LUND UNIVERSITY

Adding quality to day centre activities for people with psychiatric disabilities: Staff perceptions of an intervention.

Eklund, Mona; Leufstadius, Christel

Link to publication

Adding quality to day centre activities for people with psychiatric disabilities: Staff perceptions of an intervention

Mona Eklund, Professor, Ph.D., Professor, Department of Health Sciences, Lund University, Lund, Sweden

Christel Leufstadius, Ph.D., Assistant Professor, Department of Health Sciences, Lund University, Lund, Sweden

Address for correspondence:

Mona Eklund, Department of Health Sciences, Occupational Therapy and Occupational Science, Lund University, PO Box 157, SE-221 00 Lund, Sweden.

Tel +4646 2221957

Fax +4646 2221959

E-mail: mona.eklund@med.lu.se

Abstract

Aim: To evaluate an intervention aimed at enriching day centres for people with psychiatric disabilities by exploring staff experiences from developing and implementing the intervention.

Method: Each staff group developed a tailor-made intervention plan, following a manual, for how to enrich the day centre. They received supervision and support from the research team. The study was based on focus group interviews with a total of thirteen staff members at four day centres. Narrative analysis with a thematic approach was used. A first round resulted in one narrative per centre. These centre-specific narratives were then integrated into a common narrative that covered all the data.

Results: A core theme emerged; User involvement permeated the implementation process and created empowerment. It embraced four themes forming a timeline: Mix of excitement, worries and hope, Confirmation and development through dialogue, feedback and guidance, The art of integrating new activities and strategies with the old, and Empowerment engendered future aspirations.

Conclusion: The users' involvement and empowerment were central for the staff in accomplishing the desired changes in services, as were their own reflections and learning. A possible factor that may have contributed to the positive outcomes was that those who were central in developing the plan were the same as those who implemented it.

Introduction

Day centres for people with psychiatric disabilities aim to support meaningful and satisfying everyday activity for the target group (1, 2). Personally meaningful and satisfying activities have been shown to be closely and consistently related to health and well-being among people with mental illnesses (3-5), which makes these services an important alternative for support towards maintained or increased subjective health.

Health may be defined in many ways, and the current study employs the perspective proposed by Tengland (6), stating that health means to have developed and be able to use the capacities and dispositions that are mainstream in one's culture, while also experiencing a positive mood. This view on health is highly relevant in the day centre context, with its emphasis on activity and developing attendees' abilities and interests (7).

In Sweden, it is the responsibility of the local authorities to organise and run such centres (8, 9). All of the 290 municipalities in Sweden provide such services, which in most places are run by the local authorities but may also be procured from private actors or user organisations. Although a common practice in Europe (10, 11) and many other Western countries, such as the United States (12), Canada (13) and Australia (14), very little is known about the effectiveness of day centres (15). Comparative studies have indicated, however, that people who attend day centres do not seem to be more satisfied with their everyday activities or perceive better health and well-being than are people with mental illness who do not participate in any structured or regular activities (16, 17). On the other hand, day centres also have unused rehabilitation potential (2), which was the rationale for this project.

The first step of this project was to develop an intervention, aimed at enriching day centres such that they would be perceived as more meaningful by the attendees. The intervention was based on research about what can bring meaning to everyday life for people with psychiatric disabilities (18, 19) and on discussions with a panel of users of psychiatric services, some of whom attended day centres. It was also based on occupational therapy theory and occupational science, which states that activities that are perceived as meaningful by the individual can promote health and well-being (20, 21).

The intervention development

Firstly, attendees and staff in the selected units filled in a questionnaire, the Estimating Perceived Meaningfulness in Day Centres (EPM-DC), which has good psychometric properties and reflects a uniform construct, namely the meaning linked with performing activities in the day centre context (22). It addresses four aspects that characterise day centres' ability to meet needs for meaningful activity; the activities per se (items such as "What I do in the day centre contributes to a feeling of creativity"), possibilities for personal development (e.g. "My participation at the day centre contributes to me getting structure for my day"), the social context (e.g. "What I do together with the others at the day center contributes to a feeling of belonging to a group") and the organization of the day center (e.g. "The organization of the day center gives opportunities for me to participate in the planning of the activities"). The questionnaire was used to illustrate how users and staff perceived the opportunities for users to engage in meaningful occupations in the day centre and to identify possible gaps in the services and goals they wanted to achieve. The results from the EPM-DC survey were thus used to develop the intervention plans, as further described below.

After completion of the EPM-DC survey, the intervention was developed in two stages. The first stage concerned staff education and the second on goal-setting and development of tailor-made strategies for the intervention at each unit. Then implementation of the intervention followed, which included support to the staff in terms of supervision from the research team.

Staff education: The staff education was a one-day training session focused on knowledge from occupational therapy and occupational science regarding activity-based rehabilitation, perceived meaning in everyday activities (18, 19, 23) and client-centred practice (24). All staff members at the day centre participated, and the training was held either at the university or in premises close to the day centre, per the staff's choice.

