Previous research has explored the occupational engagement of people with mental health problems. This study set out to establish the meaning and value of leisure for people with enduring mental health problems living in the community. Using a mainly qualitative design, semi-structured interviews were conducted with 10 participants randomly selected from clients referred to a local assertive outreach service in South-East England. Initially, the data were analysed for content, phrases, language and words used; subsequently, emerging themes were identified which were confirmed by a second occupational therapist. Three themes are reported here: why certain occupations were considered to be leisure, the feelings expressed during leisure and the value of leisure.

Although the participants had some difficulty in articulating their views, leisure was differentiated from other occupations, with the time available to complete a task in the absence of pressure being the distinguishing feature. Overall, the participants had positive views about leisure, which was valued in terms of meeting their individual and unique needs. The implications for occupational therapy are explored. In determining the meaning and value of leisure for people with mental health problems, more emphasis should be given to their actions and less to their skill in verbalising emotion.

Without Leisure … 'It wouldn't be Much of a Life': the Meaning of Leisure for People with Mental Health Problems

Christine Craik and Yvonne Pieris

Introduction

Craik et al (1998), in a survey of 137 occupational therapists working in mental health, and Meeson (1998), in a study of 12 occupational therapists working in community mental health teams, reported leisure as a frequently used intervention. However, Pieris and Craik (2004) noted that despite the central position of leisure in occupational therapy, there was little research outlining its value or its effectiveness in intervention. Similarly, Passmore (2003) and Passmore and French (2003), in reviews of the literature, noted the lack of evidence for the impact of leisure on wellbeing.

Literature review

Leisure

Leisure has been described as a complex phenomenon with three principal elements: time, occupation and experience (Lobo 1998, Suto 1998). These authors explored leisure from different perspectives, but both identified the same elements. Lobo (1998), in examining the changing patterns and relationships between work and leisure, found that theorists and researchers had concluded that by the 1990s the Western world had produced three societies of leisure: those who were consumers of leisure, those working in the leisure industry and those groups who were marginalised. Although the marginalised groups were identified as unemployed and retired people, the characteristics and experiences of these groups in terms of loss of role, lack of structure to daily living, lack of money and stigma attached to their status were similar to those of people with enduring mental health problems. Suto (1998) reviewed the literature on approaches to leisure in occupational therapy, concluding that although leisure had been identified by many authors as an important aspect of a balanced lifestyle, it was afforded a lesser status than work.

Time, as the first element in relation to leisure, is frequently contrasted with work or the activities necessary for everyday living (Lobo 1998). Lobo (1998) also cited Wilensky (1960), whose studies noted that people who were in occupations that were challenging or rewarding were happy for work to spill over into their leisure whereas those in mundane or manual work wanted their leisure to compensate for their unfulfilling job.

The terms used in the literature to signify time for leisure in comparison to time for work and self-care are

free time, residual time and discretionary time (Primeau 1996, Lobo 1998, Suto 1998). The ability to understand leisure and identify optimal leisure pursuits to meet individual needs is advocated by Lee et al (1994), although it cannot be assumed that leisure will always result in positive outcomes.

Although describing leisure in relation to time is relatively unequivocal, considering it as an occupation or experience is more problematic. Certain occupations are generally accepted to be in the sphere of leisure, but there is no universal agreement on which occupations are purely leisure and which are not. This division could be attributed to the personal meaning that an occupation has for each individual. In addition, occupations may assume different meanings to an individual depending on time and context (Primeau 1996, Suto 1998) or could be experienced as work or leisure or as both or neither (Shaw 1985, cited in Primeau 1996).

The difficulties experienced in attempting to define leisure in terms of occupation led to viewing leisure in terms of subjective experience (Primeau 1996, Suto 1998). This concept concentrates on a state of mind rather than on the actual occupation (Tinsley and Tinsley 1986). The features of leisure experience recognised through research are freedom to choose, perceived competence or control, enjoyment or pleasurable feelings, suspension of reality and timelessness (Bundy 1993, Suto 1998).

