experiences of the project and as occupational therapists. In research team discussions, assumptions were identified, questioned and revised in the light of the findings, with the primary author maintaining a reflective diary. In this study, the subjective responses of the researchers were believed to be a research tool. Through individual and

collective reflection, these responses were subjected to systematic and continuous evaluation in a process of reflexivity (Finlay, 1998). This process precipitated the shift in the investigation from a more general overview of occupational risk factors to a focus on occupational alienation.

If it seemed that the mental health status of a participant had influenced their particular contribution, efforts were made to distil the facts underpinning the feelings. For example, the issue of confidentiality in the day centre setting could have been acute for people with paranoid feelings, but could be also a legitimate comment on staff behaviour.

Participants

The 4 focus groups were located at the 4 centres for day services, and attended by a total of 39 people. One focus group had 13 participants. Following discussion in the introductory phase, this group expressed the view that it was most important that everyone who was interested had an opportunity to participate. The other 3 groups involved 8 people (2 groups) and 10 people (1 group). More women (n=23) were involved in the groups than men (n=16), and most participants were within the 18-65 age range. The focus group for a day service organized within the voluntary sector had a wider age range than the other groups, as clients were not discharged from the service on reaching age 65. For duration of contact with mental health services, the results were: less than 1 year (n=4), 1 to 5 years (n=9), 5 to 10 years (n=6), more than 10 years (n=18) and information not given (n=2).

Findings

Enduring mental health problems and occupational alienation

Alienation conveys a sense of estrangement. As one participant said: "I feel so far away sometimes and don't want to do anything."

Coping with feelings is an intrinsic experience of mental health problems and in this study, those feelings prevented people from doing what they knew they needed to do and so they described their experiences of mental health problems in occupational terms: "I won't move from my bed ... I don't want to get ready. Sometimes even in the house you can't do housework and things because you are so down."

Another person described feeling as if s/he was "floating away from everyone" and that attending the drop-in sessions helped to counteract this feeling. These were open sessions, with emphasis on social contact and support in an informal environment.

Alienation in the mental health day services

The threat of the removal of occupation or, enforced occupational deprivation, was used to convey expectations of the organisation. It was perceived that behaviour(s) which attracted attention from staff risked the person losing the mental health day services support. A participant remarked: "You raise your voice that's it, you're causing trouble, we're going to have a word with you, right, you can't come in today or tomorrow."

This perceived fear of misinterpretation and sense of constant scrutiny meant people felt they had to "… let off steam at home …" For this person, who shared her difficulty of living with bipolar disorder with the focus group, this was a frightening prospect. A fear of misinterpretation suggests that meanings were being imposed for the benefit of the services rather than the clients. For example, it was difficult to be accepted into the mental health day services system: the process was described as "trying to get back in" and one person suggested that a crisis had to be brewing to get a mental health day service place: "But it has to be an emergency when you come in, and then it's too late, you have already gone too low."

Another individual, waiting for her referral from the hospital to be processed, was turned away: "I asked even if I could drop in and they said no. You couldn't use the centre like that; you have to come in regularly."

Whilst there was an emphasis on a commitment to regular attendance for people, there was a different situation for staff. Having gained a place in day services, individuals found that frequent staff changes undermined the process of establishing supportive relationships, as shown in the excerpt below:

A"…but the key workers tend to leave a lot lately. You just get comfortable with somebody."

B "And then they decide to leave."

C "And then you've got to start telling somebody else."

A "Yeah and you feel uncomfortable."

This sense of "feeling uncomfortable" suggests occupational alienation, having to engage in occupations defined and controlled by others. Having secured a place, there appeared to be a lack of consultation about the individuals' future, especially discharge. The model of day treatment on a time-limited basis seemed to override addressing enduring needs - people had observed unsuccessful discharges. A client observed: "Some of the patients came back because … they couldn't cope with the outside world."

