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ORIGINAL ARTICLE

Day hospital treatment for people with severe mental illness according to users' perspectives: what helps and what hinders recovery?

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Abstract

Background: Scarce information is available about how users experience treatment at mental health day hospitals, particularly in South America.
Aims: To explore users' perspectives about elements of day hospital treatment that facilitate or hinder the recovery process in a mental health facility in Buenos Aires, Argentina.
Methods: Semi-structured individual interviews ($n = 8$) and focus groups ($n = 4$) were carried out with a convenience sample of users of a mental health day hospital program based on a formulation, testing and redevelopment of propositions approach. Results were analyzed through grounded theory techniques.
Results: Categories indicating recovery were: starting to do things, being able to see themselves from a new perspective, mood improvement and changes in interpersonal relationships. Aspects facilitating recovery were: activities organized by the facility, the group approach, the care provided by facility workers and the physical environment. Hindering aspects were: heterogeneity of users in terms of age, severity, diagnosis and being underestimated by staff.
Conclusions: Being active again was considered to be the main recovery indicator in this cultural context and participating in activities led by skilled facilitators was the most beneficial factor of the program according to the users.

Keywords

Day hospital, views/attitudes of consumers, users' perspective, recovery, Argentina

History

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Introduction

Since the 1940s, psychiatric day hospitals have been used worldwide to provide treatment to people with serious mental illness. Rosie et al. (1995) suggested that day hospitals could provide help for people who would otherwise be hospitalized or in transition from hospital-based to community-based care. Day hospitals were also noted as a valid option for people in need of more intensive treatment or rehabilitation than needed on a simple outpatient basis (Rosie et al., 1995). Over the past 70 years, day hospital outcomes have been analyzed and compared to outcomes associated with full hospitalization and outpatient care. In a meta-analysis comparing outcomes from several dimensions (i.e. psychopathology, social functioning, satisfaction, service use and re-hospitalization), Horvitz-Lennon et al. (2001) concluded that partial hospitalization was as effective as full hospitalization and that user and familial satisfaction was modestly but significantly higher in partial hospitalization.

While most studies have shed light on the impact of treatment on outcomes, there is limited research focusing on users' perspectives of the therapeutic factors involved in day hospital treatment outcomes and on the process surrounding day hospital attendance. Given that the recovery model has become central to mental health research and treatment (Slade et al., 2012b) and because recovery is a self-defined process involving people's capacity to live, work, learn, and fully participate in the community despite the presence of mental health symptoms (Anthony, 1993; Deegan, 1988), investigating the users' perspectives of day hospital programs contribution to recovery has become imperative.

During the 1980s, several qualitative studies were conducted regarding users' perspectives of mental health day hospitals, focusing primarily on factors contributing to beneficial effects (Baker et al., 1986; Hoge et al., 1988; Holloway, 1989; Hsu et al., 1983). In the last decade, a few studies on users' perspectives about day hospitals corroborated findings from other studies regarding facilitating factors that contributed to the recovery process (Larivière et al., 2009, 2010; Mörtl & Von Wietersheim, 2008). These factors include skilled and empathetic professionals, improved daily routines, structure, group therapy, action and reflection, environment, a therapeutic alliance, a secure frame, and motivation (Larivière et al., 2009; Mörtl & Von Wietersheim, 2008). However, these studies were less successful in

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identifying negative aspects of day hospitals (Baker et al., 1986; Holloway, 1989; Larivière et al., 2009; Russell & Busby, 1991) and, in addition, concentrated in developed countries.

Although users' perspectives on day hospitals processes and recovery are culturally sensitive (Slade et al., 2012a), scarce studies have been conducted in developing countries. This study conducted in South America, a region under-represented in literature, provides information on day hospital programs in a setting with several unique cultural factors. Argentina is one of the few places in the world where psychodynamic frameworks still dominate mental health care at every level of training and service delivery. Specific diagnoses are rarely given, and the medical model for mental illness is not generally accepted. Buenos Aires, Argentina's capital and largest city, holds the ''best'' psychologists to population ratio in the world with one psychologist for every 90 inhabitants (Alonso & Klinar, 2013). In addition, there is a broad societal acceptance of psychological treatments and few limitations to treatment duration, in either the public or private insurance plans. The Mental Health Sector in Argentina is currently undergoing a reform process based on Italian and Brazilian mental health reforms. In 2010, the government enacted the National Mental Health Law, which mandated a transition from large asylum hospital-based care to care in community-oriented mental health facilities, such as the day hospital program in this study (República Argentina, 2010). Therefore, understanding how day hospital programs facilitate recovery is a timely topic in Argentina.