Leisure in occupational therapy in mental health

Several studies have explored the occupational engagement of people with mental health problems. Chugg and Craik (2002), in a United Kingdom (UK) study of eight people with schizophrenia living in the community, found that their mental and physical health, occupational routines, external factors such as the presence of others and having responsibilities and internal factors such as self-efficacy and manageable challenges all contributed to their level of engagement in occupation.

For their study of people with mental health problems in the UK, Mee and Sumsion (2001) interviewed six clients who attended either a workshop or a drop-in centre in the community as well as observing them in these settings. Their findings suggested that engaging in occupations generated motivation, provided space to develop self-identity and offered opportunity to build competence. All participants reported that being productive and having opportunities to socialise were motivating. The importance of having a structure to the day and being able to fill time appeared to be of great value. Becoming engrossed in an occupation produced a sense of fulfilment and time passed more quickly. This concept has been reported by Csikszentmihalyi (1993) as being in a state of flow. Mee and Sumsion's (2001) participants also reported that being involved in doing something gave them a clear purpose and the authors found that the availability of a safe and flexible environment allowed the participants to exercise a sense of control and

self-determination. This research supported the need for the increased provision of meaningful occupation for people with enduring mental health problems living in the community (Mee et al 2004).

Csikszentmihalyi (1990), however, maintained that individuals with schizophrenia could not experience flow, where the person would need to concentrate on an activity, have a clear sense of purpose, have control over actions, process a positive affective state and be highly motivated. Emerson et al's (1998) study challenged this concept by interviewing nine clients with schizophrenia living in the community in Canada and found that the subjective states mentioned by the clients were excitement, accomplishment, relaxation, social connections and being interested. The authors considered that the first two states could be considered to be flow and the third state a precursor to flow. They concluded that enjoyment in occupations needed to be considered in a broader sense than the constraint of flow alone.

Nagle et al (2002) explored the occupational choices of eight people with enduring mental health problems living in the community in Canada who were not in paid employment. The participants appreciated the benefits of having a structure to their time, although they wanted to retain some flexibility. They enjoyed socialising and valued the help of other people to do this. In the future, they wanted to engage in more work and leisure pursuits and to make new friends, although they recognised that their health restricted their ability to do this.

In a larger study of 229 adults with schizophrenia in the UK, Shimitras et al (2003) used individual interviews which identified time use. Time budget methodology established how the participants had spent the previous day, with each occupation and duration of engagement recorded in half-hour time slots. Thirty-seven participants lived in hospital and 192 lived in the community. Overall, the occupations of sleeping, eating and personal care took up most time, with little time being spent in productivity or active leisure. The older respondents spent more time in passive leisure than the younger respondents, with the reverse noted in time spent in socialising.

These studies of people with enduring mental health problems explored their occupational engagement and provided a valuable picture of their lives. However, none of these studies focused specifically on leisure.

Aims of the study

This study explored the leisure occupations of people with enduring mental health problems living in the community in order to determine the value that the participants placed on leisure.

Method

The method was first presented in Pieris and Craik (2004), where it was described as qualitative. Subsequently, in a review of qualitative methodology, Ballinger (2004) noted

the study as an example of the realist position. While acknowledging that this position was at the end of the continuum less frequently associated with qualitative methodology, she noted that the 'choice of sampling strategy, decision about analytical procedure and selection of reliability as a criterion to demonstrate rigour of analysis are entirely consistent with a realist tradition' (Ballinger 2004, p542).

An alternative view might be to consider the design to be flexible, where qualitative and quantitative approaches are combined (Robson 2002). Carlson and Clark (1991) argued that this was especially relevant in occupational science research.

