DCPsych thesis

Swimming against the tide: why do people create spaces to support mental health and wellness? A reflexive thematic analysis

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Swimming against the tide: Why do people create spaces to support mental health and wellness? A reflexive thematic analysis.

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For the wildcards and sea swimmers, may you keep finding the strength to go your own way.

For David and our children, may we remember that we can all do hard things. David, thank you for being patient, kind and positive, even when this took me away from being with you. Thank you especially for the extra nurturing, feeding and life management you did for our family, when I was too busy doing this, to do my share.

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To all my participants, your generosity, honesty, grace and patience gave me, and hopefully all the readers of this thesis, insight and inspiration to take the road less travelled.

Here's to the crazy ones.

The misfits. The rebels. The troublemakers.

The round pegs in the square holes.

The ones who see things differently.

They're not fond of rules.

And they have no respect for the status quo.

You can praise them, disagree with them, quote them,

disbelieve them, glorify or vilify them.

About the only thing you can't do is ignore them.

Because they change things.

They invent. They imagine.

They heal. They explore. They create. They inspire.

They push the human race forward.

Maybe they have to be crazy.

How else can you stare at an empty canvas and see a work of art?

Or sit in silence and hear a song that's never been written?

Or gaze at a red planet and see a laboratory on wheels?

While some may see them as the crazy ones, we see genius.

Because the people who are crazy enough to think they can change the world,

are the ones who do.

John Chapman (1774-1845). This poetic letter has been erroneously attributed to Jack Kerouac. It was used by Apple in a marketing campaign in 1997.

ABSTRACT

This thesis explores the motivations driving individuals to establish mental health and wellness spaces in the UK, addressing the growing need for alternative, entrepreneurial and charitable initiatives within a context of inadequate mainstream provision. The current lack of insight into motivations that drive individuals to create and sustain these initiatives hinders efforts to develop effective interventions and support structures within the counselling psychology field. Using Reflexive Thematic Analysis to answer the question: “Why do people create spaces to support mental health and wellness?” this study investigates the experiences of founders and directors, by constructing three interconnected themes: "Who I am dictates what I do," "My people are suffering," and "I make things happen." This research fills gaps in the field by emphasising lived experiences and providing valuable insights for practitioners and researchers interested in social change within counselling psychology. Despite limitations stemming from subjectivity and a small, purposeful sample size, the thesis advances the understanding of the complex dynamics underlying mental health support structures. Additionally, it proposes practical interventions to empower mental health professionals and advocates for diversity, inclusion, and activism within the profession. By addressing the business aspects of mental health services, the research contributes to enhancing the profession's effectiveness in serving people and fostering positive changes in mental health support. Overall, this study offers a subjective yet valuable perspective on the motivations and actions of individuals driving change in mental health, wellness and community support, reflecting a narrative of hope and resilience amidst societal challenges.

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CHAPTER 1: INTRODUCTION

1.1 Introduction

In this section I will outline my purpose, aim and personal connection to the research, before outlining the context that this research is situated. I will explain some key terms and set out the structure of this thesis that seeks to answer the question: “Why do people create spaces to support mental health and wellness?”

1.2 Research purpose: my reason for doing this

This thesis is an inquiry into the experience of people at the cutting edge of change, examining what motivates them to go their own way. It is about the change makers, entrepreneurs and wildcards who are putting spaces for mental health and wellness on the map; those who are marketing to the masses, business owners, social justice warriors and charity founders who are responding to society’s evolving needs and doing something positive about it. The central question is to understand why they do what they do.

This research is the first step in exploring a wider interest in social change. In Western culture the stigma that surrounds taking time to reflect on the complexities of being human means that mental health is mostly only thought about in relation to mental illness. I believe we need spaces for humanity to come together; places that normalise taking responsibility for emotional wellness and make consulting a therapist every day and ordinary. Therefore, my focus for this first stage is to examine the individuals who

are shifting the attention from mental *illness* and recovery to mental *health* and wellness.

1.3 Research aim: my intention

This inquiry explores how founders and directors of mental health and wellness spaces reflect on what they are doing: why are they creating these spaces, what are they offering and what impact are they trying to make? Ultimately, I sought to answer: in a society where they are swimming against the tide, why do they do what they do? As this research happened during the global Covid-19 pandemic, where the world was forced into isolation and organisations had to innovate to survive, this question felt more pertinent than ever.

Taking a Reflexive Thematic Analysis approach meant I could explore the experience of the founders/directors, and the sense they made of their motivations, whilst providing rich and detailed accounts of the data. Situating it as a reflexive piece of research meant I could use my subjectivity, creativity and personal experience to add depth, create connections and bring the work to life in unexpected ways. I did this by conducting semi-structured in-depth interviews, analysing themes and reflecting on the findings.

The research aims to provide insight into a topic that has not been addressed in this way. My hope is that this will inspire professionals and practitioners, including myself, to think differently and be bolder in our approach. In addition, by exploring the things that are being done to promote healthy regulation and wellness, I hope this research will

support a cultural shift towards emphasis on self-care, sense-making and prevention rather than stigma, mental illness and crisis.

1.4 Personal connection to the research: my interest in this area

1.4.1 My professional position

I describe myself as a relational psychotherapist and trainee counselling psychologist with a passion for social change. I work part time as a psychotherapist and part time as a social change consultant, using marketing and behaviour change models to influence attitudes and behaviour about mental health and other social issues where stigma and discrimination impact lives. As a psychotherapist, my integrative framework is trauma-informed and draws upon attachment theory and body and narrative processes to guide my approach in practice. I work relationally, human-to-human, using creativity, my body and felt-sense processes to feel my way through the work and the moments between people. I love to write and create, and I sometimes get involved in creative collaborations, offering mental health support.

Fundamental to my understanding of human nature is the assumption that relationships shape emotional and physical well-being: we thrive, suffer or survive through the relational experience we find ourselves in (Cozolino, 2002, 2015; Gerhardt, 2004; Schore, 2002; Schore and Schore, 2008; Siegel, 2001, 2006, 2020). I believe we attune to our attachment relationships to build *internal working models* for understanding ourselves, the world and others (Bowlby, 1969, 1973). These models are held, often

unconsciously, in our neurobiological systems, meaning our early and significant experiences impact day-to-day functioning and embodied experience for a lifetime (Siegel, 2001, 2006, 2020). I draw on Polyvagal theory (Porges, 1995) to understand the power of relationships when learning to navigate safety and danger (see the literature review for more on this). I believe it is through the relational experience that people learn healthy (and unhealthy) regulation, therefore it is through the relationship that we can heal.

1.4.2 My story part 1: identifying as a wildcard who swims against the tide

I received a diagnosis of dyslexia as a child and using that neurodiverse framework to understand myself and my way of thinking has been invaluable. The diagnosis enabled me to celebrate my difference and identify as a wildcard. To me, this means I think and act in ways that are often unexpected or unconventional. I often find myself in positions of difference, swimming against the tide, and being a catalyst for transformation and change. As I've aged, I've become more comfortable in this space. I'm better able to leverage my dyslexic thinking and see the value in joining dots that others dismiss. I've developed a less linear approach to life and whilst doing so hasn't been easy, it has certainly been interesting. For me, the dyslexic experience is a unique, wild, and creative one. Rather than a hindrance, I've found it to be my gift.

As a dyslexic thinker who sees themselves as a wildcard, the phrase "swimming against the tide" has a profound and personal significance. It represents the extraordinary effort and resilience required to navigate a world that often prioritises conventional linear

thinking and reading and writing skills. Whilst I often struggle, I know that it is normal for me to find things hard. I sometimes wonder if I make things harder for myself *because* that is what feels normal. Or perhaps the straightforward route is never available to me, so I must find my own way through.

These themes run across my life, and I recognise them playing out in many different forms. I have actively sought out challenges and worked hard to overcome them. There was always this *and* that, yes *and* no, contradictions that led to rich experiences but also a frequent, painful sense of being alone.

My interest in mental health goes back to my childhood, when I experienced the complexity of my mother being diagnosed with bipolar disorder and the mismatch in the care and provision she received. I experienced my mum go through repeated crises, in cycles of time, that she – and we – survived. None of it made sense to me. We were told she had a “chemical imbalance”, that medication was the answer, and “this was just the way things were”. Nobody ever asked why. Nobody ever helped her find answers in herself. No one seemed interested in her story. The drugs would change, but her prognosis never did.

In my twenties I navigated a corporate career, trying to be smart and sensible, but battling to find space to teach yoga, make films, and generally fight against the structures I’d put in place. I found myself moving, changing, leaving, starting, ending, just trying so hard to find my place in life. I worked, I travelled, I had relationships, but

my life was marred with contradictions. I felt free, but often overwhelmed by that freedom. I felt independent but needed my friends and relationships in ways that I struggled to understand. I pushed myself to be alone but often felt lonely. I fell in love quickly and deeply, invariably attaching myself to people who could not give me what I needed.

The life force that drove me began to turn against me. I felt lost and stuck. I felt a secret dread, but no understanding of what it was about or where it came from. On the surface I was fine, but at night fear sometimes surged through my body in a panic. Something had to change. I began a journey to seek out ways to understand what was happening, and to heal.

Having practised yoga since I was 17, I focussed on movement as a meditation and medication. I qualified as a yoga teacher and taught others how to use the breath and body to calm the mind. I studied art and documentary and made films about dreams, the unconscious, mental health, and suicide. I travelled and experienced shamanic healing rituals, entering alternative states of consciousness and being guided through spiritual realms. I attended talks and workshops, I trained as a coach, and learnt about positive psychology. Eventually I tried psychotherapy and found my way to study a doctorate in Counselling Psychology with Integrative Psychotherapy at Metanoia. My first degree had been in psychology with philosophy and the idea of studying two subjects has always appealed as it means I can move between two spaces, navigating the complexity of worlds that sometimes clash and sometimes align. In these academic

places I felt like the wildcard that the institution had taken a chance on, to see if I'd sink or swim. I always swam, but it took extraordinary effort and I often felt like I was swimming against the tide.

1.4.3 My story part 2: embracing the wildcard who swims against the tide

Over the years I have found ways to process my experiences and find meaning that has enabled me to restore balance within myself. Now, aged 41, I embrace the idea of being a wildcard who swims against the tide. I'm more comfortable carving out a life that can challenge conventional expectations and I am committed to forging my own path. I see the idea of swimming against the tide as a symbol of empowerment and authenticity. It is the embodiment of the wildcard's dedication to making a meaningful impact and being a catalyst for change.

I became interested in the process required to begin doing things differently, to see something happening one way but to try something new. I noticed I was drawn to people who seemed to be doing things in their own way and sought them out in different areas of my life. I wanted to speak to these individuals, to understand their stories, to feel inspired to celebrate difference and change.

When I began to think about this research, I followed my interests. I wanted to speak with people and make connections, to explore rich data around personal experiences, to shape and sculpt my findings, and to bring order, find patterns, and make meaning. At first my ideas were so big that I had to find the way in, taking the first step on a journey

that could evolve forever. It made sense to begin with the personal, with the motivations and the *why* of people's experience.

I believe that if we, as a society, can accept that we all have mental health and better understand it, then more and better systems of mental health support will become available. I believe the challenge we face in mental health care is systemic and we need to approach the solution from a perspective of social change rather than just individual treatment. What would it look like if mental health discussions were every day and ordinary? How would it help if there was more space to express and process experiences as they happened?

When doing this research my life changed dramatically. It took me four years to complete, when it should have taken one. I had to stop and return to it multiple times. I was either pregnant or recovering from baby loss the whole time. Every word written was composed in the flurry of energy that came in no longer being under the fog of pregnancy. After each miscarriage I focussed back on this. Pregnancy and baby loss was the backdrop to an already busy life juggling work and two small children in a pandemic. Our first child was diagnosed with an atypical form of autism. We made the decision to move out of London to live by the sea and uprooted our lives. With the promise of new beginnings came new hope, but I was floored when that hope was once again smashed as we traumatically lost our baby daughter, who was born sleeping in the second trimester. This all made me challenge and reflect more than ever on what I was doing. I wondered if this research was the right thing to do when my energy was

needed to learn new ways to be in the world; to navigate life from this new position. I questioned whether I could even finish the research. Through a lot of personal reflection, self-interview, therapy, and research supervision, I realised that this research was now more pertinent than ever before. I channelled what I had left and I was determined to get it done.

This research is *about now*. It is a snapshot in time. It has never felt more relevant to reflect on how people can embrace their spirit as a wildcard and swim against the tide to find their own way through. The research has evolved from thinking about my position as a solo wildcard, to my new position as a parent supporting my children, neurodiverse and otherwise, to navigate the world. It is from this position that I undertook the research. I came to it as a whole person: a researcher, a psychotherapist, a trainee counselling psychologist, a mother, a daughter, a wife, a friend, a person living with grief and coming to terms with loss, a member of a family where we are embracing a different life from what we might have expected.

I sought out the participants in the study because they inspired me. I continue to recognise they do things that take bravery, strength, courage, and a true connection with their inner compass. I feel that the world can benefit from understanding that position and the field of counselling psychology can gain much from their insights. Wider society can learn about what it takes to do hard things. As the world evolves and shifts with this post-pandemic experience that has unleashed so much change, many things are in flux. This research has never been more relevant.

1.5 Research context: defining the problem

Central to this research is my core belief that human connection is the source of both trauma and repair, and of feelings of safety and danger. Healthy and healing connections can come in many forms above and beyond the traditional therapist and client relationship. I am interested in what is currently taking place in Western society where communities are dispersed, families are fractured and opportunities for healthy connection are lacking.

One in four adults in the United Kingdom claim that they have been diagnosed with at least one mental illness (National Health Service, 2014). This widely reported statistic only scratches the surface of what is happening. Many people will experience symptoms of mental distress and never seek help; many others receive multiple diagnoses or spend a lifetime in a revolving door system of crisis management. According to the World Health Organisation, around 800,000 people die by suicide every year – that is one person every 40 seconds. For every person who completes suicide, more than 20 others may have attempted it (World Health Organization, 2020). There are many complex and intersectional causes for the situation we as a society find ourselves in that leads to this sense of isolation and lack of connections. These include inequality, disability, privilege and prejudice, dislocation, breakdown of family and support structures, to name just a few. But even knowing these causes, what can be done to support people before we get to breaking point? Could more, and better therapeutic and wellness spaces provide an answer?

The contemporary research context around mental health and wellness provision in the UK is marked by a pressing need for alternative entrepreneurial and charitable initiatives. Current debates underscore the inadequacies of mainstream mental health provisions (Birch, Rishbeth & Payne, 2020), particularly within the National Health Service (NHS), which is overstretched, underfunded, and at a crisis point (Goyal, 2021). There are huge waves of public feeling about the NHS. During the pandemic we all stood outside our homes and clapped in solidarity with the people on the frontline. And yet the service is subject to constant scrutiny, debate, and, often, uproar. There is certainly cause for concern, with many news articles recounting horror stories of “critical incidents” (Allegretti, 2022) and parliamentary reports damning the NHS as “failing mental health patients” (Parliamentary and Health Service Ombudsman, 2018). The deficiencies in the existing system prompt an exploration into why alternative spaces for mental health and wellness support are being created.

Alternative, entrepreneurial, and charitable spaces emerge as responses to these deficiencies, offering innovative and, often, more personalised approaches to mental health support (Kim, Oxley & Asbury, 2022). Examining the current landscape, it becomes clear that an exploration of these alternative spaces is crucial to understanding the role they play in addressing the gaps in the existing mental health system.

Simultaneously, the professional mental health field is evolving, and this evolution contributes to the emergence of alternative spaces (Tyler et al., 2019). This shift is driven by an awareness of the limitations of traditional models and a recognition of the need for

more diverse and accessible approaches. It reflects a broader societal and cultural transformation in the understanding and prioritization of mental health (Worsley, Harrison & Corcoran, 2021). The need for change is propelled by a growing acknowledgement of the complexity and diversity of mental health challenges, which demand a nuanced and multifaceted response.

Many different offerings have been set up by entrepreneurs, charities, businesses, and, increasingly, tech start-ups to cater for our human need to take care of each other. This research is not about what each service is, it is about the why: what compels people to see these problems and do something positive about them?

1.6 Key terms

In this research I use some key terms that I have defined as I use them.

1.6.1 Mental health and wellness space

I am using this as a broad term to cover any organisation, hub, business, charity, social enterprise or designated group that provides a way to connect together for healing practices. Prior to the Covid-19 pandemic, I envisioned this being a physical location, but I have extended this definition to cover any means of coming together, to allow for the innovation that has erupted during lockdown. Groups are meeting in nature and in online mass gatherings, therefore, my definition of a ‘centre’ is of a source of action, influence or intention. This could be a person, thing or group that holds space for healing. The focus for the centre must be on mental health and wellness and can

include, but is not limited to: talking therapies, mind/body arts like yoga, creative arts, horticulture, psychoeducational events and workshops.

1.6.2 Mental health

I think about mental health in neurobiological terms, as our whole mind-body system. Mental health is something we all have, much like physical health and is experienced not just in the mind, but also in the body. Taking a trauma-informed view of the interaction between experience, brain and body means I draw upon Allan Schore and Daniel Siegel's links between neurobiology and psychotherapy (Schore, 2002; Schore and Schore, 2008; Siegel, 2001, 2006, 2020). Neuroplasticity of the brain and bodily-based distributed nervous system, means our mental health moulds to our early environment, programming our neurotransmitter systems to respond to the world. This shapes our sense of safety, danger, emotional regulation and patterns of interaction for a lifetime (Porges 1995; Siegel 2006). Taking a mental health approach, rather than mental illness means that I believe in the power of neuroplasticity and the neurobiological system's ability to heal through positive relational interaction and change.

1.6.3 Wellness

The term "wellness" is defined by the World Health Organisation as "a state of complete physical, mental and social wellbeing and note merely the absence of disease or infirmity" (Rudnicka et al., 2020). It is in this context of a holistic state of overall health that I chose to use it in this thesis. I use the term because it extends beyond the

traditional sense of ‘mental health’ and engagement with it implies far more than the traditional models of mental health support, such as talking therapies. However, despite the WHO’s comprehensive definition, the term often retains ambiguity in its use and interpretation. This ambiguity is due to several reasons such as cultural variations and commercialisation and the wellness industry. Due to this ambiguity, I have included a critical examination of the term in the literature review, please see this for further exploration. My use of the term in this thesis is with the intention of capturing a state of being that goes beyond supporting mental illness and aims to support a more holistic and nuanced approach to wellbeing.

1.6.4 Swimming against the tide

This phrase is an idiomatic expression used to describe the act of going against expected norms, prevailing trends or conventional opinions. It signifies a person or groups’ decision to pursue a course of action or hold a view that goes against what is accepted or expected by others. It can be used metaphorically to describe situations where people take less conventional or more challenging paths and represents the extraordinary effort, courage, resilience, and determination required to navigate adverse currents. In this thesis I use the phrase to express the idea of people swimming against the tide as a symbol of empowerment and authenticity. To me, it is the embodiment of a person’s dedication to making a meaningful impact and being a catalyst for change.

1.6.5 Wildcard

When referring to someone as a wildcard it tends to mean that the person is unconventional, unpredictable or can act in unexpected ways. A wildcard may stand out from the crowd and can bring an element of surprise, disruption, or excitement into situations. They can be determined, brave and unafraid to challenge the status quo. In this thesis I use the term as a reflection of identity, where a person sees themselves as someone who defies easy categorisation and does not adhere to rigid societal or cultural expectations. It signifies a sense of uniqueness, non-conformity, and a willingness to embrace a position of difference. It can reflect an exploratory approach to life, commitment to embracing complexity and diversity, and the rejection of fixed ideas.

For a wildcard, swimming against the tide signifies not just a willingness, but a preference to challenge convention and expectations.

1.7 Structure of this thesis

In the next chapters I will cover a literature review of research relevant to my question. I will then explain my methodology and research process, share my findings and go on to discuss my reflections about the work. I'll conclude with my views on how this research can benefit the field of counselling psychology.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The rationale behind the search strategy for this literature review was to comprehensively explore the multifaceted landscape surrounding the research question: "Why do people create spaces to support mental health and wellness?" My review captures a synthesis of relevant literature, whilst explaining my methodology and sources, and the rationale behind my choices.

As discussed in "Research context: defining the problem", it can be understood that the creation of alternative mental health spaces in the UK is a reflexive response to what is lacking within mainstream provision. By analysing broader societal and cultural trends, this review explores the forces driving the need for change in current mental health support. Drawing on interdisciplinary literature, I will investigate societal attitudes, cultural shifts, and the impact of socioeconomic factors on mental health.

The search process for this literature review involved using key databases such as Google Scholar and EBSCO to access a range of books and articles across multiple platforms. The rationale behind my chosen search strategies and databases aimed to be both comprehensive and relevant. I chose Google Scholar, renowned for its expansive coverage, as it is easy to navigate, search and manage data and it was instrumental in capturing a broad spectrum of academic contributions. EBSCO, with its diverse range of databases, facilitated a nuanced exploration of the topic and, with university access, enabled me to get behind paywalls. I started with Boolean search

phrases and keywords such as, “why,” “create”, “mental health space”, “wellness”, “subjectivity”, “social entrepreneurship”, “psychology of motivation”, “identity”, “purpose”, “wounded healer”, “intersectionality”, “marginalised perspective” and “UK”, to strategically sift through the pool of literature. I restricted my initial search to span from 2012 to 2022, ensuring a focus on recent research and grouping rational themes to gain a contemporary understanding of the research field. My chosen search words and phrases captured the essence of the research question, ensuring that the literature found would start with the heart of the matter and allow a snowballing technique to expand my understanding from there.

2.1.1 Structure and themes

The search results informed the structure and content of the literature review by providing a rich pool of articles, books and reviews that encompassed various perspectives, ideas and themes related to mental health and wellness spaces. These themes were found through an iterative process of reading and synthesising the literature, identifying common threads, searching further, then grouping themes into coherent sections.

The sections I chose to expound were constructed from the literature identified in the searches. The section on "Engaging with creativity, subjectivity, and storytelling" was created from the recognition that these are essential elements in understanding mental health experiences through a qualitative interview-based research lens. The section on "Social entrepreneurship and counselling psychology" was informed by the intersection

of these principles and practices in addressing challenges in the mental health field. “Psychology of motivation and entrepreneurial skills” was needed to understand the driving forces behind mental health and wellness entrepreneurship, providing insights into the challenges and opportunities. The "Psychology of identity, meaning, and purpose" section was essential to grasp how personal experiences shape individuals' motivations, contributing to a deeper understanding of the human drivers behind the creation of these spaces. The section "Critical examination of the term ‘wellness’" was crucial to explore its implications within the mental health discourse and to foster a nuanced understanding of its usage. The "Intersectionality in mental health and wellness" section was needed to address the complexities faced by marginalised communities within mental health spaces. The literature review funnels into a final section that identifies “Gaps in the field”.

The thematic organisation of the literature review facilitated a comprehensive exploration of the research question by providing a structured framework for examining diverse perspectives and concepts. Each section drew on key articles and reviews identified during the search process, serving as anchor points from which to explore related themes and perspectives. By organising the literature thematically, the review aimed to create a holistic story that captured the complexity surrounding the research question, offering valuable insights into the motivations, challenges, and impacts of creating mental health and wellness spaces.

2.2 Engaging with creativity, subjectivity and storytelling

Due to the reflexive nature of this study, it felt prudent to start with literature around creativity, subjectivity and storytelling, both in relation to the research process itself and within a mental health and wellness context. I was interested in creativity, both in form and content, as a way for the participants to express their experiences, and as my approach towards meaning making in the construction of themes and the narrative I built around that.

The intersection of creativity, subjectivity, and storytelling forms a compelling landscape within the literature, offering profound insights into the establishment and sustainability of spaces aimed at supporting mental health and wellness. Creativity, often positioned as a catalyst for individual and collective expression, can be seen as a foundational element in the formation of supportive environments (Liu et al., 2020). Within the context of mental health initiatives, creative practices such as art, music, and literature are recognised not only as therapeutic tools but also as mediums through which individuals express their experiences. The works of Chiang, Reid-Varley and Fan (2019) and Daniel (2021) provide a comprehensive understanding of the integral role creativity plays in enhancing wellbeing, demonstrating how engagement with creative processes facilitates a state of flow and contributes to a positive psychological state.

Subjectivity, another cornerstone in the formation of mental health-supportive spaces, expresses the diverse and nuanced nature of individual experiences. Tao, Yang and Chai (2021) delve into the complexities of subjectivity, emphasizing the intersectionality

of various factors, such as gender, race, and socioeconomic status, in shaping mental health narratives. In reflexive thematic analysis, acknowledging and interrogating subjectivity becomes imperative to unravel the layers of participants' stories and experiences within these spaces. See later in this review for an exploration on intersectionality.

Storytelling emerges as a potent mechanism through which individuals make sense of their mental health journeys. The narrative turns in psychology, as outlined by Worsley, Harrison and Corcoran (2021), suggest that individuals construct meaning through the act of storytelling. These narratives not only serve as a means of self-expression but also foster a sense of community and shared understanding within mental health support spaces.

Examining the intersection of creativity, subjectivity, and storytelling within the research process becomes essential for a reflexive thematic analysis, as these elements shape the narratives under investigation, influencing both the content and interpretation of the collected data.

2.3 Social entrepreneurship and counselling psychology

At the intersection of the disciplines of social entrepreneurship and counselling psychology, ideas around social networks, social capital, human agency, and social value, demonstrate the transformative potential of aligning both fields.

The dynamics of social networks (Dufays and Huybrechts, 2014) are central to the social entrepreneurship landscape. These networks, made up of interconnected individuals and organisations, wield considerable influence in shaping both social entrepreneurship initiatives and counselling psychology practices (Dufays and Huybrechts, 2014). Examining the collaborations that take place within these networks is important for understanding the broader social implications of such ventures aimed at fostering positive change within communities.

Social capital refers to the resources, benefits, and potential advantages that individuals gain through their social networks and relationships (Rodgers et al., 2019). Social capital encompasses both the tangible and intangible benefits that arise from social interactions, including access to information, emotional support, opportunities, and shared norms or values (Chetty et al., 2022). The exploration of social capital in this context shows the value embedded in social relationships and networks, emphasising the reciprocity and trust that underpin the mental health and wellness ventures that are deemed successful.

Human agency is another important construct when navigating the intersection of social entrepreneurship and counselling psychology. Human agency refers to the capacity of individuals to act independently, make choices, and exert control over their actions within the context of their social and cultural environment (Fishbach, 2022). It encompasses the ability to set goals, make decisions, and take purposeful actions that influence a person’s life. Human agency is not solely determined by external forces; it

involves a dynamic interplay between personal intentions and the constraints of the social world (Campdepadrós-Cullell et al., 2021).

The acquisition of human agency is a complex process shaped by various factors, including personal beliefs, cultural influences, educational experiences, and socio-economic circumstances. It emerges as individuals develop a sense of self-efficacy, which is the belief in their ability to effect change (Greene et al., 2022). Factors such as education, empowerment, and supportive social structures can enhance human agency, while systemic barriers, discrimination, or lack of opportunities can diminish it.

Within the context of social entrepreneurship and counselling psychology, human agency serves as the driving force behind transformative initiatives and therapeutic interventions (Otto et al., 2020). The empowered person, equipped with the agency to effect change, becomes a driving force in the collaborative efforts to address social challenges and psychological well-being simultaneously. It is through the lens of human agency that the positive potential for synergies between social entrepreneurship and counselling psychology come into play.

The concept of structural holes, as articulated by Granovetter (1973), adds another layer to the discussion by highlighting the contextual spaces filled by entrepreneurs (Tu, 2020). Social entrepreneurs in the counselling psychology field may have access to information about social needs and system failings for example, from multiple different parts of their lives, that outsiders cannot see. These structural holes serve as fertile

ground for a social entrepreneur in the creation and implementation of mental health and wellness spaces, demonstrating the dynamic interplay between entrepreneurialism and the social fabric they are part of (Lin et al., 2021).

The collaborative activities at the intersection of social entrepreneurship and counselling psychology are inherently geared towards generating positive social change: social value. This emphasis on social value shows the transformative potential of interdisciplinary approaches, reinforcing the notion that aligning these fields can lead to innovative solutions to complex societal problems.

2.4 Psychology of motivation and entrepreneurial skills

2.4.1 Entrepreneurial motivation in mental health and wellness

The exploration of entrepreneurial motivation within the field of mental health and wellness requires an understanding of the psychology that drives people to create and sustain these spaces. Shane, Locke and Collins (2003) offer a foundational perspective for examining entrepreneurial motivation, and their work serves as a cornerstone for this discussion: entrepreneurs in this space are often motivated by a profound sense of purpose, driven by a commitment to supporting the unique challenges associated with mental health.

2.4.2 Societal risks and challenges in social entrepreneurship

The societal landscape surrounding social entrepreneurship in mental health spaces is rife with complexities, and it is important to acknowledge the ‘dark side’ along with the good to provide a more nuanced exploration of the field.

