How do people living with mental health and substance misuse problems experience belonging and social connectedness?

Summary of Key findings

Key findings

- Participants explored their experiences of belonging and not belonging in semi-structured interviews. These were either face-to-face or on the telephone.
- They were encouraged to engage in ‘real time reflection’ on their experiences and to offer detailed examples of belonging and not belonging, and how these affected their lives.
- All participants described difficulties with sense of belonging which began in early childhood, of feeling different and not fitting in with their families.
- Early experiences of not fitting in at school, and being bullied, were linked with difficulty in feeling a sense of belonging.
- Participants spoke about places where they felt a sense of belonging – in a library, in a church, in an AA meeting.
- Belonging in these places was associated with feeling accepted, valued and not judged.
- Places where they felt they did not belong included the workplace and in social groups with people who did not understand their mental health problems.
- Belonging was not always described in positive ways. One participant spoke of how her self-harming made her feel as though her body belonged to her.
- Barriers to belonging were identified both as external (public attitudes) and internal (sense of shame).

Project aims

The project aimed to explore the concept of belonging through exploration of the meaning and experience of belonging for people living with mental health and substance misuse problems. The design built on the findings of a previous study (Blank et al 2014, 2013).

The researcher aimed to explore how belonging was experienced by the participants, how belonging and not belonging affected their health and well-being, and to identify barriers and facilitators to sense of belonging.

The research question was:

“What is the meaning and experience of belonging for people living with mental health and substance misuse problems?”

Background

People living with mental health and substance misuse problems are at risk of social exclusion (Todd et al 2004). This research explored the meaning and experience of belonging for four people living with co-existing mental health and drug or alcohol problems. Developing understanding of their perspectives on the basic human need for belonging (Maslow 1970) may indicate ways in which excluded groups of people may be helped to form social connections and access other ways of belonging.

Belonging has been articulated as significant within the occupational therapy and occupational science literature for many years, yet has to date received little attention (Hitch et al 2014).

A previous study about the meaning of work for people living with severe and enduring mental health problems identified work as a way of belonging. This research built on those findings.
Methodology

An interpretative phenomenological approach was used (Smith and Osborn 2008). Participants were recruited via an advertisement on the Rethink Mental Illness website and via Twitter. Both notices invited people over 18 and who had experienced or were currently experiencing any type of mental health problem (diagnosed or not) and drug and alcohol problems to get in touch via email with the researcher. Four semi-structured interviews were carried out – two by telephone, two face to face. The telephone interviews were made from a private room in the researcher’s home; the face to face interviews were carried out at the University where the researcher was employed, also in a private room. The interviews lasted between 45 minutes and an hour and fifteen minutes. All interviews were audio recorded and transcribed by a professional transcription service. The interviews were guided by questions around meaning of belonging, barriers to belonging, and how belonging and not belonging impacted on participants’ lives.

An iterative approach to data analysis facilitated the identification and comparison of themes across individual accounts. The analytic process remained fluid and ever-evolving with imaginative leaps of intuition as well as systematic working through iterative versions over time in discussions with the consultant to the project, Dr Linda Finlay. An idiographic approach was adopted, making no assumptions about a shared reality ranging across different individuals. Only after developing textured, experience-near descriptions was there an attempt to thematize these through carefully chosen language. Notes made during the analytic process were transformed into multiple descriptive categories, which were eventually clustered into the four core themes.

Ethical approvals were given by Brunel University, London, and the University of Worcester

Conclusion

The findings confirmed the importance of attending to the mutable, fluid and idiosyncratic nature of belonging for the participants. Difficulties with belonging in early life may be a precursor to the securely attached relationships needed for health and well-being, and for promoting a sense of belonging in later life. Places which support a sense of belonging may be as important as occupations which promote belonging. Belonging is not always a positive concept, as illustrated by the account of self-harming offered by one of the participants. The shadow side of occupations may need to receive further attention from occupational therapists and occupational scientists in the future.

Publications


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References