Development of goals, strategies and an intervention plan: Two workshops followed the initial training. A manual guided the structure of these workshops, which had as an end goal to arrive at an intervention plan for each unit. The manual included the following steps: formulating goals and visions for the unit; identifying strengths in terms of available activities, work strategies, competencies, facilities, collaboration partners, etc.; identifying weaknesses from the same aspects; and prioritising three to five areas to develop in an intervention plan. For each of these prioritised areas, the staff formulated: a main goal and sub-goals; measures that needed to be taken to reach the goals; strategies for how that would be accomplished; and necessary resources and possible obstacles for realising the plan.

During the first workshop, the research team presented findings generated from the EPM-DC, thus informing the staff about how users and staff viewed the opportunities for the users to engage in activities they found meaningful in the day centre. Based on this information and on existing steering documents for the respective units, the staff discussed what they considered to be gaps in their services. They also identified practices that worked well and should be kept. This discussion gave motivation and ideas for how to change the day centre services, such that it would better meet the needs of the attendees. The conversations included considerations of additional, potentially meaningful occupations, more options for occupations in the community, better routines for receiving new attendees, or any other aspect of the services. The first workshop ended with the staff setting priorities and preliminary goals for how to enrich and improve the services at their day centre. As a home assignment between the workshops, the staff were instructed to discuss the preliminary goals to ensure they all shared the suggested priorities and goals.

The second workshop focused on goals and sub-goals – revised according to the discussions between the workshops if relevant – and to suggest concrete strategies and actions for how to reach the goals. Furthermore, key persons responsible for carrying out the intervention were appointed and a time plan for implementing the intervention was set. After the second workshop, the staff presented the preliminary intervention plan to the day centre attendees and received their feedback, which could result in further revisions. Although the attendees were not involved in the development of the intervention they could thus influence the final outline, and no intervention was implemented until approval from the attendees as a group was obtained. This process led to the formulation of a tailored intervention plan for each day centre and was in accordance with Sundell and Roselius (25), who proposed that the development of goals and strategies should involve the staff in order to ensure successful implementation.

Implementation

When the attendees had approved the intervention plan and agreed that the prioritised goals and strategies would potentially enrich the day centre and make attendance more meaningful, a start date was set. Although all units followed the one and same manual, the specific interventions varied to some extent, and the more precise contents of the intervention plans will appear in the results section. At most of the day centres the final intervention goals were posted on a notice board, such that attendees could read and refer back to them at any time during the intervention period. New goals and strategies were for example to provide more physically demanding occupations by starting a gardening group, to increase contacts with the surrounding community by opening a small shop, to increase shared decision-making by introducing a weekly meeting for users and staff, and to improve feedback to the users by introducing and following up on individual plans. Supervision from the

research group was provided three times during the 14-month project period. This was in addition to the ordinary supervision, primarily provided by a psychologist or a mental health nurse.

The enrichment intervention was evaluated in a RCT study, including eight day centres and in all 107 participants. That study did not indicate any differences between the participants in the intervention group (from four centres where the enrichment had been implemented) and the control group (from four centres that continued with services as usual) regarding the value linked with the day centre activities, the satisfaction they derived from everyday activities in general or health and well-being (26). That study also indicated that more unplanned positive events, such as new activity opportunities or better staffing, had occurred in the control centres. The planning for the project as a whole also included interviews with staff and users in the intervention units. Qualitative studies are important as complements to RCT and other quantitative methodology in evaluation projects. They can provide insights into issues not addressed or only superficially toughed upon in scales and surveys that typically form the data base in quantitative research. The focus of the current study was on the staff's experiences, which are essential in understanding the implementation and consequences of interventions (25).

Study aim

The aim of this study was thus to evaluate the staff perspective on an intervention aimed at enriching day centres for people with psychiatric disabilities. As the intervention as a whole included the development phase as well as the implementation phase, the evaluation addressed the staff's experiences and perceptions of both of these phases.

Methods

This qualitative study was based on focus group interviews with staff who had participated in the development and implementation of the intervention. The project as a whole was approved by the regional ethical vetting board (No. 274/2008). The ethical issues highlighted in relation to the staff concerned their right to withdraw from the study at any time and the confidential treatment of data. Written informed consent was obtained from all participants.

Day centre services in Sweden

The municipality-run day centres in Sweden are comprised of two main types – work-oriented and meeting place-oriented (2). Work-oriented centres offer scheduled work and focus on producing things to sell or on providing services such as cleaning, food catering or car washing. Meeting-place oriented day centres allow participation on a flexible drop-in basis, although some attendees may prefer following a schedule. Activities such as engaging in hobbies, playing games, eating, and socialising are common. Day centres sometimes encourage contacts with the community through organising, for example, cafés open to the public and second-hand shops. The attendees are normally in the centre between 4 and 20 hours per week. The professional backgrounds for the staff are, for example, orderlies, craftsmen, occupational therapists and social workers.