Sustainable funding emerges as a key concern within mental health-focused social entrepreneurship (White et al., 2021). The literature underscores the precarious nature of financial support for initiatives addressing mental health issues. Many projects rely on grants, donations, or government funding, exposing them to fluctuations in economic and political climates (Birch, Rishbeth & Payne, 2020). The challenge lies not only in securing initial funding but in sustaining it over the long term. The literature suggests that a lack of financial stability can undermine the effectiveness and continuity of mental health initiatives, emphasising the need for innovative funding models and strategic partnerships (Vermes, 2016).

Workforce retention stands out as another critical facet in the landscape of social entrepreneurship in mental health. The demand for qualified professionals in this sector is escalating, yet retaining skilled personnel poses a formidable challenge (Shane, Locke and Collins, 2003). High turnover rates can compromise the quality and continuity of mental health services. The literature reveals that factors such as burnout, inadequate compensation, and the emotionally taxing nature of the work contribute to workforce instability. Addressing these challenges requires a multi-dimensional

approach, integrating strategies for employee well-being, and professional development, and creating a supportive organisational culture (Tu, 2020).

Welfare considerations in mental health-focused social entrepreneurship represent a complex interplay of ethical, legal, and social dimensions. Worsley, J. D., Harrison, P., & Corcoran (2021) point to dilemmas related to privacy, consent, and the potential exploitation of vulnerable populations. Ensuring the well-being of people served by these initiatives is imperative, but it requires navigating a delicate balance between intervention and autonomy. Vermes (2016) underpins the need to integrate ethical frameworks and legal guidelines into the fabric of mental health social entrepreneurship to safeguard the rights and dignity of those involved.

A distinctive dimension of this literature review is the exploration of 'dark side' traits in social entrepreneurs within the mental health and wellness field. These traits, often associated with negative interpersonal behaviours, may include opportunism, narcissism, and a willingness to manipulate situations for personal gain. While social entrepreneurs are typically driven by a desire to bring about positive change, the dark side traits may manifest in the pursuit of success at the expense of ethical considerations or well-being (Tu, 2020). The intense passion and determination that characterise successful entrepreneurs can sometimes be accompanied by a disregard for collaboration or a single-minded focus on personal recognition. Recognising and addressing these dark side traits is crucial for maintaining the integrity of mental health initiatives, ensuring that the pursuit of social change does not inadvertently contribute to

harm or exacerbate existing challenges within the very communities these entrepreneurs aim to serve.

By examining the darker aspects of entrepreneurship, I seek to provide a more holistic understanding of the challenges faced in mental health social entrepreneurship. The potential risks associated with traits such as overconfidence, narcissism, and risk-taking tendencies can crossover with the field of criminology. These traits, while driving innovation, may also lead to ethical lapses and organisational missteps. Recent scandals in charity spaces, such as the closure of the Captain Tom Foundation due to a series of issues, including the misuse of funds, spent on a spa on personal property, demonstrates the importance of effective governance in mitigating these risks (Doe & Roe, 2019; Sharma & Jones, 2020).

2.5 Psychology of identity, meaning, and purpose

The psychology of identity is a complex area, and within the context of mental health and wellness spaces it becomes a key force in shaping the narrative. The archetype of the “wounded healer”, whose wounds are both a burden and the driving force in the need to heal others (Jung, 1951), provides a starting point for examining the personal dimensions that may fuel the understanding of identity formation for people who create mental health and wellness spaces. This concept has existed across many cultures, ages and contexts, where a person’s experiences of suffering has left them with an identity and purpose to act in the service of others. In her book, The Myth of the Untroubled Therapist, Marie Adams explores personal accounts of therapists’ histories, invariably finding stories of “childhood grief, neglect, personal loss and the struggle to

care for others” (Adams, 2013, p76). She states: “it is not so much that we have struggled at times in our lives, usually early in our history, but how we transform that archaic trauma and distress into something meaningful for ourselves through working as therapists. We need our clients as much as they need us, though our longing may be less explicit.” (Adams, 2013, p75)

Marie Adams (2013) deepens our understanding by dismantling the myth of therapists as invulnerable. By extension, mental health and wellness spaces are not only created by those seeking support but also by individuals acknowledging their own struggles, challenging the stigma associated with vulnerability. This challenges the conventional notion that only those 'qualified' to offer help are involved in such initiatives. The psychology of identity becomes even more pronounced when considering the diverse range of mental health spaces. For example, online forums and support groups often become platforms for individuals to construct and negotiate their identities in a space where anonymity can coexist with authentic expression (Smith-Merry et al., 2019). The intersectionality of identity, encompassing aspects of gender, race, and sexuality, adds layers of complexity to these spaces, reflecting the diverse tapestry of human experiences.

Sofie Bager-Charleson's work, 'Why Therapists Choose to Become Therapists' (2018), explores the interplay between therapist identity and their motivation to help others. Applying this perspective to broader mental health spaces, one can argue that

individuals are drawn to creating and participating in these spaces due to a fundamental human need for connection and meaning-making.

Examining the motivation to create mental health spaces necessitates a nuanced exploration of meaning and purpose. Individuals are not only seeking solace in shared experiences but are actively contributing to a collective narrative of resilience and empowerment. In the face of societal pressures that often stigmatise mental health challenges (Wada et al., 2019), these spaces become a canvas for individuals to redefine their narratives, challenging prevailing norms and constructing alternative meanings for their struggles.

The commodification of wellness and mental health, especially in the age of social media, raises questions about the authenticity of these spaces. Are the TikTok and Instagram influencers offering genuine expressions of shared struggles, or do they risk becoming curated displays of vulnerability tailored to meet societal expectations? This question underscores the need for ongoing critical examination of the motives behind the creation and maintenance of such spaces. Contemporary literature, such as that by Torous et al. (2019), highlights the significance of exploring the psychology of identity in these spaces. Identity, being a multifaceted construct, intertwines with mental health, influencing how individuals perceive and manage their well-being (Maitland et al., 2021). For instance, individuals grappling with mental health challenges often seek spaces that resonate with their identity, fostering a sense of belonging and understanding. These

spaces can manifest as online forums, community centres, or even artistic expressions that serve as reflections of their identity.

The literature on meaning and purpose further enriches our understanding of mental health and wellness spaces. Callaghan et al. (2021) argue that spaces promoting mental well-being often offer a platform for individuals to find meaning in their experiences. This quest for meaning becomes a driving force behind the creation and sustenance of such spaces. For instance, support groups or therapeutic communities may provide individuals with the opportunity to derive a sense of purpose from their shared struggles (Wendelboe-Nelson et al., 2019), transcending the challenges imposed by mental health issues. Therefore, the creation of mental health spaces can be seen as a proactive endeavour to navigate the complexities of identity and to imbue life with a deeper sense of meaning.

While it is evident that identity and meaning play key roles in mental health spaces, the diversity of human experiences suggests that a one-size-fits-all approach may be insufficient (Nazroo, Bhui & Rhodes, 2020). Cultural nuances, socio-economic factors, and intersectionality demand a more nuanced understanding of identity and meaning in mental health spaces. For example, a space designed to cater to a specific cultural identity may inadvertently exclude or marginalise individuals from diverse backgrounds (Astell-Burt & Feng, 2019). Hence, evaluating the effectiveness of mental health spaces necessitates a careful examination of the limitations and potential drawbacks of relying

solely on identity and meaning as guiding principles for mental health and wellness spaces.

In addition to these considerations, the temporal dimension is also significant. An individual's sense of identity and the pursuit of meaning are dynamic processes, subject to change over time. As highlighted by Kohrt et al. (2020), mental health spaces must evolve to accommodate the shifting landscape of individuals' identities and the meanings they attribute to their experiences. It is therefore important to acknowledge the fluid nature of identity and meaning, challenging the static conceptualisations that may inadvertently hinder the efficacy of mental health spaces.

Similarly, individuals creating mental health spaces often embark on a quest for personal meaning and societal impact (Rose, Birk & Manning, 2022). These spaces become arenas where the quest for purpose converges with a collective yearning for a more compassionate and understanding society. The dynamics of identity and meaning in mental health spaces are intricately tied to the broader socio-cultural fabric, making the role of therapists in this relationship critical in shaping mental health spaces.

The psychology of identity in mental health spaces extends beyond the role of therapists. Individuals who embark on the journey of creating these spaces often find a profound connection between their personal identity and the desire to contribute to collective well-being. Evaluating the motivations behind the establishment of mental health spaces requires an acknowledgement of the role of meaning and purpose in

individuals' lives. The pursuit of meaning can be a driving force behind the creation of these spaces, providing a platform for individuals to explore and construct a sense of purpose amidst the challenges of mental health (Collins et al., 2020). This engagement with meaning-making processes is not only relevant for those seeking support but also for those initiating and sustaining these spaces.

To illustrate this point, consider a peer support group created by individuals who have navigated their own mental health challenges. In this context, the group becomes a canvas for participants to collectively construct meaning from their shared experiences. This meaning-making process not only aids in personal healing but also contributes to the broader discourse surrounding mental health. Thus, it becomes important to recognise the interplay between personal meaning, identity, and the social construction of purpose within these spaces.

However, evaluating the suitability of mental health spaces must also acknowledge potential pitfalls in their creation (Ventriglio et al., 2021). The danger of essentialising diverse experiences under a singular narrative is a concern. Overlooking individual struggles may inadvertently reinforce stereotypes and limit inclusivity.

2.6 Critical examination of the term “wellness”

As defined in the key terms section, I choose to use the term “wellness” in this thesis because the word has become ubiquitous in the mental health field, often used to encompass a broad spectrum of practices and interventions aimed at promoting overall

mental well-being. It includes far more than traditional models of mental health support, such as talking therapies, which is the essence that I wanted to capture. However, ambiguity in defining the term necessitates further critical engagement with the use of the word in this context. Hosker, Elkins and Potter (2023) define wellness as a multifaceted concept, encompassing not only the absence of illness but also the pursuit of a positive, fulfilling life. This perspective resonates with the World Health Organisation's definition of health as a state of complete physical, mental, and social well-being (Rudnicka et al., 2020).

Yet, the ambiguity in defining wellness becomes apparent when considering cultural and individual variations in its interpretation. For instance, Eastern and Western cultures may have divergent views on what constitutes mental wellness, with an emphasis on holistic approaches in Eastern traditions and individualistic perspectives in the West (Holdsworth, 2019). This cultural relativity challenges the universal applicability of the term, highlighting the need for a more nuanced understanding that considers diverse cultural contexts.

Moreover, the term "wellness" in mental health literature often intersects with commercial interests, with wellness industries capitalising on its broad and elastic connotations (Melnyk et al., 2021). This commercialisation raises concerns about the commodification of mental well-being, where interventions are marketed as wellness products, potentially diluting their clinical efficacy. An example of this can be seen in the proliferation of wellness apps that promise mental health benefits without robust

empirical evidence (Aislaity et al., 2022). This commodification not only oversimplifies the complexities of mental health but also reinforces the idea that wellness can be attained through quick fixes rather than comprehensive, evidence-based interventions. Furthermore, the individualisation of wellness in mental health discourse may inadvertently contribute to a blame-the-victim mentality. By placing the onus on individuals to achieve and maintain wellness, the broader structural and systemic factors influencing mental health may be overshadowed (Wisniewski et al., 2019). For instance, socio-economic disparities, discrimination, and access to healthcare significantly impact mental well-being but may be neglected in a wellness-centric discourse. Critically reflecting on the term "wellness" means a shift from an individualised perspective to a more comprehensive understanding that considers the socio-cultural, economic, and political determinants of mental health (Brown, 2022).

2.7 Intersectionality in mental health and wellness

2.7.1 Examining minority perspectives in mental health spaces

In the realm of mental health and wellness, an examination of minority perspectives is important to explore the complexities that these communities face. Intersectionality, a term popularised by Kimberlé Crenshaw (1989), becomes paramount in understanding how various identities intersect and impact mental health experiences (Cho, Crenshaw & McCall, 2013). Black, minority, neurodiverse, and feminist perspectives provide a rich tapestry of insights that challenge the conventional understanding of mental health spaces. Historically, mental health discourse has often marginalised these populations

(Calabrese et al. 2015), perpetuating disparities. For instance, the medicalisation of mental health has disproportionately affected minority communities (Clark, 2014), pathologising normal reactions to systemic oppression. Recent literature underscores the need to shift from a one-size-fits-all approach to mental health, emphasising culturally competent care that respects diverse identities.

Examining historical context reveals how mental health spaces have either supported or further marginalised minority perspectives. The Civil Rights Movement, for instance, brought attention to the intersection of racial and mental health disparities, prompting discussions on inclusive therapeutic practices (Harris & Pamukcu, 2020). However, these spaces have not been immune to challenges. The ongoing stigma surrounding mental health in minority communities, coupled with a lack of culturally sensitive interventions, impedes progress. Waite and Aronsson (2022) suggest that merely establishing mental health spaces is not enough; active efforts to dismantle systemic barriers and engage communities in shaping these spaces are essential.

The neurodiverse perspective challenges traditional norms by questioning the pathologisation of neurodivergent conditions. Blackwell, Haberstroh and Sandberg (2020) suggest that mental health spaces often fall short of accommodating the unique needs of neurodiverse individuals, emphasising the necessity of inclusive approaches. The feminist viewpoint critiques the patriarchal underpinnings of mental health discourse (Thompson, 2021), highlighting how gender norms contribute to differential diagnoses and treatment. It is crucial to acknowledge the intersectionality within

feminism, ensuring that the experiences of women from diverse backgrounds are considered.

Evolving trends in current research point towards a paradigm shift. Recognising the limitations of mainstream mental health spaces, there is a growing movement towards community-led initiatives that prioritise inclusivity. These initiatives actively involve minority communities in the co-creation of supportive environments, fostering empowerment and resilience (Johnson, 2021). As mental health discourse progresses, it is essential for researchers and practitioners to address the power dynamics inherent in mental health spaces and actively work towards dismantling oppressive structures, ensuring that minority perspectives are not merely acknowledged but are integral to the discourse.

2.7.2 Addressing ignorance and misunderstanding

The tendency to marginalise certain perspectives, often due to cultural differences or lack of awareness, poses a significant challenge to the inclusivity of mental health spaces. Research by Hensel et al. (2019) exemplifies how indigenous perspectives on mental well-being are frequently overlooked, leading to a limited understanding of the diverse ways individuals experience and cope with mental health issues within these communities.

Despite the existence of support structures, historical disparities persist, raising questions about the efficacy of current interventions. Schueller et al. (2019)

demonstrate how the mental health needs of marginalised groups, such as LGBTQ+ individuals, have been historically neglected, reinforcing stigmatisation. This neglect not only exacerbates mental health challenges but also hinders the development of inclusive and effective support systems.

Advancements in mental health inclusivity are happening, albeit slowly. Castaldelli et al. (2019), highlight emerging efforts to bridge gaps in understanding cultural nuances related to mental health. However, these efforts often face resistance, as established paradigms may be resistant to change. For example, traditional psychotherapeutic approaches may not adequately address the unique needs of certain cultural groups, necessitating a paradigm shift in mental health discourse (Chu, Wippold & Becker, 2022).

In examining these dynamics, it becomes evident that creating spaces to support mental health and wellness is, in part, a response to the failure of existing structures to acknowledge and address diverse perspectives adequately. There is a need for not just tokenistic inclusion, but a fundamental restructuring of mental health frameworks. The creation of alternative spaces, driven by individuals advocating for underrepresented perspectives, underscores a profound dissatisfaction with the status quo.

To understand this concept further, it is important to consider a case of community-driven mental health initiatives in immigrant populations. Rousseau and Frounfelker (2019) demonstrate how immigrants often face barriers in accessing conventional

mental health services due to language differences and cultural insensitivity. Consequently, community-led initiatives have emerged, providing culturally competent and linguistically accessible support. These spaces challenge the conventional narrative by addressing the specific needs of these communities, thus emphasising the inadequacy of mainstream mental health approaches.

Thus, the critical examination of ignorance and misunderstanding within mental health spaces reveals systemic issues that persist despite some progress. The creation of alternative spaces is not merely a reaction but a proactive response to the failure of existing structures to be inclusive. As highlighted herein, overcoming historical disparities requires a paradigm shift, where mental health initiatives embrace diversity in a manner that transcends superficial inclusivity. The ongoing discourse surrounding mental health and wellness must evolve to ensure that no perspective is left unheard or misunderstood, fostering a truly inclusive and effective system of support.

2.8 Gaps in the field

Evaluating the current literature relating to my research question reveals significant gaps. For instance, there is limited understanding of the socio-cultural factors influencing the creation and utilisation of such spaces. While some studies delve into the psychological aspects (Engemann et al., 2019; Kruize et al., 2019), there are few studies examining the cultural complexities that shape individuals' personal perceptions and motivations. For instance, the impact of identity, community values, and

socioeconomic factors on the establishment and sustenance of these spaces remains largely unexplored.

The current literature also tends to overlook the diverse forms these spaces may take, limiting the scope of understanding. While some studies concentrate on formal therapeutic settings, informal and grassroots initiatives are understudied (Papadopoulos et al., 2019). There is a need to broaden the definition of mental health and wellness spaces to encompass alternative spaces such as online platforms, holistic spaces, and other unconventional avenues that individuals create to foster wellness and health. Recognising and investigating these diverse spaces is crucial for capturing the breadth of ideas within the UK context.

Additionally, a paucity of research explores the long-term sustainability and impact of these spaces. Many studies provide snapshots of their effectiveness but fall short in tracking their evolution over time. Investigating the enduring effects and challenges faced by these spaces would contribute valuable insights for policymakers, practitioners, and community leaders seeking evidence-based approaches to mental health support.

My research aimed to bring insights into the themes that connect individuals around meaning-making processes, explorations of personal journeys, strengths, and challenges when it comes to founders and directors taking action. It is clear there are gaps in the field around lived experience, inside-out-perspectives and holistic pictures of

the people who are creating change in this way. Their lives and communities are rich with stories and insights that need to be heard and understood by the field of counselling psychology. Furthermore, this research aimed to express and explore a unique perspective, through the reflexivity of what the process and findings brought up for me as the researcher. It was my hope that this thesis would join dots, create connections, and go some way to make new pathways in current understanding. My aim is that it will contribute rich, subjective data that is not often found in academic spaces, providing valuable insight for practitioners, individuals, society, and the wider counselling psychology field.

CHAPTER 3: METHODOLOGY

3.1 Introduction

In this chapter I will describe my qualitative research orientation, moderate realist ontology and social constructionist epistemology and demonstrate why I chose to use Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2006; Braun & Clarke, 2019a) to answer the question: “why do people create spaces to support mental health and wellness?” I justify my decisions and evaluate alternative methodologies. I discuss issues of validity, ethics and reflexivity. In the following chapter, I will outline the research process and steps I took.

3.2 Research aims and questions

At its heart, this research is concerned with the meanings people make of their life choices. I am interested in the people who are driven to do something outside the mainstream (create spaces), in pursuit of a common goal (supporting mental health and wellness). I aimed to tell an insightful story about the common reasons why people create spaces for mental health and wellness. My key questions focussed on how these individuals make sense of the experiences that led them to take action. What needs do they feel they are responding to? Ultimately: why do they do what they do?

3.3 Research paradigm: moderate realist ontology and a social constructionist epistemology

I chose a qualitative framework because my study aimed to tell the story of the data by making sense of and capturing its richness and depth (Willig, 2008). A quantitative approach based on positivist ideas that value numerical data and theory-testing over experience would therefore not align with my intentions (Creswell, 2009). I was drawn to Braun and Clarke's (2013) explanation that "qualitative research records the messiness of real life, puts an organising framework around it and interprets it in some way" (p. 20). When making decisions about my methodology I held this idea of "messiness" in mind, as it sits well with my understanding of reality and knowledge. I acknowledge many contrasting philosophies, but I chose to situate my research paradigm in line with a moderate realist ontology and a social constructionist epistemology. By this I mean that I believe an external reality exists independently of our perceptions and constructions,

but it can only be understood through our cognitive processes and social interactions. Simultaneously, I embrace a social constructionist epistemology, which emphasises that our knowledge and interpretations of reality are shaped by social and cultural contexts, interactions, and language. I acknowledge that different social and cultural contexts may lead to diverse interpretations of reality.

The fundamental tenet of moderate realism asserts the existence of an external reality that is partially independent of human perception, acknowledging a certain level of objectivity in the world (Albert et al., 2020). The term "moderate realism" is rooted in the work of the 13th century philosopher Thomas Aquinas and addresses the intricate relationship between universals and particulars. In his philosophy, universals (abstract concepts or qualities like “humanity”) possess real existence, yet they only exist in individual, particular things. This perspective stakes out a middle ground between extreme realism (which proposes an entirely objective reality) and nominalism (which denies the existence of universals altogether) in which universals exist independently, divorced from any interpretive influence (Lawani, 2021).

In parallel, social constructionism is a theoretical framework within sociology and psychology that emphasises the role of social processes in shaping the way individuals perceive and interpret the world (Ejnavarzala, 2019). The term "social constructionism" is often credited to Peter L. Berger and Thomas Luckmann (1966). They argue that reality is not an objective, fixed entity, but rather a product of shared meanings and interpretations created through social interactions. Another key figure in the

development of social constructionist ideas is Kenneth Gergen, whose work in the late 20th century further expanded the understanding of how social interactions and language contribute to the construction of reality (Gergen, 2020).

Aligning ontology and epistemology is important as it establishes a clear foundation for research (da Costa Júnior et al., 2022). The relationship between moderate realism and social constructionism surfaces in the negotiation between objective truths and socially constructed meanings (Keohane, 2021). The juxtaposition of a moderate realist ontology with a social constructionist epistemology introduces tension into the research paradigm. While moderate realism acknowledges an external reality, it does not assert unmediated access to it. It posits that our perceptions are inevitably shaped by cultural, linguistic, and historical influences (Ejnavarzala, 2019). Social constructionism, on the other hand, highlights the role of social processes in shaping knowledge, emphasising the contingent and contextual nature of meaning-making (Jung, 2019). The common ground between the two emerges in the recognition that reality is multifaceted, encompassing both objective elements and socially constructed interpretations.

My research question, "Why do people create spaces to support mental health and wellness?" needs a research paradigm that can delve into the subjective experiences, perceptions, and motivations underlying the creation of such spaces. My chosen paradigm allows for an engagement with complexity by exploring concrete aspects of the participants’ lives such as the actual spaces they have created, alongside their socially constructed perceptions, interpretations, and meanings. It also enables a

holistic approach, in which I, as researcher, can investigate the subjective, cultural, and socially constructed elements that contributed to the participants' decision to create their spaces. Finally, this paradigm allows for engagement with interdisciplinary insights by recognising that understanding this question incorporates insights from psychology, sociology, and intersectionality.

However, the paradigm does have potential limitations. I remained aware of these by constantly navigating the tension between reality and interpretation and recognising that, due to the emphasis on subjectivity and interpretation, my findings would be context-specific and less generalisable than if I had taken a different approach.
My interest lies in the creative process of research, and I acknowledge my inherent involvement in the analysis and findings. As a researcher, I see myself as a storyteller, finding, weaving, and making sense of the data with the tools, knowledge, and contextual resources I bring (Braun & Clarke, 2021). I adhere to Willig's premise that the research process produces rather than reveals evidence (Willig, 2008).

My subjectivity and reflexivity were resources in the analysis (Gough & Madill, 2012) and I enjoyed the art and science of the research process. My ultimate interest is in the broad story that the constructed themes tell about the data.

3.4 Considering research methodologies

I will now explain my choices and outline the approaches that I considered before deciding on Reflexive Thematic Analysis.

3.4.1 Narrative Analysis (NA)

I have an interest in stories as meaning-making devices, so I was initially drawn to Narrative Analysis (Riessman, 1993) as a means to make sense of individual experiences. Narrative Analysis draws upon social constructionist theory (Bruner, 1990), which aligns with my research paradigm. However, my primary concern was to seek depth across the data and to construct a narrative of the data set, not to tell individual stories. Thus, as I aimed to construct patterns of meaning and commonality, I rejected Narrative Analysis as it did not fit the research purpose.

3.4.2 Participatory Action Research (PAR)

I was drawn to Participatory Action Research (PAR) (Lingard et al., 2008) as it allows a collaborative and creative approach to undertaking deep reflection and finding practical solutions within communities. PAR is focussed on enacting change, which aligns with my interests in social change, and I see its value for an inquiry into change makers who are immersed in finding solutions to the challenges they see. However, at the early stages of my research journey, this approach felt too narrow and better suited for when I

have gathered sufficiently rich insight to inform future directions. I envisage the current study as having the potential to lay the foundations for future activist PAR work.

3.4.3 Interpretive Phenomenological Analysis (IPA)

I thought long and hard about Interpretive Phenomenological Analysis (IPA) (Smith et al., 2009) as its focus on detailed exploration of experience and sense-making aligned with my research paradigm. I was drawn to its philosophical foundations in phenomenology (Husserl, 1927), hermeneutics and understanding through interpretation (Grondin, 1997). The methodology's desire to understand how people make sense of their life experiences from the perspective of the individual and interpret that sense-making from the perspective of the researcher initially seemed to align with my interests. However, the key reason why it was not a good fit for this research is because IPA is focussed on *how* questions and this research is interested in understanding *why*. In addition, the approach felt too restrictive due to its idiographic nature. By this I mean that although it focuses on exploring the experiences of a specific group of people, my interest at this first stage in my research journey was to explore the diverse experiences of a group of people who, though they shared a common goal, worked to achieve it in a range of different ways for a variety of different community groups. Furthermore, I wanted something more flexible in approach, in line with my relativist ontological position, in order to give me more space for creativity, subjectivity and reflexivity.

3.4.4 Autoethnography

Perhaps the most contentious of the qualitative research methods, autoethnography, as an approach, places the researcher as subject. It refers to both the method and product of researching and writing about personal lived-experiences and their relationships to culture (Ellis, 2004; Ellis, Adams and Bochner, 2011; Bochner and Ellis, 2016). Due to the creativity, ability to situate myself within the work and its use of storytelling as meaning-making devices, I was very drawn to this method. However, it would not enable me to access the answers I was looking for, as whilst I was central to this research, this research is not about me. I wanted to find answers that come from outside my experience and reflect on them with my own lens. I needed a method that would enable me to bring the outside in, as well as inside out.

3.4.5 Choosing Reflexive Thematic Analysis (RTA)

When considering my research aims, purpose, and positioning, it became clear reflexive thematic analysis (RTA) (Braun & Clarke, 2006; Braun & Clarke, 2019a) was the best fit for the complexities of this study. RTA provides a robust and accessible structure for making sense of and constructing patterns across data, through which I was able to situate myself subjectively and reflexively at the heart of the study. The iterative process of coding and theme development inherent in thematic analysis (Campbell et al., 2021) allows for a nuanced exploration of the motivations and meanings attributed to the creation of mental health and wellness spaces, enabling a rich and contextually embedded understanding of the data. Furthermore, utilising a flexible process gave me,

as a dyslexic thinker, the framework to use my creativity – which is central to the process – without getting lost in the data.

Nevertheless, it is essential to critically assess the potential challenges within the reflexive thematic analysis framework (Machado et al., 2023). One notable concern lies in the subjectivity introduced by the researcher's reflexivity (Terry & Hayfield, 2021). The researcher's preconceptions, experiences, and theoretical stance inevitably shapes the interpretation of data, potentially influencing the identification and prioritisation of themes (Braun, Clarke & Hayfield, 2023).

The reconceptualisation of subjectivity as a resource is a key feature of RTA (Finlay, 2002a, 2002b; Luttrell, 2019). Reflexivity means adopting an approach that turns ideas about knowledge and reality on their heads by taking responsibility for the researcher’s situatedness within the research and the impact that has on the data and its interpretation (Berger, 2015).

Reflexive thematic analysis explicitly encourages researchers to acknowledge their subjectivity in interpreting data. As a researcher, I strived to understand and own my position and perspectives within the work (Elliott et al., 1999) and recognised my role as an active meaning-maker by reflecting on how my beliefs and experiences shaped the analysis. Throughout the RTA process, researchers are encouraged to engage in reflective practices that involve critical self-examination of their biases, assumptions, and preconceptions (Finlay, 2002). Braun and Clarke (2019) emphasise that reflexivity

helps researchers to remain aware of how their positionality influences theme development and analysis.

I explore this reflexivity in the Discussion section. Aligning with ideas from autoethnographic writing, the reflexivity approach enabled me to embrace the art of storytelling and the construction of subjective narratives, with the goal of practising “an artful, poetic, and empathetic social science in which readers can keep in their minds and feel in their bodies the complexities of concrete moments of lived experience” (Ellis, 2004, p.30).

Ultimately, taking an RTA approach enabled me to find compelling, creative, and insightful answers to the research question, whilst at the same time, remaining anchored to my theoretical and philosophical frameworks and holding a vigilant acknowledgement of RTA’s limitations, guided my decision-making at every stage.

