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How does taking part in a community allotment group affect the everyday lives, self-perception and social inclusion of participants?

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DECLARATION

I confirm that the work submitted in this dissertation module is the result of my own investigation and that I have identified and acknowledged all the sources used for my submission.

I also declare that this assignment has not been, nor is currently being submitted in candidature for any other degree.

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Abstract

People with mental health problems are amongst the most socially excluded in society. Horticultural therapy has been shown have positive outcomes, with projects on allotment sites also promoting social inclusion with other plot holders, using the common interest of gardening. This study proposes that psychosocial benefits of allotment groups will be further enhanced by participation in projects involving a diverse group of volunteers. The aim was to investigate the effects of attending such a project for volunteers with mental health problems, focusing on their everyday lives, self-perception and social networks.

It was found that volunteering was inclusive and de-stigmatising, with participants widening social networks, being valued by the community and escaping sick-role identity. Meaning and purpose in participant's lives was increased by engagement in the occupation of gardening with other like-minded people.

The potential of community gardening for the promotion of social inclusion, social capital and health, and the reduction of occupational deprivation is discussed, along with the role of occupational therapy in community development.

Introduction

People with mental health problems are amongst the most socially excluded in society (Social Exclusion Unit 2004). Occupational therapists, working with people with mental health problems have a responsibility to promote their social inclusion (DH 1999)

Blair and Hume (2002) state gardening is a health promoting occupation because it is multi-faceted, involving skill, exercise, cultural involvement, sensory stimulation, and spirituality. In

community gardening, these benefits, along with the attention restorative properties of the natural environment (Kaplan 1995) and the health aspects of eating fresh produce are combined with social benefits of group working. Fieldhouse (2003) proposes allotment projects offer unique opportunities for social inclusion and de-stigmatisation, due to the location of allotments in communities. That gardening is a widely popular and thus "normal" activity is hugely significant for integration (Foster 2001).

Integrating people with mental health problems into mixed community groups could further promote inclusion and de-stigmatisation because the occupation gives the person an opportunity to mix with other members of the community by sharing a common interest (Milligan et al 2004).

Community gardening can improve neighbourhoods, increase social capital (Armstrong 2000) and decrease occupational deprivation, a feature of life for impoverished communities (Kronenberg and Pollard 2005) and marginalized groups such as people with mental health problems (Heasman and Atwal 2004).

Aims

This investigation combines the concepts of social inclusion and horticultural therapy in studying the experiences, from a holistic occupational perspective, of people with mental health problems volunteering at a community allotment group. The study aimed to find out what effects attending the community group had on participant's everyday lives, self-perception and social inclusion.

The benefits and drawbacks of using such groups for people with mental health problems will be discussed, along with the role of occupational therapists in supporting such groups, and in community development.

Literature review

Social inclusion

Social inclusion promotes mental health and well-being and is essential to the recovery process (Repper and Perkins 2003). Employment is often hailed as the pinnacle of social inclusion but many barriers prevent people with mental health problems attaining this goal (Evans and Repper 2000). Often great importance is placed on finding and maintaining employment, but this may not be appropriate or helpful depending on their stage of recovery (Stepney and Davis 2004). Other avenues for social inclusion such as leisure or voluntary work must therefore be explored (Heasman and Atwal 2004), not only as a stepping-stone towards employment, but as a valuable end in itself.

Horticultural therapy

Horticultural therapy (HT) is defined by Growth Point (1999 p5) as "the use of plants by a trained professional as a medium through which certain clinically defined goals are met". Johnson (1999) proposes two properties that are unique to HT. Firstly, improvement of environments, which benefit the whole community, and secondly, the plant-person relationship, which is non-judgemental, providing responsive feedback to care (Fieldhouse 2005), and also fosters connection with nature.

Nature is linked to human identity in a variety of contexts. The Biophilia hypothesis that supports a genetic basis for responses to nature, proposes "human identity and personal fulfilment somehow depend on our relationship to nature" (Kellert 1993). This was incorporated into a model of social and therapeutic horticulture by Sempik et al (2003). Schama (1996) connects cultural identity to our relationship with the environment, a concept that is applied to the landscape of allotments by Crouch and Ward (1988). It is not surprising then that theories are emerging that link rising incidence of mental health problems and decreased well-being with detachment from nature caused by modern lifestyles (Clinebell 1996, Norfolk 2000). Perhaps this explains why interventions involving outdoor activity, where interaction with the environment is encouraged and exposure to the elements and seasons occur, are particularly effective (Frances 2006). This may be enhanced by the fact that natural environments encourage reflection and spirituality (Unruh 1997), and facilitate social interaction (Rohde and Kendle 1994).

Social and therapeutic horticulture (S+TH) is a relatively new development that can be described as "the process by which individuals may develop well-being using plants and horticulture. This is achieved by active or passive involvement." (Thrive 1999). In their comprehensive literature review, Sempik et al (2003) show S+TH can have positive effects on many aspects of health and well-being, for a variety of client groups. This was reinforced by a landmark piece of research (Sempik et al 2005) involving 24 projects.

