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Connection and recovery in the COVID-19 age: An analysis of changes in goal-setting throughout the pandemic by consumers living with enduring mental illness

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Abstract

Goal-setting is a tool that empowers consumer recovery. Though the pandemic has affected consumer goal-setting, the nature and extent of this impact have not been examined in a recovery setting. The aim of this study is to assess whether the recovery goals of individuals with serious mental illness changed in association with the COVID-19 pandemic. In this mixed-methods design, data were collected from a purposeful sample of consumers ($n_{\text{TOTAL}} = 355$) aged 19– 67 years (M_{AGE}=44.56, SD=13.05) attending Recovery Camp, a 5-day therapeuticrecreation programme for individuals living with severe mental illness (e.g., PTSD, schizophrenia). Consumer-set goals were examined across 5 programmes prior to March 2020 (n_{PRE} =126) and 11 following (n_{POST} =229). Goals were set on day one, with attainment self-scored on day five. Chi-squared goodness-of-fit tests compared goal proportions per domain; tests of independence assessed changes in goals pre- and post-pandemic. Six goal domains were identified: Approach-Based Recovery, Avoidance-based Recovery, Novel Physical Activities, Relationships, Health, and Recreation/Relaxation. Irrespective of the pandemic, goal attainment was consistently high across all programmes (86.56%). Approach-based Recovery goals were predominant pre-pandemic, but were significantly reduced postpandemic (p=0.040). Goals related to Relationships and Novel Physical Activities took precedence throughout the pandemic. Post-COVID-19, consumer recovery goals reveal increased desire for connection, novelty-seeking, and positive behavioural change.

KEYWORDS

COVID-19, goal setting, mental health, recovery, therapeutic recreation

INTRODUCTION

The understanding of the recovery process for individuals living with mental illness has shifted from symptom resolution to emphasizing individual resilience, improved quality of life, and enhanced function (Jacob, 2015; Tabak et al., 2015). Literature suggests that the clinical view of recovery, with its focus on symptom reduction, is often not synonymous with the perspective

of the consumer, for whom this process is akin to a journey (Marynowski-Traczyk et al., 2017; Yarborough et al., 2015). An integral factor in consumer-led mental health recovery is goal-setting, the process of identifying and working towards clearly defined targets or objectives that the individual desires to achieve (Rose & Smith, 2018). Effective goal-setting has been identified as a robust factor in increasing well-being, strengthening rapport and alliance in therapeutic relationships, and

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promoting recovery for individuals experiencing mental ill health (Clarke et al., 2009; Smith et al., 2011). Indeed, goal setting and attainment are identified as integral features of recovery (Stewart et al., 2022).

In the context of mental-health recovery, goal-setting is most effective when individuals determine goals within their personal recovery vision (Clarke et al., 2009). The self-determined nature of individual goal-setting has the potential to imbue consumers with feelings of control and confidence, empowering them to achieve their personal recovery aims (McGuire et al., 2015; Stewart et al., 2021). Ownership of the goal-setting process is significant; however, studies such as the one presented in this paper are important to provide insights for those supporting individuals in their journey of recovery. It is important to develop knowledge of consumer goal setting and attainment in recovery and the contextual influences on this.

BACKGROUND

Studies that have focussed on goal-setting for consumers have done so in various contexts. Settings that prioritize a consumer-led approach to goal achievement are particularly well-placed to facilitate effective goalsetting. Such an approach is typical in recovery-oriented practice, as this model supports the active role of consumers in their recovery journey, often in collaboration with health practitioners (Maybery et al., 2015; Stewart et al., 2021). Tabak et al. (2015) examined goal attainment amongst consumers living in residential settings, finding that relationships and self-care were the most commonly set goals. In an integrated health plan setting providing inpatient and outpatient services, Yarborough et al. (2015) commented on the fluid nature of recovery in the lives of consumers, with goals of recovery commonly centred around a sense of self-control over their illness and regaining what they had lost, such as relationships and self-esteem. Similarly, Rose and Smith (2018) investigated recovery goal-setting for consumers in community mental health settings, with the highest proportion of consumer goals set about relationships. This is echoed throughout the literature, with consumer goals frequently related to physical and psychological health outcomes and connection through relationships in the context of recovery (Maybery et al., 2013; Moxham et al., 2017; Slade, 2009). The attainment of these goals is heavily dependent on the goal planning process, goal specificity, its relevance to the intervention in achieving these personalized goals, and support from health professionals in creating a collaborative goal setting process (Boeykens et al., 2022; Franklin et al., 2019). Evidently, much of the research around goal attainment for consumers has occurred in a clinical or community setting, as elicited above, with little evidence on goal setting within a specific intervention or non-traditional space.