3.5 Validity and trustworthiness

Throughout this study I have endeavoured to make use of an ethical framework of transparency to maintain good practice and validity of the findings. Validity within qualitative research is difficult to define, so I referred to Lucy Yardley for her guidance (Yardley, 2000; Yardley, 2008). As I moved through my research journey, I held Braun and Clarke’s views for good practice in mind (Braun & Clarke, 2021) and Yardley’s (2000) four principles for assessing the quality of qualitative research. I will now outline how I applied these principles in my research process.

3.5.1 Sensitivity to context

I ensured that I handled all participants' data with sensitivity and provided substantial verbatim extracts within my write-up to ensure the participants' words were clear and the reader could verify my interpretations. In addition, I situated my work within the surrounding literature to ensure it is relevant to the field and all discussions are up to date.

3.5.2 Commitment and rigour

I gave my full attention and care to the work throughout. I applied the principles of Reflexive Thematic Analysis and paid close attention to my subjectivity, reflexivity and process. I aimed to tell the reader something important about each theme. I ensured the themes cohered around a central organising concept and strived to interpret and explain the significance of the data in relation to the research question. I illustrated my claims with supportive quotes that represented the individual and the work fairly. My focus was on telling a clear, authentic story that captured the commonalities and patterns within the data, answered the research question and engaged the reader.

3.5.3 Transparency and coherence

I aimed to make my values, assumptions and philosophical position explicit in order to remain transparent to readers, who could check my biases throughout. As an insider-researcher, my personal assumptions were neither inherently good nor bad, but it was important that I understood and acknowledged them as the analysis enacted and

reflected them. Using my audio and visual research journals, I worked on my reflexivity to bring clarity to my process and ensure the analysis exhibited good “methodological integrity” (Levitt et al., 2017).

I was clear in my approach and provided a clear outline of my process. I kept an audio-recorded journal and visual process journal throughout [Appendix 8]. Consistent with my research paradigm, I did not seek external checks of my codes as this would imply the existence of an objective truth beyond my reflexive engagement with the data (Braun & Clarke, 2018). Instead, I discussed my process and sense-checked the codes’ development in supervision so as to ensure transparency and consistency and to challenge my assumptions. I ensured my conclusions and arguments were sensitive to the data and context and I held on to the reflexive nature of RTA in order to take the reader on a journey.

3.5.4 Impact and importance

Throughout the process I continually returned to the research question and challenged myself to check if every element of it told the reader something interesting, important or useful.

As previously outlined, in accordance with my research paradigm both the raw data and the subsequent analysis were subjective and reflexive and thus potentially very different from any sense of objective reality. If a different person conducted the interviews and analysed the data, their interpretations and themes would be different. This study does not claim to be a “true” representation of “reality” because my position states that there is no one-truth, nor any objective reality. Instead, this study’s value lies in its ability to

deliver on its aims: to tell an insightful and engaging story about the reasons why people create spaces to support mental health and wellness. The ideas thus captured, and themes constructed are intended to inform, inspire and spark conversation between fellow practitioners and researchers, as well as policy makers, providers and those delivering services in and out of the mainstream. Ultimately, the study's validity must be judged on its ability to do this.

3.6 Ethical considerations

Ethical approval for this study was granted by Metanoia Research Ethics Committee in September 2020 [Appendix 1], following the Metanoia Institute and the University of Middlesex Programme Approval Panel process. I made every effort to adhere to the ethical guidelines of both institutions and held the principles of my governing body the British Psychological Society - respect, competence, responsibility, integrity - in mind throughout (British Psychological Society, 2018).

Qualitative research raises a host of ethical dilemmas and questions, both in terms of balancing exposure and risk to the researcher, but also for the impact on and exposure of those who take part. I will now outline the processes I followed to ensure an ethical stance.

3.6.1 Informed consent

From my first contact with participants, I shared information sheets outlining my research aims and purpose and explaining definitions, details on process, data, confidentiality and the risks and benefits of taking part [Appendix 3]. I talked all the participants through the information sheet in our initial conversations and made sure they were clear on what it said. The guidance clearly stated that participants were free to withdraw at any time up until the analysis, including after the interview. I stressed these points to ensure that participants felt in control of their process and data.

3.6.2 Confidentiality

All data was anonymised using a coding system and to make the process as transparent as possible. Each participant chose a pseudonym, which was used throughout the analysis and reporting of the data. At the interview, participants were told that they had the option not to answer any questions they felt uncomfortable with and that they could retract anything from the interview transcript when I sent it for review. Everyone answered all the questions. Changing key identifying names and features within transcripts was done collaboratively.

I changed names, locations, organisations and groups to generic tags such as [Mental Health Space]. In most cases participants signed these off, although in some instances they requested that further identifying details be changed. All the participants were comfortable signing off the transcript and handing it over to the analysis process. Once

the final study has been approved post-VIVA, I will send a copy to all interview participants along with a debrief about the process and further information about publication and dissemination plans.

3.6.3 Data protection

In the written information sheet, I stated that participants had the right to decide what would happen to their data and that everything was stored in line with General Data Protection Regulation legislation (GDPR). Interviews were recorded on a password-protected device, encrypted and sent securely to a professional transcription service. Interview data was provided to participants after the interview stage. Participants had the right to withdraw their data up until the analysis stage. By agreement with participants, full transcripts were not included in the appendix and were only available to myself, as researcher, and my supervisors. After the thesis and VIVA process is complete, all data will be destroyed.

3.6.4 Risk of harm or distress

The nature of this study was designed to minimise harm or distress. I risk-assessed participants during our initial conversations to get a sense of their wellbeing and support structures [see Method chapter, inclusion criteria]. The information sheet outlined the benefits and risks of taking part and these were discussed during the initial conversations, so participants had the chance to understand what they were doing

[Appendix 7]. Risks included the potential of encountering psychological distress by recounting difficult experiences and of feeling exposed or misrepresented by taking part in a process that involves the active interpretation and construction of data. To mitigate this, I made sure participants were as clear as possible about the aims, purpose, philosophical underpinnings and processes they would go through. I included information about mental health services in the information sheet. I maintained light contact with participants after their transcripts had been signed off, to keep them informed of my progress.

3.6.5 Personal wellbeing

This research was a deeply personal and involved process. From the preparation and planning, through to the interviews, analysis and write up, this was a huge part of my life from 2019 until 2022. I began doctoral training in 2014 when I was 31, single and working a job to cover the costs. By the time I came to the research stage I had got through five years of training and significant personal changes: marriage, children, the pandemic, redundancy, setting up private practice, experiencing recurrent miscarriage and going through a diagnosis of autism for my son. Maintaining momentum was one of the hardest things I've had to do. I focussed on my support structures and my wellbeing more than I had ever before. I wanted to model what it means to do hard things whilst taking care and holding compassion for myself in the process. In addition, I was driven to complete this project because I wanted to honour the voices who had entrusted me to do justice to the work.

My wellbeing plan included advanced preparation, peer support, working reflexively and personal therapy (Moncur, 2013), as well as support from friends, family and my husband. I had research supervision throughout and sought additional supervision on methodology when I reached the analysis stage.

3.7 Reflexivity

The reflexive nature of RTA emphasises my active role as a researcher in the production of knowledge (Braun & Clarke, 2019a). This aligns with my epistemological position that knowledge is constructed through the sense making of the individual mind and therefore my reflexivity was an integral asset throughout the research process. RTA is about "the researcher's reflective and thoughtful engagement with their data and their reflexive and thoughtful engagement with the analytic process" (Braun & Clarke, 2019a, p594). This central subjectivity aligns with ideas around autoethnography, which goes one step further to place the researcher as subject, their very subjectivity an honest way of working through emotional involvement with the subject matter. It is partly the exploration of self, partly the exploration of the self in relationship to the context and partly something greater than both. "It is an autobiographical genre of writing and research that displays multiple layers of consciousness" (Ellis, 2004 p37).

Consistent with this stance, I acknowledge storytelling - as an act of processing, organising and constructing narratives - is a natural, helpful and healthy way of understanding and placing ideas in the world. As a researcher, I am a storyteller. I reflect on my own story, alongside that of the participants', as a way to engage with and construct meaningful themes. To attend to my subjectivity in the work, I will now write a

brief “positionality statement” (Grain, 2022) to outline some of the qualities and assumptions that impacted on the research.

3.7.1 Positionality statement

I am a 41-year-old white British middle-class woman. I am dyslexic and have a child on the autistic spectrum. I identify as neurodiversity-affirming. I have always felt different and acknowledge that I go about things in a way that often feels like I am swimming against the tide. I work in social-change campaigning and previously led a national mental health anti-stigma campaign to change attitudes and behaviour about the way society sees mental health and illness. I am a qualified UKCP Integrative Psychotherapist and trainee Counselling Psychologist, having previously worked in marketing, documentary film and teaching yoga. I am passionate about changing the way we all think and act about mental health, having been drawn into the complexity of being human from a young age due to my mother’s mental illness and subsequent diagnosis of bipolar disorder. I am excited by the changes I see in the social narrative about mental health, but I am aware there is still a long way to go. I have never worked within mainstream funded mental health provision, although I undertook an unpaid placement within an NHS service as part of my doctoral training. I have a long-held dream of creating some form of mental health and wellness space, though I have no plans in place and have not taken any steps to make this happen.

I am aware that my personal interest, history and passion for this topic will be present throughout the process, from the choice of methodology to the inclusion criteria,

selection of participants, data collection, analysis and writing style. However, consistent with my research paradigm and methodological choices, I see this as positive and enriching. Rather than my subjectivity being a hindrance, reflexivity on my insider-position means the findings reflect my process, making them uniquely insightful and capturing a moment in time.

3.8 Research question

“Why do people create spaces to support mental health and wellness?”

This is a deliberately open question. I chose to keep it broad rather than defining it because I wanted the participants to have space to reflect on the impact their experience had on their choices and to allow participants to express what this means to them. As defined in the terminology section, I use the term ‘spaces’ to cover digital or physical spaces that aim to support mental health or wellness in some shape or form. A space is independent of public funding, for example the NHS. It is a source of action, influence or intention and could be a person, business, charity, social enterprise, organisation or group.

CHAPTER 4: METHOD

4.1 Introduction

This chapter will outline the research process and the steps I took towards participant sampling, recruitment, interviews, analysis and writing up the story of the constructed themes. The decisions I took regarding my method were consistent with my research paradigm. I acknowledge that a different researcher might have taken a different approach which would have resulted in a very different thesis. I reflected on my decisions and process throughout by using personal audio recordings done whilst out walking, a self-interview where a colleague questioned and challenged me on my thinking [Appendix 10] and a visual journal [Appendix 8].

This study is based on data collected via video interview and later transcribed, to answer the question: “why do people create spaces to support mental health and wellness?”

4.2 Sampling

Participants were selected using a *purposive* sampling approach, with the aim of generating “insight and in-depth understanding” of the topic (Patton, 2015, p.230). Purposive sampling involved consciously selecting participants on the basis that they would provide “information-rich” data (Patton, 2015, p.230) covering a range of spaces and diverse demographics of participants. I chose this approach because one research aim was to reach beyond the “usual suspects” (Braun & Clarke, 2013, p.58) - the educated, white middle classes who dominate the research field - and to actively seek

out individuals with alternative ideas about mental health spaces. I reflected on my privileged position as a white, middle-class female and paid close attention to avoiding unconsciously recruiting participants in my own image (Braun & Clarke, 2013).

I used a combination of techniques to build my participant sample. Accessibility during the global pandemic and national lockdowns was a key consideration. I kept ideas of stratification in mind to ensure a range of gender, ethnicities and types of space. The nature of the sampling techniques reflected my research aims and included finding opportunities within my professional network, online research, referrals and snowballing. I chose a targeted approach, over blanket advertising and self-selection, because I sought to interview the outliers and wildcards, who, by definition, did not sit within a set group or place where I could leave a poster or send out a mailer. The individuals I was aiming to interview belonged to spaces that presented as alternatives to mainstream provision and had public platforms and channels I could reach. Whilst it is a valid critique that purposive and accessible data sampling is convenient and less rigorous than other sampling methods (Sandelowski, 1995), I believe it was justified in this study as it was appropriate for the research aims and purpose, especially given the constraints of global events.

4.2.1 Selection and inclusion criteria

As defined in the terminology section and copied for reference:
“Spaces to support mental health and wellness” refers to a digital or physical space that has an aim to support mental health or wellness in some shape or form. It is

independent of public funding. It is a source of action, influence or intention and could be a person, business, charity, social enterprise, organisation or group.

Participants needed to be:

1. The founder and/or director of a mental health or wellness space. At the time of interview they needed to be involved in key decision making about the space's ongoing direction and purpose.
2. Based within the United Kingdom.
3. Psychologically healthy. This was defined as: emotionally, physically and socially satisfied. This was assessed through discussion with the participant prior to consent.
4. In a good support network with, for example, friends, family, partner and/or access to a personal therapist. This was assessed through discussion with the participant prior to consent.
5. An adult (18+) and fully capable of talking, remembering and reflecting on experience.

4.2.2 Recruitment

The British Psychological Society's Code of Human Research Ethics (British Psychological Society, 2021) advises caution around incentives or compensation to avoid pressurising participants, I therefore had to devise alternative means of getting the attention of busy people with full inboxes and no previous knowledge of the research. Following Braun and Clarke's guidelines, my initial touch-point needed to be "eye-catching, inform participants about the scope of the study and provide contact

details for more information" (Braun & Clarke, 2013, p.59). This had to be done whilst keeping in mind the four principles of the British Psychological Society's Code of Ethics (British Psychological Society, 2018): respect, competence, responsibility and integrity. At every step I checked that I was adhering to the codes and not behaving in a way that might be considered unethical. This was particularly important as I was reaching out, rather than waiting for individuals to self-select. To ensure this I created and followed a step-by-step process:

1. I contacted people through their publicly available email address, or the email address provided with consent to contact in the case of a referral or snowball.
2. I wrote a tailored email with clear subject heading, to demonstrate that I was interested in, informed about and respected their work [Appendix 4].
3. I included information about my research and myself as a researcher and included a link to the participant information sheet, which covered further detail [Appendix 3].
4. If I heard nothing, I sent a brief follow up email after one week. If I received no reply I did not contact them again.
5. If the person responded to say they were interested, I arranged a phone or video call at their convenience.
6. During the call I answered any questions they had and explained more about the process.
7. If they decided to take part, I followed up with a consent form to sign via encrypted digital platform [Appendix 7], participant information sheet outlining details of the process, ethics and use of data [Appendix 3], question framework

to allow participants to prepare for the interview if they wished [Appendix 6] and details for the Zoom interview [Appendix 5].

Recruitment took three months and was an iterative process. I took a purposeful approach and contacted individuals one at a time, rather than starting with a blanket list so that I could ensure I was reaching out to a diverse range of people. Paying attention to my position and privileges, I made a conscious effort to recruit participants that covered a range of different experiences, gender, age, ethnicity and community groups. I waited to see who had accepted at each stage before reaching out to the next person.

I began with a broad approach and narrowed my funnel as time went on. I used Google and Instagram as I am familiar with both platforms, they have excellent search functionality and the participants I was seeking would likely have public profiles that would be searchable in this way. I also found that once I began using these platforms to search for and interact with this content, their algorithms fed me more thematically similar content. Example search terms and hashtags included: ‘independent mental health space’, ‘alternative mental health provision’, #mentalhealth, #therapy, #pocmentalhealth, #selfcare, #psychologist, #healing, #mentalhealthawareness, #communitycare, #somatichealing, #disabilityjustice.

In parallel, I emailed individuals within my professional network to share information about the research and ask them to share knowledge of any spaces or individuals that would fit the criteria.

I kept a small sample size to ensure depth but allowed for enough of a range to develop themes. My aim was to have enough data to tell a rich story, but not so much that it

prevented deep, complex engagement (Onwuegbuzie & Leech, 2005). I hoped to interview between five and ten people and found a total of seven participants through these strategies:

1. Opportunities: individuals who I came across through my professional network and those I found by researching online and across social media. I contacted ten people in this way and four were recruited.
2. Referrals: individuals introduced to me via my professional network. I contacted four participants in this way and two were recruited.
3. Snowballing: individuals introduced to me via participants. I contacted and subsequently recruited one person in this way.

4.2.3 Participants

Each participant was asked to choose their own pseudonym, provide a description of their gender and ethnicity, give their age and define the kind of people their mental health/wellness space supports. They used their own words, rather than following a tick box. They had the option not to disclose any of these characteristics. I gave each participant an identifying code based on the date of their interview, however I use their chosen pseudonym throughout this thesis because it feels a more human way to present the findings.

Five participants identified as “female” and two “male”. Five were aged 30-40, one 50-60 and one undisclosed. Self-defined ethnicity covered one “Indian”, three “white”, one “white and black Caribbean”, one “black” and one undisclosed. Participants defined their

community groups and I have used their words: “socially deprived”, “women”, “artists”, “people of colour”, “black-led”, “therapists and trainees”, “psychologists” and “marginalised communities”.

Profiles of each participant are presented in the Findings chapter, and Table 1 below provides an overview of the participants’ demographic data. I present the participants in the order that they were interviewed, which was arranged by their availability.

Table 1: Participants

ID	Pseudo-nym	Community Focus	Mission	Approach	Gender	Age	Ethnicity
22Mar2	Bobbi	Socially deprived	Recovery, social inclusion	Talking therapy and social enterprise, community & events	Male	X	Indian
23Mar2	Coral	Women	Women's Wellness	Woman-centred wellness cafe, community & events	Female	30-40	White
29Mar2	Erik	Artists	Supporting artists who work in mental health	Artist-led communities for mental health, education & commissions	Male	30-40	White and Black Caribbean
03Apr2	Kay	People of Colour	Empowerment, healing, reclaiming space	Black-led communities exploring nature, justice and healing	Female	30-40	Black
16Apr2	Jane	Therapists and trainees	Supporting therapists and trainees in their business	Space hire for therapists and trainees, community and training	Female	50-60	White
05May2	Angela	Psychologists	Empowering psychologists to improve the profession	Community, education and social change	Female	30-40	White
11May2	Shahzadah	Marginalised Communities	Healing and justice, adversity, disadvantage and oppression	Wellbeing & healing 1-2-1, groups and training	Female	30-40	X

4.3 Data collection

I hold the view that in-depth qualitative interviews are “a conversation with purpose” (Smith et al., 2009). I see my role as interviewer as facilitating a conversation so participants can tell their story in their own words. I created a question framework to guide the interviews in an expansive way but remained open to the process as it flowed [Appendix 6]. I used my skills as a psychotherapist to encourage participants to talk freely and tried to keep my input as minimal as possible.

4.3.1 Interviews

As the research took place during the COVID-19 pandemic, and the interviews occurred over multiple lockdowns, I made use of encrypted video platform Zoom. I explored the pros and cons of this during the research panel approval process and with my supervisor and ultimately concluded that the technology enabled me to continue with the research and avoid delay until an unknown point at which we would be free of lockdowns. Despite the recent shifts to a more online world, in-person methods are generally perceived as the “gold standard” in qualitative research (Deakin & Wakefield, 2014, p.603). However, research conducted over the pandemic stands to refute this and time will tell what will be considered best in the future. Concerns that video interviews can restrict rapport and consequently lack depth (Johnson et al., 2021) are valid, but research demonstrates that, despite the challenges, video interviews offer clear opportunities. These include potentially enriching the interview experience when used appropriately, especially when there are accessibility issues, as was the case in the pandemic (De Villers et al., 2021). I discussed the use of Zoom with participants in

advance of the interview and checked that they felt comfortable with the medium. At the time the whole world seemed to have shifted onto Zoom, so everyone knew the platform well. My experience with using video in this context was a comfortable one and I felt I was able to reach great conversational depths. Video calling enabled me to access verbal and non-verbal cues in the interview process and felt as authentic as meeting face-to-face.

Interviews lasted up to one and a half hours, with time before and after to settle in, check-in and conclude. My intention was to create a collaborative and open dialogue, at the start of each conversation I was transparent about my interest in the topic and shared some of my personal story to help develop rapport and disrupt the researcher-participant hierarchy (Audet, 2011). I found my self-disclosure helped the participants get a sense of me and my motivations as well as feel more comfortable opening up. Each interview was very different, and each participant brought open and profound parts of themselves to the process. I felt humbled and inspired by all of them.

4.3.2 Transcription

Interviews were recorded using a separate password protected recording device and then transcribed. I chose to use a professional transcription service, rather than transcribe myself, due to my dyslexia. Whilst a neurotypical brain might find the transcription an important step in the process, making this choice enabled me to work the way I do best and reduced the risk of errors. I immersed myself in the data through the multi-sensory experience of listening to the recordings with the written transcripts in front of me. This enabled me to check the accuracy and validity of the transcript during

the immersion stage. Participants were provided with a copy of their transcript so they could approve and redact anything they felt uncomfortable with. Once they approved the transcript, their part in the process was complete and I moved to the analysis stage.

4.4 Data analysis

There are many ways that Thematic Analysis can be done, so Braun and Clarke developed Reflexive Thematic Analysis with a six-phase approach to provide a flexible framework to the nonlinear, creative and challenging nature of the analytic process (Braun & Clarke, 2006). I used this as my compass, which allowed me the freedom to know the direction of travel but find my own path (Braun et al., 2019). I found myself in a dance across the stages as the analysis developed. I outline the steps in my process, grouped into four areas, below. See Appendix 8 and Appendix 9 for more visuals of this process.

4.4.1 Familiarisation, phase 1

This first stage was a process of deep immersion in the data so that I felt intimately involved in the participants' stories. My aim was to slow down any initial assumptions and get a feel for the flow and tone of each interview, remaining open to intuition and making note of anything that stood out. I am a kinaesthetic learner, so I did this by taking long walks and listening to the interviews over and over. By moving my body and hearing the words I was better able to concentrate, lose myself in the narrative and get a felt-sense of each person. Taking inspiration from Braun and Clark (2021), I created visual notes for this stage and drew up mind-maps for each participant [Appendix 9]. I found that sitting on the floor or writing up against a wall away from a desk helped me

process key information without feeling restricted by a computer screen or academic frame. I did not worry about making a mess or having to restrict myself. I taped all the mind-maps on a wall to see the whole data set as one visual and continued to annotate, highlight and write on each as I listened and relistened to the interviews.

In parallel, I listened to the recordings with the transcripts in front of me to check the transcriptions and further immerse myself in each interview. I used highlighters and scribbled notes in the margins to capture any initial thoughts and reflections. I continued to walk and listen and began making voice notes for myself on the reflections and connections I was beginning to make between the participants. I continued to use voice recordings as a reflexive journal throughout the analysis and writing up stage as I found them a helpful tool in capturing the process.

4.4.2 Coding and generating initial themes, phases 2 and 3

By listening to my voice notes and continuing to use the recordings as a reflexive journal, sitting with the transcripts and highlighting meaningful points of interest, I began writing initial codes directly onto the transcripts with pen and paper and putting them on post-it notes so I could move ideas around. This developed into a very colourful multimedia process as I flowed between transcripts, mind maps and post-it notes that I began to shape and cluster into meaningful groups from which candidate themes began to be created. I found the tactile nature of the process to be immersive and I often lost myself in the flow.

I chose not to learn a new analytic program like NVivo because I know Excel well and

wanted to keep my methods accessible to me. I set up a spreadsheet with multiple tabs for codes which allowed me to begin organising and managing the vast amount of data as it began to move from individual transcripts to clusters of meaning. Primarily at this stage, however, I remained embodied, listening to the recordings, moving between the floor and the wall, with paper, colourful pens and post-it notes.

This stage of the process was energising and, at times, exciting. At other points I felt overwhelmed at the sheer volume of codes and possible directions in which the analysis could go. Staying consistent with my research paradigm, I allowed space for my own input, knowing there was no right or wrong answer, but a coming together of data and ideas.

I created codes that identified important and meaningful features of the data that were relevant to the research question. In line with my research paradigm, my orientation towards the data was inductive and my exploration of meaning focused on semantics. This meant my coding process was driven by the content of the data and the explicit meaning of the words spoken by participants. I still made note of implicit meanings that came through in my deductions and reflections as I see these orientations and meanings as being on a continuum rather than distinct, but my primary focus was on the surface data. Keeping an open mind, I noted anything of interest, including description of the content, use of language and other verbal cues, and thought conceptually about what was happening between the words.

4.4.3 Theme development, phases 4 and 5

Next, I set up an Excel spreadsheet and colour-coded the candidate initial themes. I had separate columns for: Themes, Sub themes, Codes and Quotes. I used a new tab for each participant and one overview spreadsheet to bring all the themes together as they began to be created and developed. With the transcript on one screen, a paper transcript with notes in front of me and the spreadsheet on another screen, I worked through each participant individually. I began grouping clusters of codes where I could see the overlaps more clearly as I got deeper into the work and more organised with the spreadsheet. I developed and regrouped the sub themes through an iterative process. I saved quotes from the transcripts to evidence each code, sub theme and theme.

To keep the process embodied, I kept returning to my post-it note wall and physically moving ideas around. I did some further moving, removing and grouping of the sub themes and themes as I checked whether they made sense in relation to both the coded extracts and the full dataset (Braun & Clarke, 2021). Having shared my process throughout, at this stage I put together an initial proposal of themes for discussion in supervision. After a challenging discussion and further reflection I realised my fourth theme, centering around connections, was better served as a sub theme of the theme centering around action. From here I named the themes in a way that best summed up the central organising concept. I kept this as a first-person statement, such as “Who I am dictates what I do” to keep the results as alive as the data. I wrote a short statement to summarise each theme and I went back to the Excel spreadsheet and did some final refining and defining across the dataset. With each theme I asked myself if and how it answered the research question and what story it was telling.

4.4.4 Writing up the story, phase 6

In this final stage, I weaved together the story told by the data in an attempt to answer the research question. This stage was as alive and reflexive as all the previous stages. I found that as I began to construct the narrative, my relationship with the meaning of and connections between the data deepened and evolved. In many ways this was the most challenging stage in the process as it involved sitting at my desk writing on a computer. To support my process, I kept this as multisensory as possible, using voice notes to reflect on my process and using post-it notes and large paper to keep ideas moving. During this stage I refined the three themes and even changed the name of the third theme to better reflect its story. This process took three months of intensive writing and reflection, before a break whilst my supervisor reviewed it and then I came back to reflect, edit and refine.

CHAPTER 5: FINDINGS

5.1 Introduction

In this chapter exploring the question: “Why do people create spaces to support mental health and wellness?”. I will first present an introduction to my participants and then present the details of my findings. I will end this chapter with a summary of the findings.

5.2 Introduction to the participants

As outlined in the Method chapter, seven participants took part in this study. I will now introduce each participant in the order that they were interviewed, which was arranged by availability.

5.2.1 Bobbi (22Mar2)

Bobbi is director of a social enterprise/charity in a historically deprived London borough experiencing gentrification. He has been there for many years and brings a wealth of experience from the business and charity sectors. He sees himself as a “a bit of a misfit” and “quite rebellious” and enjoys the challenge of working with the complexities that co-exist within his community. He is the father to grown-up children and sees the “harsh realities” for people living in cities today. He is driven to make things better: “there isn’t much love, but there should be”.

Bobbi became director of his mental health space at a crisis point for the charity, his remit was to make an old organisation relevant today. Bobbi “went back to basics” and

restructured the organisation with a sustainable financial model that responds to the opportunities presented by gentrification but continues to serve the diverse community.

5.2.1.1 Bobbi's space

The organisation owns a building and has been there for many years, supporting mental health in different ways. In its current iteration it operates independently from government funding, has charity status and runs a social enterprise. It has three strands:

1. Low-cost talking therapy that anyone can access
2. Community hub facilitating events, workshops and spaces to connect
3. Social enterprise to help people learn skills and gain work experience

5.2.2 Coral (23Mar2)

Coral is the founder/director of a cafe/event space and online community focussed on women's wellness. After many years of personal development, she experienced a "big shift in identity" while on maternity leave, realising there wasn't enough postnatal support for women: "What about mums? What about us?" She launched her cafe just as the pandemic forced her to close her doors, so she pivoted into an online community, but her focus remains on the opportunities that the physical space and cafe provide.

She is passionate about women's health and empowerment and sees her centre as a means to help women better understand themselves by providing the missing information and support: "why were we not taught this in school?" As mum to a young

son, she's interested in mental health for everyone, but has chosen to focus on women because she feels women need specialist help: "I think it's important that we recognise and understand [our differences] and what makes us tick, and what makes us well, and what makes us happy."

5.2.2.1 Coral's space

The cafe serves food and drink and is open to everyone. There is space for events, networking and workshops, which are held on topics that help all aspects of women's lives. The space is structured as a business with a strong corporate social responsibility. It has three strands:

1. Cafe open to the public, plus in-person workshops and events
2. Online community for education, community and awareness work
3. Community events for low cost, inclusive support

5.2.3 Erik (29Mar2)

Erik is a photographic artist and founder/director of a charity supporting artists working around mental health. Separately, he is also director at a public-funded arts and health service. Erik is interested in understanding what would help artists working in mental health, as he sees a "high rate of burnout" amongst his peers. He started his charity to bring people together in a non-competitive environment to learn and heal. He is frustrated that the mental health of artists is an "afterthought in the commissioning process" and seeks to turn that around by prioritising their health and wellbeing.