Interaction with the wider community on allotment sites, away from home or clinical settings, promotes social inclusion (Milligan et al 2004). Fieldhouse (2003 p294) suggests the combination of "the natural setting, the plant-person relationship, the social milieu and the public location are combined together and synergised". However, Parr (2005) argues therapy

groups on allotments risk becoming insular, thus failing to promote social inclusion, particularly if the site isolates the group from other plot holders, for example with high hedges. For this reason Stepney and Davis (2004) argue that projects should be part of a wider strategy of social inclusion.

Community gardening

Integrating mental health service users into community allotment groups may benefit some individuals. Allotments and community gardening projects vary in their approach, reason for existence and the people they cater for but generally have nurturing, cooperative and accepting philosophies (Ferris et al 2001, Swinson 2006). Community gardening projects have been shown to increase quality of life (Waliczek et al 1996), and have positive impacts on mental health (Armstrong 2000).

Harnessing the power of the community

Fieldhouse (2003) notes the absence of evidence of the benefits of harnessing the community in community care. Lewis and Miller (2002 p434) state occupational therapists should "make full use of resources in local areas and, if necessary, to create appropriate situations". There is a huge, largely unexplored potential for the formation of positive self-identity and social inclusion for people with mental health problems in attending community groups. It is thought that these are likely to be maximised in outdoor horticultural projects due to factors discussed, and in those involving interaction between disabled people and other members of the community on an equal footing (Bates 2002). The project described in this study incorporated these qualities.

Setting

Local Enterprises Around Food (LEAF) is a community allotment project based in an area in Sheffield with the highest index of multiple deprivation in South Yorkshire (DPHBDRS 2002). Although LEAF is primarily an organic food-growing project, it runs on therapeutic principles sympathetic to occupational therapy, such as enabling (focus on abilities not deficits), non-judgementality, inclusion, and flexibility for individual needs and interests (client-centredness).

Method

Interpretative Phenomenological Analysis (IPA) was used to interpret data and influences the whole research design. A phenomenological approach was considered most congruent with occupational therapy values than quantitative methods (Cook 2001), as it imbues the status of expert on the participants (Vivale 1996). It also allows a deeper exploration of individual experiences, that is important for understanding how and why occupations are carried out, and the meanings individuals attach to them (Cook 2001).

The Model of Human Occupation (MOHO, Kielhofner 2002) aided the design of interviews to ensure a holistic approach, and provided a framework for understanding emergent themes.

Data collection

Semi-structured interviews were conducted. IPA allows flexible use of interview schedules (see appendix 1), to explore relevant subjects not initially considered (Smith 2001), and allowing participants freedom to discuss issues in their own way. Interviews were recorded and were conducted in the allotment shed, which was quiet and private.

Researcher participation in LEAF gave insight into the volunteer experience and aided data interpretation. This is congruent with IPA philosophy, which accepts the researcher's experience and involvement as integral to the research process (Dean et al 2006). The use of a reflexive research diary enabled the researcher to reflect on the experience and illuminate bias (Cook 2001). Self-awareness can enlighten data interpretation rather than hinder it (Etherington 2004). Laliberte-Rudman and Moll (2001 p44) propose that keeping a reflective diary can "significantly enhance the analysis process".

Participants and sampling

Four volunteers took part in an interview. They were all Caucasian males between the ages of 46 and 64. None were employed, two having retired early due to ill-health, and two were unable to work due to mental health problems. Self-reported mental health problems were anxiety and depression, with one participant reporting bi-polar symptoms. A fifth volunteer contributed a written account, which was used to reinforce themes that emerged during interviews. The participants had been volunteering at LEAF for between one and two years.

Sampling was pragmatic due to limited numbers of volunteers at LEAF meeting the criteria. Smith and Osbourne (2004 p230) state that sample size in IPA studies is small because the aim is to "present an intimate portrayal of individual experience".

Ethical considerations

Approval was gained from Sheffield Hallam University Ethics Committee and supervision was provided throughout by a research supervisor.

Recruitment of participants was guided by the LEAF steering group, who felt it appropriate for the researcher to become a volunteer. A summary of the proposal, including level of involvement for participants, voluntary nature of participation, and the invitation to participate was presented to volunteers in an informal group situation so as not to make individuals feel pressured. Information sheets and consent forms (Appendix 2 and 3) were distributed and volunteers were left to approach the researcher if and when they felt comfortable.

Consent was obtained in writing before interviews were arranged, at the convenience of participants (Pope and Mays 2000). Participants were assured of confidentiality and that they could withdraw from the study at any time, including during the interview. Pseudonyms are used for confidentiality.

Data analysis using IPA

Interviews were transcribed and read through to achieve immersion in the data before structured analysis (Streubert and Carpenter 1999). Systematic reading and annotation uncovered themes from which, on repetition with all transcripts, emerged master and sub-themes (Smith and Osbourne 2004). Themes were organised using MOHO to holistically view participants' engagement with this occupation. The typology of responses is illustrated in Table 1 (Appendix 4).