Study context and selection of units for the intervention

The study was performed in three counties in southern Sweden. Day centres that met the criteria of admitting only people with psychiatric disabilities, having at least 20 attendees on a regular basis, and not participating in any other ongoing development project were approached. Fifteen eligible day centres were strategically selected, to represent both urban and rural areas, larger and smaller centres, meeting place-oriented as well as work-oriented day centres, and to be geographically spread over the three counties. Representatives from these day centres were invited to an information meeting, after which eight centres who fulfilled the inclusion criteria agreed to participate. They were labelled according to size, urban/rural location and work/meeting-place

orientation and then organised to form two equivalent groupings. The groupings were then allotted to form the intervention centres or the control centres. By this procedure we arrived at two comparable groups regarding characteristics of the included day centres (size, location and work or meeting-place orientation). Only those staff members who were allotted to the intervention group participated in the present study.

Data collection

Focus group interviews were used to elicit discussion and reflection among the interviewees, which is considered to benefit the richness and scope of the data (27). The size of focus groups has been suggested to be between 6 and 12 members, but smaller groups of 3-4 participants have been endorsed when the groups are composed of people with specialized knowledge (28), as in the current study. Dahlin-Ivanoff (29) argues that smaller focus groups might allow all participants to speak their mind, facilitate group interaction and thus enhance the quality of the data. For the current study, one focus group at each centre was conducted, thus four in all. Between 2 and 4 participants were included in each group, and in all 13 interviewees participated in the study. The reason for including only two participants in one of the interviews was that the unit only had two employees. It has been argued that three to six focus groups are needed to obtain data saturation, and the four groups on which the current study was based may be regarded as good enough (28).

The participants were encouraged to freely share their experiences from taking part in the design and implementation of the intervention. A guide with themes addressing the process they had taken part in was at hand for the interviewer, if needed. Examples of themes were general reflections on the intervention, opinions about the steps of the intervention, reflections of how the intervention had been implemented in the centre, outcomes for the users and how the day centres were operating at the time for the interview. Two research assistants performed the data collection, none of whom were involved in the day centre services or the design of the intervention. The interviews were transcribed verbatim and amounted to 136 double-spaced pages.

Data analysis

The analysis employed a narrative approach (30, 31). Using narrative analysis to analyse transcripts has been proposed as one of several options (32) and the fact that each unit had gone through a common process made us choose this method. The transcripts were first read several times by both authors. The data were then organized chronologically such that a coherent story for each day centre was formed. This is a basic step in narrative analysis (30), and by this procedure each focus group in a sense formed a case. After that, thematic analysis was performed, described by Polkinghorne as a relevant strategy in narrative analysis (31). This thematic analysis was performed separately for each day centre, or case, resulting in themes that justified the narrative of each day centre but were seen as preliminary with respect to the whole amount of data. The narrative last analysed did not add any new themes, but rather confirmed those identified in the first three. This indicated that data saturation was obtained, as proposed by Onwuegbuzie et al. (28).

All four narratives were then integrated into a common narrative, and the thematic analysis progressed one step further, this time focusing on common features among the preliminary themes that had emerged from the case-specific analyses. By this comparison, the contents of the preliminary themes were seen from a new perspective, which resulted in restructuring and refinement of themes. These pre-final themes were more condensed and on a more abstract level. The case-specific narratives were then reviewed again to ensure that themes arrived at by the final thematic analysis covered the content of those narratives.

This first round of analysis was performed by the first author, and two measures were then taken to ensure trustworthiness. Firstly, the second author reviewed the transcripts and the pre-final themes and assessed whether these themes justified the original data. This resulted in a second round of

analysis and another step towards refinement, and the authors agreed upon a final set of themes and subthemes. Secondly, the result section was sent to a representative at each participating day centre and they gave their opinion on whether they recognized their own report in the findings. All agreed that they recognized their own story and their comments did not warrant any changes. These procedures ensured confirmability and credibility, which are two of four criteria proposed for assessing trustworthiness of qualitative studies (33). Dependability, a third criterion, was facilitated by the audit trail given in this methods section. The fourth criterion is transferability. According to Lincoln and Guba (33) it is up to the reader to assess transferability. Given the aim of the study, however, transferability is not a major issue in this study which had the purpose to evaluate an intervention's effects and outcomes from the staff's view.

Narrative analysis was considered appropriate to analyse this data since the intervention process formed narratives from the units with a natural story and timeline (Reissman, 1993). A thorough audit trail can be found in the methods section of this paper to ensure credibility and confirmability of the study.