Erik has a studio and values the physical space he is in highly. He adapted to working online during Covid, but his preference is for people to meet in person in well-designed places that positively impact mental health. Being an artist is front and centre of his identity: “The arts for me have been a lifesaver. As I’ve gotten more well, the drive is there to help others.”

5.2.3.1 Erik’s space

Erik is at the heart of separate but interconnected roles and moves effortlessly between them. As founder/director of his charity, he connects like-minded artists to information and opportunities through a shared network. In his other roles he has access to projects, contacts and funding that he can offer to his community and vice versa. His work has two strands:

1. Photographic artist working on commissions for mental health projects
2. Founder/director of a charity supporting mental health of artists who work in mental health

5.2.4 Kay (03Apr2)

Kay is the founder/director of an online community helping people of colour to reclaim access to nature to support their mental health. She is also founder of an online black women’s addiction recovery group and an online group for black female survivors of sexual violence. She does this unpaid work in addition to her full time job. Kay has recently been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and

acknowledges this presents barriers to how she works, but credits the hyperactive state with her ability to immerse herself in learning and connect with her interests.

Kay went on a huge personal journey of trauma and recovery and began focussing on supporting black women and people of colour after a “racial awakening” in which she accessed the depths of racial trauma and the impact of generations of systemic abuse. She channelled her anger into helping others and is driven by the desire to empower, reclaim and “honour our pain”. Her key aim is to “help people realise their innate healing ability.”

5.2.4.1 Kay’s space

Kay holds three positions and is constantly making connections with people around the world to develop her network and knowledge. There are three main strands:

1. Online community for people of colour to reclaim nature and heal
2. Online group for black women recovering from addiction
3. Online group for black women survivors of sexual violence

5.2.5 Jane (16Apr2)

Jane is a psychotherapist and the founder/director of a space helping therapists hire rooms for private practice. She found she was “secretly an entrepreneur” and loves helping other therapists develop their business. She is passionate about ending the “isolation that therapists feel working on their own” whilst fighting stigma and normalising discussions of mental health.

When Covid-19 hit, the core of her business was “decimated” as therapists went online. After an initial freeze, she found the crisis brought “new opportunities to the forefront” and she developed a low-cost therapy service that she describes as the “Willy Wonka Golden Ticket” as it is good for trainees, good for the public and good for the survival of her business. Jane is honest about her need for money to raise her daughter as a single parent, but she is also passionate about doing good: “If you have a personal driver to look after yourself and provide for your family, that sits…alongside being altruistic and doing something for a community.”

5.2.5.1 Jane’s space

Jane offers rooms for therapists to hire across two locations. The physical space acts as a community hub for therapists with regular events for training and networking as well as online awareness and anti-stigma work. Her work has three strands:

1. Psychotherapy private practice, offering talking therapy for adults
2. Room hire and community for qualified therapists, anti-stigma online work
3. Low-cost therapy provided by supervised trainee therapists

5.2.6 Angela (05May2)

Angela is a clinical psychologist and the founder/director of two online communities that help psychologists do more to change society. She’s also part of a collective of psychologists that uses high-paying work with corporations to subsidise low-cost interventions for people in need. She is a military wife with small children and lost her in-

person therapy business in three days when they moved for her husband's posting. Whilst it felt like a "devastating loss", it gave her the "gift" of ideas and the drive to move online.

Angela sees herself as "not from the kind of background" that usually produces professionals and took an unconventional route to qualification. She puts her achievements down to "a lot of luck, as well as a lot of drive". She is passionate about inclusivity and changing the mental health profession and is sad that the routes she took to qualification "are no longer available". Her core vision is a social enterprise: "I don't feel bad at all about getting people to pay me high fees who can pay them. I've just got plans for the people that can't. "

5.2.6.1 Angela's space

Angela structures her organisation as a Community Interest Company (CIC) and she moves money from the profit-making side to the areas that need it for public good. Her space has three strands:

1. Online community for psychologists to think bigger in their approach to therapy
2. Business training programmes for psychologists
3. Psychology collective developing business interventions to fund low-cost service

5.2.7 Shahzadah (11May2)

Shahzadah is founder/director of a healing collective for marginalised communities.

She is passionate about dismantling systems of power and oppression in healthcare. Growing up on an estate with immigrant parents who had physical and mental health problems, she was interpreter, carer and supporter to many. She experienced how systems of power and oppression had a disproportionate impact on the health of the communities she inhabited and how the systems designed to help only made things worse. Despite her experiences, she holds hope and fights for justice: “I believe it is possible for us to experience profound transformation, even in the face of such violence”.

Shahzadah’s interests lie in the whole-person, health and mind-body connection: “my whole life has been between physical and mental health spaces”. Her focus is on how to “dignify humanity” in moments of greatest vulnerability during ill health: “all of us interface with health. It is a unifying entry point for everyone”. Shahzadah gains strength for this work by connecting back to her roots: “I feel entrusted with it, as someone from a spiritual tradition.”

5.2.7.1 Shahzadah’s space

Shahzadah’s healing collective supports “marginalised communities”, covering many different frontlines across social, racial, disability and health justice. Their aim is to create the conditions for healing from structural and interpersonal violence. It has three main strands:

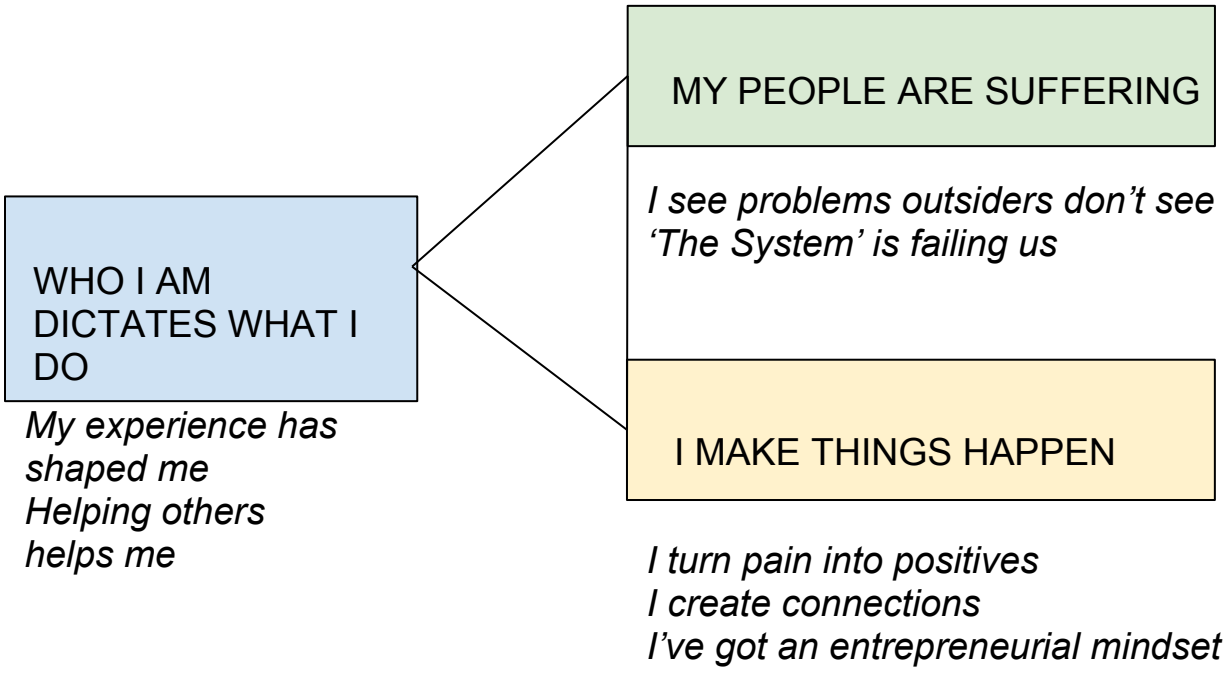
1. Supporting internal resilience: groups for individuals
2. Training and workshops for teams

3. Corporate work to fund community work including: leadership development, 1-2 coaching and masterclasses

5.3 Introduction to the themes

I constructed the three themes presented in this section during the research process outlined in the Method chapter. Together these three themes aim to represent relevant commonalities and connections across the data. Although the themes are presented discreetly, they are all interconnected. In Table 2 I have presented the themes in a triangle to demonstrate this and I will go on to share the story of how these themes and embedded subthemes collectively provide important insights into why people create spaces to support mental health and wellness.

Table 2: Table of Themes and Sub Themes



5.4 Description of themes

Each theme is described and illustrated with verbatim quotes from the transcripts. When quoting from the transcripts I have used square brackets to enclose a name that has been changed for confidentiality or for clarity of context when embedding a quote into a sentence e.g. [Name]. I used ellipsis points within square brackets to indicate when I have left words out, or joined quotes e.g. [. . .]. This was done in a mindful way to remove non-relevant or repetitive content without changing the meaning or intention of the participant. Three ellipsis points without a bracket indicates a pause.

5.5 Theme 1: Who I am dictates what I do - *a drive for purpose*

This theme is about reflections on identity, the impact of difference and difficulty on mental health, and how finding purpose in helping others can reinforce a sense of self.

This theme consists of two sub themes: My experience has shaped me and Helping others helps me. These intersect to tell the story of how participants were able to make sense of their personal drives to create spaces to support mental health and wellness. Throughout the interviews the participants spoke about mental health and wellness in a holistic way. Instead of focussing on labels or medical diagnosis, they recognised the complexity of the human experience. Each held a sense that they were different in some way and reflected on how this difference was compounded by difficult life experiences that shaped their identity and purpose.

Whilst the participants shared a drive to help others, they each recognised this was not an entirely selfless impulse. Having a reason to get out of bed and supporting themselves, their families and their communities contributed to their sense of identity and personal wellbeing. Furthermore, as the participants recognised that by creating spaces for mental health and wellness they could support others who had been shaped by their own life experiences, they found themselves in a self-fulfilling loop: Who they are dictates what they do; what they do reinforces who they are.

5.5.1 Theme 1, subtheme 1: My experience has shaped me

"There's a lot of unresolved anger in my family. And so helping people find peace, because of the things that I struggled with." Jane

Each participant's reasons for creating spaces to support mental health and wellness derived from a two-stage understanding about their own and others' identities: Their life experiences have shaped them into who they became, and other people were similarly shaped and therefore need similar support. Through discussions of difference, mental health difficulties (both their own and that of their family systems) and the confirmation of a shared need for help, the participants spoke about how their experiences led them to create their spaces.

The participants described how they were shaped by the experience of being different. This was expressed explicitly with relation to the experience of being in the world, for

example being a “black woman in the UK” and having ADHD (Kay), or growing up in a “marginalised community” (Shahzadah). It was also implicit in the participants' self-awareness of how they think, feel and behave within their mental health spaces. This was often evident in the language participants used ore reported others using to describe themselves such as “quite rebellious” (Bobbi) or “weird” (Erik).

Bobbi’s account of being “quite rebellious” by not following the expected norm of chasing government funding, illustrates the participants’ ability to be comfortable in a position of difference. Bobbi reflected that other people may see his stance as “not really very smart” but he was unwavering in his commitment to avoiding compromises inherent in accepting government funding: “I really deeply feel that there's more value in not doing that, because that's exactly the type of service I don't want us to be providing.”

He later spoke with similar flair about starting life as “a bit of a misfit”, demonstrating how his early experience of difference shaped him into a person who was able to swim against the tide and create a space that did not conform to expectations:

> “I'm someone who's grown up in this country but I'm always being a bit of a misfit and I'm different and so I have that experience of being outside as well as inside and I think that experience of being outside, and anyone who's had that experience, in whatever circumstance, of being outside, has an understanding of what that is and then before you start talking about mental health even. And I

> think that's a theme that's probably constantly run through my life and having that experience."

Swimming against the tide also came across in how Erik spoke about recognising the way he does things in his mental health space, which stands out as different to others. On allocating a budget to support artists' wellbeing, rather than on project delivery, Erik reflected that even the artists were surprised: *"*[I told them] there is a pot of money, there's £750 over the next six months, to support you however you want to spend it… And both of them said, 'Oh, that's never happened before. It's really weird. That's unusual.'"

Erik ascribes his ability to create a space that is shaped by his different values, to his willingness to challenge the norm and see himself in opposition of the commercial art world in which he operates in:

> "The aim is to bring people together in this kind of non-competitive and supportive way that's very different from the commercial art world, which is essentially about destroying each other to make as much money as possible. And because I'm so non-competitive, it's really clear in the ethos of what the [Mental Health Space] does that you join because you want to share your resources, you want to support others so that that can be reciprocated to you."

Angela reflected on her unusual ability to lean in and be as "bold as brass" despite coming from a different background from her peers. Throughout her interview she

acknowledged how hard work and “a lot of luck” enabled her to break away from her family background and qualify as a psychologist. This experience shaped her identity and later fuelled her purpose in helping reshape the profession:

> “I'm not from the kind of background at all where any of that [intellectual] stuff had ever been discussed... I went and did the interview and had no qualifications or experience that should have fitted me for that role at all. And there must've been hundreds of psychology graduates, I now know, applying for it. I went in bold as brass just being like, ‘I really like CBT. Take me on.’ And they did, which is insane.”

The participants described how coming to an awareness of difference was a life-long iterative process that was both deeply embodied and continuously developing in their sense of identity and purpose. Kay demonstrated this process when she spoke about a “series of racial awakenings" at university, that opened her eyes to her embodied difference that she’d been conditioned not to value. This new awareness brought with it a surge of energy that she channelled into learning and taking action, but the personal process was uncomfortable and took its toll on her mental health: “I'll just be thinking hell hath no fury like a black woman who's just become aware of her place in the world. It just made me very angry, very, very angry.”

Later in the interview, Kay also drew connections with her recent diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and credited this with helping her reach a greater

understanding of herself and the unique way she creates spaces for mental health and wellness. Interestingly, the way Kay spoke echoed her process. She answered questions in a unique way, linking ideas as they occurred. Often her sentences would trail off unfinished as she moved on to the next thing, but she was always able to make her point:

> “I've just been diagnosed with ADHD, and one of the things I have learned is that I can get really interested in something, and then just move ... My mind just gets interested in the next thing, and I forget what I'm doing on the previous thing… Setting up an organisation ties me down. Maybe I have commitment issues. It just ties me down to a specific purpose when I have so many different interests and so many different things that I want to be doing. That's why I feel like I'm doing different things, doing so much, because I don't have to ... so I just can't really commit to anything.”

Similarly, for Coral and Jane a sudden change in circumstances shifted them into an awareness of their different position in the world and of the need to do something about it. When Jane’s partner left, she suddenly found herself a single parent and “financially fucked”. She was forced to change her priorities and “sort [herself] out”. Immediately after having a baby, Coral found herself “feeling quite isolated, feeling like there was loads of classes for [my son]. I'm like, ‘Fucking hell, he's like three months old.’ It's like, ‘What about me? What about mums? What about us?’"

The participants all shared a deep understanding of the compounding impact that difficult life experiences and the complexities of human existence can have on mental health. Their understanding of this was inside-out and reflexive: it was their lived experience, which they had explored and understood. Given all their other traits, it is likely the participants would have done *something* purposeful, but this specific understanding of mental health felt crucial to taking this particular direction. As none of the participants went into detail about personal pain, I deduced that they had processed their experiences and their narratives were clear. Indeed, their energy and focus had moved on to creation and action for change (see Theme 3).

Jane demonstrated how her processed understanding of her early family experiences shaped the survival skills she later used as a therapist. This quote demonstrates how she makes sense of how her experiences shaped what she went on to do with her space:

> “I was a listener in the family and there's a lot of unresolved anger in my family. And so helping people find peace, because of the things that I struggled with, the self-criticism that came up, because of that and the low self-esteem. So, not wanting people to suffer in the same way I would do, but also just having this natural skill for listening cause that's how I kind of stayed under the radar and stayed out of trouble growing up.”

Erik and Coral spoke similarly succinctly about how their experiences of mental health suffering and survival drove them to create their spaces. Coral reflected on two experiences that led to her setting up her centre: the impact on her mental health of becoming a mother and the chronic stress of “working in a really toxic, stressful environment, and just suffering with mental health issues, insomnia, anxiety, OCD, skin.” In Erik’s case he observed that: “the arts, for me, have been a lifesaver. So it's all built on... In fact, the foundation is all built on that. So from the very beginning, with my own difficulties, using photography to kind of understand and process things, and then as I've gotten better or more well, the drive to support others to have that same journey.”

Shahzadah, Kay and Angela reflected on how their experiences with mental health shaped them into becoming who they are and what they do, by going beyond themselves and discussing family systems, context and the impact of intergenerational trauma.

Shahzadah expressed how the difficult experience of growing up with her mother’s mental health and father’s physical health problems was compounded by being part of a minority group and the complexities that came with that. As a child she acted as a “health advocate” on behalf of her parents who could not speak English in hospital settings. Throughout the interview Shahzadah’s evocative use of language wove a rich tapestry of the compounding trauma that took place within these “racist and harmful” healthcare settings, and that shaped her desire to create spaces to support people

recovering from such violence. In this quote she captures the violence she experienced as a young person. Despite being well-placed and prepared to help, she felt “ambushed and annihilated”:

> “I thought my being educated, speaking English, educated politically, speaking English... I would be learning all the medication that my mum was on… So I was just so savvy when it came to being able to be an advocate… but then completely being ambushed and annihilated on a hospital ward… and having to make decisions, or being put in positions to make decisions, that restrict complete agency.”

Kay also spoke of deep trauma resulting from the compounding effects of being a black woman in the UK. Throughout the interview she referred to many experiences that happened at different times and in different ways, resulting in her “dealing with a lot of trauma”. Ultimately she spoke about this being a means to express how she used her experiences as fuel to find her purpose: “I feel like I've experienced so much suffering, and trauma, and adversity, and just really horrific things, and for some reason I'm still alive. Somehow, I don't know how, I'm still alive, and I just feel like there has to be a meaning for it.”

Angela spoke of the intergenerational trauma within her family system and the impact this had on her own experiences of an eating disorder. She drew connections between her frustrations as a young person and how she came to understand herself, make sense of her experiences and find her path as a clinical psychologist. Reflecting on the

reasons for this suffering, Angela followed her instinct for different answers, which ultimately led her to create alternative spaces for professionals questioning expected norms:

> “All the women in my family have always struggled with postnatal depression, or that's how they would characterise it. I'm not convinced. I feel like probably the problems were there before, but yeah there's been a lot of hospitalisations, and long-term unresolved problems with medication use that's not been helpful. [...] So I've kind of grown up seeing a lot of that and hearing really unhelpful messages about what that meant, and the chemical imbalance theory is what I was brought up to believe is true.”

The participants spoke about the experience of struggling and witnessing others struggle and the lack of available support. Each participant was shaped into the person they became by this profound connection with suffering and the inside-out knowledge, empathy and drive to make changes this gave them. Bobbi, who described himself as “coming from a family of therapists”, which suggests he had awareness of mental health from a young age, demonstrated an empathy that shaped his drive to create a mental health space that focuses on a common humanity:

> “Until we catch ourselves and realise that actually, what are we doing to ourselves? I think it's so important, I've got grown up kids, I know what they go through, I've seen friends of theirs go through it. I've lived in poor situations. I've

> had experience of a frenzy. It's really difficult for people, and there isn't as much love out there as there should be."

When reflecting on their own identity, the participants identified with the needs of others. Bobbi summed this up eloquently:

> "I could have very easily been any one of those people that come in through the doors as well, that I can see myself in so many individuals and situations and how I would react. And to be honest, I don't even know if I'll be as strong as I've been, as some of the people that come through my doors have survived the setbacks that they've had in their lives."

Coral recognised the need in others by experiencing the need first hand:

> "I think it was doing things like hypnobirthing, and learning about what happened in the brain and the body then, learning all about periods and menstrual cycle, and stuff like that. And I felt a bit hard done by, that I had to literally seek that out. And that then, it's not just me, it's then everyone else who doesn't know all that stuff."

Similarly, Erik connected into his own experiences and needs when reflecting on how to best support artists in his mental health space. He knows what's happening for them because he has been there himself. By connecting into the shared experience he

gathers meaning from being able to help: “The way in which I am commissioning artists, I think about myself as an artist that's being commissioned. What do I need when I step into these spaces?”

This also came across when Kay made clear links between her personal experiences and what happened to others like her. She reasoned that if this is how she felt in understanding what held her back, she could gain insight into some of the specific and unique challenges that other black women in her position might be feeling:

> “I guess part of the issue is massive imposter syndrome...I feel like as a black woman, I can afford to take less risks, or I feel like I can't afford to take any risks at all. That's a limiting belief that I have, and something that I'm trying to overcome. But it's something that has been ingrained within me because I don't have the ability to ... I don't have anything to fall back on if it all goes belly up, really. So yeah, I guess that has been a massive fear of mine. I also wonder if that's why there has been ... why there's been such a dearth of provision in this area, because other black women are experiencing the same imposter syndrome.”

Identifying with the needs of their peers, both Jane and Angela found that being a professional in the mental health space did not exempt them from suffering in the face of work. The mental health spaces they provide strive to help healthcare professionals in ways that echo their own needs. After speaking with fellow professionals to

understand their pain, Angela said: “They basically built jobs they hated, but they were having to see 25, 30 clients a week in order to pay the bills, and were providing a service that they didn't think was good enough.” Sharing the exasperation about this problem in her own practice she reflected on the realisation that she, and they, needed help: “What really is the point? Why are we doing that?”

Shahzadah conveyed this notion of how her reflections on a shared humanity shaped her identity as someone creating spaces for mental health and wellness. By drawing on her experiences as a young person helping family members in healthcare settings, she questioned the bigger picture and examined the support needs of others:

> “I always think about, particularly from a class lens… How can we dignify life? And where are we most vulnerable? Which is in the health services. And when we are most in need is also where some of the most undignified things take place. And so I think that personal motivation has always been there.”

5.5.2 Theme 1, subtheme 2: Helping others helps me

“I genuinely love helping other people, but it's also not selfless. I get so much from it.”
Erik

All the participants acknowledged how much purpose creating spaces to support mental health and wellness brings to their lives. Their work is not a sacrifice; it also brings

meaning and opportunity and contributes to their personal wellbeing. The participants are driven to do what they do because it changes other people's lives *and* their own. They don't just *need* to create these spaces to provide purpose for their lives, they also *want* to. This sub theme will explore the participants' reflections on the self-fulfilling loop in which helping others helped them to reinforce their sense of self.

Participants clearly understood the importance of having purpose. As Coral put it when reflecting on whether she could go down a more lucrative digital product model instead of creating her wellness cafe: "[it] just doesn't get me out of bed in the morning." Participants all felt strongly that they simply could not do things any other way and were comfortable swimming against the tide. Their interviews conveyed a conviction and strength of character that aligned with their sense of identity and dictated their direction.

Just like Coral, Kay also used the image of not being able to get up in the morning, stating with passion:

> "I just have to do it. Even when I try to do something different, I just can't do it. I tried to be a corporate lawyer because I wanted to make loads of money, but then my brain was like, 'no, we're not going to let you do that.' And so I feel like I can't get out of bed if I'm not doing something that has a positive impact on the world. That's just me. Yeah, literally, I just ... I just can't get out of bed and do anything other than that."

Erik and Angela's confidence in their identity meant they were comfortable playing to their strengths, and defying norms in order to do the work they believe will have the most positive outcome. They both saw helping others in terms of their values and were clear on what they would not do. In Erik's words:

> "I see my strength as being in a room with people, and I have a studio and you can come here. We can sit outside on the terrace. I want to sit with somebody. What I don't want to do is spend three months on Zoom mentoring someone. That's just not for me."

Likewise, Angela reflected on how she had been expected to work before setting up her own mental health space: "the piece that was always missing was formulation. There was no formulation. It was completely off the peg. And so I kind of refuse to work like that now, because I've seen the difference."

Many of the participants explicitly spoke about their need to do something they perceived as positive in the world. Jane summed this up thus: "I can't do anything entrepreneurial if it doesn't have a good altruistic aspect to it." Bobbi, too, needed a positive purpose: "I think it has got to be what I believe in and it's got to be positive and it's got to be good for everyone." However, the participants noted that doing good should not come at a personal cost. As Jane stated: "If you have a personal driver to look after yourself and provide for your family, that sits, I think absolutely without conflict, alongside being altruistic and doing something for a community".

Shahzadah's strong need to do this work was implicit and explicit in the passionate way she spoke throughout her interview. It clearly brought meaning and value to her life. The following two quotes demonstrate how much she got out of helping others. The first illustrates how she was empowered by creating spaces to support mental health and wellness in a complex world:

> "And I think that's really important, particularly even in these deeply consumptive, extractive societies and global structures, it's really powerful to be able to hold and recognise and champion for something that is not seen, but it's lived and experienced."

The second shows how her sense of identity in standing for freedom and empowerment was reinforced through her dedication:

> "Like we're worthy and deserving of experiencing ourselves as our most liberated, outside of oppression, and I know it's possible. It's not every day, but it's possible. And I think that is probably my key drive. And I, at the heart of it, like I say, enjoy liberation, we all want to feel free and feeling free is being able to be true. And this is stuff that I get to experience and see in glimpses and windows and cultures and ways within this work, and I've been able to see it the most in this work. And so, I think I'm reinforced through this practice."

The idea of reinforcement through work was present for all participants, who all felt they gained something from creating their mental health spaces. Their sense of identity was fuelled by and for the cause and the energy with which they spoke about their work conveyed a deep sense of love and gratitude. All of the participants enjoyed the work, the sense of purpose it gave and the connections they made. Despite some participants making personal sacrifices or using personal time and money, there was no sense that any of them were suffering for a cause. Connections were made between self-care and meaning as well as financial reward and opportunity. Erik summed this up with a reference to the business opportunities, creative collaborations, inspiration and personal connections he makes through his spaces: “I genuinely love helping other people, but it's also not selfless. I get so much from it.”

Coral reflected that by doing this work she is also achieving personal goals: “if I think back to a vision board from years and years ago, there was definitely a bit where I was like, ‘I'd love a little café.’ And then it went away, and then it came back full circle with everything else linked in.”

For Shahzadah, Kay and Bobbi the personal gains also linked to something much greater than themselves. Being a part of this particular journey gave them a sense of responsibility and a place in the world. This came across as a gift to treasure and nurture, in order to pay it forward. Shahzadah described her work as “a dream job”, Bobbi felt “lucky” to be a “custodian” to the mental health space and Kay described her “breakdown” as “an initiation into what my purpose was”.

Shahzadah summed up the gift of her work thus:

> "I feel entrusted with it, as someone from a spiritual tradition, we use this phrase 'Amana', which means when you are entrusted in something… And sometimes I won't be the right person to be trusted. And that's also, with this, we have its own cycle, its own journey. And I think that's also really important to hold. Let me think about how we build these things. That it is me, but it also belongs to the people. And as appropriate as it is, needed and wanted and desired. A dream job. And yeah, that's my relationship to this practice really."

5.6 Theme 2: My people are suffering - *a drive for change*

This theme is about a deep insider knowledge of social context and how difference, disadvantage and accessibility issues lead to failings within mental health systems.

The theme comprises two intersecting sub-themes: I see problems outsiders don't see and 'The System' is failing us. The first reflects how each participant is embedded within their communities and shares experiences with those they are trying to help, which I refer to here as "my people". In the second, I use the term 'The System' to capture the mainstream support structures, attitudes, behaviours and ways of thinking about mental health and wellness that the participants witness failing their communities.

As insiders, participants can see what Bobbi describes as the "harsh" realities that outsiders do not. They use their unique perspective to challenge and question

problems, acknowledge how difference and disadvantage creates barriers to accessing care and demonstrate how a knowledge deficit due to a lack of diverse representation can compound problems. In the worst cases, participants described how ‘The System’ actively harms instead of heals.

The participants spoke with real passion on these issues, demonstrating a powerful commitment to justice and to making positive changes. Each participant was motivated to redress 'The System’s’ failings and the suffering it caused.

5.6.1 Theme 2, subtheme 1: I see problems outsiders don’t see

“The rate of burnout is so high, and it's because people are not getting the right support that they need in order to actually do their job.” Erik

Participants used their insider positions to call out the problems that they felt were not apparent to those outside of the community, who were setting strategies or agendas for mental health care, psychoeducation and wellness. Participants demonstrated a broad and holistic understanding of their communities and areas of expertise. Mental health and wellness were integrated into the heart of the participants’ agendas and their view of what it means to be human. Bobbi captured the complexity of daily life that he sees, but is often overlooked by those outside his community:

> “I think humans and human life and community is rich and we're so stopped from being who we are and being our normal selves… Living in London, working in London, it's harsh and I see that both with staff and volunteers and with obviously clients that you have coming through. Young people, 20-year olds on a 20 grand job trying to pay rent, trying to live in London, trying to meet people, trying to get on with their lives, it's not easy. It's really not easy.”

