

# Noteworthy Insights at the Personal and Community Level – people with mental health difficulties and meaningful social spaces

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[See table of contents](#)

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Article abstract

**Objective:** The core value underlying this study is social inclusion. This paper studies how people with mental health difficulties find meaningful everyday life and identity as members of the community. The study focuses on the experiences and perspectives of individuals with mental health difficulties and their view and interpretation of connections with spaces, places, and people in the communities. It is essential to include their voices and actively involve them in the research process to comprehensively understand their needs, preferences, and goals concerning community-based recovery.

**Research Design and Methods:** The research exhibits novelty in two fundamental aspects: 18 persons with mental health difficulties participated as co-researchers, and for data collection, creative methods were used (creative writing, photovoice, etc.). Co-researchers live in apartment buildings in ordinary neighbourhoods and receive supported housing services in three Estonian cities.

The data was analyzed using thematic analysis. The study combined creative methods such as diary entries, collages, or photovoice to include the first-person perspectives. Involving people with mental health difficulties acting as co-researchers is an innovative approach to this study.

**Results:** The results identify the effect social interaction and visiting various places in the community can have on people. A place will have a deeper meaning for the person visiting when it relates to memories, emotions, supporting people, and likeable activities they can do there.

**Conclusions:** It is important for the recovery process that people with mental health difficulties spend time in an environment that is suitable – flexible, appreciative, and supportive of development for them, providing both visual satisfaction, varieties of activity, and undemanding sociality, i.e. possibility to be connected with other people.



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## Noteworthy Insights at the Personal and Community Level – people with mental health difficulties and meaningful social spaces

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**Keywords:** mental health difficulties, reciprocal relationships, social places, community-based approach

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### Abstract

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### **Aspects of connections with spaces, places, and people in the community**

The research aimed to find out peoples' experiences and their interpretation of connections with spaces, places, and people in the communities. The research question of this paper is how social interactions in daily life and visiting various places in the neighbourhood reflect the perception of realities, wishes, and unrecognized opportunities of individuals with mental health difficulties living independently in the community. It also aimed to determine if there are elements of reciprocity, a sense of belonging, and other qualities that could contribute to their well-being.

In this paper, we adopt the term "people with mental health difficulties" as it is more neutral and aligns closely with modern principles, without separating people from a strong "we-they" dichotomy.

Personal recovery has been described in the mental health field as a deeply personal journey for individuals with mental difficulties.<sup>1</sup> Places and relationships in the neighbourhood and relational context are important to the recovery processes.<sup>2,3</sup> The five sub-processes of personal recovery – namely, connectedness, hope, identity, meaning, and empowerment (referred to as CHIME),<sup>1,4</sup> do not occur in a vacuum but within community places and spaces. In response to deinstitutionalization, residential options have been developed to support individuals with mental health difficulties to find new environments and communities. These individuals are tasked to find their place within the community as they progress toward recovery.<sup>5</sup> This approach highlights the importance of fostering a sense of belonging and social integration, ultimately supporting individuals on their path towards personal recovery and well-being.<sup>2,3</sup>

Price-Robertson and colleagues<sup>6</sup> highlighted that the subprocesses of recovery, participation, social inclusion, and community development provide an opportunity to develop mental health practices that facilitate the integration of individuals into a larger community. Slade et al.<sup>4</sup> consider it problematic that the recovery approach remains embedded in the clinical perspective and that recovery is defined in terms of illness. They argue that "this inadvertently reinforces a view of otherness" and contributes to persistent stigma and attitudes in the broader community, which do not change. Care (or care plans) still involves disease-specific interventions. This practice should change.

Neighbourhood places and relational context have been shown to be important to recovery processes.<sup>2,3</sup> The physical environment includes both outdoor places in the community and publicly accessible indoor places. During the recovery process, individuals with mental health difficulties discover novel places to engage in new activities. They need "places of doing,"<sup>3</sup> where they can pursue their daily activities, establish meaningful routines, and find their own rhythm, all of which support the recovery processes. Places such as parks, gardens, neighbourhood streets, walking trails, riverbanks, sports, and health trails can often serve as places for daily routine activities and are particularly helpful for recovery.<sup>3</sup> People with mental health difficulties also need "places of being;" places where they feel safe to be themselves. These places, such as parks, public gardens, and familiar neighbourhoods, support self-esteem<sup>3</sup> and allow people to experience social situations without having to socialize. In the context of this article, these are considered social spaces, even if social interaction does not take place.

A sense of belonging is closely associated with the social aspects of place. This includes reciprocal relationships among housemates or neighbours, a sense of familiarity and attachment to neighbourhood areas, developing a sense of connection with nature, and being integrated into a work environment. Place contributes to recovery by offering this sense of belonging and membership.<sup>3</sup> A sense of belonging develops through visits to specific places that trigger emotions and foster a sense of connection over time. The findings of this study underscore the importance of such places.