In light of previous research and a significant lack of investigation in the region, this study's objective was to identify the elements of day hospital treatment that facilitate or hinder users' recovery process within a day hospital in Buenos Aires, Argentina. The results will provide local evidence for decision making on the development of such mental health facilities in this context. A recovery orientation and a greater focus on users' perspectives are integral to the reform process.

Methods

Participants

The study included 24 users of the day hospital. Eight participants were individually interviewed and 16 others participated in focus groups. None of the invited users refused to participate. The only exclusion criteria was time elapsed since admission. A minimum of three months of attendance was required for participation in the individual interviews. Users with dual diagnosis and in acute clinical conditions were not excluded from participating. Characteristics of participants did not differ from typical users admitted to the facility (i.e. 54% women, average age 34.1 years with a range from 18 to 66 years, most prevalent diagnosis was schizophrenia followed by personality and mood disorders) (Table 1).

Research team

The research team included four psychologists and two psychiatrists. Only one of the researchers was directly involved in the day hospital where the study was performed, and she did not participate in interviews. Three were staff members of the NGO affiliated with the day hospital and participated in regular meetings where clinical and conceptual issues regarding day hospital organization were discussed. One of the researchers was an independent researcher not affiliated with the day hospital.

Table 1. Participants' characteristics.

Variables	Interviewees ($n=8$)	Focus Group #1 ($n=8$)	Focus Group #2 ($n=8$)	Total
Gender				
Male	3	6	2	11 (46%)
Female	5	2	6	13 (54%)
Age				
19–29	2	3	3	8 (34%)
30–39	2	3	2	7 (29%)
40–49	2	1	2	5 (21%)
50–59	2	–	–	2 (8%)
60 or more	–	1	1	2 (8%)
Educational Level				
Secondary incomp.	2	–	1	3 (12%)
Secondary comp.	3	–	2	5 (21%)
Tertiary incomp.	–	5	2	7 (29%)
Tertiary comp.	3	3	3	9 (38%)
Length of stay at the Day Hospital				
3–6 months	3	5	2	10 (41%)
7–12 months	1	2	5	8 (34%)
13–24 months	4	1	1	6 (25%)
Diagnosis				
Schizophrenia	1	3	3	7 (29%)
Other psych. dis.	2	–	1	3 (12%)
Mood disorder	2	3	1	6 (25%)
Substance abuse	2	–	–	2 (8%)
Personality Dis.	1	2	3	6 (25%)

Procedures

Participants read and signed a written informed consent, which was also explained orally to clarify questions and concerns. The research protocol was approved by the local institutional review board, which was constituted according to international standards. Demographic data included gender, age (collected at the beginning of the interview or the focus group), educational level, length of stay and diagnosis (collected from the day hospital's records).

The day hospital where the study was carried out is part of a community-oriented mental health facility connected to a non-profit NGO located in Buenos Aires, Argentina, which offers different treatment options such as weekly outpatient pharmacological or psychological treatment, various workshops, weekend clubs and several activities at the center with community involvement to foster participants' social inclusion. The goals of this day hospital are to help users achieve clinical stabilization, promote socialization, regain and increase their motivation, involve users in their own treatment and develop meaningful life activities – all parts of a recovery orientation. The day hospital program is partially structured, but includes an individually tailored component. After admission, a case manager is assigned to each user, who is required to have individual psychiatric and psychological

treatment, inside or outside the institution. Family meetings, therapeutic activities (e.g. group therapy, occupational therapy, day hospital assembly), art workshops (e.g. theater, writing, painting) and somatic workshops (e.g. movement, yoga, and nutrition) are the main components of the program.

The interdisciplinary team includes psychiatrists, psychologists, nurses, occupational therapists, nutritionists and workshop teachers who specialize in their respective fields. Users attend three to five times a week, during mornings or afternoons. The average number of users per shift is 35. Institutional records show that 25% of the users stay less than three months, 43% between three and twelve months and 32% more than twelve months.