Design

The study took place in an assertive outreach service in South-East England for people living in the community who had a major mental health problem causing difficulty in their functioning. A mainly qualitative design was adopted to elicit subjective responses, with the intention, as far as possible, to move away from the preconceived notion of what leisure meant and to gather data in the form of opinions and experiences. Qualitative methodology is appropriate when the research question aims to understand social behaviour from the perspective of the participants (Avis 2005) and where the intent is to explore a phenomenon (Green and Thorogood 2005). In health research, qualitative methodology is valuable when obtaining the views of people is a more relevant aim than knowing how many people share those views (Green and Thorogood 2005), although the second aim may be the topic of subsequent studies.

According to Green and Thorogood (2005), interviews are the most frequently used data collection method in qualitative health research. Because this study examined the participants' individual experiences, asking open-ended questions provided an opportunity to engage in conversation regarding these experiences. Liberman (1989) believed that although details of subjective experiences could be obtained from people with mental health problems, a degree of structure and persistent probing was necessary to gain an in-depth understanding of important issues. Therefore, semi-structured interviews were conducted with 10 people using an interview schedule with nine questions, some developed from Söderback and Hammarlund's (1993) leisure-time frame of reference. Prior to the interview, the participants were told that questions would focus on their leisure, that there were no right or wrong answers and that their experiences and opinions were important.

Green and Thorogood (2005) cautioned against asking questions that repeated the principal research question or objectives, so the questions were structured and sequenced to enable the participants to move from describing their experiences to giving their opinions. Patton (1987) recommended beginning an interview with non-threatening and easy to answer questions that required minimal interpretation in order to encourage

respondents to talk descriptively. Therefore, in the first question, the participants were invited to describe the previous day and to indicate if it had been typical and if weekdays and weekends differed. Further questions then elicited how much time during a day or week, and how many of the activities that they had mentioned, they considered to be leisure and what made it leisure in order to establish their understanding and opinions of what leisure was for them as individuals. Given their choice, they were asked how they would spend their leisure time, what their favourite activities were and how these made them feel. Next, they were asked about the importance of having the resources to do these activities and, assuming there were no limitations, if there was anything in relation to leisure that they wanted to do but were not doing. Finally, they were asked how they would feel if they did not do the leisure activities and then they were invited to add additional information. These questions attempted to elicit the participants' subjective feelings about leisure, whether there was an emotional response to engaging in leisure and if they valued leisure.

A pilot interview resulted in removing a question about what influenced the way in which the participants spent their time. The pilot participant struggled with the concept of influence and rephrasing the question did not elicit an answer. This supported the structuring and sequencing of the questions from description to opinion. The pilot interview was included in the analysis because this question was not asked at subsequent interviews and it did not affect other questions posed to the pilot participant.

Ethical considerations

The proposal was considered by the Brunel University ethics committee, which recommended refinements before allowing presentation to the Local Research Ethics Committee of the National Health Service trust. Following the provision of additional information, approval was granted. The inclusion and exclusion criteria, recruitment of participants, methods of obtaining informed consent and arrangements for the interviews were all designed to protect potentially vulnerable clients.

The inclusion criteria were clients of the assertive outreach service, aged between 18 and 65 years, able to speak English and to give informed consent to participate in the study. The exclusion criteria were clients who, at the time of the study, were in an acute phase of their illness, those believed to be under the influence of drugs and/or alcohol and those who, in the opinion of staff, would be caused distress by participating in the study. One person was excluded owing to hearing problems. Having applied the exclusion criteria, a random sample of 15 people was selected. To represent the caseload ratio, the caseload was separated into male and female categories and nine male clients and six female clients were chosen using a table of random numbers (Bahn 1972).