As community insiders, the participants had a unique perspective on local mental health systems. They used this unique position to be curious and ask questions of themselves and others. This questioning shed light on the suffering that otherwise went unseen and inspired the participants to create their mental health spaces. Their self-reflexive questioning went along the lines of: *I’ve experienced this, other people experience this, so what’s happening and how can we solve it?* This is illustrated in two quotes from Angela and Erik, both of whom focus on supporting mental health practitioners. They could see the emotional labour practitioners were carrying was not being acknowledged: where outsiders saw successful outcomes, they saw the human toll on the workers’ mental health.

Angela went into a conversation-like reflection with herself whilst exploring the problems faced by psychologists, who, like her, had set up successful private practices, but were overworked, lacked support and provided unsatisfactory treatment: “So I was like, ‘Right, okay. So we've replicated the exact same problems that we had before, and we're still buying into this medical model, like you're sick, you can get treatment.’ Which

none of us believed in.” Angela’s insider position meant she could see the problems her colleagues were facing because she faced them herself. Continuing this line of questioning, Angela gathered evidence from people around her and continued to use her position to look for answers: “So I was like, ‘Why can't we see any alternative way out of this?’ It's like, ‘Well clearly because we've just not got the experience.’”

Likewise, Erik reflected on the problems faced by artists in his community: “The rate of burnout is so high, and it's because people are not getting the right support that they need in order to actually do their job.” Like Angela, as an insider, he learnt from his own experiences and continuously asked questions of himself and his peers, facing up to problems instead of ignoring them:

> “Just like anything, it's great to deliver things, but you have to have like a fallow period to reassess and think about: are we doing this right? Is there anything we can change? Do we need to do some consultation? Do we need to check in with artists to make sure that they're actually okay?”

Erik understands the value in keeping his lived-experience front and centre in his work and cites his drive to prevent his community from suffering, as a clear reason for creating his spaces:

> “The way in which I am commissioning artists, I think about myself as an artist that's being commissioned. What do I need when I step into these spaces? And

> so for me, I really love to be able to offer opportunities to artists and hopefully make them feel like they're supported."

The notion of lived experience and using an insider position to benefit the community was common to all the participants. They could see the problems and suffering caused when outsiders set agendas, policies or systems of support without representation from the communities who need the help. Whilst the realities and problems differed amongst the participants, all shared a belief in the power of lived experience and the importance of understanding problems from the inside out, to developing appropriate support. Shahzadah expressed these ideas clearly, describing "representation politics" within mental and physical health services. She stated that the problems her community face are compounded by the lack of diversity in decision-making centres and go unseen by outsiders, leading to greater suffering:

> "There's normally young people in these [healthcare] environments, but [the healthcare system is] not recognising the level of harm they were being subjected to in those spaces, that the tools that one might have to navigate and survive those things, weren't available to those children. And then young people, where they might go to access support again, where these spaces that were inadequate or harmful or dangerous. And so really holding, what does it mean to create healing for our communities?"

Answering her own question and stressing the importance of lived experience in the creation of her mental health and wellness spaces, Shahzadah went on to expound the

importance of “lived experience and being able to see people that look like you and normalise that. Where you can build narratives around pain, around trauma, around alternative ways in which people connect with particular issues.”

Coral and Kay shared similar reflections about the lack of representation leading to a deficit in knowledge. Both observed that a lack of knowledge was making individuals suffer and keeping communities stuck for generations and that this could be prevented by having diverse representation in healing and support roles within said communities. Both reflected not only on the lack of information itself, but also on the difficulty of accessing and sharing it. As Coral stated:

> “Just that real knowledge gap that I noticed amongst me, my peers, my friends, and people… there was nowhere for us to access that kind of stuff, and it just wasn't [seen as] important. And I don't know if that's going to be the same for the next generation or our children's generation, but certainly, I feel like there was just a lot missing from our life skills and education.”

Reflecting on the necessary knowledge, Coral expressed how the mainstream services do not always account for difference and how that could lead to women not getting the specific help they need:

> “As much as we are striving for equality, that's one thing, but we're not the same in our physical, biological, mental makeup. And I think it's important to recognise

> that as well. Yeah, we want to be treated equally in that sense, in terms of our rights and what we get paid, but fundamentally, there are differences. And I think it's important that we recognise and understand those things, and what makes us tick, and what makes us well, and what makes us happy."

Similarly, Kay drew a connection between systems being inaccessible and the impact this has on the overall healing and progression of her community:

> "I always feel like in the western world there's this emphasis on being credentialed before you can do anything. Otherwise, people criticise you, or you might get in trouble for harming someone. So you need to have a certificate to take a group out walking, or you need to have a certificate to go hiking... You need to have all of these credentials to be able to prove that you're a safe person to hold spaces for people, and I don't really have the time to do all of that... I guess that's a problem in general when it comes to culturally competent trauma informed spaces for people of colour, for black women in particular, that we don't have as many people in our communities as we should have who have the qualifications to do this work."

5.6.2 Theme 2, subtheme 2: ‘The System’ is failing us

“We, as a community, were being failed. A lot of the spaces that they might go to access support, were inadequate or racist.” Shahzadah

All the participants spoke passionately about failings of the mental health systems, from how the way people think and feel about mental health services can prevent access to support to, in extreme cases, how accessing support led to greater suffering. At best, support does not reach the people it needs to, at worst it actively harms. Participants acknowledged that, by definition, a mainstream service, or 'The System', cannot be everything to everyone and they championed the creation of alternative systems, power structures and spaces for mental health and wellness to better understand problems and stop their communities from suffering.

Stigma was cited by the participants as a common reason for ‘The System’s’ failure. The stigma it created dissuaded people in the participants' communities from accessing support. This was expressed by Jane, who stated: “I have a problem with the term ‘mental health’, I think that in itself is off putting”. Jane’s centre fights against stigma in a bid to normalise the human experience and improve access to services. She noted that huge progress has been made in recent years and credits the pandemic for bringing such issues to the forefront. However, she knows there is still so much more that needs to be done. Jane uses her blog to disrupt what she feels is the binary nature of the mental health system’s narrative of *either* sickness *or* health, which she believes

prevents many people in her community from accessing help, saying: “in terms of the stigma, it was a feeling that you were sick or deficient when coming to therapy and I’m trying to maybe level that playing field. Make it somehow feel, no, this is just normal, everybody's life has tricky stuff and even therapists or that's why therapists are in this profession.” By challenging 'The System' which is stigmatising by its nature, she aims to disrupt power dynamics, showcase therapists' experiences and make seeking help more accessible.

This also came across in Bobbi’s case. He spoke about stigma in general, and went into specific detail about the layers of stigma and disadvantage for the large Afro-Caribbean population in the community he serves. His evocative use of language around a “battle” gives weight to the complexity of the challenge posed by stigma and his drive to understand and challenge it in ways mainstream services are unable to. Bobbi is not only fighting 'The System', but he is also fighting the backlash around prioritising mental health within the community itself:

> “The ethnic diversity in [London Borough] and the large Afro-Caribbean population in [London Borough] and what their experiences have been of statutory mental health services, and what we're still battling with are the repercussions of that. It’s about having that community beginning to engage in preventative services for them, because there's a higher level of stigma and distrust around engaging with mental health services because of the

> disadvantages that community faces as well. It's an ongoing battle. We haven't reached anywhere near where I want to get to with that really."

Kay also highlights the complexity surrounding stigma regarding addiction behaviours. Here 'The System' is failing to support those presentations of suffering that are more stigmatised than others:

> "I feel like mental health and addiction services are very separate and siloed within each other. Even the conversation we have about mental health and anti stigma, it doesn't really talk about, or address addiction. That's how a lot of people's mental health problems manifest, in addictive behaviours, whether it's process addictions or substances. So I feel like, for me, that's one of the reasons that I do what I do, because it helps me be my whole self, and be more authentic, and address all of the different aspects."

Angela explored stigma from the perspectives of both: service users and professionals. She notes that a huge barrier to initially accessing help is around fear that problems with mental health can lead to terrible consequences. She expressed what she described as a universal fear by sharing an experience from her youth: "the reason I couldn't see a way of getting help is because I had been convinced that if I spoke to my GP about [my mental health], they would ship me off, the men in white coats would come, and I'd never be allowed to go to university."

Angela noted how, when she began her training, she was struck by the difference between perceptions of healthcare professionals actually were and the reality:

> “It struck me even then, I was like, ‘If the public knew that if they went to therapy they'd see somebody like me or you, or one of my colleagues, they wouldn't be frightened of it.’ The gatekeepers are still quite frightening. A lot of GPs have quite a lot to answer for, with being a bit patronising, a bit grandiose. ... I know from personal experience that sometimes you get called hysterical, or people hear really unhelpful messages sometimes at that gatekeeping point.”

Angela’s centre’s primary goal is to improve the psychology profession to remove the barriers 'The System' erects to accessing mental health support. She sees the access issues on both the service users and professional sides and focuses her efforts on changing 'The System' from the inside by helping the professionals working to improve it. However, she states that 'The System' makes things worse by blocking access to diverse trainees to become professionals, thus narrowing the range of professional’s lived-experience and compounding problems for the public. She specifically mentioned the barriers to lower-income trainees:

> “It upsets me when I think, I'm not sure that that route that I took [to qualification] is available anymore, because more and more I'm seeing the jobs that I did... Because I could never afford to work and not be paid. And I'm seeing all of these honorary assistant jobs and internships, and I think it's really wrong.”

Several participants observed this inaccessibility. Kay discussed the barriers that prevented her, and others like her, from entering 'The System' as a professional:

> “A lot of it requires a financial investment, as well, and I don't have that ability to do that. So, yeah, there's a lot of ways in which I hold myself back, invent barriers where they aren't there, where there aren't any. But at the same time, there are certain barriers, especially financial barriers, that prevent me from doing that.”

In this quote Kay demonstrates how financial and time restraints rendered entering ‘The System’ as a professional inaccessible to her, holding her back from creating the space her community needs:

> “If I wanted to create a healing space for black women who have experienced sexual violence, it would feel like there was a ... Even though it would be a peer support space, it would also feel like there isn't that protection there for me if anyone gets triggered, or ... So I just wouldn't know what to do if someone gets really re-traumatised or triggered. That's why I had that thought once when I woke up, I just want to be an eco therapist, because then I could have ... I'll have the credentials and the qualifications to be able to say this is what I do, and I have pieces of paper to back up that I am skilled and have the insurance and all of that stuff. That's why my brain just shuts off when I just start thinking about all of those different things, because it's just like, I don't want to deal with all of that. It takes lots of time, money.”

The participants spoke vehemently about the need for their spaces to exist because of something within ‘The System’ failing their communities. Many spoke about being let down, left wanting or left out by the available provision. As outlined above, the participants spoke about failings in relation to stigma and not accounting for difference, however some also explicitly explored how systems designed to heal could also actively cause harm.

The participants’ language highlights the suffering in their communities. Shahzadah, Bobbi and Kay all used the word “violence”, whilst Erik raised concerns about the “disruptive and damaging” long term impact.

A harm participants called out in their interviews centred around mainstream services’ failure to check their privilege and provide adequate support around differences of culture and race. As Kay said: “the mental health system... not only is it not trauma informed, it's not culturally competent.” In her interview, Shahzadah described how spaces designed to help did not have the tools to understand the complexity of what they were dealing with. She explained how due to other inbuilt structures and power dynamics, people accessing help were being harmed in a way that was not always visible to those providing the care. Her insider perspective enabled her to call out the compounding traumas taking place and provide alternative support to heal from both the original trauma and the suffering inflicted by 'The System'. Here she describes some of her early work in her community and reflections on ‘The System’s’ harmful failings: “A

lot of the work that I was having to do was around gender violence and sexual violence and thinking about the ways in which these young women and we, as a community, were being failed. A lot of the spaces that they might go to access support, were inadequate or racist."

Kay further explored the devastating harm systems can cause when they do not attend to differences: "I don't want anyone, any other black woman, to experience what I've experienced, which is going into the room and not seeing black people in there... So many people of colour walk into those rooms and then turn around and leave, and then end up dying as a result of their addiction."

All participants observed a lack of insight and reflection within 'The System'. They all attempt to reflect, question and examine the mainstream in a way that they feel other providers do not. Erik expressed this view clearly when describing how a lack if time and money for reflection, research and questioning when designing mental health projects for artists led to blindspots:

> "I think the problem with lots of sort of arts and mental health projects is that the funding is so limited that there isn't [enough], and it's so focussed on delivery. There's not a lot of time to have that stage one of planning and the sort of R&D of what do people need? Is this the right space to run things? It's kind of, we've got this little pot of money, we need to just hit the ground running. And that's great, that there's a real action. But to whose detriment? If you're running things in a

> venue that doesn't feel safe or right for people, what impact does that have on them? And if you're commissioning artists to work on projects that are potentially quite disruptive and damaging for them, what's the long-term impact on them?”

All participants expressed passionate concerns that mainstream systems of support weren’t taking long-term impact and human cost into account. In having to deliver outcomes for the masses, the mainstream failed to attend to the holistic aspects of mental health and wellness. Kay summarised the strength of feeling and passion for change that the participants felt regarding a system that fails to support the full spectrum of humanity:

> “It's more about helping people see that our humanity is all encompassing. It encompasses our spiritual health, physical health, financial, emotional, all of the ... spiritual. It's holistic. The NHS and ... I feel like even private psychiatric and psychological, psychotherapeutic services are the same way, really. I feel like I'm really criticising your sector, but yeah. Whether it's the NHS or private services, the mental health system isn't healing people, and especially people on the margins of society. So I really feel like my aim is to do that work for myself, and gather all the resources and community that I need to do that work, and then figure out some way to share this mish mash of information that I've been given with other people to support their healing.”

5.7 Theme 3: I make things happen - *a drive for positive action*

This theme is about the act of creation, and how principles and a sense of justice can inspire a drive for positive action and an ability to affect change in mental health and wellness.

This theme is constructed from three sub-themes that intersect to tell the story of how participants comprehend their drive for positive action: I turn pain into positives, I create connections and I've got an entrepreneurial mindset

Each of the participants is driven to take action: they are principled and want to improve things, they have an ability to rally people around them and they solve problems in creative ways. Implicit in all the interviews was the notion that the participants would always be at the centre of something, making space and rising up, regardless of the cause, because their drive for positive action and the fulfilment they derived from the creative process is intrinsic to their sense of self.

The participants are innovative, agile, resilient and resourceful. Links are made, relationships are nurtured and ideas are connected. They ask questions, unearth value and bring people, places and things together, often in unexpected or challenging ways. Some explicitly describe themselves as entrepreneurs, but they all share a passion for initiation, organisation and taking on personal risk for the good of the cause. The two previous themes demonstrate the reasons why the participants chose to focus on

mental health and wellness; this theme expounds the reasons behind their ability to turn hope and ideas into action and create their spaces.

5.7.1 Theme 3, subtheme 1: I turn pain into positives

“I'm more focused on providing spaces for black women to heal and grow, and to transmute their suffering into gold.” Kay

At heart, the participants are creative problem solvers. They see the problems and pain points in mental health systems and resolve to make change happen. Even in the face of additional challenges, like the Covid-19 pandemic, they seek positives and spot opportunities in the face of a crisis. They are driven by their principles of justice and strive to create mental health systems that go beyond survival to promote health and wellness for all in their communities. As outlined in Themes 1 and 2 they know their own stories and they witness the suffering around them, but they are not stuck in the pain, it fuels them to focus on action and change. Kay summed this up powerfully when she spoke about how her attention has shifted from pain and anger to a point of positive action: “I'm more focused on providing spaces for black women to heal and grow, and to transmute their suffering into gold.”

The participants demonstrated a clear ability to question and reflect on the problems they saw around them, they did not jump blindly into action, they sought answers and sat with uncomfortable truths. The way they spoke was a rallying cry, the holding of

hope and a powerful reframing of pain. Both Kay and Shahzadah illustrated this with evocative language:

> Kay: “It really felt like in order to change society, and to change the mental health system, to change anything, it is really important for us to honour our pain. That's why I felt like I wanted to create a space for people of colour to talk about and honour the pain they feel when they are excluded from nature connection spaces, or experiencing racism, or when they go out for hikes, or not seen in the environmental movement. I really wanted us to have a place where we can honour all of that.”

> Shahzadah: “The beauty of sickness for me, is that I live with sickness and not in spite of it. And so I always think about the reality, that even if we lived in the most anti-oppressive world, we'd still experience loss, we'd experience heartache, we'd experience bereavement. And I think there's something really powerful about what we are able to do, for me to think about the healing of marginalised groups in communities as part of liberation, but also all of the ways that it opens us up to creativity and calling in and dreaming in new ways of being, and that is just profound and exciting. And then we need those solutions, especially those kind of answers.”

Similarly, Angela demonstrated her reflective approach, her ability to think about the problems and her drive to affect change:

> “So I was like, ‘I think we can do a lot more than this.’ Because we're all pretty smart people. The hell you go through to become a mental health professional, we can think of better solutions! We're just not being bogged down in this system that we hate. [...] “And I was like, ‘So where does the intervention need to happen then? Where can we affect change most successfully where we're going to get people to listen to this message that I believe in?’”

The participants did not just question the pain points, they sought positive solutions. The ability to create spaces for mental health and wellness happened at the point where the participants’ hope and drive for justice met their drive for action: if something is wrong, they need to do something about it. As Erik stated: “I'm a doer. I don't want to sit around and just keep thinking about something. I want to do. But I want to do it well.” He demonstrated this can-do attitude throughout the interview, expressing how his position, experience and drives all combined to make positive change: “as an artist that's making work around health and particularly mental health, I finished my Master's and just felt like I didn't know where my tribe of people were. There were lots of people that are making fantastic work but not necessarily on the same themes as me. And so I'm very much: if something is missing, I'll just make it.”

This drive to turn pain into positive action meant all the participants were creative problem solvers. In this extract, Shahzadah demonstrates her ability to creatively solve problems in her community, reaching vulnerable people with vital support around sexual

violence. She found there were no resources that could “understand consent in the dynamics of oppression”, so she had to find new ways through the problem:

> “I was building consent classes based around nutrition. We started cooking on a budget and everyone likes to cook and they get to make cakes. So, we were just using... What does it mean for your body to feel nourished? What does it mean for your body to sense safety? What does it mean for you to experience pleasure in your body?”

Shahzadah’s creative abilities meant people who were otherwise unable to seek help found avenues of mental health support, without necessarily even knowing that was the aim.

When Bobbi faced losing mainstream funding, he saw the chance to take the centre in a new direction, turning the painful situation into a positive opportunity:

> “We were, in effect, decommissioned and we had to start again. I did and I didn't have the luxury of statutory funding, or people that were paying us to deliver a particular service. We really were at the bottom and that we really would start from scratch. There was an opportunity there to really think about what is it that we can do and with that, the advantage was to really not deliver things in the way that is expected to be delivered or that statutory services wanting to deliver. [...] With the advantage of essentially a blank slate, I was able to really cut back a lot

> of the waste and not useful stuff that we were doing and really say what can we do? What can we do in the situation that we are in, in communities that we're in, with the needs that we see all around us. What is it that we can actually try and do? And to try and do well?""

Bobbi also spoke about how the ability to think creatively meant he was able to act where others did not. By separating his centre from a mainstream funding model he was able to be able to think freely, unconstrained by the expectations and restrictions of funding. He states: “That independence keeps our ability to be able to innovate, keep our ability to be able to do things on the margins, to go outside of your remit if you need to at times to do things which are not just delivering it to get the funding or the money.”

Independent status, whether by choice or necessity, put the participants in a unique position to be responsive to the evolving needs of their community. Creating new mental health and wellness spaces, rather than going to work for existing mental health provision meant they could play to their strengths and adapt to new challenges. The participants spoke about getting started with what they had available rather than waiting until funding or the right circumstances presented themselves. Many spoke of using free apps and technology, such as Facebook groups, to manage online communities and learn more about their community and how to help as they go along. Kay spoke about the positive action she took in response to the challenges presented by the pandemic:

> “What Covid has enabled me to do, really, is spread my roots on a more international level, as well, because now I'm able to form ... go to trainings, and events, and [Alcohol Support Group] meetings, and recovery meetings, all over the world, and meet people, and invite them to my thing, to what I'm doing, and go into their thing.”

All the participants saw positives in the face of the Covid-19 pandemic and looked for opportunities to help from their unique position. Angela spoke about the new opportunities the pandemic opened up:

> “I was having ideas for both that and what the [Community Membership] could be, and how that could help. But also, for how I wanted, in the future, to reach more people. And I think that also the context of watching the world around me, have to confront mental health for the first time, and workplaces and big companies have to accept the fact that productivity was lower when people were frightened. And there are all these stats coming out about the impact of the pandemic, both on productivity and on mental health. And I was like, "I think this is a bit of a moment where, if we can step into it, there might be room for psychologists to provide this kind of training that I've always wanted to provide for people, basically just about how their own minds work, and how they can look after their minds all through their lives. But I think it became more obvious to employers how that would help them because of the context of the pandemic.”

Similarly this ability to take positive action that benefits everyone, in the face of a problem came across in Jane's words:

> "We were in the throes of setting this up before the pandemic but the pandemic just really created that need for a low-cost service for people as I'm sure you understand. It just ticks every box. It's one of those few things I think, where I don't know, I can't see a loser in it, which is so lovely. So we have trainees, supervisor trainees of the practice that are benefiting. We've got people getting therapy for £15 a session. We have trainees who got placement to work from, because obviously I'm sure you know that finding placement places can be very difficult for trainees. And I have enough money to run the service and continue to support the rooms at a time when a lot of people have left. So it just, it's like perfectly altruistic and kind of the Willy Wonka golden ticket."

5.7.2 Theme 3, subtheme 2: I create connections

"We've been collaborating with some artists, doctors, academics". Shahzadah

This sub theme is about creativity and the art of joining the dots to make things happen. The participants shared an ability to create connections between people, ideas and cultures, often in unexpected ways. These connections created space for new, valuable and positive change. This appeared to be a natural stance for the participants: the ability to see things others often can't, don't or won't. This doesn't always mean doing

something that's never been done, in fact part of their strength lies in seeing what is already being done, listening, learning, evolving and bringing things together. Each of the participants was a natural 'people person'. They all shared an ability to connect people together: building networks, nurturing relationships and valuing collaboration rather than going it alone. The participants lean into all aspects of themselves, their experience and the world around them to make connections across time and space, people, ideas and cultures. Shahzadah captured this mood when she spoke about the unexpected connections that she makes: "we've been collaborating with some artists, doctors, academics".

All participants described the value they gained through their networks and how this amplified their ability to make things happen and create change. Angela stated: "It's when you're talking to other mental health professionals all the time, then collaborations and contacts, and we can share all of that stuff to amplify all of each other's ideas."

Shahzadah echoed this. Her ability to see things differently and challenge the expected norms around how to approach and engage people with healthcare, contributed to her success at making things happen and creating change on a grander scale. When collaborating with professionals outside the healthcare space to change conversations and draw in new audiences, she found "a lot of people started to understand [Mental Health Space's] work. So a lot of people started to connect. These conversations that people within the [Mental Health Space's] framework, or other types of systemic kind of responses to health and healing, became more... It just made sense to people. So, what

that meant was that we both expanded and scaled, but also the demand for our work became just amplified as well, and the visibility around the work."

The ability to see strength in numbers came across in both Angela and Jane's interviews as they reflected on how their networks helped them take meaningful action. Angela said: "I hadn't managed on my own to actually approach a big corporate and be like, 'Yeah, pay me loads of money to do this.' I just wouldn't have had the guts to do that on my own, I don't think. But meeting these other amazing psychologists and being like, 'You're really good. You should be in front of these people,' really helped."

Similarly, Jane explained: "The fruits of the community came to me and said that they were really keen on doing something like this... I have four practitioners now that are all part of the low-cost service, which is just so heartwarming. Two of them came to me independently again wanting to set up low cost service because they were going to be training as supervisors and wanted to get a trainee group together. This matched very well with another practitioner who came to me, who knew somebody else who wanted to."

Erik used his network to bring in meaningful work and commissions for artists at his centre: "In terms of the [funded] commissions, it's come through other work that I'm already doing. I'm a trustee for [Arts and Health Organisation], and one of the other trustees is a GP that runs a chronic care training hub which is supporting, I suppose, all chronic care staff across two different trusts. And so she says, 'We're looking to run

some activities.' And I can't remember who it was, probably another trustee, said like, '[Erik's] got a whole network of artists. Get in touch.'"

Kay found that her ability to network meant she could see so much positive action that was taking place in the world, but that it wasn't reaching the right people: "once I open the door on a certain topic, I just get overwhelmed. All of these people are doing these amazing things, and it's really great. But there are lots of people who just don't know that those spaces are there." Recognising her ability to create connections where others can't, meant she was able to see value in her skills and realise her core aim to "provide space where people can share what they're doing".

The participants all have demonstrated the ability to continuously reflect and learn from their experiences, connecting ideas from the world around them. They do not see people or things in isolation, they see the whole person, the systems and context they are in, the culture they are part of, the groups they belong to and the past they have come from. As Shahzadah said when demonstrating her process of learning from the world around her: "we're always sitting with multiple intersections… I think a lot of it just comes from practice and then of course doing training and learning from others and learning from different disciplines. [...] I think that there is that practice, learning, renegotiating that just really kind of informed some of the approaches. Actually always having different entry points because, what works for [Mental Health Space] and communities that access us, it's never just the person is a person of colour. It may be a

person wasn't of colour and is autistic. Is a person of colour and has chronic sickness, or is a white person who's disabled and a survivor.”

This also came across in the way Kay spoke about how she reflected on different aspects of herself and connected these together to make things happen: “the importance for me of marrying together all of the spiritual traditions that I've been part of, or been investigating. Like I mentioned before, I'm doing a retreat, and I'm really into exploring Buddhism, and helping people ... and the way it helps people discover their own innate Mother Nature, and the marriage between wisdom and compassion that emphasises indigenous spiritualities, whether that's indigenous Native American spiritualities, and the way different spiritual traditions see the Earth as a healing force. Yeah, just different ways of conceptualising how we are in relationship with each other.”

Coral demonstrated how her reflections on connecting her work for women’s mental health and wellness into a community cafe opened up new avenues in her ability to make things happen for women’s mental health and wellness: “I think it brings a slightly different element to it from what people will be used to. And I think that will really then impact the type of events that we run, and just making it more accessible and open to lots of different things, rather than it being like a spa. You know what I mean? I think it's going to open out lots of different possibilities.”

Likewise, by bringing ideas and insights together, Bobbi was able to create a new strand for his mental health space that supported individuals to gain employment whilst

simultaneously bringing much needed funds into the centre: “The idea of the [Social Enterprise], there was actually a very successful [Social Enterprise] down the road called [Name]. So I went to talk to the guy who ran it and got talking to him and it really sounded like something that we should do because it was about working with your hands. It was satisfying. The product, it was a quality product. There were genuine routes to employment. It was a sociable activity. It was harking back to the crafts, the traditional crafts that so much of has disappeared in a way to make a living from that.”

Erik gained insight into what care for mental health professionals can look like, from his job based in a GP Practice. He reflected on his position inhabiting both sides of his work and how he could apply best practice support where it was lacking for freelance artists working in mental health: “I don't think I would be doing that if I wasn't also an artist because in my role at [job]. If I get distressed, I can just walk downstairs and talk to one of the GPs that I really like and she's one of our trustees. I have had a panic attack at work, and she was like, ‘Okay, let's go and sit down and chat things through.’ But as a freelancer, what kind of support do you normally get? That's not normally there. So I think there's like a stepping stone that's like me as an artist discovering the arts and how that's helped me, then I'm in a role commissioning artists, and I often think about what do I need when I'm working on projects?”

5.7.3 Theme 3, subtheme 3: I've got an entrepreneurial mindset

"I was secretly an entrepreneur. I always have been. I didn't know it. I wouldn't have named it, but it was an aim of mine to be an entrepreneur." Jane

Central to the participants' motivations was a shared passion for being the instigator, the person at the centre of things, managing, organising, taking the initiative and holding risk. Having an entrepreneurial mindset enabled them to shift their ideas into action and gave them the energy to make things happen. They acknowledge mental health professionals often find business and money a bit "grubby" as Angela put it. Recognising these two skill sets don't often go hand in hand, the participants appeared to welcome the chance to talk about this side of themselves. Jane captured the mood when she described herself as "secretly an entrepreneur". Implicit in their interviews was the notion that the participants would always be running organisations or businesses in any life they were living, or cause they were following, because their drive for action and enjoyment of the creative process was so important to them. This sub theme is not just about business or money, it is about a creative mindset, self-care and using the resources you have to the benefit of all.