Findings

A core theme and four themes composed the narrative of this study. The core theme, *User involvement permeated the implementation process and created empowerment*, embraced the themes which formed a timeline where one theme fed into the next: 1) Mix of excitement, worries and hope; 2) Confirmation and development through dialogue, feedback and guidance; 3) The art of integrating new activities and strategies with the old; and 4) Empowerment engendered future aspirations. As it was, however, these four themes constantly influenced each other and there were no definite boundaries between them. The transition from one theme to another was gradual, and could also move back and forth. The core theme and the four themes are illustrated in Figure 1.
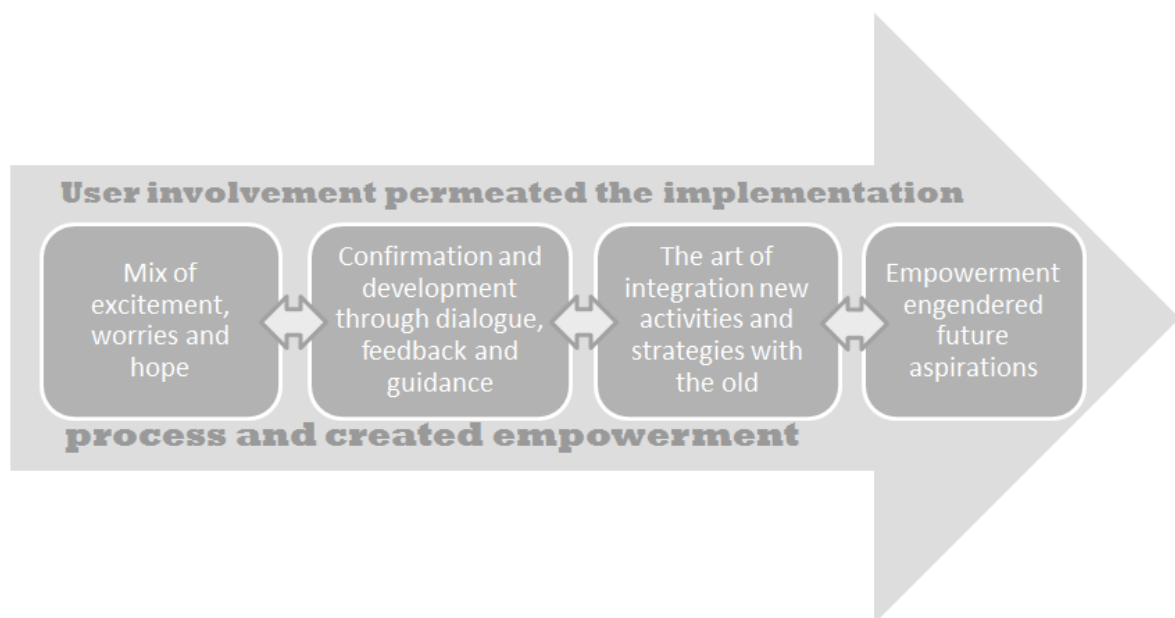

Figure 1. The core theme and themes that formed the meta-narrative.

User involvement permeated the implementation process and created empowerment

The staff had been careful to involve the users in the project through meetings and discussions, particularly in the initial phases. "It is interesting with the users, that they feel so involved" (Unit B.) The users had indicated to the staff that they felt they had a say and that they were interested in the project and what it would lead to. "Everybody has been involved, not only us in the staff. The users have also taken this really seriously. They have felt selected and involved" (Unit D). "The users feel they add something important" (Unit A). The users had clearly signalled that they felt special and were about to be part of something great. The staff saw user involvement as important for the users but as beneficial also for the staff because it facilitated the whole process of implementing the intervention.

It was also a common opinion among the staff that, through engaging in the project, the users dared to share their ideas and had become more engaged and participatory. "They are more in it here" (Unit D). "The team meetings have meant that the users have a say and can solve problems, for example that those who work in the shop now have time for breakfast" (Unit C).The joy experienced when learning something new, perhaps something users had been afraid of before, was mentioned as an important outcome of the enrichment. Users meeting and doing things together on their own, when not in the day centre, was also an empowerment outcome that was highly appreciated by the staff, and was partly attributed to the enrichment plan.

The staff described user involvement as a strategy for accomplishing changes and implementing the enrichment plan, whereas user empowerment was expressed as a result of the enrichment, in terms of acquiring new skills and routines, better self-confidence, taking pride in the day centre, and making plans for the future. User involvement and empowerment permeated and were essential for the four themes to evolve, as obvious in the presentations below.

Theme 1: Mix of excitement, worries and hope

According to the staff's perceptions, the users were generally eager to engage in the project, and both staff and the users had great hope and expectations when the project started. Some staff members had expected worries from both users and staff that the project would be too big and demand too much, but these misgivings were temporary. The users were also a bit concerned and some questioned the project: "There were some worries to start with. Some [users] were a bit unfavourably disposed towards the whole thing" (Unit B).

At the outset of the project, the staff felt proud of what they accomplished in the day centres but felt that their work was not highly appreciated by the surrounding professional community of community-based services and the mental health care. "It's positive that something that doesn't feel 'fine enough' becomes scientific. We had been asking for that for a long time, that there would be some research connection. It felt very hopeful" (Unit A).