Efforts to include individuals from disadvantaged groups should be sustained long-term and promote communication and collaboration within the community. Community empowerment requires an approach that: (1) is sensitive to differences within communities, (2) acknowledges and addresses tensions and conflicts, and (3) provides a variety of opportunities for individuals to contribute their ideas.<sup>7</sup> The importance of community engagement and the need for client-centred services reflects a paradigm shift in mental health care towards a more inclusive and holistic approach. This shift mirrors societal progress in accepting diverse human experiences over the past century. Slade et al.<sup>4</sup> emphasize that developments should involve a changing role for mental health professionals. Much attention should be paid to the community towards the individual. Organizations should prioritize facilitating access to mainstream solutions to everyday problems, with treatments provided as a means rather than an end. For services to survive, they must be client-centred.

The novel community-based approach<sup>8</sup> focuses on connections within the community, as regular interaction with others is associated with recovery and well-being. Focusing on what is strong, not on what is wrong, is foundational for our research, as it recognizes the value of reciprocal relationships and the creation of social spaces in fostering mental health recovery.

By leveraging the existing strengths and resources, individuals with mental health difficulties are empowered to actively participate in their own recovery process and contribute to the well-being of their communities.

A well-connected community is recognized as a source of strength<sup>7</sup> and an oasis of resources.<sup>9</sup> Individuals with mental health difficulties need help and support to lead fulfilling lives and to live in social spaces that are not defined by their illnesses.<sup>4</sup> The asset-based approach emphasizes the unique strength of each community member, regardless of their health situation. Seeking well-being within the broader community aligns with the ideas of social inclusion.

### **Estonian context**

Today, the integration into the community is a relevant topic in Estonia. Communities are reportedly not yet ready to accept people with mental health difficulties, largely due to people's fears and strong resistance toward them.<sup>10</sup>

Therefore, it is necessary to address and reduce community fears and prepare the community for inclusive practices. The changes associated with the deinstitutionalization process require the involvement of all stakeholders, including community residents, service providers, organizations advocating for the rights of individuals with special needs, and officials.

In Estonia, challenges in deinstitutionalization were similar to those encountered by other Central and Eastern Europe countries. According to the Social Welfare plan for 2016-2023, which is based on European common guidelines for the transition from institutional care to community-based care, efforts were made to invest in the development of person-centred community-inclusive services, with a particular focus on services for individuals with mental disabilities during the implementation period of the development plan. The structure of special care services was reformed, making the use and organization of services more flexible, and leading to a restructuring of the special care infrastructure.<sup>11</sup>

Today, the reorganization of special care institutions is nearing completion. Approximately 2300 accommodation-based service places have been established, adhering to deinstitutionalization principles. In facilities where more than 30 individuals with psychosocial disabilities reside together, about 500 individuals continue to receive specialized care services. A plan is in place to launch another round of reorganization in the coming years, supported by the European Regional Development Fund. The aim is to make special care services more person-centred, ensuring modern living conditions for those residents residing in the last remaining institutional special care homes.<sup>12</sup>

Since living in the community has not been a long-term practice, the impact and influence of the presence of individuals with mental health difficulties in the community have not been extensively studied. Therefore, this study also takes a step towards a wider awareness. Community development is a relatively new field in Estonia, and awareness of community processes and phenomena is not sufficiently present among the general public. Thus, examining social issues through the lens of community development presents a novel approach.

### **Research design and methods**

The research is novel in two aspects: it involves people with mental health difficulties as co-researchers, and it employs creative methods for data collection.

**Participants as co-researchers.** The study was designed on the principle that people with mental health difficulties (both intellectual and psychiatric disabilities) serve as co-researchers. Co-researchers, drawing from their personal experiences with mental health difficulties, contribute a unique depth of understanding to the research process. Moreover, collaborating with service users at various stages of research encourages their active participation. This approach also enhances the validity of research findings by providing insights into lived experiences and challenges that are otherwise overlooked. The involvement of co-researchers makes the study unique (no such involvement is known in Estonia so far) and enables us to capture the first-person experience of community interaction among individuals with mental health difficulties.

Initially, 21 residents agreed to participate. Subsequently, three of them withdrew their participation in the study. The study design ensured participants were a) residents of shared apartments in an apartment building in the city, b) with stable mental health, c) able to express themselves verbally or artistically. Emphasis on variety - age, gender, service duration – for inclusivity, was suggested by the researchers' team.

The primary selection of research participants was conducted by the University of Tartu project partner, Welfare Service (Hoolekandeteenused AS), Estonia's largest provider of Community Living services and a major driver of the deinstitutionalization

process. The participants comprised individuals who use various services provided by Welfare Services and live within the community in three cities in different regions of Estonia. Due to ethical considerations, researchers did not ask about the exact diagnosis of the respondents; neither the severity of their conditions nor the name of their mental health issue was disclosed. Defining a person by their illness is what this study aims to avoid.