Themes were discussed with the research supervisor and an independent expert in this field, good practice in IPA for refining and clarifying connections between themes (Dean et al 2006).

Reliability

Clarity of data collection, analysis methods and member checking increases validity and reliability (Pope and Mays 2000, Cook 2001).

The researcher held the assumption that involvement in the project would be beneficial, so disconfirming data was actively sought, in asking participants about negative aspects to volunteering.

Use of direct quotes within the report also validate findings (Fieldhouse 2003) and gives a voice to participants (Smith and Osbourne 2004).

Limitations

Due to life events and other health interventions, changes in mental health and well-being for participants cannot be exclusively attributed to LEAF.

Although justification was made for researcher involvement in LEAF, this may have influenced the data. The inexperience of the researcher may have affected the quality of data collected (Dean et al 2006).

Subjectivity is not necessarily a limitation, as it is participants' feelings and perceptions that are being sought (Streubert and Carpenter 1999), though it limits transferability. This is acceptable in IPA however, which does not seek to provide widely transferable findings, but an in-depth exploration of a relatively homogenous sample (Smith and Osbourne 2004). Assumptions about other groups must therefore be made tentatively. Saturation of data was

probably not achieved due to the small sample size, however for IPA, saturation though desirable, is not essential (Smith et al 1999).

Findings

The data fell into the four MOHO domains: Volition, habituation, performance capacity and environment. Some themes were interchangeable or overlapped several domains, therefore structuring themes around MOHO must be viewed as a fluid tool, to aid understanding of data from an occupational perspective only, rather than a rigid set of rules to impose upon it. Table 1 (Appendix 4) summarises the themes.

It is not possible to describe every section in detail, so only findings relating to changes in participant's lives and those relating to LEAF will be presented here.

Insert Table 1: Typology of responses

Volition- personal causation

Three participants reported feeling more confident than ever. A common theme was assertiveness, which was associated with an increase in general life satisfaction and better relationships.

> "….And now I have a lot better relationship with them than I did originally, 3 years ago or whatever, when they were pushing me to get new jobs" (John)

LEAF offered participants an opportunity to exercise control over their world, from seeing plants they tended flourishing, to having control over their diet.

> "I mean growing your own stuff……..you get a satisfaction from it don't you. I look at it now, especially if I've got stuff like them cabbages in now, and them onions, I think to myself, 'look at what I've done in 4 months'" (Peter)

Volition- values

Participants expressed the importance of being able to help other people

> "it gives you strength, um, you know to want to help…….. I mean hopefully I can give people encouragement…" (John)

Altruism was also expressed through the act of giving, which increased self-esteem.

> "I took a load of dahlias up one day and the smile on their faces when I said here are some dahlias, take them was oh, brilliant, you know." (Ed)

Volition- interests

Participants expressed intrinsic interest in gardening.

> "it's something what I enjoy doing. I used to garden with my father …..… well, I lost touch with that and now I'm back into it." (John)

> "When something goes wrong you think 'why has that gone wrong?' and trying to work it out, it's using your brain and thinking" (Ed)

Habituation-patterning of time

Participants lives were punctuated with occupational change caused by illness. Loss of cherished occupations and roles was common. The new occupation, LEAF, influenced time structure by regular attendance and offering escape.

> "Before I got allotment it used to drive me crazy, every day I used to say to my mate 'every days the same' …..…And then I got involved with LEAF" (Peter)

> "But I'll still come when it's really frosty- can't work on the land when it's frosty cold, but it gets me out of the house" (Ed)

Habituation- roles

The sick role was prevalent, relating to mental and physical illness.

> "Roles in life? Making sure I don't fall off edge, I think that's a major role, he he! …..I see myself, bearing in mind anti-depressants and diazepam……" (John)

Participants valued their social roles at LEAF

> "I've met a lot of people, new, better friends this last couple of years, since working here" (Albert)

Roles that participants gained satisfaction from at LEAF were many and varied including teacher, learner, provider and worker.

> "J said she had a small garden at her sons, what would I grow on that? ….…...and when they come and say I tried that and it's worked, that gives you a bit of a buzz doesn't it?" (Ed- teacher)

Performance capacity

This section explores the experience of illness. Common themes were loss, adaptation and trying to understand mental health problems. Participants described feeling better at LEAF. This was attributed to the environment, occupation and exercise.

> "when I'm down here I don't feel pain……., if I come down here, I'm that involved in working you don't feel it. You don't think about it so you don't feel it…….. And I sleep better as well, you know when I go home" (Ed)

> "when I'm here, it all goes out the window. I'm here. It's like a different place. I can concentrate, I'm looking at plants, I'm looking at wood……. But usually I find my mind is that stimulated that when I go back home I usually feel motivated. Because I've been using my mind" (John)

LEAF was perceived as being health promoting and offered hope in seeing other people open up and recover.