Recruitment

Having identified the potential participants, the recruitment process was designed to ensure that the clients would not feel obliged to participate in the study or be put at risk by doing so. This was important because the second author (YP) worked in the service and might have been known by the potential participants. First, the Responsible Medical Officer ensured that the clients' circumstances had not changed and that they could still be approached. The clients were then invited to take part via their care coordinator, who had an outline of the study, a copy of the information sheet and the consent form. This procedure enabled the clients to discuss any concerns with their care coordinator, who could observe any signs of anxiety, and provided a further layer of protection for the clients. The clients were encouraged to discuss their inclusion in the study with family or friends. Once the consent forms were returned, a mutually convenient time was agreed for each interview and the care coordinators were advised.

Seven of the nine male clients and two of the six female clients agreed to take part in the study. A further male client and four female clients were randomly selected. The male client agreed to take part but withdrew on the interview day and one female client agreed to take part, two declined and the other withdrew consent on the interview day, resulting in 10 participants.

Interviews

The interviews lasted between 20 and 40 minutes and took place at the assertive outreach service team base, a neutral location familiar to the participants where support would be available should they become distressed by the interview. The participants were asked again if they agreed to the interview being tape-recorded and were reassured that they could seek clarification of the questions and could withdraw from the interview at any time without giving a reason. The intention was to pose the questions in the same order each time, although in some instances this was not possible because of the way in which the conversation progressed.

To maintain anonymity, the participants were assigned a pseudonym sequenced alphabetically in the order of the interviews. The audiotapes of the interviews and the transcripts were kept secure and were accessible to the researcher only. The transcripts were made available to the senior occupational therapist who conducted an independent analysis of the data.

Data analysis

The most common method of analysing data from semi-structured interviews is content analysis, which involves identifying the general themes mentioned during the interviews and then counting the number of occasions on which they are mentioned (Hayes 2000). However, this tends to simplify content, reducing rich information to numbers. Hayes (2000) argued that the frequency of a theme being mentioned did not necessarily convey its importance. Nevertheless, as some questions identified the

number of occupations that the participants engaged in and the ones that they judged to be leisure, the use of content analysis was appropriate for the initial analysis (Pieris and Craik 2004).

The interviews were transcribed verbatim by the second author as soon as practicable after each interview. Through this process, immersion in the data began, with no predetermined categories searched for. Then the transcripts were read, noting items of interest and recording these for each interview. The issues or phrases that could be categorised between all the interview transcriptions were highlighted, noting their frequency. Attention was afforded to the words, phrases and language used, the form and structure of the dialogue and the sequence of the interaction (Mason 1996). No themes were decided upon at this stage.

Once the categorisation and frequencies were reviewed, the next stage of the thematic analysis involved looking at the emerging themes, in relation to the participants and their context within the interview (Hayes 2000). Theory-led thematic analysis (Hayes 2000) was also employed when the data were searched for theories relating to leisure, such as time, activity and experience.

Once the themes were gathered, the transcripts were read again to search for additional information in the light of the emerging themes. To increase the trustworthiness of the analysis, a senior occupational therapist working for the team also analysed the data (Mays and Pope 1995). She was made aware of the questions asked, was given the interview transcripts to analyse and was asked to identify four to six themes. The themes she found matched those of the researcher.

Findings

Six main themes arose from the interviews and three of these themes – the number and range of occupations, the factors hindering participation in leisure and the factors enabling participation in leisure – have been reported in Pieris and Craik (2004). Details of the participants and their occupations have also been reported in Pieris and Craik (2004). The remaining three themes are reported here:

■ Why certain occupations were identified as leisure
■ Feelings experienced during leisure
■ The value of leisure.

Why certain occupations were identified as leisure

In describing why some of the occupations she identified were leisure, Beth said:

Well it's something you don't normally do isn't it?

When asked what his favourite leisure-time occupation was, Charlie replied:

Well the main thing would be going out, having something to eat.

And when asked about his preference for engaging in leisure with friends or leisure organised via the mental health services, he said:

> Yes … I'd prefer to be with my friends, although if it's organised then I'm happy to join in, tag along if it is something I like.