The study was performed in two stages, following an emergent design approach (Patton, 2002) and involving a formulation, testing and redevelopment of propositions scheme (Lincoln & Guba, 1985). In the first stage, three of the researchers (MA, SB and SW) interviewed eight users to identify facilitators and barriers to recovery. Purposeful intensity sampling – information-rich cases that manifest the phenomenon of interest intensely, but not extremely – was used in this stage (Patton, 2002). The sample included users who according to provider estimation had different levels of adherence to day hospital treatment, but who were not extreme cases. Adherence was defined according to participation in the activities of day hospital, involvement in group therapy and in users' assembly, explicit manifestations of approval or discomfort with day hospital program. The interview followed a guided approach (Patton, 2002), lasted 45 minutes, and used lay language (i.e. *improvement* was used for *recovery*). The topics of the interview guide were: description of their experience at the day hospital, perception about their recovery process, aspects of the day hospital that facilitated their recovery process, aspects of the day hospital that hindered their recovery process and users' perception of the purpose of the program. The interviews were audio-recorded and transcribed verbatim. The transcripts were used to build emerging categories about elements of the day hospital that facilitated or hindered the users' recovery process. Indicators of recovery described by the users were also identified. After six interviews, categories were constructed for presentation to the focus groups, and remained unchanged after two more interviews (in total eight interviews). At that point, researchers agreed that saturation of adequate information was complete for the categories (Francis et al., 2010), capped the individual interviews, and moved to the next stage.

In the second stage, two focus groups were organized. Each group met twice in order to validate and redefine the categories that emerged during the first stage. Researchers presented the project to users at the day hospital assembly where users could choose to participate in the focus groups. No selection was used. The group approach was used to learn through group interaction from participants their own perspectives in the context of others perspectives (Morgan, 1996), since ''the research participants talk primarily to each other rather than to the researcher, and they talk in a way that is much closer to everyday conversation than is a one-to-one interview'' (Wilkinson, 1998a, p. 335). In addition, focus groups give participants more control over the interaction (Wilkinson, 1998b). In the first meeting three main topics were discussed: description of improvements that users experienced since participating in day hospital treatment (i.e. recovery indicators), aspects of the day hospital program that facilitated recovery and aspects of the day hospital program that hindered recovery. The emerging categories built by researchers based on the individual interviews were presented to the groups in posters. Each poster had the title of the category and textual examples extracted from the interviews, illustrating how the category had been built. Participants were encouraged to discuss the categories, whether they disagreed with the categories, and why. The research team analyzed the information, and a second round of group meetings was held with the same participants in order to present the new synthesis and validate the final categories constructed.

Analysis

The analysis was based on grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Each interview was independently reviewed through open coding (Strauss & Corbin, 1998) by four of the researchers (MA, SA, SB and SW). Researchers discussed the codes to achieve consensus before a second round of independent axial coding (Strauss & Corbin, 1998). Then, the research team discussed the axial codes and arrived to categories which were organized according to the objectives of the study.

Categories were presented to focus group participants for member checks and to foster users' active participation in the category building process (Lincoln & Guba, 1985). The transcription of the focus group discussions was independently analyzed by three researchers (MA, SA and SW), looking for similarities and differences between the previous categories and group participants' opinions. The entire research team met and reached a consensus which was condensed in a document. Researchers presented a new version of categories to the participants of the focus group for a final validation of the emerging categories which yielded the results summarized in Table 2.

Results

Indicators of recovery according to users' perspectives

Changes that account for recovery were grouped into four categories: (1) starting to do things, (2) being able to view themselves from a new perspective, (3) mood improvement and, (4) changes in interpersonal relationships. Regarding the first category, in general users agreed that they came from a period of stagnation before entering the program, and that it helped them to overcome their paralysis. One participant said: ''Just to get out of the house is an activity for some of us. (. . .) As soon as I began the program I started doing activities, and I liked those activities. I figured that they were productive''. Other users stressed that they saw a difference in the kind of things they started to do: ''I also explored my artistic side here, and I realized that I liked it a lot, and this was very important for me''. Despite individual differences, starting to do things was considered the most important indicator of recovery for the majority of participants.

Table 2. Facilitating and hindering factors for recovery according to users' perspectives.

Recovery indicators	Facilitating factors	Hindering factors
Starting to do things	Activities	Heterogeneity of participants
Being able to view themselves from a new perspective	Group treatment	Underestimation by staff
Mood improvement	Care provided by day hospital workers	
Changes in interpersonal relationships	Day hospital physical environment	

In being able to view themselves from a new perspective, users emphasized that they valued their newfound possibility to accept their struggle and view themselves differently. One participant said: ''Coming to the day hospital allowed me to organize my ideas as a first step, and then get my life in order''. Another one said that ''There was a change inside myself, and since I felt better about myself I could change things with others''. One interviewee defined a day hospital as a ''social place (...) where you can find yourself''.

In terms of mood improvement, participants mentioned they were feeling ''less distressed'', ''stable'', ''with less anguish''. Symptom relief, particularly related to mood, was highlighted. One participant said: ''Unwillingness disappeared''. Another participant stated: ''Seeing other people get better and leaving the program gave me hope''.