Theme 2: Confirmation and development through dialogue, feedback and guidance

The results and feedback from the initial EPM-DC measurements, which included both the users' and the staff's perceptions, was something of a revelation for the staff. They repeatedly came back to the impact of this feedback on their work and the day centre programme, and particularly that from the users was decisive for re-evaluating the practices and reflecting on changes for improvement. The staff expressed that this feedback opened new doors in the communication: "EPM-DC [feedback] showed the users thrived. […] The measurement also showed our limitations. Some we knew, but the EPM-DC spoke for them [the users]. We hadn't quite thought that they were reflecting on the programme" (Unit C). Sometimes the staff members were surprised by the feedback. What they

thought was important to the users was not, whereas something they had not expected to be urgent was. "Interesting to take part of everyone's experience, that users and staff looked at things so differently" (Unit A). This quote indicates that the staff became aware of differences in opinions between them and the users. This raised doubts about whether what they did really met the user's needs and was appreciated by them. In many respects, however, the staff also got confirmation regarding what they did. The greatest differences between user and staff opinions seemed to concern work, the users perceiving fewer opportunities for work-like activities. Another insight gained from the EPM-DC was that the users felt they gave and received peer support more commonly than anticipated by the staff.

Regarding feedback from the research team, the staff generally appreciated the guidance they received when developing and implementing the enrichment plan. "The supervision has been great. It makes the staff keep the strategies in mind. It makes the basic occupational therapy principles visible, and all in the staff group can draw upon that" (Unit A). Supervision and the dialog between the researchers and the staff were perceived as supportive and clarifying. It could also contribute with an outsider perspective and sort out misunderstandings. "The more we met in the supervision, the more we got to know each other, the better things went" (Unit B). Negative comments regarding the supervision from the research team concerned too long time passing between Workshop 2 and the first supervision, and also that it was too long between the following supervision sessions. Substantial staff turnover in one day centre also made the supervision ineffective.

Those who currently had an ordinary supervisor that was not an occupational therapist wanted one in the future. They felt a way to succeed in mental health care is if all professionals have their specific views and ways of tackling things, and that the occupational therapy perspective was needed in the supervision. One centre had a regular supervisor who brought the enrichment plan into their sessions, which took place once a month. The staff found that helpful and satisfying.

The staff mentioned that the workshops and the supervision gave way to many new insights. They found them instructive and informative and became more aware of partly unconscious ideas that they had about day centre services. They also felt that many of the existing practices in the day centres were affirmed: "The education day verified what we were doing" (Unit B). "Those who lectured share the same philosophy and think the same way we do" (Unit C). The staff also felt that by developing the enrichment plan, they acquired words for describing their practice. Working with the enrichment plan had helped to establish what they were doing and to clarify their work role. The project as a whole gave further education and provided a link between theory and practice.

Theme 3: The art of integrating new activities and strategies with the old

The staff reported that they did not need to change very much in the programmes to follow the enrichment plan. They introduced some new activities and strategies, however, and mentioned using aids such as flyers and whiteboards to convey the new strategies, activities and embedded goals to the users.

The most common new activities concerned physical activity. "We have been working with our short-comings. Health promotion is a new feature. Walks, Nordic walking, competitions, renting a gym for a day, camping, relaxation – these are parts of health promotion. We are also planning for Afro dance" (Unit D). Other examples of new activities were gardening, including a relaxation corner, and opening a new second-hand store. New activities were also generated by the new strategy of creating more work-like conditions, such as unpacking things for the shop, pricing products and estimating costs for costumers.

A commonly mentioned general strategy was to make better use of the attendees' skills and to match activities at hand to their capacities. The strategies could also concern better routines when introducing new users in the day centre or new follow-up and feedback procedures, including a dialogue between users and staff regarding any progress made or any new needs identified. Other strategies were aimed at making the activities more work-like. "We want to convey the feeling of a 'real' work-place" (Unit D). One strategy to accomplish this was to re-arrange activities such that the user participated in, or got a picture of, a whole production chain. An example of the latter was to make study visits to see how the assembly work performed in the day centre fitted in with the production in the company who had ordered the assembly work. Introducing more group work and doing more things together were strategies to accomplish user empowerment and collective responsibility. A problem mentioned however, was that organizing the day centre activities in groups with varying responsibilities, for example working in the garden or assisting in the shop, could create deadlocks. "Our group is only supposed to do this and that. And you are not in this group, you cannot do that. The groups bring structure, and we do more things now, but we're not used to working this way" (Unit B).

Another common strategy was the introduction of team meetings. The users thus had a say in how to organize the work, insert breaks, etc. Linked with that was the plan to give the users more responsibilities. "If they get more responsibilities they will appreciate the day centre activities more and come here more often. That will create a positive spiral" (Unit A).

The staff also strove to introduce the idea of taking a step further towards work and towards development in general. They wanted every user to have a vision and to dare to think of change and they strove to introduce such plans. They felt that change should be possible in-house, that is, the users would not necessarily need to quit the day centre to experience change and development.

All centres utilised the new goals and strategies at the time of the interviews and expressed that they would continue to do so. New activities had been interwoven with the old ones, and all features that were new from the enrichment were now part of the regular practices. Not all intentions had been possible to realize, however, because of restrictions the staff could not influence. The idea of painting walls and re-decorating in one of the day centres had to be given up because of a negative attitude from the house owner. "It's practical things, like space, that prevent us from being on top" (Unit B). Too limited space prevented other ideas from being realized, such as creating a music group. Goals could be adjusted to circumstances to some extent, but some had to be abandoned.