Except for Kay, all the participants expressed an interest in business and entrepreneurialism and explicitly displayed knowledge of finance and funding. They took it seriously, taking action to learn and develop skills. Coral gave an example: "I'm going to the British Library to do a course on setting up a business. I'm doing all the market

research”. Many expressed their enjoyment and spoke freely and with passion about how they got, used and worked with money. However, several participants also acknowledged the discomfort that the mental health and wellness professions seem to carry around money and business and recognised that their ability to embrace it set them apart from others in their field.

While finding her purpose and ability to make positive changes in the world whilst supporting her family, Jane realised how much she enjoyed the entrepreneurial side of things and how this played to her strengths and interests: “I think because I was secretly an entrepreneur. I always have been. I didn't know it. I wouldn't have named it, but it was an aim of mine to be an entrepreneur. And with hindsight, you have so much more understanding of how you maybe always were but, not just named it. So I have that as a skillset and for me, it's a creative outlet to try out different ideas, to see what works.”

The participants were savvy when it came to business, using their knowledge of the environment they were operating in to find creative ways to fund their centres and create sustainable change, even in the face of hardships and additional challenges posed by the pandemic. Even when their centres had charitable status the participants used their entrepreneurial spirit to bring in multiple income streams and champion diversification across the organisation to ensure the longevity of their work. As Bobbi stated when explaining the social enterprise strand of his centre: “We do need a way of being able to sustain ourselves as a charity. In terms of the context with austerity that had been going on for the last 10 years once its last financial crash, and with local

authorities and central government moving charities to operate more like a market place so that's competing with each other and competing for tenders and contracts, that changes the dynamic and the landscape that we're operating in [...] That really was about looking at what was happening around from a business perspective. As I said, I don't go chasing a lot of funding so I had to think about how are we going to bring some money in as well."

This was echoed in Jane's description of surviving recent testing times: "The big learning from Covid is something I guess, business people know anyway, but for you personally to have multiple income streams. You'll never be all you can, you can have one basket that maybe earns the most, but you have other ones as well. And that way you create a bit more security around the level of risks that you're taking... it's a great opportunity to learn and to expand and to diversify. Diversify being the keyword."

Shahzadah also showed how, thanks to her entrepreneurial mindset, she could think about money and business structures, which provided the cushion to continue taking positive action through testing times. Throughout her interview she referred to the journey she'd taken to create her mental health space and the different personal and social angles that have led her there. One step on that journey was how the adaptations they made during Covid built on what they had already learnt through experience about how to structure their organisation to support the individuals working there. Maintaining a focus on the mental health and wellness of both staff and the community remains Shahzadah's priority and it is thanks to her understanding of the value of business,

funding, rigour and infrastructure that she could continue to serve and not just think about it: “We have more funding and we can resource things. So we were able to build so much more, but that [dignity in mental healthcare] lens is there. And also because there's been periods of time where I've been too unwell, or my colleague is a single mum, so, we've already had to know what it means to adapt. So, it wasn't a shock, it was more, how do we do this much more rigorously? It's within our systems and our infrastructure.”

Jane found that many of the therapists she worked with wanted to start private practices in order to make a difference, but lacked the skills or mindset to get started. She therefore set up mentoring for trainee and newly qualified therapists and added workshops and courses to her business. Jane demonstrated a refreshing comfort in her ability to stand as a businesswoman in a mental health space, and observed that her drive for action could help others as well as herself: “in terms of setting up these businesses, I think it's really great to be there for the public. Like you're thinking, let's reach out to all these people, but don't feel shy that you're doing something for yourself as well.”

This also came across when Angela spoke about how using her interest in business to build a life that both helps others and gives her what she needs puts her in a unique position compared to her colleagues. Reflecting on how she notes her colleagues, who have more negative views of business: “I knew that a lot of psychologists, they really don't like it. They find it a bit grubby, they find it uncomfortable.”

Like the other participants, Angela noted how the resistance to prioritise financial and business concerns holds the profession back and challenges her own discomfort to take action where needed: “I see lots of people, especially coming through [Mental Health Space] that have actually been in private practice for quite a while, and they're like, ‘I'm just really unhappy.’ And yet there's so much resistance to changing it. I don't know. I think there's maybe a bit of a belief there that as a mental health professional you should be unhappy. And it took me a while of being out of the NHS, I think, to release from that, to be like, ‘Actually why should I be unhappy? I'm probably a reasonably all right person. I probably deserve to, if I can, have a job that I enjoy.’ Whereas I think that feels very uncomfortable. Even saying it out loud, it is uncomfortable. And I think for a lot of people it's so uncomfortable that they don't allow themselves to think creatively about how they could work in a way that would suit them.”

Whilst Kay said she did not structure her centre as a business and downplayed her strengths, stressing instead that she volunteered her time and using money from her own pocket, in fact her entrepreneurial skills and mindset came through in the ways she spoke about her work, organisation, leadership and risk taking. However, it was clear that the barriers she experienced as a British black woman with ADHD fed into her discomfort about business and money and how she thought about her skills: “I guess part of the issue is massive imposter syndrome. I don't know how to set up a company, or a charity, or a community interest group, or whatever, in order to hold that money, and fearing that it won't be used to the best effect if I did that.”

The participants all saw the power and necessity of money and were realistic about how it can be used for positive change. Making the connection to self-care, Jane, Angela and Erik were all acutely aware how financial constraints can be a pain point in mainstream mental health systems, speaking about how mental health professionals need to think about money and understand its value, in order to support themselves before they can help others. As Jane stated: “it's the airline thing you’ve got to put your own face mask on before you put someone else's on and you can't really function well for other people if we're deprived, or at loss.”

Angela reflected on the balance involved in shaping her work around her life. Through helping others, she learnt she needed to help herself and her family first: “For me, there are financial things. I want to be able to afford for my kids to have swimming lessons. ...And frankly, when I was burning myself out working loads of hours for a private practice where I wasn't charging enough, I actually couldn't afford stuff like that. And I couldn't afford it either if I didn't work. So I think it's important to be in touch with personal motivations, because they do inform the way that you shape your work. And they should do.”

Erik demonstrated a passionate belief in fair play, describing how he stood up for artist’ rights to earn a fair wage so they do not overwork and burn out:

> “Any freelancer can tell you that when, I don't know, when you say, "I charge this per day," and somebody says, "But I'm only asking you to do a two-hour workshop," it's not because it's two hours work. No, that's two hours delivery. But you're also paying for my thinking time, all of the preparation, the endless emails that will no doubt happen. And those hours are just as valuable as the face-to-face time with somebody because life doesn't operate like that. Value is not just in the interactions. It's in all the thoughts and research that go into things. And I think that's the oversight sometimes, is just looking at almost this value of money of how many people are going to benefit from this, how many hours is somebody having face-to-face time, and then looking at the sticker and thinking, "Well, that seems too high." But actually, that larger figure might include all of those conversations with people around what do you need, like in terms of support, before we even start this project. This is what we can offer, is that going to be okay? Is there anything that we can do that doesn't cost money? Might just be spending more time having a debrief afterwards. Those things are, I think, sometimes more important than the delivery because they can impact the delivery of something.”

Helping others in their community learn valuable skills in this area was important to many of the participants. As Jane highlights, despite a deficit of knowledge, these are necessary skills: “One of the most popular things we have is a workshop to help people set up in private practice. It's really popular, really helps new therapists launch their career successfully.”

Understanding money in order to help others was a key facet for all the participants. Coral discussed its importance in the structure of her business:

> “I did look at all of those things when I was in the process of setting it up, and I was like, "Should I run a CIC?" And blah-de-blah-de-blah, and it did come up, and I thought... I chatted to a few people and they said there's a lot more kind of stuff that you have to get signed off and done. If you need to move quickly, it's not the way to go. But for me, then, it was all about the corporate social responsibility, and just building that into the business. And it's a nice feeling to know that, ‘Right, the more money that we make as business, the more we can put into those positive causes and community and free events’. So it's another incentive when the chips are down, is knowing that, ‘Okay, this is not just... It's the big picture…. then there's private hire’. So for me, this is all about the money, but this is what facilitates being able to do other things that give back. So whether you wanted to do wine tasting, or any kind of malarkey, you could book [the space] and we'd facilitate it, and then I would take money from that booking to put into a pot, to help us run more give back, free events. The community-based stuff.”

The idea of using money to do good was key to the participants' ability to make things happen and create spaces for mental health and wellness. The participants demonstrated a clear sense of how money could be a tool to help them take action and

affect positive change. Angela summed up how the structure of her business enables her to support the people who she feels need it most, using a technique called “Robin Hooding”. This method, which she learnt in a social entrepreneurship course involves using money earned working with corporations to create products and services to help others: “I don't feel bad at all about getting people to pay me high fees who can pay them. I've just got plans for the people that can't.”

5.8 Summary of findings

Three themes were constructed in this research. All three felt interconnected but were able to stand alone to provide important insights to answer the research question.

The first: “Who I am dictates what I do” was about our human need for connection and meaning and how this shapes identity which is reinforced by our experiences. The participants described similar experiences of difference and difficulty in their lives, which they used to develop coping strategies which ultimately gave them skills, identity and purpose to help others within their community groups. They found strength and fulfilment in connecting with other people, describing their work as a gift that gives back as much as it takes.

The second: “My people are suffering” was about embodying and bearing witness to the failings within mental health systems. As insiders to communities that often fit outside of mainstream awareness or provision, the participants expressed the pain that many others can not. Having gone on personal journeys of exploration and reflection, the

participants were experts by experience and used their positions to sit within the discomfort of calling out failings, challenging the problems and fighting for justice.

The third: “I make things happen” was about the point where hope for change meets action. The participants were all change-makers, do-ers and organisers. Intrinsic to their identity was the ability to turn things around, solve problems and organise themselves and others in support of mental health and wellness. Action was an embodied state: the participants used their ability to connect with others to cultivate a sense of safety and belonging which inspired others to follow their lead. In the face of uncomfortable contradictions, painful injustice and additional challenges posed by the pandemic, they forged forward, found solutions and used every aspect of what they had to get what they needed.

The findings were illuminating to me as a researcher and mental health practitioner with an interest in social change. They provided food for thought and resonated with some previously held ideas around purpose and meaning, as well as challenged assumptions around motivations and drive for action and change.

CHAPTER 6: DISCUSSION

6.1 Introduction

In this chapter exploring: “Why do people create spaces to support mental health and wellness”, I will first reflect on the research process and what this project has meant to me. I will then discuss the findings in relation to my personal reflections and the literature review. Finally, I will examine the research’s limitations and its contributions to the field of counselling psychology, and make recommendations for future research and the dissemination of my findings.

Reflexivity on the research process

The parallel process that played out for me as I undertook this research was deeply impacting. I chose the title “Swimming against the tide”; because it felt so apt to everything I was trying to do. I was trying to finish doctoral training that was designed for people who did not think like me. Being dyslexic, I have spent a lifetime swimming against a tide of academia that enticed, interested, and excited me, but kept me permanently in the deep end without the same ability to swim as my peers.

During the process, I became much more aware of my difference as a neurodiverse person and grew fascinated by the impact this difference had on developing my sense of self, purpose, and motivation in connection to the research. I had to think creatively to find ways to access the research process at different times and in different ways. There were many times when I sat at my computer feeling stuck in the face of a daunting and overwhelming task. By thinking differently about the research I was able to engage with it and bring it to life. As explained in the Method section, I did this by using my body,

moving, walking, talking, and listening to the participants' voices. I used the walk back from my children's nursery in the mornings and afternoons to record voice notes to myself as I responded to and reflected on the things the participants had said. I explored connections and themes by talking them through with myself. When I got home I listened back to my recordings and wrote post-it notes to capture the important connections I had made. I moved these notes around to create new connections and build out a story. This experiential, embodied way of engaging with the research was playful and I felt connected to the participants. I used this approach whenever I was stuck and came back to it again in the discussion stage.

Doing this research has been one of the hardest things I've ever had to push myself through. I had a deep interest in the subject and a great desire to do the project and yet the process felt completely inaccessible to me at times. There were many points when I felt I would fail. Many times when I had to stop and come back to the project months later. Many moments when I felt this might be something that other people could achieve, but that it was not for the likes of me. The only things that kept me going were the connections I had within my communities, the people who grounded me, supported me, and made me feel safe: my family and friends, my colleagues and peers, my supervisors, therapists, and the participants in this process whose experiences felt too important to leave in a drawer.

My approach to the research aligns with the exploration of creativity and storytelling as a fundamental mechanism for making sense of experiences and fostering supportive

environments within the mental health and wellness context that I found in the literature (Liu et al., 2020; Worsley, Harrison, & Corcoran, 2021). Both my own research process and the existing literature highlight the role of creativity in problem-solving and self-expression.

In keeping going and connecting more with the participants, I felt less alone in the project. My struggles to contribute gained more purpose and I found new strength and the motivation to finish. I found hope in giving this project life. The participants' testimony gave me a reason to continue. But, ultimately, my reason to keep going, my "why" for this research, was to show my children that we can all do hard things if we find enough meaning and purpose behind it. And I think that is ultimately what my participants expressed too. I felt they all swam against the tide and created their mental health and wellness spaces for their own reasons, but the common themes expressed a deep desire to live their lives on their own terms, fulfilling meaningful dreams for themselves and their people.

6.2 Integration of the findings with my personal reflections and the literature

In this section I will explore the connections and alignments between the literature review and my findings.

6.2.1 Theme 1: Who I am dictates what I do

The findings in this theme align with the suggestion in the literature that an individual's unique life experiences have a profound impact on shaping their identity, and thus their dedication to supporting mental health and wellness. The participants appeared as wildcards, who had to swim against the tide of social expectations to create their mental health and wellness spaces. I will now explore the critical connections between the findings in theme 1 and the literature around the psychology of identity, meaning and purpose.

6.2.1.1 "Wounded Healer" archetype

Both my findings and the existing literature use the concept of the "wounded healer" (Jung, 1951; Adams, 2013) as a starting point for understanding how personal suffering can shape identity and the drive to create mental health spaces. Participants drew on experiences of their family systems and backgrounds to inform their spaces. This directly relates to the literature on therapists' histories, which often involve childhood grief, neglect, and loss. This motivation extends beyond therapists to other individuals in mental health spaces, challenging conventional notions of who can offer help. For example, Jane spoke about how her family's unresolved anger and her own struggles with self-criticism shaped her into a therapist: "And so helping people find peace, because of the things that I struggled with… So, not wanting people to suffer in the same way I would do…" Likewise, Erik demonstrated this by saying: "the arts, for me, have been a lifesaver. So it's all built on... In fact, the foundation is all built on that. So

from the very beginning, with my own difficulties, using photography to kind of understand and process things, and then as I've gotten better or more well, the drive to support others to have that same journey."

I found interesting parallels between the wounded healer content and my own experiences. However, I was surprised that the participants' motivations did not derive solely from this archetype. I had assumed that people dedicating their lives to mental health would be suffering from unhealed wounds, or at least that their wounds would govern their decisions. I thought perhaps that they would be enacting a form of self-healing through the work. I assumed that they would spend a lot of time and energy in the interview explaining their experiences, justifying what happened to them and showing how much it meant. My assumption was that the stories would be rich with trauma narratives and pain, that would become a powerful theme in the analysis. However, they were not stuck in their trauma, nor did they rehash old wounds. The participants were standing in their power and spoke of how their experiences informed their choices. I found this empowering and inspiring.

The participants' understanding of their pain was inside-out and reflexive: it was their lived experience, which they had explored and understood. The impact of these experiences was varied, but there were common themes of marginalisation and struggle that heightened their awareness of inner life. This prompted a desire to heal themselves and then others to create some meaning from the suffering.

6.2.1.2 Transformation of trauma into purpose

The literature emphasises the idea of people transforming their personal struggles and trauma into something meaningful through their work in mental health spaces. As Marie Adams has said: “it is not so much that we have struggled at times in our lives, usually early in our history, but how we transform that archaic trauma and distress into something meaningful for ourselves through working as therapists” (Adams, 2013, p. 75). This notion aligns with my findings, as participants expressed how their suffering had taken them where they were, but that it was not the focus of their story. They had processed their suffering and were focussed on the meaning they could make from it. The common language the participants used was forward-facing. Jane spoke of not wanting other people to suffer in the same way that she had; Erik described how the arts had been a “lifesaver” during his difficulties and how he wanted to share that with others; Coral reflected that it wasn’t just her, but that all women that needed this kind of help; Shahzadah linked her early experiences with family members in healthcare settings to her motivation to dignify life; whilst Angela questioned the mental health treatment that her family members had received in order to find fresh answers and avenues of support. In all cases, past experience shaped their sense of meaning and motivation to create mental health and wellness spaces. As Kay stated: “Somehow, I don't know how, I'm still alive, and I just feel like there has to be a meaning for it.”

6.2.1.3 Recognition of difference and difficulty in identity formation

Expressions of difference, difficulty, and diversity in early life formed a strong sub-theme that resonated across the participants. The literature highlights the intersectionality of identity – including aspects of gender, race, and neurodiversity – in recognising mental health spaces cannot work as a one-size-fits-all approach (Nazroo, Bhui & Rhodes, 2020). It discusses the potential pitfalls in the creation of mental health spaces, such as essentialising diverse experiences under a singular narrative (Ventriglio et al., 2021). This aligns with the participants' emphasis on understanding how their unique challenges, experiences, and identities shaped their mental health spaces. Many participants shared the experience of difference by birth, be that Shahzadah's "growing up in a marginalised community"; Angela's sense that she was not from the same intellectual or financial background as her peers; or Kay realising the impact of her previously undiagnosed ADHD, and the "series of racial awakenings" that helped her understand key aspects of her experience. In all cases, whether or not their difference was visible, they embodied and embraced it. Bobbi's reflections capture this sentiment of being a part of something, but not quite fitting in: "I'm someone who's grown up in this country but I'm always being a bit of a misfit and I'm different and so I have that experience of being outside as well as inside."

The literature highlights that individuals who create mental health spaces embrace their uniqueness and are willing to challenge norms (Wada et al., 2019). This wildcard trait is particularly evident in the participants' self-awareness of how they think, feel, and behave within their mental health spaces. This was implicit in the language they used or reported others using to describe them, such as "misfit" (Bobbi), "quite rebellious"

(Bobbi) or “weird” (Erik). The ability to swim against the tide and create unconventional, non-competitive, and supportive mental health spaces was plain.

6.2.1.4 Fluidity of identity and meaning

Both the literature and the findings recognise that identity and meaning are dynamic. The literature suggests that mental health spaces must evolve to accommodate shifting identities and the meanings people attribute to their experiences (Kohrt et al., 2020). In the findings, participants like Kay acknowledge how the evolving nature of their identities and interests influences the types of spaces they create: “Setting up an organisation ties me down. Maybe I have commitment issues. It just ties me down to a specific purpose when I have so many different interests and so many different things that I want to be doing.”

6.2.1.5 Connection, meaning-making and self-care

The literature underscores the role of connection and meaning-making in mental health spaces. It suggests individuals are drawn to create these spaces because of their fundamental need for connection and the opportunity to derive meaning from shared experiences (Bager-Charleson, 2018; Callaghan et al., 2021). My findings support this by showing how the participants find purpose and personal fulfilment in helping others. Participants spoke passionately about the meaning and value this work brought to their lives, which they related to connecting with others as well as notions of self-care. As Jane stated: “If you have a personal driver to look after yourself and provide for your

family, that sits, I think absolutely without conflict, alongside being altruistic and doing something for a community". Ideas of being motivated to get out of bed in the morning, playing to personal strengths, making business connections, and financially providing for themselves and their families went hand in hand with the participants' views of making real and tangible differences in other people's lives. I found these ideas liberating.

There is a sense within therapeutic communities that helping others must be a sacrifice. The lack of financial resources allocated across healthcare settings and the often-charitable status of these professions all contributes to the view that to help is to suffer. In my experience as a trainee counselling psychologist, the placements where I learned the craft were all charitable foundations, funded through donations, and low-cost care, serviced by trainees who not only donated their time, but also paid training and placement fees.

The participants' candour about how creating spaces for mental health and wellness brought value to their lives, turns these ideas of sacrifice and suffering on their heads. However they thought about the personal gains – financial in some cases, opportunity in others – the idea of reinforcement through work was universal. Their sense of identity was fuelled by – and for – their spaces and the energy with which they spoke about their work conveyed a deep sense of love and gratitude. Their sense that this work was a gift to treasure and nurture, in order to pay it forward was a powerful thread. Shahzadah described her work as "a dream job", Bobbi felt "lucky" to be a "custodian" of

the mental health space and Kay described her “breakdown” as “an initiation into what my purpose was”.

In summary, Theme 1 aligns with the existing literature on the intersection of personal identity, meaning, and purpose in shaping mental health and wellness spaces. It showcases how participants embodied the wildcard spirit, swimming against the tide by embracing difference, and gaining meaning from the conversion of suffering into purpose. It underscores the transformative potential of personal journeys and an individual’s capacity to bring about healing both for themselves and others through meaningful work.

6.2.2 Theme 2: My people are suffering

In Theme 2, the participants once again demonstrate their wildcard nature, challenging conventional mental health norms and swimming against the tide of societal expectations. This theme resonates with the literature review, emphasising the collective efforts to challenge traditions, address overlooked and marginalised perspectives and respond proactively to the failures of existing mental health provision.

The participants' passionate voices and unwavering dedication to their communities give this theme the energy of a rallying cry. As insiders in their own communities, they serve as witnesses to hidden problems that otherwise remain unnoticed. They boldly call out the shortcomings of mental health support systems, demonstrating their commitment to justice and change. Their narrative revolves around the profound

essence of humanity, acknowledging the pain inflicted by fellow humans – often unknowingly – and the importance of helping each other find new paths toward healing. Their stories prompted deep reflection within me about the larger systems in which we all participate and the necessity of providing genuinely inclusive and effective care.

6.2.2.1 Challenging expected norms

The participants challenge expected norms in several ways. They possess trauma-informed views of humanity, recognising the intricate nature of individuals' subjective experiences. They reject the notion of fitting complex human experiences into oversimplified boxes, contrary to mainstream one-size-fits-all approaches. Bobbi summed this up: “I think humans and human life and community is rich and we're so stopped from being who we are and being our normal selves.” This refusal to conform aligns with the literature on stigma and mental health, in which individuals challenge the societal pressures that stigmatise mental health and vulnerability (Adams, 2013; Wada et al., 2019). The participants redefine their own narratives, challenge prevailing norms, and construct alternative meanings for their struggles.

Their wildcard nature becomes evident in their fearless challenge to the status quo. They normalise terms like "mental health," confront stigmas, and openly discuss their experiences, even addressing their own fears of seeking help due to societal stigma. For example, Angela’s reflection on the impact her earlier fear of seeking help due to stigma had: "I had been convinced that if I spoke to my GP about [my mental health],

they would ship me off, the men in white coats would come, and I'd never be allowed to go to university."

The participants also emphasise the importance of supporting mental health professionals in their emotional labour, breaking the stigma of professional vulnerability in their field. They challenged the stigma of being vulnerable as a professional (Adams, 2013) and acknowledging the humanity and needs of helpers. This is illustrated by Erik's statement: "The rate of burnout is so high, and it's because people are not getting the right support that they need in order to actually do their job."

Additionally, the participants highlight knowledge gaps and the need to understand differences in biological and mental makeup (Coral). They stress the harm caused by not taking the time to reflect, emphasising the importance of "fallow periods" (Erik) for systems to learn from the experiences of those involved.

6.2.2.2 Overlooked and marginalised perspectives

This theme also underscores overlooked and marginalised perspectives within mental health literature. Historical marginalisation of minority populations (Calabrese et al., 2015; Hensel et al., 2019; Schueller et al., 2019), the pathologisation of neurodivergent conditions (Blackwell, Haberstroh & Sandberg, 2020), and the disproportionate impact of medicalisation on minority communities (Clark, 2014) all resonate with the participants' experiences. They discuss how their communities face barriers, including "violence" and stigmatisation, and how certain mental health issues are favoured within

mainstream systems. They illustrate how society views and supports mental illness differently, depending on the nature of the condition.

I saw this playing out on a national level in my work running mental health anti-stigma campaigns. There was a divide between mental illnesses that garners help and sympathy, such as depression and anxiety, versus illnesses that presented with less favourable behaviours like addiction. The latter could not be spoken of in the same space and was separated by legal issues and a sense that somehow people with these conditions brought it upon themselves. Kay eloquently called this out when she described the devastating harm these attitudes can have on communities, where addiction services are pushed to the side-lines and do not have space for the complexities at play, or provide space for people needing this help to feel seen and safe: “I don't want anyone, any other black woman, to experience what I've experienced, which is going into the room and not seeing black people in there... So many people of colour walk into those rooms and then turn around and leave, and then end up dying as a result of their addiction.”

The participants actively work to provide culturally competent care, a concept emphasised in the literature (Cho, Crenshaw & McCall, 2013). They create alternative mental health spaces tailored to the unique needs of their communities. They critique mainstream services for failing to acknowledge and address cultural and racial differences and highlight the need for trauma-informed and culturally competent care.

As Kay said: “the mental health system... not only is it not trauma informed, it's not culturally competent.”

The participants' identified the failure of existing structures to acknowledge and address diverse perspectives, in Shahzadah's description of inadequate mental health spaces for her community for example. They spoke of the importance of being inside their communities and having experience with the things their communities faced. They knew the problems because they had lived them. They did not sit outside and try to fix something that belonged to others, instead they walked alongside their communities. From Jane’s anti-stigma work around the term “mental health”, to Bobbi’s “battle” with the disconnections, dissociations, and distrust towards healthcare services he finds in his communities, the participants all shared strong views about “The System’s” failure to help.

Kay's example of the requirement for credentials to lead a hiking group serves as a powerful illustration of the overemphasis on traditional academic credentials and the costly processes of validation. This inadvertently perpetuates a system that excludes minority, underprivileged, and neurodivergent groups. Whilst recognising the importance of credentials, Kay drew attention to how this singular way of validating qualifications restricts access and inadvertently excludes people from minority backgrounds, those with limited financial resources, and neurodivergent individuals who may not have followed traditional academic paths. This exclusionary approach compounds the trauma for these marginalised groups by denying them access to services that might better

align with their specific needs. This emphasis on traditional qualifications perpetuates a one-size-fits-all approach, ultimately excluding those whose experiences and expertise could offer valuable contributions to the field.

6.2.2.3 Proactive response to failures:

Theme 2 underscores how the participants truly embody the nature of a wildcard who swims against the tide of the mental health system. Their proactive responses to the failures of existing structures demonstrate their unwavering commitment to challenging the status quo and creating alternative mental health spaces that better address the unique and often overlooked needs of their communities.

As highlighted in the literature, the creation of these alternative spaces is a direct response to the inadequacies and exclusivity of mainstream mental health approaches (Rousseau and Frounfelker, 2019). Participants such as Bobbi, who battles the stigma and disadvantages faced by his community, or Shahzadah, who points out the inadequacy and racism in existing support spaces, actively challenge “The System”. They do not shy away from calling out the failures and shortcomings within the mental health systems, even when it means addressing issues as severe as racism and violence. All the participants spoke passionately about the failings of the mental health systems, from how the ways people think and feel about mental health services can prevent access to support, to how – in extreme cases – accessing support can lead to greater suffering. For example, Shahzadah encapsulated this by saying: “A lot of the spaces that they might go to access support, were inadequate or racist.”

This proactive response is driven by the participants' deep sense of empathy and connection to their communities. They serve as witnesses to the suffering experienced by those who often go unnoticed or unsupported within the mainstream mental health framework. Their alternative mental health spaces are not solely focused on achieving measurable improvements or recoveries, as is often required for mainstream funding. Instead, these spaces prioritise connection, understanding, and the validation of individuals' experiences, aiming to bridge gaps and provide genuine support.

In summary, Theme 2 aligns with the literature to reveal how the participants challenge traditional norms, champion overlooked perspectives, and actively work to bridge the gaps in mental health provision. Their commitment to their communities and their holistic approach to healing sets them apart as powerful agents of change.

6.3 Theme 3: I make things happen

The findings in Theme 3 align with the literature review to explore the interplay between social entrepreneurship, counselling psychology, and motivation in the literature review. This theme underscores the participants' common ground as wildcards who swim against the tide by taking meaningful actions to create change, moving beyond merely reflecting on making a difference. Eschewing conventional approaches, these individuals defy the status quo and challenge existing mental health and wellness norms. They epitomise a unique breed of entrepreneurs who prioritise purpose-driven actions, collaboration, ethical considerations, financial sustainability, and

entrepreneurial motivation. Their collective spirit can be encapsulated by Erik's declaration: "I'm a do-er." In a world often characterised by complacency, these participants exhibit a relentless drive. This theme delves into their extraordinary commitment to this cause, reflecting the literature's discussion of the motivations behind the creation of mental health and wellness spaces.