The onset of the COVID-19 pandemic triggered considerable emotional, physical, and psychological disruptions, characterized by life-altering stressors (Alomari et al., 2021; Fisher et al., 2020). The onset of these changes, coupled with the unpredictable nature of the pandemic, has presented as major obstacles to goal attainment (Fisher et al., 2020). While individuals still cared about the goals they had made (Labib et al., 2022), the disruption to major life domains resulted in a perceived loss of control over goal attainment (Hamm et al., 2022).

Considering the disturbance of the COVID-19 pandemic, meaningful activities that promote recovery, including activities that foster connection and have a nature-based outdoor element, can contribute to the attainment of personalized goals as well as increased happiness and life satisfaction (Hendryx et al., 2008; Labib et al., 2022). One such meaningful activity includes that of Recovery Camp, a strengths-based therapeutic recreation (TR) camp that brings together both individuals with serious and enduring mental illness and future health professionals (Moxham et al., 2017). A previous study outlines the degree to which participants met their personalized goals at the completion of Recovery Camp (Moxham et al., 2017). This paper presents a follow-up study investigating the type of goals set by individuals and their level of attainment across 16 camps ranging from prior to, as well as throughout, the COVID-19 pandemic.

MATERIALS AND METHODS

Aims

The present study aimed to identify the types of goals set by consumers in the context of *Recovery Camp* and examine the extent to which consumers report achieving their goals. Additionally, this inquiry sought to determine whether the nature and attainment of consumer goals changed in association with the course of the COVID-19 pandemic.

Participants and setting

In total, 355 individuals (182 females, 171 males, 2 non-binary) were recruited as part of their attendance on *Recovery Camp* programmes between April 2019 and December 2022. The age of the participants ranged from 19 to 67 years (M=44.56, SD=13.05). *Recovery Camp* is a 5-day recovery-oriented programme facilitated by mental health practitioners for individuals living with severe mental illness. The programme is framed as an empowering, immersive experience, with health practitioners and consumers sharing meals and engaging collaboratively in novel TR activities such as rock climbing and abseiling. Consumers attending *Recovery Camp* live

in the community and are in stable mental health at the time of the programme. Diagnoses include but are not limited to Schizophrenia, Bipolar Disorder, Anxiety, PTSD, Depression, and Dissociative Identity Disorder. Written informed consent was obtained prior to data collection, with the opportunity for questions or support provided by professional mental health facilitators present at each *Recovery Camp* programme. Ethical approval was obtained from the relevant institutional ethical board (approval no. 2019/ETH03767).

Procedure

Participation in the study involved each consumer writing up to five individual goals on a provided 'goal sheet' during the first morning of the programme. Participants completed the task individually in approximately 15 min in a shared quiet space; any participants with questions or those requiring assistance with literacy were able to indicate this and receive support from a member of the mental health facilitation team. The task was deliberately kept open-ended, with consumers' invited to think about the 5 days of the recovery programme ahead and set goals for what they would like to achieve and do. The goal sheets were collected. On the final morning of the programme the goal sheets were re-distributed to participants, who were invited to reflect on their programme experiences and indicate the extent to which each goal had been attained (1=Not at all achieved, 2=Somewhat achieved, 3=Mostly achieved, 4=Completely achieved). After collecting the sheets, participants were debriefed and thanked for their contribution.

Data analysis

Thematic analysis

There were several stages to the thematic data analysis. Firstly, written participant responses (n=1577) were digitized in a de-identified format. This included recording each goal and the extent (1–4) to which it had been attained. Incomplete goal sheets (n=3) were removed from the analysis due to the participants departing *Recovery Camp* early and not scoring the goal attainment level.