Theme 4: Empowerment engendered future aspirations

As obvious from the preceding themes, empowerment was made possible by the fact that user involvement had been a bearing principle throughout the implementation process. Empowerment was in turn essential for shaping future aspirations among the users. For example, the staff perceived the users as more interested in the surrounding world, to invite people to visit the day centre; even that the users were eager to impact on how people in general viewed mental health disorders and the psychiatric care.

User empowerment also enhanced collectiveness in the day centre, involving both users and staff. The staff expressed that they viewed the users in a new light after their joint work with developing and implementing the enrichment. Each centre successfully implemented its enrichment plan by means of good communication with the users, positive staff collaboration, and a collective responsibility for realizing the goals and strategies. "Everyone in the work group (both staff and attendees) was on track; all were needed and had a function" (Unit C). "Everybody feels that they do this together [...] People here take more and more of a collective responsibility" (Unit A). To accomplish a feeling of collectiveness that included everyone, flexibility was a key term; it was

necessary due to fluctuations in the users' mental health status and consequences in terms of increases and decreases in capacity.

Also the staff became empowered through the enrichment intervention. They told they had gained new insights, had accessed a new vocabulary for the day centre practice and made plans for how to develop the services. "We have become conscious about our ways of reasoning" (Unit D). They thought the project had led to increased structure, reflection and planning as well as more emphasis on evaluation of the programme. The project was also used for lobbying with local authorities, such as demonstrating the need for appropriate premises.

Some concrete staff ideas for the future were to document and evaluate the day centre programme and to link the enrichment activities with the ordinary supervision for staff. Part of that idea was to try to have an occupational therapist as the regular supervisor in the future. The staff also expressed that the project had been rewarding and fun and that almost everything about it had been altogether positive. "The project has really led to something better. It has become integrated with the normal business" (Unit D).

Discussion

This study highlighted that user involvement and empowerment were essential in making the enrichment plan useful and successful in the day centres. According to the staff, both staff and users were very excited about the intervention, although also a bit worried. It seemed that the intervention project united staff and users and strengthened a feeling of "we together". Participation and user involvement are regarded vital in intervention processes (25), and having personal goals and projects in daily life creates meaning (23, 34). The worries described could be interpreted as the anxiety people commonly perceive when engaging in a new task, when their skills and experiences do not fully match the challenges they meet (35).

It was obvious that the EPM-DC feedback and the staff's reflections and feelings of guidance were essential for successful implementation of the intervention. It was also clear that the staff wished to embrace more occupational therapy knowledge. A stronger emphasis on occupational therapists as resources in day centres would be in line with the mission given to the municipalities by the National Board of Health and Welfare and by guidelines for best support to people with psychiatric disabilities (9). The findings also indicated that, although most staff groups did not include an occupational therapist, the staff had adopted some important occupational therapy principles. A related study confirmed that staff pursued the rehabilitation principles taught in the education package as well as the goals set (26). The insights gained may have been vital for reflecting in terms of meaning and finding a good match between the users' needs and the demands and challenges created by the day centre occupations. It has been shown to be vital for users' well-being to have the opportunity to engage in occupations that involve the just-right level of challenge (7, 18, 23).

Some new components to the day centres, such as creating a more work-like context and encouraging the users to work in teams, concur with previous research on what creates meaning and well-being for people with psychiatric disabilities (19, 23). The enrichment meant a stronger focus on groups, which has been found effective in interventions in community mental health care (36) and occupational therapy (37) to promote health and well-being. Belonging to a group has also shown to be an important aspect of meaning in life (23, 38, 39). New activities as a supplement to the existing ones, mainly physical and outdoor activities to encourage healthy behaviour, were also introduced, but re-organization of work and a stronger emphasis on user participation, co-determination and responsibilities were the most common measures taken to enrich the day centres with more meaningful and health-promoting ingredients. And the emphasis on activities and strengthening the users' abilities presumably supported their health and well-being, according to the perspective of health employed in the present study (6).

The positive outcomes indicated in this study must be viewed in the context of the afore-mentioned quantitative outcome study based on cluster randomization of units to the intervention or to services as usual (26). The experiences and outcomes identified in the present study were not reflected in the quantitative measures used in that study. After 14 months, users in the intervention group had not improved more than the comparison group with respect to well-being, engagement in occupations or satisfaction with the day centre services. Nor did users and staff have higher ratings on the EPM-DC in the intervention group. One could argue that the staff perceptions on which the current study was based might be biased by the staff's ambitions and desires to accomplish more meaningful and satisfying occupations in the day centre. That the staff's ideas about an ideal situation influenced their perceptions of the real situation was shown in a study following attempts to change the psychosocial atmosphere by introducing a new psychiatric rehabilitation model (40). Focusing again on the quantitative outcome study, the staff's ratings on the EPM-DC scale did not change from baseline to a 14-month follow-up (26), which does not indicate any bias of that sort. That study and the current qualitative one thus reveal different and complementary pictures of the intervention, and the quantitative measures probably did not grasp the more subtle nuances and experiences that were expressed in the focus group interviews.