The lack of consultation about the future did not make sense to participants. One commented that: "I think the system itself is wrong … they tell us when we are well, and when we are not. … I think it's all back to front: how do they know if we are well enough? "

The sense of being on the periphery, not being involved in their own individual care was also evident for the service as a whole. Despite expressing interest in developing services, this person was excluded from taking the idea forward: "Before I was discharged last time … we were going to find about getting a hall where we could have some sort of social

group in the community … it never got off the ground."

The lack of consultation extended to service developments, with fears fuelled by a failure to discuss plans with participants. A sense of exclusion from the planning process was combined with a fear of exclusion from the buildings where mental health day services were provided. In particular, there were fears about the future of the drop-in sessions, which were highly valued. "Eventually they want to push all of the groups out into the community and close the drop-in. I don't know what's going to happen," said one client.

Alienation and the wider community

Participants were concerned about being occupationally deprived when discharged without adequate support, for example: "You might not be feeling ill at the moment because you can come in here but the thought of not coming here, not having the support can make you really ill."

There was a strong sense that the mental health day services were separate and alienated from the wider community. One participant's experience demonstrated the difficulty of attending day services for the first occasion: "First time I came, I sat in the car park and then drove off again. It wasn't the place - it was the segregation."

Attending mental health day services seemed alienated from the rest of their lives, with clients in a passive role. Occupations were valued for their meaning to staff, not participants. A client commented:

> "I am part of the productivity in a sense, I come here and the doctors do their job, their assessments, their work to you, and you're like a product, you're on a conveyor belt. You go on the conveyor belt and you're sent out again and you come back."

The gulf between the day services and the wider community seemed unacknowledged by staff. Those people who had been involved in community activities had to suppress their anger when encountering the hostility of the general public, as this exchange between two people shows:

A "… I fought back and I thought I'll smack them in the mouth next time."

B "That's right, and it gives you a hard time."

A "But I would never want to do that."

B "That's the way you feel inside."

A "Yeah you do … they're cruel, cruel and horrible."

B "Because they don't know your illness."

Overcoming alienation

Evidence from the participants indicated that there were many features of mental health day services which enabled them to overcome their difficulties, with evidence of how engaging in meaningful occupation facilitated change. From the outset, attending day services gave people a reason to get up in the morning, giving meaning to the routine tasks of getting ready to go out. Clients recognized and valued the combination of encouraging independence whilst providing ongoing support, seeing it as an opportunity to make changes to their lives. One person described her experience of day services as "you're learning and you are being." Having a safe place to belong to was important for those clients who had attempted suicide or felt suicidal. One person commented that: "I would say that I have got a lot of positive things from here. That it saved my life. Definitely. "

The staff approach to clients was critical. Said one participant: "I think [staff] provide a role model for me … the way they conduct themselves, getting to work every day and I'm full of admiration for them."

However, other people, feeling alienated from staff, valued the contact with each other most of all. Mental health day services were seen as a means of accessing other clients; the shared experience of mental health problems made the environment mutually supportive, inclusive and meaningful. "We've all got different problems … but it's just knowing we all know that we've all got something wrong … You can chat to anybody and they're not gonna say, oh pull yourself together," said one client.

By supporting each other, clients thought they got more involved: "You are listening to other people's problems … but in a way by coming here you're getting yourself involved more."

There was a sense that the supportive relationships that they had with each other increased their sense of belonging. Knowing more about people was important, as illustrated here:

> "It's all very emotional as well isn't it? ... You know not just the medicine, … Oi! are you feeling all right? … were you feeling all right last week? … What's going on with your boyfriend? that type of stuff."

Discussion

Interpretation of findings

Participants clearly described the aspects of mental health day services which met their needs, suggesting that the day services gave them:

- A reason to get up in the morning.
- A means of structuring the day.
- An opportunity to form supportive relationships with others.
- Access to a safe, supportive environment.

In their view, these factors formed a significant contribution to the prevention of relapse or recurrence of symptoms, reflecting the findings of others (Allen, 2000; Firby, 1994; Mee and Sumsion, 2001; Muijen, 1993; Rollason, Stow & Paul, 2000). In particular, the participants in this study highlighted the importance of informal contact with other people, for example at drop-in sessions.