Creative method. The study consisted of three parts. Firstly, we introduced the possibilities of creative methods. During the first meeting, two researchers interviewed each participant to discuss their preferred creative method. Each co-researcher decided for themselves whether to write a journal, stories, or poems, take photographs (photovoice),<sup>13</sup> draw, create collages, paste pictures, use newspaper clippings, stickers, or other creative ways to record their experiences.<sup>14</sup> The terms used in the research for the collections were 'summer diary' or 'summer journal.'

Secondly, in data collection, participants began to contribute as co-researchers, recording their connections to community members and the places they visited during the data collection period. The data collection period for the summer journal spanned up to four months. Each participant decided how many times per week they wanted to record entries in their diary. The choice for the inclusive creative method was made to actively involve individuals with mental health difficulties in the research process. The study aimed to provide them with a voice and recognize their expertise. This approach allowed for a unique and firsthand perspective into the experiences of community interactions in the lives of individuals with mental health difficulties.

Thirdly, upon completion of data collection, co-researchers were interviewed by the researchers. Participants provided their interpretations and explanations of the data in their diaries, either in written form, as a collage, or as a photo voice. The recorded interviews were transcribed verbatim. The transcripts were analyzed using thematic analysis,<sup>15</sup> which involved creating initial codes and searching for and identifying themes. Subsequently, the qualitative analysis software MAXQDA was used to process the data. Open coding was used for the analysis of qualitative data.

Ethical approval (No. 341/T-15) from the Ethics Committee of the University of Tartu was applied before the start of the research. Health data was not collected as part of the research. To prevent the potential emotional or psychological risk associated with the study, several discussions took place with the staff. The aims and conduct of the study were presented to them, and the willingness of the residents and staff to participate in the study was ascertained. In addition to the working meetings, the study also prepared participants for the upcoming activities, thereby reducing possible fears or uncertainties.

## Results

The results of the study indicate that individuals with mental health difficulties pay a lot of attention to their neighbourhood and environment. Examples are provided below to illustrate how co-researchers described their experiences and feelings in different places. The results are presented thematically to reveal the multiple ways in which everyday experiences in various places were described in diaries and follow-up interviews.

## **Adjustment to living in the community**

Following the move from a large facility to a community, the question arises: how does this move change everyday life? Participants who mentioned this move described it as a sense of security that they now have. The flat provided by the community service is perceived as a home by the interviewees. Staying there creates a cozy environment and corresponds to the feelings that people usually associate with a home. When asked how the current flat of the community service compared to their previous institutional accommodation, the response showed that the situation had changed a lot. Respondents identify themselves through their living place, overcoming the stigma of "coming from an institution," and proudly presenting their rooms in the common apartment to their friends or relatives.

*I 6: You cannot compare, this is my home here! Nature and everything.*

For some, the apartment even triggers a positive feeling when they return from such a safe place as their parental home:

*I 1: When I come here, I feel like I am my own master.*

The current apartment offers new opportunities to engage with one's hobbies and interests.

*Q: Do you like it here?*

*I 6: Yes, there are crafts and self-development and everything here... And books and everything... You can explore and drill and learn German and...*

The current housing arrangement also creates opportunities for reciprocity. For many residents, the opportunity to communicate with service staff is critical – it is expected and needed. Residents look for opportunities not only to walk or talk with them but also to make themselves useful, and give them small tokens of appreciation, such as cooking for them, giving them handmade items, making birthday gifts, making candy from drops, etc.

*D 9: Sometimes I help the newest member of our community with cooking.*

Here, in addition to using the concept of a kind community member (as opposed to a roommate, for example), it highlights that when a new person arrives, they are supported and assisted in settling in, even in everyday tasks like cooking.

In addition, living in the community allows residents to interact with their neighbours. This ranges from greetings in the hallway and helping the janitor clean up the trash, but also sitting together in the garden and even singing along. There was a common thread: whenever there is an opportunity to help others, they do it, as is evident in the following response:

*I 4: Once, when she came with her heavy bags, I helped this old lady who lives here next to my room to carry up her heavy bags because she could not carry them herself. She said, 'Good job carrying my bag up.' She is an elderly retiree who lives next door to me. You have to help each other!*

The reason expressed here may be that they feel they can contribute to the community, that they are needed, and that they are being noticed.

In terms of public spaces, it seemed important that these places have been around for some time. The permanence of the place creates a sense of stability for the individual.

In the interviews or diaries, traditional places such as the city centre, the market, the botanical garden, and the favourite café were mentioned. These allow for the creation of personal routines.

Predictability is also an important keyword: knowing that a place is a place where one can do certain familiar activities, see pleasant things, or meet certain people (so-called "familiar strangers") builds confidence and brings the person pleasure and satisfaction with the place, regardless of the frequency of the visit. There may also be some unfamiliar aspects. A botanical garden always looks different every season, but if there are some unchanged features, it gives you the feeling of familiarity.