To accomplish change in services for care and support is hard and a literature review identified staff training, a clear implementation plan, supervision and learning from experience as key factors to success (41). Similar principles were proposed by Fixsen and colleagues, namely carefully selecting practitioners, timely training and coaching, users being fully involved and a hospital environment (42). Our findings indicated that all of these criteria were discerned by the staff. In addition, the staff both developed and implemented the intervention and formed a kind of inside agents, which may be another key to the success.

 The staff perceived that the intervention made the users feel unique and important, indicating that not only were the service goals accomplished but the intervention had a personal meaning to the users, which is central in promoting health and well-being through the use of activities (43). The users were also important agents in the development and implementation process, which indicates the staff embraced the client-centred approach (24) highlighted in the staff training. The fact that they expressed intentions to inform people about their day centre may be seen as a sign of self-confidence and pride in what they were accomplishing at the centre. According to the interviewees, the users and their experiences were at the centre of the staff's attention, which is the essence of client-centred practice (24, 44).

Collaboration between the users and the staff, coupled with guidance from the research team, facilitated a process of change and development of the day centre services. This is in line with Sundell and Roselius (25), stating that both users and staff need to get involved for a successful implementation.

Conclusion

From the staff perspective, the enrichment intervention had been beneficial for both the users and the staff and it had led to new components that were successfully implemented in the day centres. The users' involvement and empowerment were central for the staff in accomplishing the desired changes in services, as were their own reflections and learning. The new components concerned strategies and activities to enhance meaningfulness and well-being, and these became well integrated in the initial programme. The staff perceived several benefits from taking part in the project and implementing the enrichment plan and highlighted increased user empowerment and enhanced collectiveness as important outcomes. This qualitative study thus supplemented the previous RTC with important information, not grasped in that study. On the basis of the findings from this study, one could recommend that evaluation studies should always include a qualitative part. The implementation was likely facilitated by the basic feature of the intervention; that each staff

group developed its own tailor-made intervention plan and received the support they needed from the research team. In addition, those who developed the plan were the same as those who facilitated the implementation in each centre. The views of the users participating in the intervention project are extremely important to provide a more holistic approach to the enrichment, and that will be the target of a forthcoming study.

Acknowledgements

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

References

1. Catty J, Burns T. Mental health day centres. Their clients and roles. Psychiatrist. 2001;25(2):61-6.

2. Tjörnstrand C, Bejerholm U, Eklund M. Participation in day centres for people with psychiatric disabilities: Characteristics of occupations. Scand J Occup Ther. 2011;18(4):243-53.

3. Eklund M, Leufstadius C. Relationships between occupational factors and health and well-being in individuals with persistent mental illness living in the community. Can J Occup Ther. 2007;74(4):303-13.

4. Aubin G, Hachey R, Mercier C. Meaning of daily activities and subjective quality of life in people with severe mental illness. Scand J Occup Ther 1999;6(2):53-62.

5. Bejerholm U, Eklund M. Engagement in occupations among men and women with schizophrenia. Occup Ther Int. 2006;13(2):100-21.

6. Tengland PA. A two-dimensional theory of health. Theor Med Bioeth. 2007;28(4):257-84.

7. Tjörnstrand C, Bejerholm U, Eklund M. Participation in day centres for people with psychiatric disabilities – A focus on occupational engagement. Br J Occup Ther. 2013;73(3):144-50.

8. Socialdepartementet. Välfärd och valfrihet - service, stöd och vård för psykiskt störda [Welfare and freedom of choice - service, support, and care for the mentally ill]. Socialdepartementet: Stockholm, Sweden 1992.

9. National Board of Health and Welfare. Nationella riktlinjer för psykosociala insatser vid schizofreni och schizofreniliknande tillstånd - stöd för styrning och ledning. [National guidelines for psychosocial interventions for schizophrenia and related disorder - support for management and leadership]. Stockholm: National Board of Health and Welfare, 2011.

10. Kilian R, Lindenbach I, Lobig U, Uhle M, Angermeyer MC. Self-perceived social integration and the use of day centers of persons with severe and persistent schizophrenia living in the community: A qualitative analysis. Soc Psychiatry Psychiatr Epidemiol. 2001;36(11):545-52.

11. Bryant W, Craik C, McKay EA. Perspectives of day and accommodation services for people with enduring mental illness. J Ment Health. 2005;14(2):109-20

12. Drake RE, Becker DR, Biesanz JC, Torrey WC, McHugo GJ, Wyzik PF. Rehabilitative day treatment vs. supported employment: I. Vocational outcomes. Community Ment Health J. 1994;30(5):519-32.

13. Rebeiro K, Day D, Semeniuk B, O'Brien M, Wilson B. Northern Initiative for Social Action: An occupation-based mental health program. Am J Occup Ther. 2001;55(5):493-500.

14. Crosse C. A meaningful day: Integrating psychosocial rehabilitation into community treatment of schizophrenia. Med J Aust. 2003;178 Suppl:S76-8.

15. Catty J, Burns T, Comas A, Poole Z. Day centers for severe mental illness: Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD001710. DOI: 10.1002/14651858.CD001710.pub2; 2007.