Participants recognized their required occupational role

as receiver of services and feared the loss of that role. They complied with the status quo to retain access to mental health day services. It was highly risky to move on or take a more active role. Many participants feared discharge as exclusion would increase the likelihood of future breakdown in their health and another inpatient admission. These fears are also reflected in the wider context where tensions between empowering clients and managing risk are apparent. To facilitate independent living for people with enduring mental health needs, a shift in emphasis from symptom management to social inclusion is required (Dunn, 1999; Prior,1993; Repper, 2000), and this has been achieved to a greater extent in day services elsewhere (Ball, 2002; Conlon, 2002; Faulkner, 2002; Hussey, 2002; Smith, Price & Abraham, 1997).

There is evidence to suggest that formal assessment of risk forms a greater part of mental health care in the UK than previously, and this emphasis on minimising risk may undermine efforts of staff to support clients (Foster, 1998; Jordan, 2001). The anxiety associated with risk management can prevent clear thinking, which Foster (1998) also claims stifles creative responses to managing problems. It could be that attempts to suppress the drop-in sessions were partly an attempt to minimise risk; such unpredictable settings could be seen as risky and compromising the safety of all. And yet, by threatening or withdrawing the facility for informal contact, a valuable source of support was seen by individuals to be withdrawn.

Living in a glasshouse

How then, if at all, do occupational risk factors influence the perspectives of mental health day service clients? Data suggesting occupational deprivation and occupational imbalance were readily apparent. However, data relating to the quality of the participants' experiences were less easily categorized and it emerged that a clearer definition of occupational alienation was required to inform coding. Whilst the literature gave an overview (Wilcock, 1998), responses in this study suggested that occupational alienation resulted from a combination of factors, some extrinsic and concerned with the environment, and some intrinsic, especially associated with mental illness pathology.

To what extent was this alienation occupational in nature? It seemed that occupational alienation was indicated by a mismatch, between a recognized need for occupations which promoted well-being or recovery, and a complex web of other environmental and personal factors. The four core themes presented earlier, in the findings, emerged from the participants' responses:

- Internal experiences of alienation, associated with enduring mental health problems.
- Alienation in the day services environment.
- Alienation in the wider community.
- Overcoming alienation.

The metaphor of living in a glasshouse was encountered at the beginning of the project, arising initially from the appearance of the building where the first focus group was held. To enter the building, it was necessary to walk around an empty glass shelter, which looked like a bus shelter, but there was no bus stop. Further exploration during the final stages of analysis suggested the relevance of the glasshouse metaphor, especially for structuring the findings in relation to occupational alienation, as shown below.

Life in a glasshouse, or greenhouse, suggests separation from the wider world, protected from harm and sheltered from adverse conditions. The people in this study felt the mental health day services provided a safe environment. However, there is a price to pay for the shelter: what lives in a glasshouse may not survive outside without careful preparation and ongoing support. The glass makes the life within highly visible, leading to the proverb those who live in glasshouses should not throw stones, implying that behaviour should be contained and criticism of others should be withheld, if it could possibly be applied to those who criticise. This is resonant with the visibility and vulnerability of people with a mental health disability in general terms, and in the experiences of those within the day services studied. The unpredictability of the effects of mental health problems could be seen as forcing clients to adopt a passive response to aggressive or destructive behaviour of others, for perhaps there is a belief that their own capacity for the same behaviour cannot be guaranteed to be contained.

The metaphor clarified that mental health day services were a place of safety, possibly with a hidden cost of fostering vulnerability. The client's role within services was constrained by a pressure to conform and withhold criticism, being under scrutiny by all. This impacted on their occupations within day services and beyond, leading to a persistent sense of alienation between their hopes and the reality of their occupational roles. This sense was most prevalent at day services which were perceived as separated, or alienated, from the wider community.