In the first stage of the thematic analysis, two members of the research team independently coded the data based on Braun and Clarke's framework for qualitative analysis (Braun & Clarke, 2006). This analytical process was descriptive in nature and involved coding the central concept of each goal into a general 'theme'. In the second stage, the preliminary goal themes were reviewed collaboratively by the researchers for shared features. This procedure of thematic analysis is a method rather than a methodology, with refinements being a central feature of the dynamic process. Conceptual overlap,

themes-within-themes (subthemes), and any notable deviations were considered in the final reviewing stages. The researchers then re-coded the goal types as per stage five of the process (Braun & Clarke, 2006).

Six central goal domains emerged in the thematic analysis. The most frequently set goal type across all Recovery Camp programmes was Approach-based Recovery. Approach-based recovery encompasses goals that foster movement towards a desired outcome (Bailey, 2019). This is illustrated by statements such as 'I want to grow in confidence', 'be more patient', and 'help new people on camp'. The second-most frequently occurring theme, Relationships, was characterized by goals, such as 'make new friends', 'listen to other people's stories', and 'connect with others'. Novel Physical Activities emerged as the third most-set goal theme, relating to physical activities typically outside the consumer's normal experience (e.g., rock climbing, abseiling). The Relaxation/Recreation theme incorporated goals set by consumers such as 'having fun', as well as nature-based goals such as 'enjoying nature'. The theme of Physical Health encompassed participants' identification of goals related to the development of healthy physical habits. The theme involved goals such as 'I want to eat healthy', and 'smoke less' and 'sleep well'. Physical Health goals also included intentions such as losing weight or being more active. The final theme was Avoidance-based Recovery. Goals set in this domain were characterized by movement away from undesired outcomes (Bailey, 2019), commonly expressed through goal statements such as 'Be less anxious', 'Stop worrying all the time', and 'Be less paranoid'.

Statistical analysis

To examine whether goal setting changed in association with the COVID-19 pandemic, data collected on Recovery Camp programmes from May 2019 to January 2020 were classified as 'pre-COVID' (n=6 camps). Data from December 2020 to December 2022 programmes were coded as 'post-COVID' (n=10 camps). In this context, the term 'post-COVID' indicates any Recovery Camp programme delivered following the onset of the COVID-19 pandemic in Australia in March 2020 and all programmes during the following 2-year period. This time frame involved mandatory intermittent lockdown protocols characterized by the closure of schools, business, restaurants, etc., as well as periods with relaxed public health protocols in which programmes such as *Recovery* Camp were permitted. A chi-squared goodness-of-fit test was used to investigate differences in goal theme proportions, while chi-squared tests of independence were used to determine whether these proportions significantly changed in association with the COVID-19 pandemic. Post-hoc power analyses conducted using G*power software (v3.1) indicated that the recruited sample size, alpha threshold of 0.05, and df=5 yielded 95% statistical

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power for chi-squared analyses to detect moderate effects $(1-\beta=0.951)$ (Faul et al., 2009).

relating to Novel Physical Activities and Relationships are then observed to increase.

RESULTS

Six central goal domains emerged via thematic analysis. Table 1 displays the themes in descending order of their frequency across all *Recovery Camp* programmes.

A chi-square goodness of fit test revealed that the proportions of goals set per domain were not equally distributed, $\chi^2(5, N = 355) = 276, p < 0.001$. Comparison of the observed-versus-expected goal count for each domain showed that the greatest proportion of goals were set in association with the themes of Approach-Based Recovery, Novel Physical Activities and Relationships. In contrast, a smaller proportion of goals were set in the domains of Physical Health, Relaxation/Recreation and Avoidance-based Recovery. Analysis of consumerreported goal attainment showed that at least 75% of goals were achieved in each domain. Overall, the most achieved goals at *Recovery Camp* related to *Relationships* (95.10% 'mostly' or 'completely' achieved), Relaxation/ Recreation (92.13% 'mostly' or 'completely' achieved), Novel Physical Activities (87.99% 'mostly' or 'completely' achieved), and Approach-based Recovery (82.81% 'mostly' or 'completely' achieved).