Some participants found difficulty in assigning occupations into specific categories; for example, cooking was considered both a task and a pleasure. For some participants, the context in which the occupation took place dictated whether it was part of their leisure or not. Cooking regular meals was part of everyday routine whereas baking or cooking for friends was a leisure pursuit. Dave said:

> I cook all my own meals rather than rely on frozen or tinned. I have the odd person around for a meal and have a nice evening like that so I suppose that's what I would call leisure … yes I enjoy it [cooking], it's not really a chore.

Similarly, shopping was described both as leisure and as work. Adam said:

> It's work really … sometimes it's fun but if you queue for half an hour in [the supermarket] then it isn't very pleasurable … we had to wait ages to get through the till, I hate waiting, I don't mind waiting for buses.

A distinction was also noted in relation to watching television. Most participants, like Adam, watched programmes for entertainment:

> … that's leisure time in the evening in front of the television with my partner.

Three participants, however, considered it as a way of keeping up with current affairs and they specifically watched factual programmes for this purpose.

The participants conveyed what made the time and occupation identified as leisure different from other times and activities. An overriding factor appeared to be the time available for an occupation to be completed. More time and less pressure to complete a task rendered it a leisure pursuit in the eyes of most participants. When Charlie was asked how he considered the occupation of decorating his flat, he explained:

> Well even when it's doing things in the flat like painting, because I'm not working I'm doing it at a leisurely pace so I can sort of enjoy it to a certain extent because I'm not rushing to do it by this hour or that hour.

Another element in relation to time was that there was no clear distinction between weekdays and weekends as to the type of occupation engaged in. However, some participants considered the weekend primarily for relaxing and seeing friends or family whereas others chose to catch up with household duties.

Feelings experienced during leisure

Asked how they felt whilst engaging in leisure, some participants had difficulty in articulating personal experiences and expressing emotions. Several sub-questions were introduced to elicit detail. Eddie described his leisure and how it made him feel:

> Going to … at weekends, going swimming with … or badminton … sometimes going out with friends Friday or weekend, going to the cinema, joining in with the young persons group … watching TV at home which is mostly pleasure really.

All feelings expressed by the participants were positive, although as a result of additional prompting some participants said that they did experience some negative feelings before, during or after leisure. These included anxiety because of ritualistic behaviours which resulted in getting to events late, inability to sustain the occupation or a sense of anticlimax following a leisure occupation, so much so that it discouraged or even prevented future participation. While discussing the way that leisure made participants feel, Dave explained how some of the negative aspects influenced his engagement:

> Yes I've cancelled a few things in case it makes me feel worse.

Some leisure pursuits also highlighted the deprivation in the participants' lives, such as the lack of an intimate relationship, loneliness and the potential in life that had not been achieved. George said:

> … I don't like sitting and waiting … I get bored, but I don't want too much leisure, I wouldn't mind going out with someone just for a drink or a coke or something like that … I just don't like being on my own.

The contrast between feelings about work and feelings about leisure was noted by Harry:

> … [sheltered work] … it requires that sort of concentration and discipline. After that when I leave there, I feel sort of free really.

The value of leisure

The participants overwhelmingly felt that it would be detrimental not to have opportunities to engage in leisure and that it would affect their overall quality of life. Asked how he would feel if he was unable to do leisure activities, Adam replied: 'I'd be unhappy.' Jane explained the benefits that she derived from engaging in leisure pursuits:

> I suppose it is having time to myself. But then I enjoy going out and meeting friends … one thing I dearly enjoy doing is badminton, I really do enjoy it.

And when Jane was asked what she liked about leisure, she said:

> Well it's a game, I suppose it is competitive, I'm not half as competitive as I used to be, but it's friends I've met … it's physical it does help you mentally as well, I'm really happy, happier than I've ever been. I think they've got my tablets right and it's important to keep busy, they say it is particularly important and I think it is so.