> "I know most of them have got issues and I'm able to talk to them. I mean it's nice, cos you come to an understanding that you're not the only one in the world and it gave me confidence." (John)

Environment of LEAF

Being around nature was important to participants, which included the fresh air, the seasons, wildlife and wonder in nature.

> "when you get a little seed and what it can come into it it's like brilliant, it's fascinating" (Ed)

Humour was important in the social environment, as were opportunities to sometimes be alone. A negative item identified was social awkwardness and conflict. This mostly related to differences of opinion, which were talked through. The Horticultural support worker was a key aspect of the social environment.

> "I mean I think we have a good working relationship, I can say "it's a load of crap!" and I can give my point of view. Oh, she might give me problems to solve you know, like 'can you fix this?' and I'll see what I can do" (John)

Cultural values of LEAF such as equality and mutual support fostered feelings of safety and being valued.

> "I can always come here, and it's like a safe place" (Albert)

Participants appreciated fresh, organic vegetables and trying new foods. Cooking healthy food cheaply was also important,

"And she used to give you the recipe as well so, leek and potato- we have that now and that were a recipe from Annie. It's about cooking on a budget" (Ed)

Discussion

Everyday lives and self-perception

Table 2 (Appendix 5) shows the effects of attending LEAF on individuals' self-perception and everyday lives. The importance for occupational functioning that the physical, social and cultural environment presents the right level of challenge to individuals, is acknowledged by MOHO (Kielhofner 2002). The environment at LEAF, including the support worker, did this by being responsive and flexible to people's needs. Kielhofner (2002) proposes that illness interferes with the view of the self as capable and therefore people avoid situations they perceive will result in failure. LEAF broke the cycle by allowing people to challenge this view in a safe environment by testing their abilities at their own pace, thus providing positive feedback, increasing volition to engage in occupation.

LEAF offered opportunities to fulfil roles that may have been otherwise unavailable in participants' lives. For example the chance to give support to each other, or provide food for others, opposes "being helped" or "given to" and thus is the antithesis of the sick role.

Purpose and meaning resulted from increased structure to participants' lives, availability of interesting and varied occupations and social interaction. Reduction in physical and mental health symptoms, also found by Sempik et al (2005), Fieldhouse (2003) Goodban and Goodban (1990a) and Stepney and Davis (2004), sometimes extended beyond the LEAF environment. This appeared to occur as a result of flow experiences (Csikszentmihaly 1992), as participants became absorbed in occupations.

Insert Table 2: The effects of attending LEAF on participant's everyday lives and self-perception

Social inclusion

LEAF increased participant's social networks, a common theme in S+TH projects (Sempik et al 2005). It is not uncommon for people with mental health problems to find themselves alienated from pre-morbid social networks. One participant stated his "social life is zero, apart from coming to LEAF", thus LEAF presents an important social lifeline.

Because LEAF is a community project, all attendees are "volunteers", independent of ability or health status. This is different to therapy groups, where attendees are "clients or "service users", labels that infer being "looked after", which reinforces the sick identity, impeding recovery. The word "volunteer" confers a sense of "giving something back" to society and is likely to increase self-esteem. Some allotment therapy groups e.g. described in Parr (2005), call their users volunteers, though it is debatable whether this truly reduces the impression of attending a service or therapy, and subsequently the sick identity.

Volunteering is positive for mental health (Social exclusion unit 2004), conveying many of the benefits of employment without the same level of responsibilities and pressures (Birch 2005), qualities appreciated by participants.

LEAF and the Recovery Model

Recovery is a continuing journey through which people with mental health problems regain "meaningful, valuable lives, whether or not their problems can be eliminated" (Repper and

Perkins 2003 p59). Table 3 (Appendix 6) shows conditions necessary for recovery based on Repper and Perkins (2003), and how participant's experienced them at LEAF.

Insert Table 3: Recovery experiences at LEAF

Drawbacks

Though it is likely (Ferris et al 2001), therapeutic conditions may not be present in all community gardens therefore more research is required before generalisations can be made.

This study showed LEAF had positive effects for people with anxiety and depression but it may not be appropriate for all people with mental health problems, or when people are at a very vulnerable stage. Community groups often have a single member of staff, who may not have appropriate mental health training or access to suitable supervision and support mechanisms. During sessions they may not have enough time to dedicate to individuals who require more support.

Other volunteers may not have enough understanding of mental health problems to respond appropriately and supportively, though, ironically this is also the reason *for* including people with mental health problems; to increase understanding and reduce stigma. It is important the group remains a therapeutic place for all volunteers and difficult or dangerous situations will only impede recovery, and increase fear and stigma in the community, thus being counterproductive. There are obvious risks in gardening associated with the environment and working with tools that would be exacerbated by unpredictable behaviour (Goodban and Goodban 1990b). Highly vulnerable people are unlikely to attend LEAF, however, as this level

of motivation to ‘self-help’ requires a person to be at the stage of ‘taking control’ in the recovery journey.