I was impacted by the way the participants spoke about their experiences and their ability to keep a forward focus when pain and trauma might have pulled them back. What stands out in this theme is the participants' ability to maintain an unwavering focus on their goals and to draw inspiration from adversity, demonstrating their wildcard nature and ability to swim against the tide. Kay's statement: "I'm more focused on providing spaces for black women to heal and grow, and to transmute their suffering into gold" summed this up. Likewise, the way Shahzadah reflected on "the beauty of sickness"; her ability to "live with sickness and not in spite of it" was inspirational at a time when it would have been easy to lose hope. The participants embodied what it meant to have hope and keep hold of it, to nurture it and work with it, when all else felt stacked against them. This section will explore how Theme 3 aligns with literature regarding purpose-driven actions, collaboration, ethical considerations, and financial sustainability and entrepreneurial motivation, to demonstrate how these wildcards stand out in their field by challenging conventions and forging innovative paths toward transformative change.

6.3.1.1 Purpose-driven action

The participants in Theme 3 collectively embody the spirit of purpose-driven action. Their commitment to creating change in the field of mental health and wellness is evident in their relentless pursuit of their goals. Human agency, a key construct in the literature, is at the intersection of social entrepreneurship and counselling psychology (Fishbach, 2022). It represents an individual's capacity to act independently make choices within their social and cultural environment. The participants in Theme 3 epitomise strong human agency as they are all driven by a profound sense of purpose, a motivating force behind their efforts to address mental health challenges and make a positive impact.

For me this links to how the participants demonstrated their abilities to be creative problem solvers. They thought in a different way. They allowed themselves to have space without judgement and considered all aspects of their lives. They brought people and things together. They connected past and present. They integrated online and in-person services. They allowed themselves to see what they could see and were not restricted by what others thought. They were faced with problems, but they were able to see beyond that and imagine other possibilities. For me this was best summed up in Shahzadah's example of building consent classes through cookery. Seemingly there was no way to reach and work with these vulnerable women – but they found a way. This was an access point, a creative solution to something that others would have given up on. Likewise, Bobbi saw the positives in being decommissioned; when others would have faltered, he was able to find opportunity. This spirit is also demonstrated in their acknowledgement of their own needs. For example, Angela's dedication to her work and

family showcases how human agency drives her actions: "I want to be able to afford for my kids to have swimming lessons... it's important to be in touch with personal motivations because they do inform the way that you shape your work."

6.3.1.2 Collaboration

The participants place a strong emphasis on collaboration, recognising the pivotal role of social networks in their mental health and wellness spaces. The literature underscores the significance of social networks in social entrepreneurship, with Dufays and Huybrechts (2014) highlighting their role in shaping the trajectory of social entrepreneurship initiatives. This emerged in the findings in the participants' demonstration of their natural proclivity towards creating connections and fostering collaborations. They use their social networks as potent tools to drive positive change within their mental health and wellness spaces and in their communities. The participants understood the importance of their networks, allowing themselves to learn from the people and influences around them. Angela emphasised the importance of networking when discussing her career shift: "It's about connections... meeting people in person, and networking with them." Erik actively builds relationships within the artistic community: "We do get together, you know, as a wider group, as a wider community, and talk about how we do things, how we're planning to approach it." Jane sets up mentoring programs for therapists, highlighting the importance of networking to support others in their career development. These participants leverage their social networks as potent tools for driving positive change.

6.3.1.3 Ethical considerations

While not explicitly addressed in the findings, the participants' actions and mindset suggest a strong commitment to ethical considerations. The literature review delves into the ‘dark side’ traits such as opportunism and narcissism present in some social entrepreneurs, which can have detrimental interpersonal and ethical consequences. The participants' emphasis on collaboration, community support, and ethical conduct signifies their vigilance in avoiding these potential negative consequences. They exhibit a collective commitment to ethical and collaborative practices, reinforcing the notion that they actively work to prevent ethical dilemmas and prioritise ethical conduct in their mental health and wellness spaces. This aligns with the literature's discussions of ethical considerations in mental health-focused social entrepreneurship such as privacy, consent, and avoiding exploitation of vulnerable populations (Worsley et al., 2021).

There are many examples of the participants' actions affirming their conscious commitment to ethical behaviour, such as Kay’s focus on inclusivity and healing, and her commitment to creating a safe and inclusive environment; Shahzadah’s innovative approach to consent classes, reflecting her commitment to addressing sensitive topics and providing support for vulnerable people; Angela’s ethical business practices, actively making her services more accessible; Jane’s low cost services to support trainees and the public; Bobbi’s creation of a social enterprise that provides employment whilst generating funds to support talking therapies; Erik’s recognition of the lack of support for freelance artists working in mental health and his attempt to bridge the gap; Coral’s community café to connect her work with the diverse community.

6.3.1.4 Financial sustainability and entrepreneurial motivation

The participants are acutely aware of the importance of financial sustainability in their mental health and wellness spaces. They share an enjoyment in diversifying income streams and understanding and working with money (except for Kay who stayed away from the financial aspects but displayed all the same organisational and entrepreneurial skills and interests). This aligns with the literature's emphasis on sustainable funding as a critical concern in mental health-focused social care (White et al., 2021). For example, Bobbi's approach to diversifying income streams and adapting to changes in the funding landscape reflects a commitment to financial sustainability. Angela's acknowledgment of the discomfort that many mental health professionals have regarding business and money highlights a unique perspective on the value of financial knowledge: "I knew that a lot of psychologists, they really don't like it. They find it a bit grubby, they find it uncomfortable." The participants view money as a tool for positive change and actively seek ways to ensure the longevity of their work through creative financial strategies. Their financial acumen is a key aspect of their success in the mental health and wellness space.

Shane, Locke, and Collins (2003) emphasise the role of purpose and commitment in shaping entrepreneurial endeavours. The participants in this theme mirror this motivation, demonstrating a deep commitment to improving mental health and wellness. Their actions are guided by a genuine desire to confront the challenges associated with mental health. This is exemplified by Jane’s realisation of her entrepreneurial mindset

and how this quality empowered her to take action and transform her ideas into reality: "I was secretly an entrepreneur. I always have been. I didn't know it. I wouldn't have named it, but it was an aim of mine to be an entrepreneur."

The entrepreneurial mindset serves as a driving force, empowering the participants to navigate the complex terrain of mental health and wellness, while also actively shaping it. Whether it's Jane's initiative to support therapists, Angela's alignment of business with her altruistic goals, or Bobbi's pragmatic approach to financial sustainability, these individuals embody the wildcard spirit as they make things happen and create spaces for mental health and wellness.

Their profound understanding of money's power to effect positive change, their commitment to ethical conduct, and their collaborative approach collectively highlight the transformative potential of their actions within the field of mental health and wellness. These individuals are not just swimming against the tide; they are actively steering the course, and in doing so, they are forging new horizons for mental health and wellness spaces.

In summary, Theme 3, unearths the dynamic interplay between social entrepreneurship, counselling psychology, and entrepreneurial motivation within the context of mental health and wellness. The participants are wildcards swimming against the tide by embodying purpose-driven action, collaboration, ethical considerations, and financial sustainability.

6.4 Conclusion

This research sought to find connections, joins dots and bring ideas together to answer the question: “Why do people create spaces to support mental health and wellness spaces?” Each participant brought a story of personal experience, and I did my best to reflect, find themes and bring cohesion and meaning to their words. The result, I hope, is one of rich insight and something that the reader can reflect on. It is subjective. There are no universal truths here. However, it is of value because it is story of hope over pain, of people, space and time, and of finding ways to cope with what it means to be human.

6.5 Research limitations

My research paradigm and related decisions around stance, method, and methodology allowed me to centre my subjectivity and embrace Braun and Clarke’s “messiness of real life” (2013). However, a fair critique here is that this imposed limitations on my ability to replicate and extrapolate my findings. That said, it is essential to recognise that this subjective approach brings a unique richness to the interpretation, connections, and reflections that constitute my research, aligning with my aims and intentions and research position that knowledge is socially constructed.

As is the nature of reflexive thematic analysis, this study had a small and purposefully selected sample who are not representative of the entire population of founders and

directors of mental health and wellness spaces across the nation. Whilst an effort was made to select a diverse range of participants, the narratives, reflections, and, ultimately, the themes constructed, could not capture the full spectrum of experiences and types of spaces available. For example, I did not interview anyone who created a space for an LGBTQ+ community, or who operated within contemporary online platforms like TikTok.

It is important to acknowledge that the limitations associated with my research methodology extend beyond the sample size. The inherently subjective nature of my approach means that the findings cannot be easily generalised or extrapolated to broader populations. Consequently, it is essential to approach this research with caution and recognise its unique value as one piece of a larger puzzle. General claims cannot be derived from these findings, and my work should be understood for what it is: a singular contribution generated by one person's perspective.

6.6 Contribution to the field of counselling psychology

This project makes a significant contribution to the existing body of knowledge in the field of counselling psychology. Its primary aim is to extend understanding of people's motivations to create mental health and wellness spaces, challenge conventional perspectives, and add value through a nuanced examination of the contemporary UK context.

Existing research has primarily focused on the outcomes and efficacy of mental health and wellness spaces (Johnston, Ricciardelli & McKendy, 2022), or the importance of community-driven mental health initiatives and their positive impact on individual well-being (Powell et al., 2019; Wright et al., 2023), neglecting the underlying factors that drive individuals to initiate and sustain such alternative spaces. My thesis fills this research gap by evaluating the motivations and intentions behind the establishment of these spaces, shedding light on the socio-cultural and personal dynamics that influence the founders. By doing so, it not only contributes to a more holistic comprehension of mental health support structures but also challenges prevailing assumptions that often overlook the complexity of people's motives.

Furthermore, this research adds value to the field by focussing specifically on the UK. While existing studies have provided valuable insights into global trends, the UK is a unique socio-cultural landscape. By concentrating on the UK, the research acknowledges the cultural nuances and contextual factors that shape the creation of British mental health and wellness spaces, contributing to a more comprehensive and contextually relevant understanding of the country's mental health landscape.

The research's contribution lies in finding, exploring, and recording commonalities in expressions of lived experience, presented alongside a unique reflexive journey. This adds value to the field of counselling psychology by demonstrating that there are many reasons to create healing spaces, many ways of doing therapy and many ways of conducting research. The captured experiences are intended to inform fellow

practitioners, researchers, and academics, as well as those who have been impacted by mental health problems.

This research demonstrates that mental health professionals have a profound responsibility both to our clients and the broader community. Our roles extend beyond the therapy room, encompassing the advancement of the mental health profession and the transformation of support systems. Based on my findings, I propose the following contribution of practical ideas to empower mental health professionals, and anyone working within the field of counselling psychology, to use to advance the profession.

6.6.1 Embracing personal responsibility and professional growth

As professionals in the mental health field, each of us carries a personal responsibility to contribute to the advancement of our profession and the improvement of mental health and wellness services and systems. Our knowledge is a precious gift, and we must harness it to make a positive impact beyond the confines of therapy rooms. The following practical suggestions are intended to fulfil this responsibility and foster personal and professional growth in the community:

6.6.1.1 Mentorship programs

Establish mentorship programs within the profession in which seasoned professionals guide and support newcomers. Through mentorship, we can pass on valuable experiences, knowledge, and insights, nurturing the growth of the next generation.

6.6.1.2 Facilitate online platforms for collaboration

Develop online platforms or forums that enable professionals to share experiences, exchange ideas, and collaborate across cultures, intersections and generations. These virtual spaces will promote cross-cultural and interdisciplinary collaboration.

6.6.1.3 Integrate an essential curriculum

Design a curriculum that integrates courses on ethics, social responsibility, and professional development right from the beginning of training. This foundational knowledge will instil a sense of responsibility and ethical conduct in emerging professionals.

6.6.1.4 Promote outreach and engagement

Encourage professionals to engage in community outreach to apply their expertise beyond the therapy room. These initiatives will bridge the gap between theory and practice, benefitting underserved communities.

6.6.1.5 Foster connection and meaning

Promote self-reflection and self-awareness as essential components of becoming an effective mental health practitioner. Encourage professionals to explore their own

identities and the impact of their experiences continuously and consider how these aspects influence their work with clients and sense of purpose.

6.6.1.6 Peer support and networking

Develop training programs that emphasise the importance of building meaningful connections with peers. Encourage peer support and networking within the profession to provide practitioners with the strength and fulfilment of connecting with others.

6.6.1.7 Support research and reflection

Encourage mental health practitioners to engage in research that explores the intersection of identity, meaning, and professional practice. Promote reflective practice in which professionals regularly review and learn from their experiences.

6.6.1.8 Share insights and findings

Provide opportunities for mental health professionals to share their research findings and insights with the wider community. This will contribute to the growth and development of the field and foster a culture of continuous improvement.

6.6.2 Advancing social change and activism

In our commitment to promoting social change and activism within the mental health profession, it is important that we equip professionals with the knowledge and skills they need to engage effectively with positive movements. This will not only enrich their

professional journey but also contribute to the positive societal transformation taking place at the intersection of mental health and community well-being. Here are practical suggestions to facilitate this:

6.6.2.1 Incorporate courses on social change and activism

To empower mental health professionals to be active agents of change, I recommend integrating courses on social change and activism into counselling and psychology training and CPD programmes. These courses will provide students with a deep understanding of the principles and strategies behind meaningful social transformation. They will also expose students to various social movements and the impact they have on mental health and wellness, with the aim of providing real-world insights into the intersection of mental health and societal change.

6.6.2.2 Collaborate with external organisations

Forge collaborations with organisations outside the mainstream mental health profession. Offer student placements in these organisations and invite guest speakers from diverse mental health spaces and alternative places. This exposure will broaden students' perspectives and provide valuable real-world experience.

6.6.2.3 Promote action and change-making

Provide training and resources that equip mental health professionals with problem-solving, organising, and leadership skills. Encourage professionals to actively engage in their communities by organising grassroots initiatives that support mental health and wellness.

6.6.2.4 Recognise change-makers

Recognise and celebrate mental health professionals who embody the spirit of change-makers and inspire others to act. Highlighting their contributions will motivate others to follow.

6.6.2.5 Raise awareness of system failings

Create platforms for mental health professionals to share their experiences and insights about systemic failings in the mental health system. Develop advocacy training to empower professionals to campaign for necessary changes and bear witness to systemic problems.

6.6.2.6 Collaborative partnerships

Establish partnerships between mental health organisations and advocacy groups to amplify the voices of those who have undergone personal journeys of exploration and reflection. Collaborative efforts will enhance the collective impact professionals and advocates have in addressing systemic issues.

6.6.3 Enhancing diversity and inclusion

A commitment to diversity and inclusion within the mental health profession is vital to ensure a broad spectrum of voices and experiences is heard and valued. It is therefore necessary to explore alternative pathways that acknowledge expertise and promote access to the profession, regardless of background. Here are some practical suggestions:

6.6.3.1 Alternative routes for demonstrating expertise

To accommodate diverse minds and experiences, I propose exploring alternative routes to establish doctoral authority. In collaboration with professional governing bodies, training institutes and voices of experience, these routes can be developed to include research projects, practical applications, creative expressions, or portfolios of work that showcase expertise beyond traditional written thesis requirements.

6.6.3.2 Advocate for inclusive admissions policies

I believe in advocating for admissions policies that embrace a wider range of experiences and backgrounds, moving beyond solely academic qualifications. This approach will enable individuals from various walks of life with unique perspectives, including neurodiverse thinkers and those with barriers to formal education, to pursue doctoral training without feeling limited by traditional academic expectations.

6.6.3.3 Financial support and scholarships

Develop scholarships and financial support programs so people from diverse and minority backgrounds can access doctoral training. This initiative aims to alleviate the financial barriers that prevent underrepresented groups from pursuing advanced qualifications in mental health.

6.6.3.4 Support networks and safe spaces

Creating support networks and safe spaces within the mental health profession is essential. These spaces will provide underrepresented groups with opportunities to share their experiences, express their challenges, and receive the support they need to thrive in the field.

6.6.4 Enhancing business skills, marketing, and entrepreneurship

In our pursuit of professional growth and improving the services we provide clients, it is essential to address the business aspect of the mental health profession. By doing so, we can empower aspiring mental health professionals to consider alternative career paths while maintaining ethical standards and ensuring public safety. Here are some practical suggestions:

6.6.4.1 Integration into training programs

To equip future mental health practitioners with the necessary skills for success, modules on business skills, marketing, financial management, and entrepreneurship should be integrated into counselling psychology training programs. These modules will provide students with practical knowledge on how to effectively market their services while upholding ethical standards.

6.6.4.2 Continuing professional development (CPD)

Recognising the growing interest in alternative career paths, I recommend offering CPD courses that specifically focus on business skills, marketing, and entrepreneurship. These courses are designed to empower practitioners with the skills required to explore social entrepreneurship and non-traditional roles within the mental health field.

6.6.4.3 Ethical guidelines and collaboration

In collaboration with professional organisations, clear and ethical guidelines for marketing mental health and wellness services should be established in order to ensure public safety while enabling mental health professionals to compete effectively in the contemporary market. By setting ethical standards, we can prevent unqualified individuals from potentially harming the public through misleading marketing practices.

6.6.4.4 Support for non-traditional paths

Lastly, comprehensive resources and guidance on ethical self-promotion and marketing strategies should be provided and tailored to professionals who choose non-traditional career paths. This support will enable mental health practitioners to navigate the complexities of marketing themselves and their services responsibly, ultimately benefiting both professionals and the public they serve.

6.6.5 Summary

These actionable ideas will empower mental health professionals to embrace their identity, advocate for systemic improvements, take meaningful action, and continue their personal and professional growth. By fostering a sense of purpose and meaning within the profession, mental health practitioners can better serve their clients and contribute to positive change in the field.

6.7 Recommendations for future research

The findings of this study not only shed light on the motivations and challenges faced by the creators of mental health and wellness spaces but also pave the way for future research. Researchers can delve deeper into the experiences of mental health professionals who advocate for systemic change and explore the personal and professional hurdles they encounter when challenging systemic problems in counselling psychology.

There is an urgent need for research focusing on intersectionality and diversity within the mental health professions. Investigating how factors such as race, gender, neurotype, and age intersect with professionals' experiences and motivations will provide valuable insights to the field. Strategies promoting diversity and inclusion should be re-examined to ensure that diverse voices and backgrounds are not only valued but also well-represented.

Additionally, researchers should consider examining alternative pathways to professional recognition and authority, particularly for individuals with unique experiences and backgrounds. This area of study has the potential to make the profession more accessible and inclusive.

To broaden our understanding of this area, various research methods might be employed. Participatory Action Research (PAR) offers a means to empower and amplify the voices of these changemakers, allowing for an in-depth examination of their approaches and their ability to inspire others. Case studies could provide an opportunity to explore the specifics of individuals' actions and offer valuable insights for the broader mental health profession.

By addressing these research topics and employing a range of methods, researchers can contribute to the ongoing development of mental health provision and drive positive change within the field of counselling psychology.

6.8 Dissemination

It is my hope that this work will provide insight to fellow practitioners, researchers and students, as well as society at large. I feel it is important to showcase differences within the field whilst also sharing stories of humanity. I will identify journals and conferences to share the work.

In addition, I intend for this work to be accessible to people outside of the academic field, to help challenge mental health stigma and further social change. In parallel to the academic paper, I aim to create an accessible report that could be shared across social-media channels.

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29th June 2020

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Elizabeth Lewis
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Dear Lizz,

Below is the confirmed outcome of your Programme Approval Panel presentation on 19th June 2020.

Elizabeth Lewis
DCPsych Candidate
Candidate No: 23729/M00519299

Research Supervisor: Dr Marie Adams

Project Title: *How do founders/directors of therapy centres reflect on purpose? An Interpretive Phenomenological Analysis.*

Panel:

Dr David Westley (Chair), Middlesex University
Dr Ariana Jordan
Dr Michelle Ruger

Panel Decision: Approved subject to three conditions and with one recommendation.

Strengths: Your proposal presents a valuable and potentially impactful research project that addresses a topic that has not been addressed by much previous research. The panel appreciated the candidate's evident commitment to the topic, her values driven presentation, and her openness to feedback on her proposal.

Conditions:

1. Structure your lit review in a way that builds a rationale for your research. The panel sensed that you wanted to challenge prevailing attitudes and provision towards wellbeing and so you should address this directly in building a rationale that focuses on social and communal needs.

2. Review your research question to ensure that it captures your aims as an activist researcher.

3. Review your research design to ensure that it follows on from your research question and honours the spirit of your inquiry.

Recommendations:

1. There are a range of possibilities for gathering data that speaks to your research question including using focus groups and photo elicitation. Ensure that your method and analytical approach directly follow on from your research aims.

You could take up to six months to make any revisions. The revised work should be submitted initially to your Research Supervisor, and then to the DCPsych Senior Academic Coordinator. *Please note that you need to highlight all amendments in your revised submission.*

Yours sincerely,

Duncan Steed
DCPsych Senior Academic Coordinator
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Elizabeth Amy O'Hara Lewis
Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)
Metanoia Institute

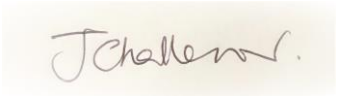
9th September 2020
Ref: 15/19-20

Dear Elizabeth,

Re: Swimming against the tide: Why do people create spaces to support mental health and wellness? A thematic analysis

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as research ethics representative for the DCPsych programme.

Yours sincerely,



Dr Julianna Challenor
Director of Studies DCPsych
Faculty of Post-Qualification and Professional Doctorates

On behalf of Metanoia Research Ethics Committee

Registered in England at the above address No. 2918520

Registered Charity No. 1050175

Doctoral Research Project: Participant Information Sheet / September 2020

Contact: Lizz.Lewis@metanoia.ac.uk

Research title

Swimming against the tide: why do people create spaces to support mental health and wellness? A thematic analysis.

About

I am a UKCP accredited Integrative Psychotherapist and I'm in the process of completing my doctorate in Counselling Psychology. I am conducting research with change makers to examine the motivations behind creating spaces that support mental health and wellness. My hope is that the findings will inspire professionals and practitioners, including myself, to think differently and be bolder in our approach. I envisage this as the first step towards further research into the wider social context around mental health provision and support.

You are invited to take part in this research. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take a moment to read this information and feel free to ask me any questions.

What is the purpose of the study?

The heart of this research lies in my interest in examining lived experience: what motivates people to do what they do? This project is the first step in exploring a wider interest in social change and how in our Western culture, stigma surrounds taking time to reflect on being human. Mental health is mostly thought about only in relation to mental illness.

I believe we need centres for humanity to come together; places and spaces that normalise taking responsibility for emotional wellbeing and make consulting a therapist every day and ordinary. Therefore, my focus for this first stage is to examine the

individuals who are shifting the attention from mental illness and recovery, to mental health and wellness: exploration, sense-making and prevention.

Why have you been chosen?

I have asked you because I feel you are doing something innovative in the mental health and wellness field. I am interested in the change makers, entrepreneurs and therapists who are putting therapy centres on the map, those who are creating spaces and marketing to the masses; business owners, social entrepreneurs and charity founders who are responding to society's evolving needs and doing something positive about it. I am looking for founders and directors of therapy centres to speak to about their experiences.

I am aiming to interview between 5 and 10 people and want participants to cover a range of experience, purpose, interest, innovation, age, gender and ethnicity.

Do you have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are free to withdraw at any time up to analysis, and without giving a reason. If you do decide to withdraw from the study then please inform me as soon as possible, and I will facilitate your withdrawal. Please try to contact me within a month of participating, otherwise your data may already have begun analysis and it won't be possible to withdraw at that point. However, as all data are anonymised, your individual data will not be identifiable in any way.

What will you have to do?

Choosing to take part will involve an online interview that will last no more than an hour and a half. The interview will be open and semi-structured, allowing space and time for

you to talk about your experiences in your own words. Interviews will be recorded and later transcribed. You will be provided with a copy of your transcript to approve. Due to the current Covid-19 pandemic restrictions, interviews will take place online via an encrypted online video-to-video platform like Skype or Zoom.

If you choose to take part in the research, you will be asked to sign a consent form. Your name and specific details about your centre will be anonymised. You are free to withdraw from the research at any time in the process, without giving a reason, up until data analysis.

Please note that to ensure quality assurance and equity, this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

What are the possible benefits of taking part?

I hope that participating in the study will help you. However, this cannot be guaranteed. The information we get from this study may help us to add value to the field of counselling psychology and inform professionals, practitioners and wider society about the issues raised. Your contribution will be part of the longer-term aim to fight stigma and make mental health every day and ordinary.

Possible benefits of participating are entirely subjective, but you may find the interview and research process interesting, cathartic and informative.

Will taking part in this study be kept confidential?

The research team has put a number of procedures in place to protect the confidentiality of participants. You will be allocated a participant code that will always

be used to identify any data you provide. Your name or other personal details will not be associated with your data, for example, the consent form that you sign will be kept separate from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic data will be stored on a password protected computer. All information you provide will be treated in accordance with the UK Data Protection Act.

What will happen to the results of the research study?

The results of this study will be presented at conferences or in journal articles. However, the data will only be used by members of the research team and at no point will your personal information or data be revealed.

Who has reviewed the study?

The study has received full ethical clearance from the Metanoia Institute Research Ethics committee (MREC) who reviewed the study.

Contact for further information

If you require further information, have any questions or would like to withdraw your data then please contact:

Researcher: Lizz Lewis Lizz.Lewis@metanoia.ac.uk
Research supervisor: Dr Marie Adams Marie.adams@metanoia.ac.uk

About the researcher: Lizz Lewis

I am a UKCP accredited psychotherapist, yogini and activist, currently completing doctoral studies in Counselling Psychology. I work in social change to destigmatise

mental health for government campaigns, alongside medium term psychotherapeutic clinical work, specialising in integrating the mind/body system. I have experience on NHS acute psychiatric wards.

I hold Clinical Diplomas in both Integrative Psychotherapy and Integrative Psychodynamic Counselling, a BA in Psychology and Philosophy and MA in Documentary Film, alongside training in coaching, facilitation, yoga and art psychotherapy. I have experience delivering group sessions and one-on-one interviews spanning a range of audiences from mental health service-users to global corporations.

Definition of a therapy centre

I am using 'therapy centre' as a broad term to cover any organisation, hub, business, charity, social enterprise or designated group that provides a way to connect together for healing practices. Prior to the Covid-19 pandemic, I envisioned this being a physical location, but I have extended this definition to cover any means of coming together, to allow for the innovation that has erupted during lockdown. Groups are meeting in nature and in online mass gatherings, therefore, my definition of a 'centre' is of a source of action, influence or intention. This could be a person, thing or group that holds space for healing. The focus for the centre must be on mental health and wellness and can include, but is not limited to: talking therapies, mind/body arts like yoga, creative arts, horticulture, psychoeducational events and workshops.

Equality, diversity and anti-racism

I am aware of my privilege as a white, middle-class female and am committed to ensuring this research does not unconsciously only cover participants that look like me. I am actively recruiting participants to cover a range of different experiences, backgrounds, ethnicities, ages, gender, interests, and sense of purpose. I will hold awareness of diversity across participants in the recruitment process.

Support services

If anything in this research process is triggering for you, here is a list of places you can get support.

In the first instance, always contact your GP for NHS services and referral. If you are in crisis, contact your local crisis team or go to A&E.

Find local crisis support services:
https://www.nhs.uk/Service-Search/Suicide-informationand-support/LocationSearch/329

Whatever you're going through, you can call the Samaritans for free at any time, from any phone on 116 123.

If you're interested in longer term private psychotherapy work, here are some therapy options:

UKCP: https://www.psychotherapy.org.uk/find-a-therapist/
Psychology Today: https://www.psychologytoday.com/gb
Counselling Directory: https://www.counselling-directory.org.uk/

Thank you for taking part in this study. You should keep this participant information sheet as it contains important information and the research teams contact details.

From: Lizz Lewis <lizz.lewis@metanoia.ac.uk>
Sent: 26 February 2021 14:26
To: [redacted]
Subject: Research request

Hi [redacted]

My name is Lizz Lewis and I'm a UKCP qualified psychotherapist, currently doing doctoral research into people who create spaces for mental health and wellness.

I'm so interested in your approach and how you are reaching millions to provide valuable content whilst helping to make mental health every day and ordinary. I would be honoured if you'd be interested in being interviewed for my research to explore your reasons for setting up and developing your communities. My hope is that the research will provide insight and inspiration for the profession and society at large.

Interviews will take around an hour and take place online between March, April and May at a time that suits you. I can provide more information, or set up a call to discuss if you have any questions.

I am looking for:
Founders and directors of therapy centres, communities and approaches (who are responding to society's evolving needs and doing something positive about it) to speak to about their experiences.

I am aiming to interview between 5 and 10 people and want participants to cover a range of experience, purpose, interest, innovation, age, gender and ethnicity.

What is the purpose of the study?
The heart of this research lies in my interest in examining lived experience: what motivates people to do what they do? This project is the first step in exploring a wider interest in social change and how in our Western culture, stigma surrounds taking time to reflect on being human. Mental health is mostly thought about only in relation to mental illness.

I believe we need centres for humanity to come together; places and spaces that normalise taking responsibility for emotional wellbeing and make consulting a therapist every day and ordinary. Therefore, my focus for this first stage is to examine the individuals who are shifting the attention from mental illness and recovery, to mental health and wellness: exploration, sense-making and prevention.

Research title
Swimming against the tide: why do people create spaces to support mental health and wellness? A thematic analysis.

You can read the participant information sheet here for more detail:
https://docs.google.com/document/d/1jiBYsABx9nD8DnsPvYHiQln4NVGRr408XHV44Jgt7E0/edit?usp=sharing

Please let me know if there's anything further you need from me at this stage and how you'd like to proceed.

Many thanks in advance, Lizz

From: Lizz Lewis
Sent: 15 March 2021 14:09
To: [redacted]
Subject: Research Interview Confirmation

Hi [redacted],

I hope you are well. As promised, here is everything you need for our research interview next Tuesday. Feel free to ask any further questions you might have in advance of the interview.

Date: 23rd March 2021
Time: 2.30pm – 4pm (lasting 1 hour, with a spare half hour if needed)
On Zoom – link below and look out for a separate email from Zoom

Next steps:

1. Please review the participant information sheet. This is the same as you have previously seen. It is being provided for your reference if you want to read again.
2. Please read and sign the consent form:
    1. Attached for reference.
    2. The Consent Form will be sent to you in a separate email via SmallPDF.com which allows you to sign digitally. Please look out for the email and follow the steps for initials, questions and signature.
    3. If you prefer, you can print, sign, scan and email back the attached version.
3. If you would like to see the question framework in advance, this is attached for your reference. You do not need to read it or prepare anything. I am sharing it with all participants as some people prefer to see it in advance.
4. Please look out for the Zoom details as a separate email. I have copied the link and details below.
5. On the day: Please find a private space to take the Zoom Video call. I will call you at the appointed time. I will keep track of time to ensure we do not overrun. I will be voice recording the call (I will not be video recording).

ZOOM details

Lizz Lewis is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

https://us04web.zoom.us/j/77838107023?pwd=ZTlqQ1h6NHJxa0tjeEsvRTV0ZDhPQT09

Meeting ID: 778 3810 7023

Passcode: JXkFH6

Many thanks, Lizz

Attached: Participant Information, Consent Form, Research Questions

Research Questions: semi structured interview guide

This is an open framework for the questions that I intend to ask. The specific questions may vary depending on the interpersonal interview process and what emerges in the moment. Before each interview, I will introduce myself and share my 'why': the reasons for doing this research. I'll remind the participant of the purpose of the interview, and answer any questions they might have. Once the interview questions are finished, I will hold space to answer any further questions the participant might have before concluding and ending the interview.

The interview should take approximately one hour. I have allowed an additional half hour to cover questions and as contingency for technical challenges or for any reason that the participant may need to pause or take a break.

PROCESS [before interview starts]

- Thank you for taking the time to do this interview, I really appreciate it.
- Thank you for signing the consent form. As a reminder, I am voice recording this interview and it will be transcribed. I'll send you a copy of the transcription for your reference. As well as a copy of the final project when it is complete.
- This interview will take 1 hour, I'll keep track of the time.
- I'll start by telling you a little bit about why I'm doing this research, and give you space for any questions before we begin. We'll then conduct the interview, where we'll cover 4 key areas:
    - Why the grand vision
    - Why the specific mission
    - Why the particular approach

- Why have you found this as your purpose?
- We'll have space at the end for anything else you want to say.

Do you have any questions about the process before we begin?

My WHY: Why am I doing this research?

- This research is the final project of my doctorate in counselling psychology. I studied for 5 years and qualified as a psychotherapist, along the way, and after various placements and experiences, set up a small private practice offering trauma-informed therapy specialising in the mind-body connection.
- I am really passionate about changing the narrative around mental health and service provision. For the past 5 years I've headed up the social change strategy for Time To Change, a national campaign to destigmatise mental health. The work has been part of a step change in the way mental health is seen and talked about across the nation. But there is still plenty of work to do. And - whilst it's becoming more acceptable for people to acknowledge mental health, people are being let down by the mainstream systems of support, falling through cracks and waiting, sometimes indefinitely for the right support.
- On a personal level, my mum has bipolar so I grew up with a lot of complex mental health issues in family life. I saw how she (and us as a family) were repeatedly let down by 'the system' and I'm left wondering how our lives could have been different if better interventions were available before things escalated in the way that they did.

- I'm aware that the system is often not enough. And I'm really interested in all the other people, such as yourself, who are also aware of what is lacking - and are doing something about it. I want to understand what is happening across a range of different communities and contexts and shine a light on the people, such as yourself, who are doing things differently - in the hope that the therapeutic and psychological professions can learn more about what it takes to make a change.

Research question: Why do people create spaces to support mental health and wellness?

INTRODUCTION [5 mins]

1. The primary research question is **why** do people create spaces to support mental health and wellness? So for the purposes of this research, I am interested in the *why*, not the *what*. Before we delve into your why, please can you briefly summarise what your 'center' is, does and who it is for?
2. In your eyes, how is it different from other services offering similar things?

SOCIAL NEED / VISION [13 mins]

1. Why did you set this up? / Why do you see a need for this? Why this grand vision?

    Prompts:

Research Questions: semi structured interview guide

a. What is the problem/happening in society/your community that you are trying to solve? Why does this problem need to be solved?
b. What need is this work trying to fulfill? / Has the need evolved over time? (esp. In Covid times)

MISSION [13 mins]

1. Why this particular focus?
2. Prompts:
    a. What are you trying to do about [the big problem in society/your community]?
    b. Why you? Why this? Why now?
    c. When/how will you know your work is done? / What will that look like?

APPROACH [13 mins]

1. Why are you doing it in this particular way?
2. Prompts:
    a. Why is this approach the best way to help your specific community/mission?
    b. Why are you using these tools/spaces/approaches?

PERSONAL [13 mins]

1. What happened in your life that led you to do this work?

Research Questions: semi structured interview guide

Prompts:

a. What drove you to do this? What drives you day to day?
b. What gave you this purpose?
c. What took you in this direction personally?
d. Why are you dedicating your life at this point in time, to this?

FINAL POINTS [3 mins]

1. Is there anything else that you'd like to say or share about your 'why' that hasn't already been said?

END OF INTERVIEW - THANK YOU - SPACE FOR ANY QUESTIONS YOU HAVE

CONSENT FORM

Participant Identification Number:
Name of Researcher: Lizz Lewis

Title of Project: *Swimming against the tide:* why do people create spaces to support mental health and wellness? A thematic analysis.

Please initial box

1. I confirm that I have read and understand the information sheet dated September 2020, for the above study and have had the opportunity to ask questions. 1

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without penalty. 2

3. I agree that this form that bears my name and signature may be seen by a designated auditor. 3

4. I understand that my interview will be recorded and subsequently transcribed. 6

7. I agree to take part in the above study. 7

_____ _____ _____
Name of participant Date Signature

_____ _____ _____
Researcher Date Signature

1 copy for participant; 1 copy for researcher;

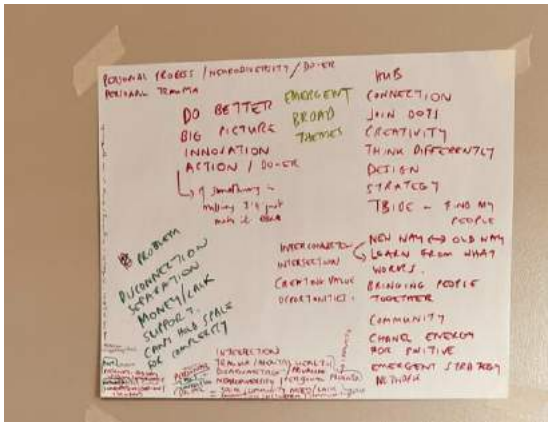
VISUAL JOURNAL: STAGES OF ANALYSIS

These images show a selection from my visual journal, capturing the stages of analysis and writing up. The stages show a linear progression but in reality, my process was a constant back and forth of reflection, revision and refinement between the stages.

Stage 1: Immersing in the data

- Listening and re-listening to the interviews: I often did this while walking home from dropping the kids at nursery (a daily 25 minute walk each way) as I found the movement helped me concentrate and process the information.
- Mindmaps: drawing/scribbling and writing notes on a mindmap for each participant. I did this whilst listening again to each interview. I found if I sat on the floor, or leaned on a surface other than the desk, the key information flowed more easily. I tried to make this as colourful and as free as I could. I didn't worry about making a mess or being tidy with my notes.
- Re-listening to the interviews with the mindmaps stuck on the wall and making additional notes: linking ideas, highlighting information and making connections.
- Walking and recording voice notes as a research journal: reflecting on the data and making broad connections.
- Listening to my voice notes/journal and writing post-it notes: to collect my thoughts and begin developing initial codes. I began placing these post-it notes into broad areas of interest in the room I was working in. I had these as a visual reference to add to, amend, move around and develop as I moved through the analysis process.

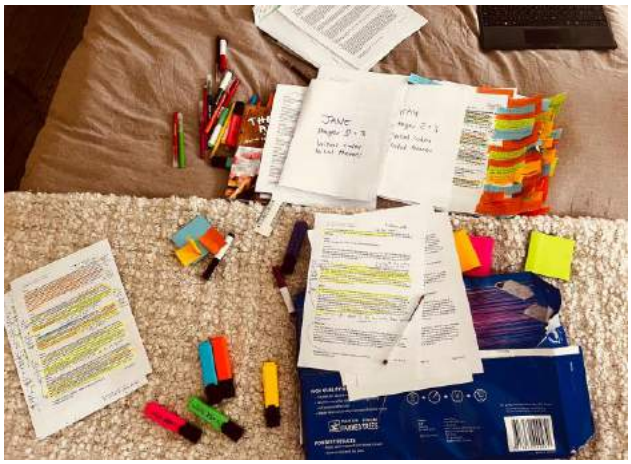
VISUAL JOURNAL: STAGES OF ANALYSIS



VISUAL JOURNAL: STAGES OF ANALYSIS

Stage 2: Initial Coding

- Listening to the recording and reading the transcripts of the interviews at the same time: highlighting, writing notes on the transcripts and writing initial codes.
- Refining, adding and amending post it notes with codes: as I annotated the transcripts with codes, I wrote new codes on post it notes and moved/changed/edited the notes as I went.
- I worked through one participant at a time. I flowed between the transcripts, mindmaps and post-it notes for this stage. I found listening to music without lyrics really helped keep me focussed and aided concentration.

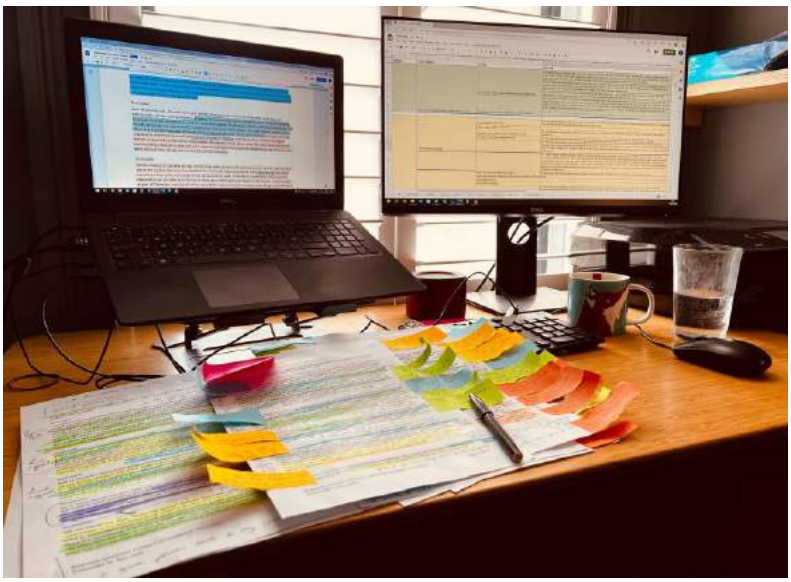


Stage 3: Generating initial themes

- Flowing between transcripts and post it notes: I worked on the floor with the transcripts and standing by the door with my post-it notes. I moved, edited and refined the codes and subthemes.
- I worked through one participant at a time. Working on the transcripts, I used post it notes to mark themes next to the highlighted text. I ripped the post-it notes into strips and hand wrote them every time as I found this tactile process to be immersive and I lost myself in the flow.
- In practice, stages 2 and 3 were very linked. I went back and forth between writing and highlighting the transcripts (stage 2) and sticking post-it note themes over the text (stage 3).

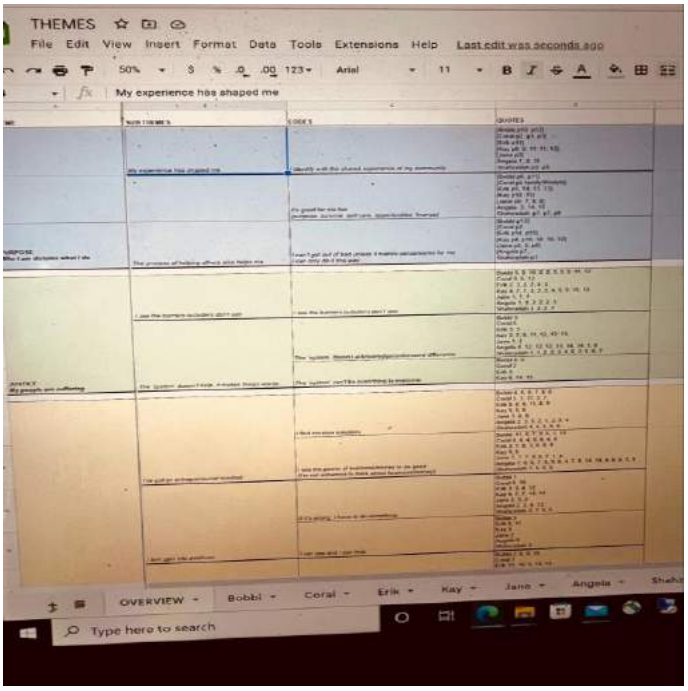
Stage 4: Developing and reviewing themes

- Using two computer screens and pen and paper, I began grouping the codes with supporting quotes into themes and subthemes.
- I set up an excel spreadsheet and colour-coded the broad theme areas. I had separate columns for: Themes, Sub Themes, Codes, Quotes. I used a new tab for each participant. With the transcript on one screen, paper transcript with notes in front of me and the spreadsheet on the other screen, I worked through each participant individually. (I used excel because I know the software well and I like the ability to make it colour coded. I didn't want to add extra stress to my process by trying to learn new software such as Nvivo).
- I began grouping some codes as I went through this stage, because I could see the overlaps more clearly now that I was putting everything into one place. I developed and regrouped the subthemes.
- I saved quotes from the transcripts to evidence the code/subtheme and theme.



Stage 5: Refining, defining and naming themes

- Going back to the post-it notes on the door, I did some final moving, removing and grouping of the sub themes and themes. I also discussed in supervision. At this stage I realised where I had been working on the idea of 4 themes, I actually have 3, as the theme centering around connections theme became a subtheme of the theme centering around action.
- I named the themes in a way that I felt summed up the feeling of the theme best. I kept this as a first person statement (e.g “I make things happen”) to keep the results as alive as the data.
- I went back to the excel spreadsheet and did some final refining and defining across each individual participant.
- I then set up an overview spreadsheet where I brought all the participant data and quotes together, grouped by the final themes.



Stage 6: Writing up the story

- With all my data in order, I felt much clearer and excited about the story that the data could tell.
- On my daily walks I continued to make voice note recordings for my research journal as I processed the themes that had emerged and the story that was unfolding.
- Sitting at my computer, I broke the analysis down into sections by theme and gave myself a word count for each section. I found this sitting at the computer stage to be very hard.
- When I was writing, I listened to the same music I'd played whilst in the initial stages of immersion and I changed the background colour of my word document to the colour of the theme that I was writing.
- On my daily walks I used voice reading software to listen back to what I'd written and continued to record voice notes. I found that I used these walks as ways to refine my thinking, edit what I had written and make new and deeper connections across the data.

Evolving Interest / Need | Emergent / expanding
Exploring / moving / developing / finding / connecting

CENTER
FOR: People of colour / Women
WHAT: Empowering healing, / addiction healing for black women
reclaiming nature + space.
HOW: Black-led community for people of colour to explore nature, justice and land-honouring ancestral traditions.

FEAR for doing this work > lack of representation in our community with black people in these positions. Held back. Not visible.

THE SYSTEM DOESN'T SUPPORT US

I ALWAYS HAD A DESIRE TO HELP PEOPLE REACH THEIR POTENTIAL TO HELP PEOPLE REALISE THEIR INNATE ABILITY.

CONNECT INTO WHAT WAS ALWAYS THERE. OUR ANCESTORS HAD THE SAME QUESTIONS - USE WHAT I KNOW / HAVE.

WHAT IS ACCESSIBLE FOR ME NOW. RESTRICTED BY LACK OF MONEY | CREDENTIALS / CONFIDENCE

SPREAD AND ROOTS ALL OVER THE WORLD / PRESENT - REAL TIME - SMALL - UNLEARNING / EXPERIENCE

FROM WISDOM OF ANCESTORS - IT ALREADY EXISTS - FINDING - LEARNING - SPREADING

NURTURING - CENTERING - HUB - CONNECTIONS - ROOTS

Black
♀ 30-40
KAY
03ARR2

Lack of connection across the main spaces.

Need for specific spaces.

Addiction + pervasive in black communities. No black people in recovery spaces. Black people leave and may feel that I don't fit?

Why do black people recover out loud?

So other black people can find their way?

As a black woman can't afford to take risks. Nothing to fall back on. Need credentials + experience, confidence and money.

I wonder if that's why there is a dearth of support here because our community face these restrictions / barriers.

did it ANYWAY

ISMS / RISKS

ADHD
Things are harder, creating barriers

+ I try to do something different I can't do it.

Internal and external

Experiences of isolation - frustration - rage of those who ...

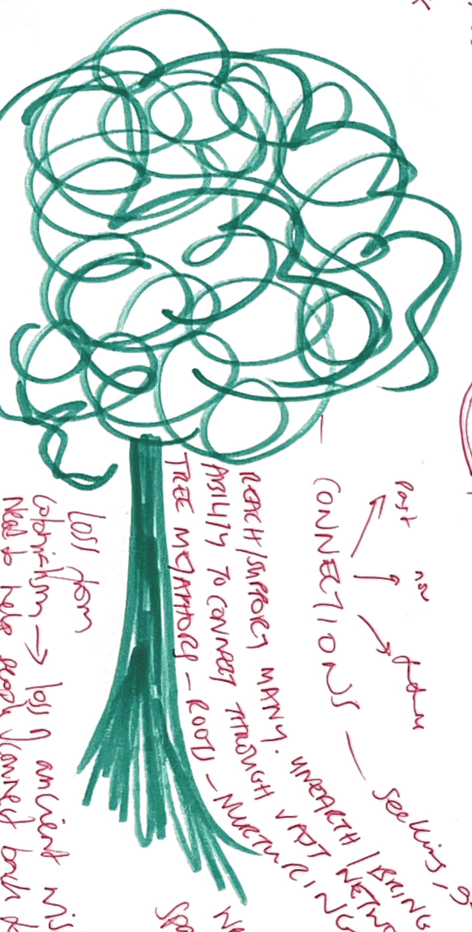
—TRAUMA—
Racial Awakening

Personal Trauma experienced

"Hell hath no fury like a black woman who has become aware of her place in the world."

Anger → turn that into purpose and change.

— channel energy



Mental Health is not system. help people have space to hold the things they need.

CONNECTIONS
past → future

Connections reaching back to the past and forward to the future.

Seeking - growing - bring to the surface

REACH/SUPPORT MANY. UNDERNEATH / ABILITY TO CONNECT THROUGH VAST NETWORKS
TREE METAPHOR - ROOTS - NURTURING

We are of the earth. Spaces outside the system are needed.

Lost from optimism → loss of ancient wisdom. Need to take people back to their own roots.

SPACE TO
— HONOURING PAIN —
enabling people to BE in the world.

Nature is healing

Mental Health system is separated from nature.

Sense of expansion in possibilities — people in our community miss out on this.

KAY

in recovery rooms

Addiction — I think — but about this + how pervasive this is in POC

→ in recovery rooms there are no black people there.

I don't want the black women to experience that — so many people walk into those rooms then walk out and die.

The conversation about MH doesn't address addiction — stigma —

BUT that's how many people's MH manifests itself — addiction.

Personal Drive.

Hold the space of the community

remembering all the people who I've lost

NEED for spaces to experience + process what important

in the rooms.

That helps me address all the different aspects of myself. Can speak about ancestry + spirituality as well.

Still on a journey — But reached a level where I'm able to support people on their journeys.

Ability to meet people where they are.

My experiences have given me greater compassion for the suffering in the world.

How to recover out loud?

in a way that protects anonymity

especially with addiction — Anonymity

PERSONAL WHY

WHAT HAPPENED IN YOUR LIFE?

Always had the desire to help people reach their full potential

this drive determines what I do.

When I try other things I can't linger + do it but content.

Can't get out of bed unless it's this.

I ask myself why are you like this? had to be broken wide open.

I woke up and heard the phrase: I had to be an ecotherapist + help POC heal through the wisdom of our ancestors.

to help people realise their innate healer within them

therapy + coaching helped me find my WHY

there has to be meaning for it

I'm still alive

having survived somehow

I've experienced

humanity's all

Awakening ... the MH system ... just to patch people up + back to work. Important to have space ...

KAY.

Why the approach

using what's available to me.

online.

on Facebook anyway.

everything was moving online anyway COVID.

no funding.

using what is freely available.

Why. in this way

How

no money. free apps.

doing under ... Ignore ... ADHD diagnosis

personal

setting up ...

I wonder if that's why there's a dearth in this area because Black women MUST feel the same.

perhaps for similar reasons why there aren't more

Ashanti traditions in Ghana principles in healing reaching back to the wisdom of our elders.

black only healing groups since the 1940s and people don't know.

to know that. not nec. create something new but reaching back to what has always been there + creating a new iteration of that

there are actual barriers.

BUT YOU DID IT ANYWAY.

you pushed on and in when others couldn't/didn't.

you overcame these barriers and ...

hold tension between

I hold myself back and there are actual barriers (particularly money).

create barriers

massive imposter syndrome

I don't know how to set up a business

massive fear of failure

as a black woman I could afford to take any risk at all.

I don't have anything to fall back on if it all goes belly up.

I don't have the skills

in the Western World you need credentials or you might get in trouble.

you have to prove you are a safe person to hold space.

I don't have that.

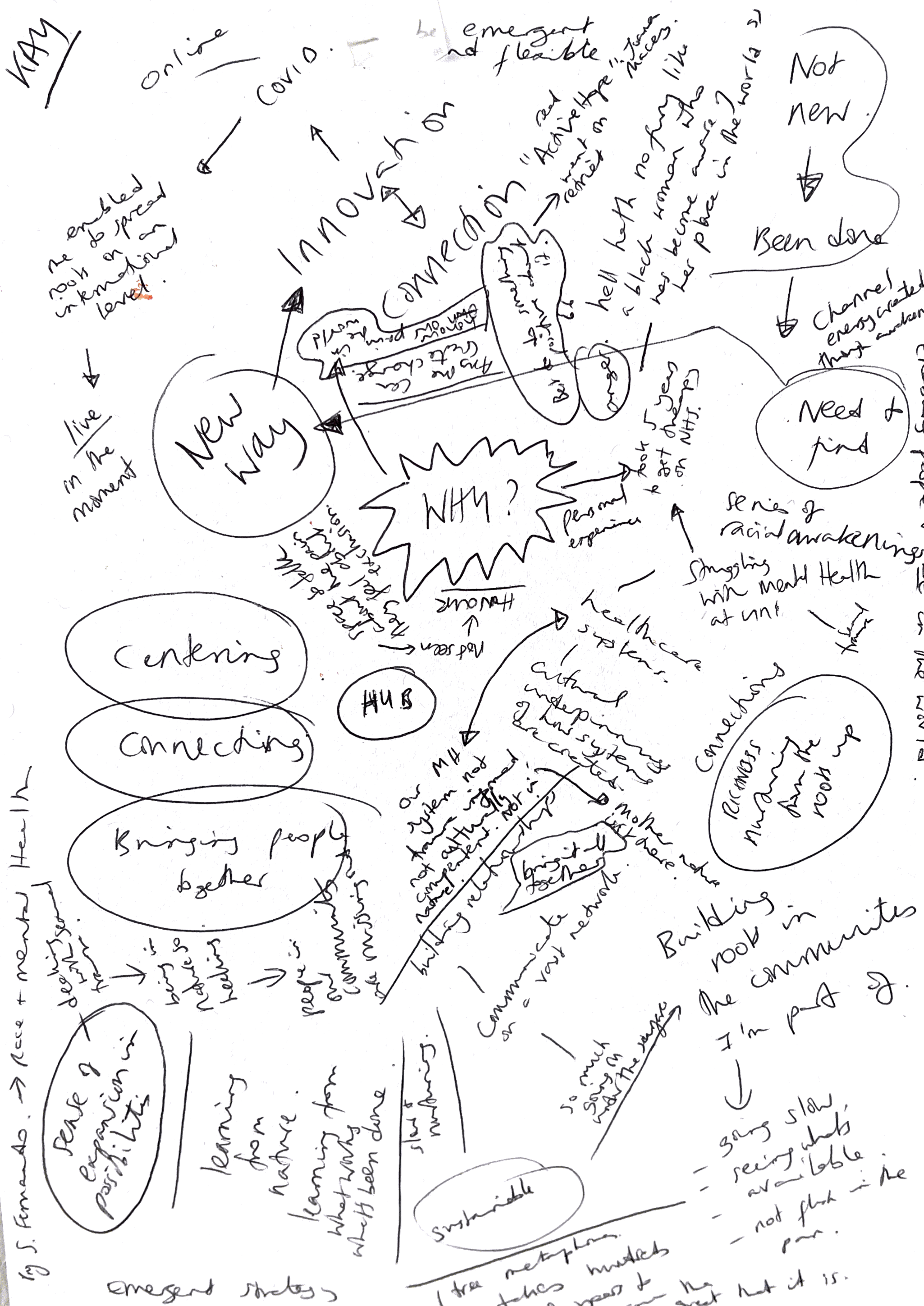
Takes time + money

intersection of trauma, race, neurodiversity and mental health

our ancestors had the same questions

reaching back to the past to find the answers to use again.

connections reaching into the past and the future of where we can take this.



KAY
online
COVID.
emergent and flexible
Not new
Been done
Innovation
Connection
"Activehope" Joanna Macy.
read
went on retreat
hell hath no fury like a black woman who has become aware of her place in the world
we enabled to spread roots on an international level.
live in the moment
New way
channel energy created
Need & find
WHY?
personal experience
took 5 years to get therapy on NHS.
series of racial awakenings
struggling with mental health at uni
healthcare systems.
cultural underpinning of how systems are created.
Centering
Connecting
Bringing people together
HUB
not seen
our MH system not trauma informed not culturally competent. Not in nature.
building relationships
bringing together
Connections
Richness nurturing from the roots up
Building roots in the communities I'm part of.
communicate a vast network
so much going on under the surface
going slow
seeing what's available
not stuck in the past.
sense of expansion in possibilities
learning from nature
learning from what works what's been done
slow & nurturing
sustainable
tree metaphor
emergent strategy
Race + mental health

SELF INTERVIEW QUESTION GUIDE

This is an open framework for the questions that my colleague will ask me. The specific questions may vary depending on the interpersonal interview process and what emerges in the moment. The interview should take approximately one hour.

Research question: Why do people create spaces to support mental health and wellness?

OPENING QUESTION

Why are you doing this research question? What is *your* WHY?

SOCIAL NEED / VISION

1. What is the problem/happening that you are trying to address with this research?

    Prompts:

    a. What need is this work trying to fulfil? / Has the need evolved over time? (esp. In Covid times)
    a. What are you trying to do about [the big problem]?
    b. Why you? Why this? Why now?

PERSONAL

1. What happened in your life that led you to do this work?

    Prompts:

    a. What drove you to do this? What drives you day to day?

b. What gave you this purpose?

c. What took you in this direction personally?

d. Why are you dedicating your life at this point in time, to this?

APPROACH

1. Why are you doing the research in this particular way?

   Prompts:

   a. Why this focus on individual people and lived experience?

   b. Why thematic analysis and not another approach?

CONTRIBUTION TO THE FIELD

1. Why is this research question of interest to the field?

   Prompts:

   c. What do you hope the contribution to counselling psychology will be?

   d. How does this research question contribute to the field?

FINAL POINTS

1. Is there anything else that you'd like to say or share about your 'why' that hasn't already been said?

END OF INTERVIEW - THANK YOU

Research Supervisor Confirmation of Consent

Name of student: Lizz Lewis

Name of research project: Swimming against the tide: Why do people create spaces to support mental health and wellness? A reflexive thematic analysis

This is to verify that as Research Supervisor for the above research project I have seen proof that appropriate consent has been obtained from the participants used in the project.

Supervisor's name: DR MARIE ADAMS

Signature:

Date: 28/12/22