A chi-squared test of independence identified a significant decrease in the proportion of Approach-based Recovery goals set on Recovery Camps after the onset of the pandemic, $\chi^2(5, N = 355) = 11.70, p = 0.040$. Cramer's V indicated an effect size of 0.09, which can be considered small-to-moderate in size (Snedecor & Cochran, 1980). In place of this decrease, goals related to Novel Physical Activities and Relationships were observed to increase for consumers attending Recovery Camp post-pandemic. These changes are depicted in Figure 1.

Figure 2 depicts consumer goal setting across all Recovery Camps for the most commonly set themes of Novel Physical Activities, Approach-based Recovery and Relationships. The changes in these domains regarding consumers' goal setting are notable following the onset of the COVID-19 pandemic in Australia. Approach-based Recovery goals decrease from this time point; goals

DISCUSSION

The present study sought to investigate the recovery goals set by individuals living with severe mental illness while attending a TR programme called *Recovery Camp*. Additionally, the study aimed to examine changes in consumer goal setting in association with the COVID-19 pandemic.

Our findings show that goal attainment was relatively high across all six goal types, indicating that Recovery Camp provides an environment conducive to consumer goal attainment. Consumers achieved personal goals most successfully in relation to Relationships, which typically involved wanting to actively engage in positive conversations, social connections, and building healthy relationships. In the Social Identity Approach (1982), Turner proposed that group relations and connections instil a fundamental understanding of personal identity and an individual's role within a community. This underpins a universal human need for connection as a route to identity formation and meaning-making (Cruwys et al., 2014; Martino et al., 2017). Consumers on Recovery Camp identified goals in association with this theme as integral amidst the wider context of the pandemic, an era marked by increased social isolation, distress, and the exacerbation of mental health symptomology (Fernandez et al., 2021; Pancani et al., 2021). While governmentmandated lockdowns quarantined the public from the virus, they also separated individuals from everyday social engagement. Social identity formation has the potential to create a 'meaning of life' for individuals living with depression (Cruwys et al., 2014). The person-centred practice of Recovery Camp fosters an environment in which consumers and pre-registration nurses engage in the programme side by side. Such relationships can contribute to a greater likelihood of recovery compared to those with poor social relationships (Holt-Lunstad et al., 2010). Furthermore, connectedness is an integral factor in mental-health recovery, as outlined in the CHIME framework (Connectedness,

Goal themes across all Recovery Camps. TABLE 1

Goal theme	Frequency % (n)	Example
Approach-based recovery	26.5 (412)	"Communicate when I'm angry"
Relationships	22.3 (347)	"Meet new people"
Novel physical activities	19.9 (309)	"Try abseiling"
Relaxation/recreation	13.9 (216)	"Enjoy time in nature"
Physical health	12.1 (188)	"Drink more water each day"
Avoidance-based recovery	5.3 (83)	"Be less anxious"
Total	100% (1555)	

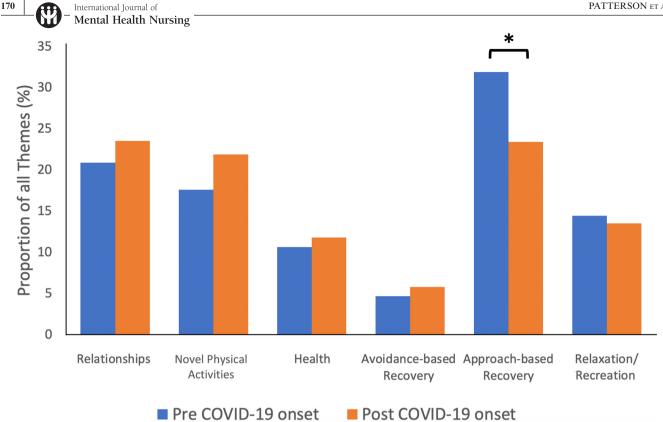


FIGURE 1 Goal themes and their change in proportion pre- and post- the onset of the COVID-19 pandemic. *p<0.05.