Negative social situations could be damaging for emotionally vulnerable people. However, it could also be argued that community groups offer people the chance to test and re-learn social skills in a supported environment.

Mental illness, physical health, unemployment and low income.

People with mental health problems are less likely to find or retain employment (Social Exclusion Unit 2004) resulting not only in poorer social networks and lack of routine, but lower income. Allotments are thrifty places by nature (Swinson 2006), which means unemployed people need not be excluded from the occupation because it is too expensive, or feel inadequate for having a low income. A significant benefit of community gardening is the production of free, healthy food and trying new foods (Waliczek et al 1996, Ferris et al 2001). The concepts of “cooking on a budget” and healthy organic food was valued by all participants and would have been helpful to one who, before attending LEAF, described at one point, being “in a state where I’ve had to um, ask for food”. Involvement in community growing projects give people a level of independence, in that they have some control in meeting one of their, and their families’ most fundamental needs, which also boosts self-esteem through reducing dependence on benefits (Sempik 2001).

Healthy food and an active lifestyle offered by gardening help combat the higher incidence of physical ill-health experienced by people with mental health problems, caused by poor diet and sedentary lifestyles (Richardson et al 2005). Participants valued the active nature of gardening

and it's positive effect on mental health; "the more I keep myself active, the better I am". This acknowledges the inseparability of the mind and body inherent in MOHO (Kielhofner 2002).

Community gardening and social capital

Community empowerment is the fundamental concept of social capital; "the set of norms, networks and organisations through which people gain access to power and resources" (Dale 2005). Social capital has been demonstrated to be correlated with health and well being (Green et al 2000), therefore increasing social capital can be viewed as a health promotion strategy. In a survey of community gardens Armstrong (2000) found that projects acted as a forum from which community issues could be addressed, and that they improved neighbourhood attitudes. Iles (2001) also notes that community gardening is empowering and "provides added value to society" (p4).

Funding is a constant problem in community projects, especially when a paid worker is required, as with LEAF. Community gardening projects undoubtedly build social capital and promote health, tackling many current agendas such as health inequalities (DH 2003), social exclusion (Social Exclusion Unit 2004) and poverty (JRF 2005). Therefore it could be argued that financial support from the government would be appropriate. Davey and Horsley (2001) state allotment projects are more cost effective than statutory services for treating people with mental health problems, so integrating recovering individuals into community groups would be beneficial to the individuals, whilst working towards the fulfilment of these agendas. However, community groups may not favour governmental funding as it is potentially disempowering, relinquishing control to large organisations, and likely involving increased bureaucracy. This contradicts social capital, which promotes community empowerment, and occupational therapy, which promotes individual empowerment. There is the risk that occupational therapy

involvement, with its institutional connections, could be viewed negatively or have a disempowering effect.

Another key concept of social capital is sustainability (Dale 2005). Occupational therapists could be involved in helping community groups acquire the skills and knowledge necessary to continue in the absence of a funded worker. There is an apparent contradiction at LEAF, where participants do not want responsibility, and the paid worker is seen as essential. It would seem there is some way to go before a sustainable solution is found, if indeed total independence is appropriate.

The occupational therapy role

The OT role in community gardening and mental health can be viewed in two ways: As a health promotion strategy, or combating occupational deprivation by fostering social capital and empowering communities. In fact it is both.

We can work with clients individually, but there are always constraints in individuals' environments. Occupational therapists are familiar with altering the environment to increase clients' engagement with occupation and overcome barriers. This is usually on a small scale e.g. making physical adaptations to the home. Significantly though, for people who live in deprived areas or have occupationally deprived life situations, major obstacles to occupations of choice are political, e.g. restriction in funding, institutional, e.g. negative experiences of mental health services, or societal, e.g. stigma and discrimination, (Kronenberg and Pollard 2005). However hard the therapist-client collaboration works together, they are prevented from reaching the client's goals of sustainable independence and empowerment if these cannot be overcome. Political, institutional and societal problems affecting communities could therefore

be regarded by occupational therapists as barriers to occupation, and thus are issues they should be motivated to tackle. Being community centred, far from conflicting with the client centred approach, complements it, as community development improves occupational access for all individuals in those communities (Blair and Hume 2002).

Conclusion

This study showed that volunteering in a community allotment project had positive effects on participants' lives, self-perception and social networks. It is thought this was enhanced because the group was mixed, therefore participants were interacting with and being valued by the community, rather than a closed therapy group.

Community groups have the potential to combat social exclusion, stigma, health inequalities and occupational deprivation, agendas that are clearly of relevance to occupational therapy. The challenge is to define a new role for occupational therapy in community regeneration, which may involve a paradigm shift allowing a synthesis of community and client focussed approaches.

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Appendix 1: Interview schedule

Habits/routine *(habituation)*

Can you describe your typical week?

- Prompt; what are the things you do regularly?