*I 1: When we were married, my husband and I often went to the market. To this day, I think that's why this place is so pleasant or so nice to me.*

*D 1: Sunday came again. I met Mom and my sister again, and we went to the "good old" café. /.../ I've been to the Botanical Garden more often. Maybe once again in a few months, like that. Because when I was a kid, my mom just went to the botanical garden with me. And it's like a memory of childhood. And I still love going there.*

In the above-quoted examples, the memories are related to the place and show that if you have been in certain places during your childhood with your mother or with another family member, then visiting the place has an emotional connotation. Routines, frequency, and with whom you visit places create a deeper meaning of this place and how they identify themselves through that place.

By recognizing the role of place, communities can promote social connectedness, reduce stigma, and facilitate the integration of individuals with mental difficulties into the fabric of community life. This perspective highlights the reciprocal relationship between individuals and their environments, emphasizing the potential of places to contribute positively to the recovery process and overall well-being of individuals with mental challenges.

An important step, therefore, appears to be the establishment of a sense of safety and a suitable routine. The pleasantness of the living environment and reciprocal connection with flatmates and neighbours enable adaptation and improvement in the quality of life.

### **Welcoming places, for example, a library**

One interesting result of the summer diaries was that there is one place with many different valuable characteristics for the respondents: the library. It has the quality of a secure place and a place of connection with one's interests. They feel they can visit the library as often as they want (frequency ranged from 1-2 times a week to once a month). Due to the economic restrictions that some may have, it is also important that the library is free to visit.

The library was described as a pleasant place to visit as it has a friendly atmosphere. For people with fewer social skills, it is important to feel that everyone is welcome in the library. The personal reasons cited for visiting the library were: convenience, interest, habit, and variety.

*I 6: "There are so many books!" /admiringly/*

However, not only positive results were revealed. No matter how low the threshold is, there is still an invisible barrier that must be overcome due to the unknown factor,



namely, unfamiliar people or unfamiliar situations. This unknown can cause insecurity and even anxiety. In a situation where a person with mental health difficulties is no longer in a closed facility and can decide for themselves where and how often to go, this can also be difficult at first.

One cannot automatically accept or welcome all the possibilities that exist in a public space. The presence of certain people, signs, or principles must be there to rely on.

Making the library (as well as other places) a social space where one feels comfortable is not automatic, but a process. It can require a strong internal effort, as several psychological obstacles must be overcome: as illustrated by a participant's journal entry explaining how she overcame her fear of library visits:

*D 1: "You do not have to be afraid of a library or other places where many people are together. Because everyone does their own thing. ... But I got it into my head and told myself that nothing would get better on its own. I borrowed the book "I Dare You," and now I am reading this interesting chapter. Yes!"*

In this example, the participant showed that it was not easy for her, but she won the inner battle against the fear of the public and went to the library alone to borrow a book she needed for self-care, opening an opportunity for self-development.

The library is often seen as a quiet place where one can be in peace without the obligation to interact with others. On the other hand, the library provides an opportunity to socialize, especially with the librarians. The interviewees had become familiar with the librarians through various visits, establishing a kind of "familiar strangers" relationship. As a result, they did not avoid engaging in conversation with the librarians.

*I 2: Q: Do you talk to the librarian too?*

*Yes, I know her, I'll talk to her, too.*

*Q: What about other readers?*

*No-no with other readers! That is, you still must create a...*

*Q: Contact?*

*Yes, as we say... as Socrates has said, there must be dialogue!*

In this example, the explanation of how the interviewee sees opportunities to socialize in the library is related to the wisdom from a book of Socrates that the interviewee has read.

Communication in public spaces refers to an undemanding form of sociality. Being in a place where others are, you can be part of an indirect social space, without the pressure to engage in direct social activities. This provides a sense of normalcy and allows individuals with mental health difficulties to consider whether and what type of communication is appropriate for them. Even if interactions are limited to talking to an employee at a facility or a vendor at the market, it is better than being isolated in all cases.

While most respondents cited checking out books and reading or browsing on-site as the purpose of their library visits, some respondents also cited other interest-based activities as a reason for visiting the library:

*I 5: I browse the internet at the library.*

*I 3: I do not read a book; I play with puzzles.*

A wider range of library services caters to different interests, making people feel welcome. Having choices allows individuals, irrespective of their health status, to increase their self-confidence. The library appears to be a place where our participants can get better and engage in self-development, which empowers them.

Being able to visit a library independently is also an important aspect. While most of the respondents can visit the library independently, one respondent mentioned that she goes with her support worker. When asked if they sometimes sit there and read, the respondent answered she would like to, but cannot:

*I 12: There's not enough time, I take the book and bring it back, the support worker must get back to work!*

This example implies that although the library serves as a personal place one can spend leisure time, the experience is different for those who are dependent on others. If a visit to the library depends on the support worker also going, the time spent in the library will be less. Thus, individuals who can independently organize library visits are in an advantageous position as they have no restrictions on their visits. This ability to decide for themselves where and when to go empowers the individual.

One co-researcher described that in addition to visiting the library, he likes to regularly go to bookstores:

*I 2: I look at all kinds of current literature and ... I am a pretty good specialist, which means I look at what's new ... I pick up a book and flip through it. Something just speaks to me! I browse and then I take 3-4 books, sit in an armchair, and browse those books there.*

Perceptions of the library, as reported in the diaries and interviews, indicated that the library has the quality of openness and a low threshold, and is a convenient place to be. The possibility for one to feel independent and focus on personal interests provided empowering experiences for the co-researchers. Thus, other places with these qualities can support the well-being of individuals with mental health difficulties.

### **Connections with nature**

In different diaries and interviews, respondents expressed a preference for spending time in nature. They described nature as a place of peace and tranquillity.

*I 10: "I like clean and intact nature. Very nice!"*

The possibility to go to, be in, and explore nature alone, coupled with being independent of others at any time, and the calming feeling and the sense of well-being were described as the result of the freedom that comes with being in nature. The purpose of going into nature is to experience tranquillity and peace, often completely excluding the aspect of direct contact.

Nature as a preferred place does not imply the wilderness. Spending time in urban green spaces – such as parks, river sides in cities, or walking paths that pass through gardens also falls into this category. The most important aspect of staying in nature is feeling good in this environment.

Individuals living in the cities were found looking for greenery and various elements of nature.

The following entries in the diaries reflect that individuals living in the cities were either noticing or specifically seeking out green spaces and various elements of nature.

*D 11: Today I had my regular healthy walk. I go for a walk every week. It was raining quite heavily. Yesterday, I saw rowan berries again. I also found a snowberry bush - they were beautiful and large too. In the garden, I also saw a multitude of flowers - in various colours - pink, light pink, red, purple. /.../ While taking an evening stroll, I came across a wild brier. It had beautiful rosehips.*

Sometimes, small details have special meanings. For example: A participant likes to go to a city park but only stays there if ducks are to be seen:

*I 5 Q: Is this such a beautiful natural place, or why do you go there?*

*I: For the ducks.*

*Q: So, if there are no ducks, you won't stay there any longer?*

*I: No.*

*Q: Are there any benches that you can sit on or there is just a walking track?*

*I: Walking track yes. The benches are in the park, but I'm not sitting there. I'll see if there are ducks and if there aren't, I'll come away.*

Nature is also a place worth visiting with other people, for example, a colleague, a caregiver, or a larger group of fellow residents. Group visits, which were organized by community service providers to various locations such as the Estonian islands, places of national heritage, open farms, and wildlife parks and zoos in other cities, resulted in detailed descriptions in the diaries. These entries indicated that the experiences of exploring nature with the wider community were greatly valued and appreciated.

Another notion that emerged was that exploring nature fostered creativity. More than one participant wrote several poems in their journal, all of which were about nature. Another participant drew pictures of nature that were exhibited at the local library. A third participant made collages of various natural objects. A fourth participant took hundreds of photos of nature. These examples underscore the impact that nature as a whole or the various elements of nature have on people. The participants' awareness was also remarkable: they knew that a walk in nature was good for them, both physically and for their peace of mind. This knowledge gives them a sense of hope and promotes positive thinking.

### **Place of belonging, for example, a church**

In some cases, individuals with mental health difficulties have lost contact with their acquaintances or relatives. However, this does not imply that they do not seek or need contact, friendship, or a sense of belonging. On the contrary, their journals describe their search for social interaction opportunities, both within their community and across various interest groups.

A sense of belonging was frequently echoed in many diaries or interviews, particularly when the subject of the church was mentioned. Those who are official members of a church seem to have a strong and personally meaningful connection. This connection was confidently expressed in one interview from the outset:

*I 7: I am a Christian and in the Orthodox Church.*

In another interview, belonging to the church was a future dream, and the reason was also explained:

*D 1: I would like to go to confirmation classes, I would like to belong somewhere. /.../ Surely life would be richer if there were also religious friends.*

Belonging to a church can be the reason for further mutual relations, as the following emotional example states:

*I 3: All my friends are there!*

In addition to listening to the Word of God, the respondents also consider it important to meet at the church coffee, after service, and have conversations about various topics:

*I 11: You do not have to pray all the time; you can also talk there.*

This exemplifies where the sense of belonging meets the need to share with others. In places where both elements are present, an individual feels a stronger sense of belonging. Belonging to an institution and being able to engage in nice conversations strengthens one's connection to life and contributes to the development of self-confidence.

Belonging to a church or congregation can also lead to additional elements that enrich individuals' lives in various ways. For example, one participant started to learn the Greek language, a pursuit linked to their affiliation with the Greek Orthodox Church and their aspiration to advance in the field of theology.

*I 7: I am a beginner in Greek. I studied for 20 days. But I would like to understand Greek! /.../ Then I can understand the real text that was first written in the New Testament.*

Sometimes, the place also has a direct connection to a particular individual. In the church cases mentioned earlier, the actual attachment was often to the leader or a member of the church. Thus, the willingness to attend was based on personal invitation or even taking them to church meetings. These kinds of personal relationships were strengthening factors for the bond.

### **Meaningful contribution through work**

Moving out from institutions and into supported housing can give individuals an identity that is more than a mental diagnosis, representing a change in identity that can make life more meaningful.<sup>15</sup> Community integration plays a crucial role in this context, with the aim for individuals with mental illness to have the same opportunities as everyone else, free from discrimination or distinction. Genuine connections and interactions with community members are vital for individuals with mental illness to establish a sense of belonging and develop a positive sense of agency. When individuals with mental health challenges are seen as valued stakeholders within the community, they can actively participate in shaping their recovery journey and work towards achieving their desired goals.

Work was one of the topics that emerged remarkably often in both diaries and interviews. Work is more than a mere activity; it offers the opportunity to be part of a group with a common goal, a unique way of communication, and a sense that one's efforts are directed toward achieving something important. Thus, it also supports a sense of accomplishment and meaning in life. Therefore, the topic of going to work was worth writing or talking about.

*I 3: Yes, I really like it there /at work/, but now they are moving to another place. I am being moved there as well because they are happy with me.*

The importance of workplaces was frequently mentioned. It was the most frequent entry in all the diaries. Mostly, they were just neutral descriptions, but some related to emotions:

*D 11: I went to work - as usual. I'm knitting a rug now. It's a really nice job!*

Writing and talking about their work experiences suggests that co-researchers see their job as an important and valued position in society through which they can contribute to the greater good. This was reflected in the detailed diary entries about what had been accomplished and what products had been produced during the workday. The element that gives meaning to work is the reward for doing it.

*I 3: Well, sometimes people call me and ask me to help them. I get a little bit of money for helping them.*

Work-related reciprocal relations include coffee break stories, birthday parties, and shared events with colleagues. In the case of supported work, colleagues are often members of the same community, but some respondents work in an open labour market or through acquaintances. Participants' perceptions of relationships with other workers are influenced by factors such as the opportunity to help each other and the opportunity to see that help and work completed are valued.

### **Places for active involvement**

To foster recovery, individuals need environments that facilitate their ability to select and consistently engage in activities within communal environments.<sup>3</sup> Within these environments of action, crucial attributes include the establishment of routines and the potential for cultivating a harmonious rhythm. Concurrently, attributes such as regularity, structure, and the ambience of events also become important. Thus, the notion of place can substantiate the cultivation of habitual activities.<sup>3</sup>

In the interviews and diaries, one important characteristic emerged: individuals like to visit places that allow them to pursue their own interests or hobbies. Whether it is sports, music, or crafts, these experiences and places were described passionately.

Sports formed a prominent category within the scope of communal activities. Locations for sports activities within the research areas included gymnasiums, swimming pools, and basketball courts, as well as outdoor spaces like riverbanks and table tennis parks. The empirical data revealed that those who engage in physical exercises do so regularly, exemplified by frequent gym visits, swimming sessions, and gymnastic pursuits. Certain activities, including gymnastics and dance, are conducted under the guidance of instructors, while others are pursued independently. This underscores the significance of fostering self-sufficiency within this context. One interviewee proudly attested to her ability to operate independently:

*I 3: I can do it by myself! I can even go swimming by myself.*

Beyond the intrinsic gratification gained from physical activities, sports also offered the opportunity for inter-communal interactions and engagement with like-minded individuals within the community. These activities promote shared participation, fostering experiences, emotions, and viewpoints that serve as triggers for conversation and forging novel connections among community members.

*D 2: My largest social circle is in the sports club. Many are just acquaintances, and I have noticed that the number of acquaintances is steadily increasing, which is a very positive phenomenon. My circle of friends ranges from 14 to 88 years old.*

It is worth noting that several interviewees expressed a desire for increased participation and exploration of additional athletic activities, if the financial circumstances would be favourable.

A notable emphasis on interest-based activities was found through musical engagement. Diverse avenues are available to immerse oneself in music. These range from private auditory experiences with turntables or computer-generated melodies at home to orchestrating communal music gatherings, serving as a shared outlet. This is exemplified by one respondent who participates in a choir, while others engage in vocal expressions within ecclesiastical contexts. Therefore, music creation serves as a conduit for communal activities. This study showed that collective singing can serve as a mechanism for engaging with neighbours.

Many participants found the environment in which they pursued music assumes dual roles: a realm for self-expression and constructive feedback, in addition to providing a pleasant ambience. It is worth noting that several co-researchers gained the confidence to perform before an audience as a result of their musical endeavours, whether in their local community, inter-community gatherings, or even public events. The accompanying, albeit fleeting, performance anxiety is alleviated through positive feedback, applause, and subsequent invitations to perform, thereby bestowing an external sense of assurance and value. Consequently, participants are motivated to enrich their repertoire and to perceive consistent practice as a communal responsibility. One interviewee who is adept at an instrument perceived his skill as an avenue for reciprocity, by teaching others, including her son.