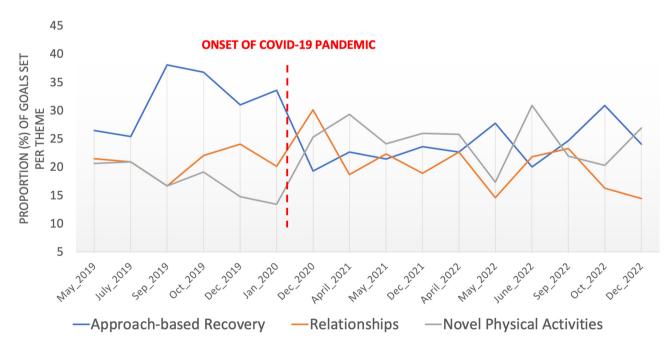


FIGURE 2 Following the onset of the COVID-19 pandemic in Australia, Approach-based Recovery goals significantly decrease. The importance to consumers' of goals relating to Novel Physical Activities and Relationships is evident in their subsequent increase.

Hope & Optimism, Identity, Meaning, Empowerment) for recovery (Leamy et al., 2011; Recovery Place, 2023). Social relationships and community participation have been linked with greater mental wellbeing (Ding et al., 2015), and these findings strengthen the case for programmes and interventions that connect people with supportive, respectful, and allied relationships for mental health recovery.

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The natural and recreation-based setting of *Recovery* Camp featured in goal setting underscoring its significance to consumers. Captured in the theme of Relaxation/Recreation, goals of this type were the second-most attained. Goals within this theme are often identified as an intentional aspect of one's recovery vision, with a specific emphasis on incorporating nature and recreational activities. In contrast with traditional hospitalbased recovery settings, Recovery Camps are delivered at venues where consumers recreate together amidst Australian bushland. The programme facilitates involvement in therapeutic, team-based recreational activities within the natural environment – with this previously identified as connected to consumers' experiences of recovery and empowerment (Picton et al., 2019). Research investigating the effect of nature on mental health has revealed robust benefits to viewing and spending time in natural environments, such as outdoor parks, nature reserves, and national parks (Astell-Birt et al., 2023; Roberts et al., 2022). Being in nature is associated with improvements in individual mood and impulse inhibition, reduced physiological stress, and both short- and long-term positive effects noted on depression and anxiety (Bratman et al., 2012; Jimenez et al., 2021). Iwasaki et al. (2017) propound that engagement in leisure inspires strength and a deeper sense of meaning for individuals living with mental illness. Findings from this study support the idea that goal setting and goal attainment in nature-based locations, particularly those with a focus on recreation, may play a supportive role in the recovery process for individuals.

In addition, recreation like that occurring in the context of this study facilitates the incorporation of novel and adventurous physical activities, such as zip-lining, canoeing, abseiling, and rock-climbing. These activities provide an opportunity for consumers to step outside their comfort zone and challenge themselves in a supportive and non-threatening team environment. Goals relating to Novel Physical Activities were highly set in the present study, in agreement with previous findings (Moxham et al., 2017). This goal type increased further during the pandemic, with Novel Physical Activities goals predominant on 6 of 10 post-COVID Recovery Camps. Though outside the scope of the present analysis, it may be reasonable to speculate that scarce social engagement during the pandemic, coupled with the adventurous nature of the team-based activities, resulted in a motivated, novelty-seeking mindset amongst consumers. Such Novel Physical Activities can be considered relationship-adjacent; they are nature-based activities that are challenging, promote opportunities to overcome obstacles, and foster supportive relationships (Maier & Jette, 2016). In studies focusing on adventurerelated outdoor activities, participation has been found to result in increased self-efficacy (Mutz & Müller, 2016), increased confidence (Patterson et al., 2017), and autonomy (MacKenzie et al., 2021).

The prevalence and attainment of *Approach-based Recovery* goals across all *Recovery Camp* programmes indicated that consumers prioritize striving for change in their recovery journey and frame this change as an *additive* process they desire to engage in. *Approach-based Recovery* goals typically involve movement *towards* a desired outcome (Sherratt & MacLeod, 2013). They enact change and generate more positive emotions than avoidance-based goals, which typically centre on reducing undesirable thoughts or behaviours (Bailey, 2019; Wollburg & Braukhaus, 2010).

Approach-based goals tend to support the notion of mental health recovery by moving towards greater personal meaning (Clarke et al., 2012). A decrease in Approach-based Recovery goals post-pandemic may be reflective of the priorities of consumers in the postpandemic period. Clarke et al. (2012) identify that individuals further along in their recovery journey are more likely to set Approach-based Recovery goals. Considering the profound and immediate stress of the COVID-19 pandemic on individuals living with mental illness (Friis-Healy et al., 2022), self-efficacy related to goal setting, attainment, and personal recovery became less important (Ritchie et al., 2021). Alongside this, a lack of accessibility to services that equip individuals with the resources to achieve their goals is severely impaired (Munindradasa et al., 2021). In its place, there appears to be an increased need for connectedness to promote resilience in the face of pandemic-related stressors (Gizdic et al., 2023) and engagement with nature to help relieve anxieties associated with the restrictiveness of the pandemic (Wicks et al., 2023). Despite the observed decrease in goals set in this domain, noting the high achievement of Approach-based goals may benefit recovery-oriented practitioners as they support consumers in their recovery amidst the varying successes of avoidant-versusapproach behavioural goals.

Limitations

Consumers attending Recovery Camp are affected by a wide range of factors that likely influence their personal aims and goal attainment. These may include family and support network factors, relationships, employment status, living situation, stage of recovery journey, participant motivation, confidence, and self-efficacy (Rose & Smith, 2018). However, these variables are outside the scope of the present study. Future research in this area would benefit from collecting such data on Recovery Camp and examining whether consumer goals, and their attainment, vary in association with these factors. Additionally, the time point recognized as the onset of the COVID-19 pandemic in Australia reflects the first identified community-based transmission of the virus in March 2020 (Parliament of Australia, 2020). The authors recognize the likelihood of many influences at

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various stages throughout both time periods outlined in the present study; however, we feel the broad nature of social function has been reasonably encapsulated by our decision. It should also be noted that the sample of participants in this study reside in Australia, potentially reducing the generalizability of these goal-setting behaviours to individuals living with serious mental illness in other countries.

CONCLUSION

The present study adds to the literature highlighting the importance of consumer-led goal attainment when subscribing to a recovery-based model of care for individuals living with mental illness. Recognizing the impact of the pandemic is vital to providing effective mental health care and is now particularly important given the shifting nature of consumers' goals in response to COVID-19. The high rates of goal achievement at *Recovery Camp*, in addition to the shifting importance of these goals in the post-lockdown era, provide support for integrating elements of TR activities into traditional treatment programmes for individuals living with mental illness.

RELEVANCE FOR CLINICAL PRACTICE

Post-COVID-19, consumer recovery goals reveal an increased desire for connection, positive behavioural change, and increased novelty-seeking. These results educate mental health practitioners, particularly nurses, in supporting the recovery aims and goal-directed behaviour of consumers' in their care. This is particularly relevant given the differing goal attainment rates; for example, *Avoidance-based Recovery* goals displayed low attainment, whilst *Relationships* and *Approach-Based Recovery* goals were consistently highly attained. An awareness of the shift in consumer goals in the post-pandemic period, can aid mental health nurses in collaboration with consumers, to create individualized recovery goals.

AUTHOR CONTRIBUTIONS

Christopher Patterson: Conceptualization, Methodology, Reviewing, and Editing. Michelle Roberts: Methodology, Software, Data Curation, Formal Analysis, Writing – Original draft preparation. Taylor Yousiph: Software, Data Curation, and Formal Analysis, Writing – Original draft preparation. Georgia Robson: Software, Data Curation. Kelly Lewer: Writing – Reviewing and Editing. Elissa-Kate Jay: Writing – Reviewing and Editing. Lorna Moxham: Supervision, Conceptualization, Methodology, Reviewing, and Editing.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICAL APPROVAL

Ethical approval was obtained from the relevant institutional ethical board (approval no: 2019/ETH03767).

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