Finally, regarding changes in interpersonal relationships, participants mentioned both quantitative and qualitative aspects. They acknowledged being able to re-establish some relationships, as well as start new ones and increase their social network. One interviewee said: ''The other day, after two years, I found my telephone book where I used to have a girlfriend's phone number (...), and other friends and acquaintances. I started calling them''. Another participant stressed: ''I socialize with people because I'm in constant relationship with others, mates as well as professionals''.

Day hospital factors that facilitate recovery according to the users

Facilitating factors were grouped into four categories: activities, group treatment, care provided by day hospital workers and day hospital physical environment. Users remarked that activities organized by the day hospital program significantly contributed to their recovery as this approach reduced isolation, helped them obtain a more organized life, gave them a routine and order and contributed to a more structured use of time. One interviewee said: ''Coming here is what is helping me to have some kind of order, having to stick to a schedule''. Another participant said: ''If I didn't come here I wouldn't leave my home''. Several participants compared coming to the program with a job, because it required structuring their time and prioritizing obligations.

Activities were considered facilitators as well as measurements of recovery. Nevertheless, some users also mentioned that activities *per se* would not be enough, since what mattered the most was how activities were coordinated. Particularly, it was important to users that the activity coordinator had the specific skills for the activity they were leading. For instance, they valued having an artist teach an art-oriented activity instead of a psychologist. Users emphasized that they valued expertise over a more therapeutic-centered approach.

Users considered the group treatment modality (i.e. weekly assemblies, group workshops, meals served on a communal table) a facilitating factor because this allowed them to have social relationships, reducing isolation. These relationships allowed users to share experiences with each other and learn to deal with interpersonal conflicts. One interviewee said, the most important thing was ''sharing with others, learning to tolerate them''. Another one, ''You listen to different things and get to think: ''It's not so weird what's happening to me''. All of us here are going through similar things''. Several users emphasized that what helped them the most was forming friendships with other day hospital peers that continued outside the institution.

The third facilitator – care provided by day hospital workers – included aspects like support and advocacy. Day hospital participants felt acknowledged and important to the staff, claiming they were treated ''like the human beings that we are, and not as 'ill' people''. They felt that the workers and professionals sometimes went above and beyond what their work required of them.

The last facilitator described was the day hospital physical environment. Users mentioned that physical space was an important facilitator and had positive remarks about the physical environment at the day hospital. They felt comfortable – as if they were at home – and liked that it was a place they could welcome their family to when their family came to visit. One participant said: ''Space is crucial: paintings and colors in the walls, and mostly for when my family comes. They come with joy and they like the place where I spend part of my day''.

In addition, supplementary to all other factors, users emphasized a sense of inner strength and motivation that helped them to sustain activities and keep coming to the hospital despite feeling bad. This motivation was independent of previously listed factors. Without such inner will, most participants agreed, nothing would have helped them.

Day hospital factors that hinder recovery according to users

Three hindering factors were identified: heterogeneity of participants, number of participants and length of stay. However, only heterogeneity was considered important in the focus groups. Regarding heterogeneity, as in everyday life, participating in activities with different people was both fruitful and unsettling at the same time. Users highlighted that there were times when it was difficult to interact with some people because of age differences or current health circumstances. At times, persons more advanced in their recovery

process had difficulty participating in activities with others experiencing more acute symptoms. When asked directly, most users denied having problems being with others at different stages of their recovery, and even said it helped them to understand their own situation from a different perspective: ''Heterogeneity contributes to self-development'', and ''if we don't want to be discriminated outside we shouldn't discriminate here''. But, at the same time, several users insisted that those less far along in their recovery should be hospitalized instead.

Finally, participants also identified professionals' interactions with users as a potential hindrance to recovery. A few users stressed their painful experience when professionals made condescending remarks towards them about their readiness for the program. For example, one participant said that ''during admission, the professional said I wasn't prepared to enter the program even though it had been recommended by my therapist''. Such remarks proved to have a lasting effect on the users.

Discussion

The results regarding factors facilitating recovery are consistent with users' perspectives studies in other settings. Our activities category is consistent with studies that suggest that structure, schedule and routines are crucial aspects of day programs that facilitate recovery (Baker et al., 1986; Hoge et al., 1988; Holloway, 1989; Hsu et al., 1983; Larivière et al., 2009, 2010). Interpersonal contact, meeting other people and group factors resembled our category of group treatment modality (Baker et al., 1986; Hoge et al., 1988; Mörtl & