

Report for the Phil Strong Memorial Prize 2009

'Exploring the social conditions of recovery in mental health with Capabilities

Approach: a case study of Chinese living in the UK'

My doctoral research is a qualitative study into the recovery journeys of Chinese people in the UK living with a psychiatric diagnosis. I was grateful to receive the Phil Strong Memorial Prize from the BSA Medical Sociology Group in 2009. In this report, I briefly describe my study and how the Prize was used to enhance this study and my sociological development.

Background of the study

In the UK, 'recovery' becomes a recent discursive feature in policy documents and academic discussion, and is adopted by the government as the 'vision' of mental health services (Department of Health, 2001). The 'Recovery approach' suggests a change in the management philosophy and service delivery from adopting a pessimistic outlook for people to recover from severe mental health problem to one that emphasise hope and quality of life.

Nevertheless, with 'recovery' being a polyvalent concept (Pilgrim 2008), what recovery oriented policies and services entail is highly contested. Although a strong social model, user-centredness, and choices are often cited as the guiding principles by proponents of the Recovery movement (Repper and Perkins, 2003), 'recovery' indicators used by services were often narrowly defined as 'employability' or 'discharge rate' in the UK. This could be experienced by service users as a diminishment of support they need to help

them lead a meaningful life they defined themselves. It is important to problematise such interpretation of 'recovery', especially if we are to respect and foster the diversity of life people have been living or want to live.

In this research, Chinese communities in the UK are chosen as a case study for the above purpose. Chinese communities in UK are relatively 'invisible' in UK literature about mental health. They are regarded as 'hard to reach' or 'self-contained' communities which 'performed well' in health indicators. Chinese people living in UK are often portrayed as a homogenous group living 'independently' who can cope themselves. It is important to give voices to the invisible Chinese mental health service users in the UK and examine their lived experience when accessing their diverse expectations and needs.

'Intersectionality analysis' (e.g. Collins et al, 1995; Anthias, 2006) and Capabilities Approach (CA) (Sen, 1999; Nussbaum, 2000; Hopper, 2007; Davidson, 2009) are adopted to discern the common and different structural barriers and facilitating factors for recovery. Given that a person can be disadvantaged, not just as a member of an ethnic minority and a mental health service user, but also because of gender, age, (physical) disability and sexuality, I will analyse how 'intersectionality' of different power inequalities result in the different challenges that people face.

CA is used as the heuristic framework to evaluate the recovery process because of its emphasis on individual's agency and human diversity. Capabilities in CA are understood as 'substantial freedom'. CA uses what a person is capable to 'do and be' as the evaluative spaces to access quality of life. In this research, I analyse how Chinese service users' capabilities, with (mental) health as one capability, were diminished, and whether throughout the recovery journey the professional or personal supports they receive are capability enhancing or diminishing.

Aims and objectives

This study aims to critically explore the social conditions that facilitate and hinder the recovery of Chinese mental health service users in the UK. Its objectives are:

1. To give voices to Chinese mental health service users in the UK
2. To explore their lived experiences with a focus on 'what they recover from and what they recover in'.
3. To use intersectionality analysis and Capabilities Approach to uncover the hindering and facilitating factors in their recovery journeys, and discuss how different cultural and structural factors constitute these barriers and facilitating conditions.
4. To discuss in what way capabilities approach is useful in informing recovery policy and evaluating recovery.

Methods

In-depth biographical interviews with a focus on (mental) health incidents have been carried out with 22 self-identified Chinese living in the UK. Purposive sampling was used to capture the diversity in Chinese communities. Participants were recruited through Chinese community centres in three cities. Participant observation in the community centres was carried out whenever possible so as to understand the context of the community they live in. Interviews were recorded unless the participants objected and were fully transcribed. Thematic analysis was carried out.

Progress to date

I am currently writing the data chapters. Thematic were grouped according to the different stages of participants' recovery journeys, namely 'pathway to care, 'experience

of psychiatric services and the becoming of a mental patient' and 'living with mental ill-health and a psychiatric history'.

Activities supported by the Prize

The Prize covered two activities. First it paid the registration fees of an International Conference in Hong Kong – 'Conference on Promoting Community Mental Health: Issues, Achievements and Visioning into the Future' (www.mhconference.com). I presented under the sub-theme 'recovery', giving an overview of discussion about 'recovery policies' in the UK and the rationale behind my PhD research. The conference provided a good opportunity to see how mental health was discussed and how mental health related services were configured in different countries. It was clear that the discussion and implementation of recovery-oriented mental health services and policies drew local (Hong Kong) interest and has been gaining momentum in many countries. I hope my research can provide a useful contribution to this discussion.

The second usage, which constitutes the main part of the prize, is to cover expenditure on fieldwork, including my travels to different cities and payments to participants. £15 cash were paid to participants for each interview (maximum two interviews per person) to cover their travel costs as well as an honorarium for their time and valuable contribution. The payment values their time and knowledge. Economic disadvantages may be experienced by people with a diagnosis. The payment enhanced the process of my research as an incentive for recruitment as well as providing the service users involved with an experience which values their expertise and knowledge.