

OVERCOMING BARRIERS TO COMMUNITY-BASED LEISURE AND RECREATION FOR PEOPLE WITH MENTAL HEALTH CHALLENGES



Recreation for Mental Health is an initiative designed to strengthen partnerships, enhance capacity, and create supportive environments to enable all Nova Scotians to have opportunities to experience the mental wellbeing benefits of recreation, physical activity, sport, and play.

This project is a collaboration between Recreation Nova Scotia (RNS), Dalhousie University and the Canadian Mental Health Association (Nova Scotia), which was funded by the Nova Scotia Department of Health and Wellness.

To view this and other research project summaries online, visit: recreationns.ns.ca/mental-health-and-recreation

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WHY WAS IT IMPORTANT TO DO THIS RESEARCH PROJECT?

Engaging in leisure/recreational activity has many recovery benefits, including improved health, physical functioning, and overall quality of life. However, leisure remains “largely neglected (and perhaps undervalued)” (1) as a cost-effective contributor to mental health recovery and social inclusion. In addition, people with mental health challenges may find it difficult to access these activities due to barriers that arise from within the person, or that are perceived within the environment.

WHAT WAS THE PROJECT GOAL?

The goal of this project was to explore the role of leisure/recreation as a medium for mental health recovery, and to better understand barriers faced and facilitators that could better support community-based leisure participation, social inclusion and mental health recovery.

HOW WAS THE PROJECT DONE?

Four focus groups (based within existing meeting places for mental health service users throughout Nova Scotia) used open-ended questions with prompts to enquire about what participants consider to be meaningful community participation, welcoming and non-welcoming environments, and facilitators and barriers to increasing community-based leisure/recreational participation.

WHY SHOULD YOU KEEP READING?

This brief summary provides a succinct review of the findings, which are clarified using the participants’ own words.

WHAT WERE KEY FINDINGS?

BARRIERS TO PARTICIPATING IN COMMUNITY-BASED LEISURE ARE LISTED BELOW, WITH ILLUSTRATIVE QUOTES:

1. **STIGMA:** actual experience of being rejected, ostracized or judged, or the perceptions that others are generally afraid of people with mental illness.

“ People, they start to listen to your skills and they're like ‘oh great!’ and then all of a sudden you slam them with a disability or mental illness, and it's like ‘whoah.’ ”

2. **INTERNAL BARRIERS:** including symptoms of mental illness, and related features such as low self-esteem, shyness, and lack of confidence.

3. **LACK OF RESOURCES:** Such as financial means and transportation as barriers: including cost and availability/access of transportation to and from, as well as costs associated with the activity itself.

“I wish there was just a little bit more things that were more centered around the area.”

4. **INFORMATION, OPPORTUNITIES:** limited information regarding available affordable activities, limited opportunities that match interests and abilities.

5. **OTHER BARRIERS IMPACTING PARTICIPATION:** such as criminal record, eligibility for programs.

FACILITATORS TO SUPPORT PARTICIPATING IN COMMUNITY-BASED LEISURE ARE LISTED BELOW, WITH ILLUSTRATIVE QUOTES:

1. **WELCOMING ENVIRONMENT:** Characteristics of the context or setting that enable participants to feel welcomed, accepted, and included.

2. **ACTIVE SUPPORTS AND CONNECTIONS:** Specific things peers and staff did to help facilitate social connections and participation; being with others who were the same as them, having someone to do things with and, especially, having someone to go with them the first time.

“There's always that first connection, breaking that ice or breaking that barrier, or whatever, but if someone went with you and you made the connection...then the next time you'd be okay to go by yourself wouldn't you?”

3. **FINDING MEANING IN PARTICIPATION:** Viewing activities as beneficial or important in some way. Sources of meaning were perceived either within themselves or from the environment.

4. **STRATEGIES TO SELF-MANAGE ONE'S ILLNESS:** Achieving well-being and balance.

5. **OTHER:** Policy development and other actions to include “first voice” (people with lived experience).

WHAT ARE THE IMPLICATIONS OF THESE FINDINGS?

Program planners can draw from these barriers and facilitators to assist in developing and evaluating community-based leisure/recreation programs to better support social inclusion.

REFERENCES

1. Iwasaki, Y., Coyle, C., Shank, J., Messina, E., Porter, H., Salzer, M., . . . Koons, G. (2014). Role of Leisure in Recovery From Mental Illness. *American Journal of Psychiatric Rehabilitation*, 17(2), 147-165.