Concerning the aspect of music, a subset of co-researchers recounted their anticipation of various upcoming concerts. This suggests the potential of large public spaces such as the Singers' Festival Grounds, City Hall Square, and the City's Cultural Arena as sites for communal activities. The events held there not only facilitate auditory engagements but also foster a sense of belonging among fellow enthusiasts of music. This collective sense of belonging extends to the broader urban environment, fostering connections and an overarching sense of communal unity. Furthermore, a co-researcher's attendance at a concert evoked strong emotions and nostalgia, as captured in the following sentiment:

*I 4: Those were the songs from my childhood at the concert!*

The co-researchers exhibit considerable artistic skills, actively participating in diverse handicrafts such as knitting, crocheting, drawing, woodworking, clay sculpting, and collaging. The presence of such artistic activities is also evident in their summer diaries, which include handmade creations in the form of collages. While these artistic endeavours often take place within their home, some occur within communal settings such as day centres, vocational schools, or open art workshops. A notable result of these creative activities is the tendency to craft items for others, demonstrating a form of reciprocity. It is common for co-researchers to craft tokens of appreciation, such as cards, scarves, socks, and wood/paper crafts for community members or personnel. For one interviewee, engagements led to increased interaction with neighbours and

resulted in orders and purchases of their crafted items, thereby fostering a sense of achievement and acknowledgement.

An additional avenue for artistic expression is through participation in local exhibitions, where selected drawings made by respondents have been showcased in the local library. This external validation and recognition validate the artistic efforts of these individuals.

Aside from artistic endeavours, culinary pursuits also constitute a noteworthy activity, primarily manifesting within domestic spaces. However, cooking goes beyond just self-care and takes on a communal dimension. Co-researchers exhibit innovative ways of contributing to the community, either by helping fellow members prepare a meal or by teaching new culinary creations. Notably, the researcher also received guidance on how to make lemonade and drip candy:

*I 12: I also taught it to the staff here, they all tried it and said it was very good!*

Overall, the interviewees consistently emphasized the importance of autonomy in choosing destinations and activities, as captured in the following sentiment:

*I 4: We are not in prison; we can go outside! The main thing is that you can walk, you do not have to sit at home, you can enjoy!*

In addition, communal cooking events are organized sporadically, bringing members together for celebratory feasts within communal spaces. In select instances, the search for new recipes coincides with library visits, where respondents seek culinary inspiration, thereby merging the realms of being and doing. Expressions of gratitude and acknowledgement are frequently exchanged among participants who excel in culinary endeavours.

This study suggests that when supporting people with mental health difficulties, it is important to develop connections to places and spaces sensitively, considering the respondents face internal barriers, matching the intensity of connections to their personality, and enabling them to realize their potential.

One of the findings is that the dual approach of using creative methods and involving participants as co-researchers had an empowering effect on the participants themselves. They had full control over the data presented to us and were independent to make various choices. They enjoyed the process, which resulted in many more layers of results that are not presented in the current paper. Involving participants as co-researchers fostered a sense of ownership, agency, and empowerment among them. They actively contributed to the research process by shaping the research questions, selecting creative methods, and interpreting the findings. This collaborative approach challenged traditional power dynamics between researchers and participants, promoting a more egalitarian and respectful research environment. An unexpected outcome that emerged from this study was the validation of the research process and methods used, demonstrating their value and potential for future use.

## **Discussion**

Recovery needs to be understood as a multifaceted process, and its complexity is determined by the uniqueness of each person's journey and the contextual factors that enhance it. The deeper meaning of recovery is that individuals with mental health

challenges can lead meaningfully with their daily activities connected to the community.

The analysis revealed three key themes related to community connection that are crucial for individuals with mental health difficulties: the value of undemanding sociality in the neighbourhood and community, the potential for reciprocal relationships with the members of the wider community, and connections with groups sharing common interests (hobbies), referred to as 'communities of interest.'

Our findings indicate that individuals with mental health difficulties pay considerable attention to their neighbourhoods and surroundings. They prefer to visit streets and neighbourhood areas with gardens and parks, where local people spend their time. They like to watch fishermen at the riverside. They like to go swimming and visit the city centre or old town parks, walk in the woods, and botanical gardens: places generally considered suitable for walking. Libraries and bookshops are spaces where individuals with mental health challenges feel comfortable. The same applies to summer outdoor events. We concur that these are also places that Doroud et al.<sup>3</sup> refer to as spaces suitable for "undemanding sociality." Public parks, public spaces, and neighbourhood places are spaces where private and social life can intersect, offering opportunities for the previously mentioned undemanding sociality. For instance, if an individual with mental health difficulties is in a park and others walk by, they can interact without the obligation of conversation. If they do speak to each other, the interaction may (initially) be gestural (e.g., nods, greetings, mutual acknowledgement of positive feelings about something that is around, etc.), rather than a complex conversation. These situations provide opportunities for the development of a person's identity, allowing an individual to express their authentic feelings rather than feeling solely defined by their mental health difficulties. This indicates that these places could be considered as "places for becoming," which is in line with Doroud et al.<sup>3</sup> notions. The results indicate that connecting emotionally to a place, getting to know it, learning appropriate behaviours, and finding one's own unique way of being are all time-consuming processes. Individuals need understanding, support, and opportunities to share experiences. Establishing an emotional connection with a place takes time. The meaning of place develops over an extended period.