Can you describe your social life?

- Prompt; how often do you see people? who do you socialise with?
- Have these changed at all over the last few months? (relate to how long participant has attended LEAF)

Interests (*volition)*

What activities interest you at the moment?

- Prompt; what do you most look forward to?
- Have these changed at all over the last few months?
- Why do you think that is?

Values (*volition)*

What gives your life meaning at the moment?

What motivates you in life?

- Have these changed at all over the last few months?
- Why do you think that is?

Personal causation *(volition)*

How do you see yourself at the moment?

How do you view your abilities?

- Prompt; what do you feel you are good at/ not so good at?
- Prompt; when do you feel most confident/least confident?
- Have these changed at all over the last few months?
- Why do you think that is?

***Performance Capacity*- Subjective (the lived experience)**

How do you cope with the everyday challenges of life?

How do you feel your illness affects this?

- Have the way you cope changed at all over the last few months?
- Why do you think that is?

Roles *(habituation)*

What roles do you have?

- Prompt; for example family roles or social roles…

How do you think these affect the way you see yourself?

- What is the importance of these roles for you?
- How have your roles changed in the past few months?

LEAF

What do you get out of coming to LEAF?

What do you feel you contribute to LEAF?

Is there anything negative you can think of about coming to LEAF?

Are there any ways you feel volunteering at LEAF has influenced your life?

Is there anything else you feel is important that we haven't talked about?

Have you got any questions for me?

Appendix 2: Participant information sheet

SHEFFIELD HALLAM UNIVERSITY HEALTH AND SOCIAL CARE

PARTICIPANT INFORMATION SHEET

HOW DOES TAKING PART IN AN ALLOTMENT GROUP AFFECT THE EVERYDAY LIVES AND SELF-PERCEPTION OF PARTICIPANTS?

You are invited to participate in a study to examine if taking part in an allotment group has any effects on members' lives outside the group, an if so, what those effects are.

" Why have I been asked to take part in this study?"
You have been asked to take part in this study to find out whether taking part in the allotment group has affected your everyday life, for example the things you like to do.
The study also aims to investigate how you view yourself, for example how confident you feel, or how you view your abilities.

"How long will the study last?"
The whole study will last about 2 months. If you choose to take part in the interview study you will be involved for about one hour on one occasion. If you choose to take part in the diary study you will be involved for approximately 15 minutes per day for 1 week. For both studies you may be invited to take part for a further hour discussion.

"What will it involve?"
This study involves two ways of collecting information. If you agree to participate in this study you may choose one method or both.

Diary: You will be asked to write a bit about your day, including your thoughts and feelings. You may write as much or as little as you like, though between 50-80 words would be most helpful. A notebook would be provided and a list of short questions would be included to help you.

Interview: You will be asked to an interview lasting about one hour. Interviews will be relaxed and informal but will be tape recorded to help me when I analyze the information

After I have analyzed all the information from the interviews and diaries you may be invited to a second individual session to discuss the findings.

"Where will interviews take place?"
Interviews will be conducted in a quiet room near the allotment site, allowing privacy and confidentiality. Ideally the location will be familiar to you. If necessary, transport will be arranged.

What if I do not wish to take part?"
This is your decision and will not affect your treatment at or future paticipation at the group.

"What if I change my mind during the study?"

You are free to withdraw from the study at any time. Although you may be asked, you do not have to state your reason for withdrawing

"What will happen to the information from the study?"

All information will be kept entirely confidential. Recordings of the interviews and diary data will be used for the purposes of the stated study only. Tape recordings and diaries will be transcribed using false names and once transcribed, tapes and diaries destroyed

Participants using diaries will be advised not to write identifiable information in it (e.g. names), and to keep it in a safe place for the duration they participate.

No individual will be identifiable in the report. You will be informed of the results of the study if you wish.

"What if I have further questions"

My name is Juliet Johnson and you can contact me through e-mail on:

Juliet.n.josse-johnson@student.shu.ac.uk

Or by telephone on 0114 2342652

Appendix 3: Consent form

SHEFFIELD HALLAM UNIVERSITY HEALTH AND SOCIAL CARE

CONSENT FORM

HOW DOES TAKING PART IN AN ALLOTMENT GROUP AFFECT THE EVERYDAY LIVES AND SELF-PERCEPTION OF PARTICIPANTS?

Please give your consent to participating in the study by answering the following questions

Have you read the information sheet about this study?	Yes	☐	No	☐
Have you been able to ask questions about this study?	Yes	☐	No	☐
Have you received answers to all your questions?	Yes	☐	No	☐
Have you received enough information about this study?	Yes	☐	No	☐
Are you involved in any other studies?	Yes	☐	No	☐
• If you are, how many?		☐		
Do you understand that you are free to withdraw from this study:				
• At any time?	Yes	☐	No	☐
• Without giving a reason for withdrawing?	Yes	☐	No	☐
Do you agree to take part in this study?	Yes	☐	No	☐

Your signature will certify that you have had adequate opportunity to discuss the study with the investigator and have voluntarily decided to take part in this study. Please keep your copy of this form and the information sheet together.