Alienation and belonging

In Rebeiro's studies, (Rebeiro, 2001; Rebeiro, Day, Semeniuk, O'Brien & Wilson, 2001), clients emphasized being in and belonging to a setting, before moving towards becoming, or developing occupational roles. Rebeiro (2001) highlights the need for therapy based on prescription to be replaced by provision of an environment which values the perspectives of everyone present. It could be argued that the drop-in sessions in this study are valued by clients for this reason. The sessions provided an opportunity for people to feel they belonged to an informal supportive network of clients and staff, in contrast to time-limited formal therapeutic groups. This sense of belonging diminished alienation, socially and occupationally. This is not to say that the drop-in session was the only means of meeting this need, but for the participants in this study it was a significant means.

Fortune (2000) highlights the centrality of occupation at times of personal change. Repeated over time, occupations become a habit, the sense of belonging is increased and relationships can be established, which reflects the observations of Bromwich, (1991) and Morgan, (1998), where people expressed their wish for relationships. Yurkovich, Smyer and Dean (1999) contended that people sought to establish supportive networks to maintain their sense of control over their symptoms. The more successful centre in their study was the one where staff actively facilitated the development of strategies for self-management, creating networks of support specific to each individual. Conversely, a study by Martin et al., (1999) shows how perpetuating a passive role of clients fosters alienation.

Limitations

The findings of this study may not transfer beyond the local setting: further research is required to confirm whether occupational risk factors, and in particular occupational alienation, have relevance for mental health day services. In particular, the limited resources of the overall project prevented further investigation in relation to this study. The chosen method, focus groups, and the recruitment process meant that participants were self selecting, and access to participation may not have been equitable. The researchers had limited control over numbers in the groups, which may have affected the quality of data collected in the largest focus group. It could be argued that the use of focus groups excluded those who found a group environment difficult; however, the day service setting is a social context, using groups for many aspects of service provision. The focus groups mirrored therapeutic groups, in the way that dynamics external to the group itself were expressed within it, further limiting the transferability and possible credibility of the themes emerging.

Using a reflexive approach to the study throughout, systematically recorded and based within the team of the three researchers, meant that the shared perspectives of the researchers ultimately permeate the findings reported here. Further research which actively engages clients in the research process would give strength to the findings as evidence for practice.

Conclusion

The concept of occupational alienation has been further explored in this study, drawing on the perspectives of clients on mental health day services. Their views suggest a shared experience of occupational alienation, whether arising from mental illness or their experience within and beyond day services. Understanding occupational alienation highlights the need for a sense of belonging, which this study suggests can be achieved through the sustained provision of a safe place and meaningful occupation in a social context.

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Authors

Wendy Bryant, MSc, DipCOT, is an occupational therapy lecturer, Brunel University, School of Health Sciences and Social Care, Borough Road, Isleworth, Middlesex, UK. TW5 7DU. E-mail: wendy.bryant@brunel.ac.uk

Christine Craik, MPhil, DMS, DipCOT, MCMI, ILTM, is Director of Occupational Therapy, Brunel University, School of Health Sciences and Social Care, Isleworth, Middlesex, UK.

Elizabeth A. McKay, PhD, MSc, BSc (Hons), DipCOT, ILTM, is Head, Department of Occupational Therapy, University of Limerick, School of Health Sciences, International Science Center, Limerick, Ireland.

APPENDIX: QUESTIONING ROUTE.

Preparation	Introduction to group/ Focus group practical issues/ Consent forms
Opening	Can you say who you are? & what days do you come here?
Introductory	Briefly, can you tell the group how you found out about this service?
Transition	What do you think of (name of centre)?
Key Questions	What do you get from (name of centre) you would not get anywhere else? Is coming here a step to something else? If so, how does it help you meet your goals? How do you feel the day services could be different? Have you been involved in changes to this service? In what ways?
Ending	Summary (Co-facilitator): All things considered – what message would you like us to hear? Have we missed anything – is there anything you would like to say that you haven't had the chance to say?