Fran spoke of how it felt to get back into her leisure pursuits when she had been ill or been in hospital:

… people were very kind, they gave me a big welcome … I thought that is lovely because people are inclined to do that when people have a broken leg or something, but mental health problems are quite different … The welcome … can mean a great deal to you, to give the confidence to start going back to things again.

While discussing the feelings around and consequences of not being engaged in occupation, Dave explained how he felt because he was restricted owing to recent physical difficulties:

Well I've felt quite depressed about it, … That is why I try and keep myself occupied so I don't get pre-occupied with the lack of things to do during the day, because the farm as an example, I enjoyed the work there plus the social, communication side, I do miss it.

Discussion

The three themes reported here of why certain occupations were considered to be leisure, the feelings experienced during leisure and the value of leisure corresponded with the three concepts of time, occupation and experience referred to in the literature as a way of attempting to define leisure.

Time and occupation

The participants identified their leisure time in terms of freedom from rules and regulations, with a sense of control of the amount of time and the pace whilst involved in leisure. The notion of having time and space to oneself was also identified as a way of distinguishing leisure time from any other time. None of the participants reported not having adequate time to dedicate to their leisure but, for some, the focus of time related to time keeping. This was described in terms of getting to venues on time, the perceived pressure to complete a task in time such as getting changed at a swimming pool or keeping up with others, which was found to be anxiety provoking.

Shopping and cooking were difficult to categorise into either leisure, self-maintenance or work. For some there was an understanding that cooking, for example, was a chore or a pleasure, whereas for others it took on a different characteristic depending on the context in which it took place. This reflects the study by Shaw (1985, cited in Primeau 1996), where an occupation could be experienced as work or leisure, or as both or neither.

Some participants felt that simply being out of the ordinary or unusual made occupations into leisure whereas others suggested that if leisure pursuits became part of their routine this would encourage further participation and such pursuits would no longer be considered leisure. Other participants reported avoiding routine to minimise stress; perhaps non-routine activities may have been perceived as less stressful and more enjoyable, thus becoming leisure activities. This echoes the participants in previous studies who valued structure to their time

but wanted to retain flexibility (Mee and Sumsion 2001, Nagle et al 2002).

Feelings experienced during leisure

A key factor observed during the interviews was the difficulties that the participants had in expressing their feelings or emotional states whilst engaged in leisure. They needed prompting and additional questions, such as: '… as you mentioned if you felt one way when describing a certain activity, what would be your feeling whilst engaged in another … ?' In some cases, a list of emotional states was offered as examples. Considering leisure in terms of subjective experience has been advocated by Tinsley and Tinsley (1986), Suto (1998) and Primeau (1996). However, inability or difficulty in verbalising experiential or emotional states could lead to the assumption that an occupation was not valued by people with mental health problems. Yet with some additional questioning, the participants were able to identify the value of leisure for them. In determining the benefits of leisure for people with mental health problems, what people do may be a more accurate reflection of the value they place on leisure than what they say about it. As the inability to verbalise emotional responses may be a feature of mental health problems, other aspects of leisure may be more potent determinants of what is considered or experienced as leisure by people with mental health problems.

In the first instance, all the participants mentioned positive feelings, even though the question posed did not stipulate this. However, on further questioning they did describe anxieties before, during and following an event or occupation, so much so that future participation could be affected. Experiencing negative feelings was not exclusive to the participants of the present study. Lee et al (1994) suggested that although it was important to understand leisure and to identify optimal leisure activities to meet the needs of an individual, a positive outcome could not always be assumed. The findings of this study go beyond this to suggest that negative affective responses may limit participation in future occupations. It could be that leisure was considered a positive experience by the participants, but an alternative explanation might be that, because the second author was employed by an organisation that had a role in providing social and leisure activities, the participants may have felt obliged to view leisure in positive terms whether facilitated by the mental health services or otherwise.