Signature of participant: …… Date: ……

Name *(Block Letters*): ……

Signature of investigator: ……

Appendix 4

Table 1: Typology of responses

MOHO Subsystem	Component of MOHO Subsystem	Theme	Sub-theme
VOLITION	Personal Causation	Appraisal of abilities (Personal capacity)	-Increased confidence -a need to be free of responsibility/worry
		Self-efficacy	-gardening giving a sense of control in the world -exercising self-control/willpower -Social skills: becoming assertive, positive relationships
	Values	Importance/meaning	-Family: love, roles and duty
		Personal convictions	-Altruism (a desire to help others/give) -Thrift -Environmental awareness
		Cultural values	-Cultural values contradicting personal values
	Interests	Enjoyment/satisfaction	-Gardening- intrinsic or past interest -Gardening provided mental stimulation -general increase in life satisfaction/contentment

HABITUATION	Habits	Time use	-Variation in occupations important -Getting through life day-to day -Walking as a common occupation
		Occupational change over time	-Loss of occupations/roles -New occupations/roles
		LEAF's influence on time use	-LEAF providing time structure -Giving a future perspective -'Getting away/out of the house'
	Roles	Social roles	-Relationships with family and friends outside LEAF
		Sick role	-Other health interventions -Identity and illness
		LEAF role opportunities valued	-Opportunity for variety of occupations/roles -Social roles -Practical roles (teacher/learner/provider/worker/advisor/nurturer)

PERFORMANCE CAPACITY	Subjective Experience	Living with illness	-The experience of illness -Loss and adaptation -Trying to understand mental health problems -Coping strategies/self-monitoring
		Improved symptoms attributed to LEAF	-Feeling better -Exercise/activity -Perception of LEAF as health promoting
LEAF ENVIRONMENT	Physical	Nature	-Fresh air/being outside -Wildlife -Awareness of the seasons -Fascination/wonder
	Social	Social network	-Being around people -Meeting new friends -Having a laugh/humour -Conflict and resolution -Time to be alone

	HSW	-The working relationship -Praise and valuing volunteers -Differences of opinion/attitudes to authority
Cultural	Values/Aspects that influence environment	-A 'safe place' -A good atmosphere -No pressure -Sharing -Equality and non-judgemental -Funding
Outcomes/other aspects of LEAF	Food	-Trying new things -Cooking on a budget -Sharing -Healthy food
	Learning	-Food -Growing -Social skills
	Testing abilities	-LEAF as a stepping stone

	-Perception of LEAF as health promoting	-Seeing other people get better -Feeling better -Exercise -Healthy food -Social support

Appendix 5

Table 2: The effects of attending LEAF on participant's everyday lives and self-perception

Aspect	Effect	Outcome
Everyday lives	-Feeling better -Increased structure and rhythm (habituation) -Improved social functioning/networks -Access to valued new roles and occupations	-Increased purpose and meaning in life
Self-perception	-View of the self as more capable (self efficacy) -Confidence increased for most participants -De-stigmatisation -Sick role identity reduced at LEAF	-Development of positive self-identity
	-Increased social competence/confidence -An active role in improving own health	-Increased motivation

Appendix 6:

Table 3: Recovery experiences at LEAF

Recovery component	**How do we know this happened at LEAF?**	**Participant's experience**
Social Inclusion Formation of supportive relationships and social networks.	Participants reported widening social networks by meeting new people and making friends. This involved other people with and without mental health problems.	"I've met a lot of people, new, better friends this last couple of years, since working here, coming down here. Can't have too many friends in life." (Albert) "activity around LEAF expands my circle of friends" (Frank)

Instillation of hope Hope inspiring relationships. Knowing you are not alone. Knowing that recovery is possible.	Participants could empathise and talk to other people with similar problems. Seeing other people open up and get better gave them hope.	"I mean a lot of people when they first come here are at the stage I was when I didn't really want to talk to anybody, or see anybody, and then they've come out, so er, it's great to see." (John) "I know most of them have got issues and I'm able to talk to them. I mean it's nice, cos you come to an understanding that you're not the only one in the world and it gave me confidence." (John) "we've had one or 2 people up there that, you know, you can see they've benefited, you know there's people that come, you could hardly get 2 words out of them, and now they've really opened up you know. They've had breakdowns and things like that, so it's one of the things that's helping somebody in't it?" (Ed)
Finding meaning, value and purpose Finding meaningful/important roles and occupations in life. Making a difference.	Participants had an intrinsic interest in gardening, often through having done it in the past. Participants reported becoming absorbed in and mentally stimulated by the occupation of gardening	"when I'm here, it all goes out the window. I'm here. It's like a different place. I can concentrate, I'm looking at plants, I'm looking at wood……. But usually I find my mind is that stimulated that when I go back home I usually feel motivated. Because I've been using my mind" (John) "And I like to pass on, well it's nice, to get one person to learn one thing from you" (Ed)