16. Eklund M, Hansson L, Ahlqvist C. The importance of work as compared to other forms of daily occupations for wellbeing and functioning among persons with long-term mental illness. Community Ment Health J. 2004;40(5):465-77.

17. Argentzell E, Leufstadius C, Eklund M. Factors influencing subjective perceptions of everyday occupations: Comparing day centre attendees with non-attendees. Scand J Occup Ther. 2012;19(1):68-77.

18. Argentzell E, Håkansson C, Eklund M. Experience of meaning in everyday occupations among unemployed people with severe mental illness. Scand J Occup Ther. 2012;19(1):49-58.

19. Leufstadius C, Erlandsson LK, Björkman T, Eklund M. Meaningfulness in daily occupations among individuals with persistent mental illness. J Occup Sci. 2008;15:27-35.

20. Kielhofner G. Model of human occupation: Theory and application. 4 ed. Baltimore [MD]: Lippincott Williams & Wilkins; 2008.

21. Zemke R, Clark F. Occupational science: The evolving discipline. Philadelphia: F. A. Davis; 1996.

22. Nilsson I, Argentzell E, Sandlund M, Leufstadius C, Eklund M. Measuring perceived meaningfulness in day centres for persons with mental illness. Scand J Occup Ther. 2011;18(4):312-20.

23. Leufstadius C, Eklund M, Erlandsson LK. Meaningfulness in work - Experiences among employed individuals with persistent mental illness. Work. 2009;34(1):21-32.

24. Sumsion T, Law M. A review of evidence on the conceptual elements informing client-centred practice. Can J Occup Ther. 2006;73(3):153-62.

25. Sundell K, Roselius M. Att förändra socialt arbete - forskare och praktiker om implementering. [Changing social work - Researchers and practitioners about implementation]. Stockholm: Gothia; 2008.

26. Eklund M, Gunnarsson AB, Sandlund M, Leufstadius C. Effectiveness of an intervention to improve day centre services for people with psychiatric disabilities. Aust Occup Ther J. 2014;61(4):268-75.

27.Krueger RA, Casey MA. Focus groups: A practical guide for applied research. Thousand Oaks [CA]: Sage Publications; 2009.

28. Onwuegbuzie AJ, Dickinson WB, Leech NL, Zoran AG. A qualitative framework for collecting and analyzing data in focus group research. Int J Qual Methods. 2009;8(3):1-21.

29. Ivanoff SD. Focus group discussions as a tool for developing a health education programme for elderly persons with visual impairment. Scand J Occup Ther. 2002;9(1):3-9.

30. Reissman CK. Narrative analysis. London: Sage; 1993.

31. Polkinghorne DE. Narrative configuration in qualitative analysis. Int J Qual Stud Educ. 1995;8:5-23.

32. Halkier B. Focus groups as social enactments: Integrating interaction and content in the analysis of focus group data. Qual Res. 2010;10(1):71-89.

33. Lincoln YS, Guba EG. Naturalistic inquiry. Beverly Hills, Calif.: Sage Publications; 1985.

34. Christiansen CH. The 1999 Eleanor Clarke Slagle Lecture. Defining lives: Occupation as identity: An essay on competence, coherence, and the creation of meaning. Am J Occup Ther. 1999;53(6):547-58.

35. Csíkszentmihályi M. Flow: The psychology of optimal experience. New York: Harper and Row; 1990.

36. Bullock A, Bannigan K. Effectiveness of activity-based group work in community mental health: A systematic review. Am J Occup Ther. 2011;65(3):257-66.

37. Eklund M. Outcome of occupational therapy in a psychiatric day care unit for long-term mentally ill patients. Occup Ther Ment Health. 1999;14(4):21-45.

38. Hammell KW. Dimensions of meaning in the occupations of daily life. Can J Occup Ther. 2004;71(5):296-305.

39. Eklund M, Hermansson A, Håkansson C. Meaning in life for people with schizophrenia: Does it include occupation? J Occup Sci. 2012;19(2):93-105.

40. Eklund M, Hansson L. Perceptions of the real and the ideal ward atmosphere among trainees and staff before and after the introduction of a new work rehabilitation model. Eur Psychiatry. 2001;16(5):299-306.

41. Meyers DC, Durlak JA, Wandersman A. The quality implementation framework: A synthesis of critical steps in the implementation process. Am J Community Psychol. 2012;50(3-4):462-80.

42. Fixsen DL, Naoom SF, Blase KA, Friedman RM, Wallace F. Implementation research: A synthesis of the literature Tampa [FL]: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231); 2005 [cited 2014 May 2]. Available from: http://nirn.fmhi.usf.edu/resources/publications/Monograph/pdf/monograph_full.pdf.

43. Persson D, Erlandsson L-K, Eklund M, Iwarsson S. Value dimensions, meaning, and complexity in human occupation - A tentative structure for analysis. Scand J Occup Ther. 2001;8(1):7-18.

44. Rebeiro KL. Client-centered practice: Body, mind and spirit resurrected. Can J Occup Ther. 2001;68(2):65-9.