For the participants, the major consideration about leisure was their need to engage on a daily basis in some form of occupation that met their individual needs. They expressed concern about the balance of roles and occupations, some feeling that they did not want too many obligations or responsibilities whilst others recognised that there were not sufficient things to do in their lives. It would seem that it was not the number or variety of occupations that each participant engaged in that mattered so much as whether or not their individual needs were met. For example, as reported in Pieris and Craik (2004),

George engaged in three leisure occupations while Adam engaged in 17 leisure occupations; however, both reported similar opinions about their leisure participation. Both felt that if they had more money to spare, they would undertake more leisure pursuits. On this basis, for people with mental health problems, counting the time spent and number of leisure occupations engaged in may be a restrictive way of viewing satisfaction or quality of life. It may be the individual's experience and the unique needs met by the occupation that are of value. Similarly, the participants in Nagle et al's (2002) study wanted to engage in more leisure occupations, although they recognised their health as their main restriction.

The value of leisure

The final theme was the value placed on leisure by the participants. When asked how it would feel not to have leisure opportunities in her life, Beth said '… it wouldn't be much of a life'. This statement poignantly encompassed most of the views expressed by the other participants. They were not asked directly whether they valued leisure or not, but inferences were drawn from the statements made in relation to feelings expressed with regard to non-participation in leisure and the benefits of engaging in leisure.

Another common view was the ability of leisure to provide opportunities for the participants to make some connection with the outside world or normal occupations. A sense of keeping busy in the absence of structured occupation or work and planned time was also valued and the participants felt that leisure went some way towards meeting these needs. Lobo (1998), in reviewing the literature on leisure, found differing views: some advocated leisure as adding quality to life in the absence of work, whereas others thought that leisure could not compensate for the experience and roles at work and that leisure could not be a continuing replacement for employment. The participants of the present study demonstrated a preference for having events organised for them and, even though there were difficulties in describing the value leisure held for them, it was evident that they were able to appreciate and benefit from the experience of taking part. The participants in Mee and Sumsion's (2001) study reported on the value of occupations that were meaningful and absorbing, were community based where appropriate and provided a space to be productive and to socialise. It would seem that there is scope for leisure pursuits and leisure participation to fulfil some of these individual needs.

Implications for occupational therapy

All the participants in this study valued leisure, although many had difficulty in articulating their opinions. Busy occupational therapists working with this client group must not neglect the leisure component of intervention just because clients do not readily verbalise their views. However, as many occupations were judged to be leisure, self-maintenance or work depending on their context,

therapists may wish to consider this multiple attribution in promoting certain occupations to clients, their carers and other team members. Thus, it may be expedient to suggest occupations such as cooking and shopping as the means to achieve many goals of intervention. Emphasising their capacity as leisure occupations may increase their appeal and relevance to clients and others.

Although all the participants indicated that they had sufficient time for their leisure occupations, some noted pressure in relation to meeting deadlines and keeping up with other people. This pressure may not always be obvious to therapists, who may wrongly assume that clients who are not working have plenty of time to complete tasks and may become impatient with those who do not keep to timescales. The observation that leisure, normally associated with enjoyment, can have negative connotations for people with mental health problems should also be considered by therapists. When promoting engagement in leisure, occupational therapists need to be mindful that this may cause just as many challenges for clients as other occupations. Nevertheless, engaging in leisure is important for people with mental health problems and appears to depend not on the number of occupations involved but on their relevance to individuals.

Conclusion

This study set out to determine the meaning and value of leisure for people with enduring mental health problems living in the community. Although the participants had some difficulty in explaining these concepts, their opinions were ascertained and demonstrated that they did value leisure as part of their everyday lives. Therapists must not neglect engagement in leisure as a legitimate goal of intervention and, indeed, they may find that the multiple attribution of some occupations, such as cooking and shopping, means that these have added value in the repertoire of therapeutic occupations. Further research in determining the value of leisure for people with mental health problems is advocated.

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