Adaptation and acceptance Coming to terms with loss and finding new ways to live a meaningful life.	Participants tried to make sense of their mental health problems and how they had affected their lives. Participants developed coping mechanisms and understood the need to change.	"I've still got to deal with my own problems. I think it probably will always be with me, my mind problems you know. It's just, dealing with them sufficiently enough to er, get by and, as you say, everyday life, just everyday life." (Albert)
Being valued as a person Seeing the person, not the illness. Focus on people's abilities, not deficits. Being treated as an ordinary member of society	Participants reported always feeling welcome, accepted and equal at LEAF. Participants' contributions were always valued.	"I can always come here and I will always be welcome, and there is always something to come to. Er, we get a drink, treat nicely and, you know, and everybody cracks jokes, I do and they do, and it's like a big family" (Albert) "everyone contributes in their own way." (Peter)
Empowerment Taking control for and in one's life.	The occupation of gardening gave participants the opportunity to exert control over their environment and diet.	"being at LEAF for 7 or 8 hours on 2 different days gives me a slight feeling of empowerment and being "in control", and not just a cog in an unstoppable machine." (Frank)

Marked appendix

Critiquing the literature

All major allied health, social care and psychology databases were searched systematically using keywords (e,g, Social inclusion and mental health, community gardening etc). Articles had the reference section searched for further literature. Papers were critically appraised using the framework in Mays and Pope (2000). Key textbooks and publications were also used to provide evidence.

Searching produced a wide array of literature, much of it opinion pieces. Although opinion is valid, literature selected for inclusion in the review was mainly restricted to the most rigorous studies, with opinion used occasionally to reinforce points where considered necessary, or where the researcher had observed the point in practice. Since several broad concepts were being explored together, it was not feasible to exhaustively review the literature for everything.

Changes in focus

LEAF is not a therapy group. This presented difficulty in marrying the research to current OT practice, as it was no longer simply evaluating an intervention. Simultaneously, exciting possibilities emerged and the investigation seemed both important and relevant to OT, particularly in terms of social inclusion and community development. In hindsight interviews could have covered social inclusion and stigma, however these were brought up, unprompted, by participants.

This could be viewed as a pilot study. Problems were identified with the interview schedule such as participant's interpretation of the word "role" which required leading into the concept. Re-wording of the question into a less ambiguous format would be recommended. However,

much of the information about roles was interwoven in answers to other questions (e.g. when participants discussed their contributions to LEAF), so the data was not considered biased.

Consent to name LEAF in the report was gained from the paid worker. To involve LEAF volunteers, this will be discussed at the next committee meeting, with regards to publication.

Study design: changes and alternative approaches

Grounded theory would have been appropriate considering the broad subject. However, practical considerations (e.g. time and group size) would not allow for the pure approach as ideally, interviews would be undertaken until saturation of data is achieved, and methods are changed over time in response to emerging themes (Charmaz 2001). IPA was thought more suitable for reasons presented in the article.

The proposal included participant diaries, which would have been a valuable source of data and potentially less influenced by the researcher (Clayton and Thorne 2000). This was dropped due to time constraints. Methods rejected include participant observation and photographic diaries, due to ethical concerns and time limitations.

Interviews were more appropriate than focus groups, as participants discussed personal feelings, and may have felt inhibited in a group situation. Interviews build rapport and put participants at ease (Llewellyn et al 2000). A focus group to discuss themes would have been a good way to triangulate and reinforce findings or correct misinterpretations, (Cook 2001), but was not possible due to participants being unavailable. Member checking was undertaken with only two participantsfor the same reason. However, results will be checked with remaining participants and content of the article altered if necessary, before submission for publication.

The researcher joined the group as a volunteer as it was thought unlikely that people would feel comfortable enough with a complete stranger to participate in the study, especially given the loss of confidence associated with mental ill-health. Sempik et al (2005) use this method for some groups in their research for similar reasons. Participatory action research (PAR) would be an ideal approach for groups like LEAF, where practical problems of funding, management and sustainability exist. Though justification was provided, participation in the voluntary group may be more appropriate to PAR than IPA (Corring 2001). Indeed the emancipatory philosophy of PAR is more in tune with occupational therapy values (Trentham and Cockburn 2005).

Findings: Further comment on using MOHO

Many themes considered important by participants appeared to be related to the environment or outcomes from attending LEAF. These themes could also be placed in the interpersonal domain. For example "nature" could be regarded as spiritual and therefore placed in "Volition/Values", though MOHO does not explicitly acknowledge spirituality. "Testing abilities/skills" could be viewed as a component of "Volition/Personal Causation" as this relates to appraisal of abilities. Some broad themes such as social aspects have multiple appearances, e.g. in "Habituation" and the "cultural environment of LEAF". The two sub-themes share some supporting transcript extracts, but also have some that uniquely illustrate the separate sub-themes.

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