The results of this study illustrate how both social relationships and social space contribute to the formation of daily routines within a community. Individuals with mental health difficulties can be engaged in spontaneous contact with locals, appreciating discussions about nature, their surroundings, or everyday life. Some participants found opportunities to establish connections with some neighbours, appreciating the development of friendly relationships. Social cohesion and individual connections with community members, or even simply "being there," are crucial for individuals coping with difficult situations and trauma, or to get on with life in general.<sup>7</sup> Interaction between people in shared places shapes the informal behaviour of community members.<sup>7</sup> Approximate reciprocity, which enables individuals to exchange favours, offers support and provides practical assistance without the need for formal contracts, contributes to making lives "liveable" through casual yet often finely-tuned assistance.<sup>7</sup> Through community reciprocity, we can shape "social infrastructure and landscapes to make it easier to habitually express goodwill and thoughtful support."<sup>7</sup> Social connections extending beyond one's immediate circle of acquaintances help to cope with adversity and access to resources and opportunities bolstering wellbeing even in the face of long-term social exclusion and crises.<sup>7</sup> For marginalized and



disadvantaged individuals, these informal and semi-formal communities are a matter of survival, help to overcome barriers, and challenge discrimination.<sup>7</sup>

Some participants have hobbies, currently practiced alone, that could potentially lead to joining interest-based communities. Analysing the data reveals that individuals facing mental health difficulties often exhibit caution and modesty when expressing their leisure preferences. Therefore, it can be concluded there is a need for encouraging and empowering conversations that uncover deeper self-reflection and help individuals discover their true desires. This research underscores the significance of adopting an individualized approach, steering away from generic and convenient choices offered by public sector organizations, to facilitate interest-based activities that align with each person's unique hobbies and meaning-making. This approach is crucial for enhancing the recovery process, as it allows individuals to exercise freedom of choice in their daily activities, contributing to a more meaningful and fulfilling life. This study also shows that through their hobbies, individuals have discovered their strengths and are beginning to understand the kind of people they want to meet. Consequently, conversations and shared reflections are necessary to move from individual interests to collective activities and to find a community of interests that suits them.

It is important to identify which places within the community offer reciprocity, and to understand where individuals can discover new aspects of themselves, discover their surroundings, enjoy their leisure time, and comprehend the impact these factors have on the recovery process. Individuals also need to talk to support workers about the kind of social interactions that suit them and the people with whom they wish to build social relationships with, as self-reflection allows them to get to know themselves better.

Our study provides valuable insights into the relational trajectories of individuals with mental health difficulties within their communities. Reciprocal relationships enable individuals with mental health difficulties to develop bonds with people who live in their proximity. Through undemanding social activities in local community spaces, they can develop bridging which, in turn, expands opportunities within communities and reduces isolation and polarisation.

These results will be used in the coming years to improve community connections, thereby improving the quality of life of individuals with mental health challenges. The mental health agency has formulated a new strategy that emphasizes the significance of community involvement.

## **Conclusions**

For the recovery process, it is important that individuals with mental health difficulties spend time in an environment that suits them, providing visual satisfaction, a variety of activities, and undemanding sociality, i.e., possibility to relate to others.

The Asset-based community development model, through the cultivation of reciprocal relationships and the creation of social spaces, holds the potential to reduce reliance on traditional service provision in supporting individuals with mental health challenges. Individuals can access the support they need in a more holistic and community-driven manner by harnessing existing community assets, such as peer support networks, local expertise, and community resources. This approach shifts the focus from a top-

down service delivery approach to one that emphasizes the strengths, capabilities, and contributions of individuals with mental health difficulties. As a result, individuals are empowered to take an active role in their own well-being and are more likely to experience improved mental health outcomes.

Places where individuals can pursue hobbies that allow them to develop their own strengths are of particular importance. In addition, factors such as independence and the ability to visit hobby-related places unassisted seem to enhance well-being. The results show a persistent lack of connections to interest-based communities, suggesting an area for future development.

Support for individuals with mental health challenges in developing connections to places and spaces should be sensitive, considering internal barriers they may face, the intensity of the connections that match their personality, and their potential realisation.

On the journey from closure, exclusion, hardship, and stigmatization towards openness, inclusion, ease, equality, abundance of opportunity, and fullness, empowerment of individuals with mental health challenges through community involvement is key.

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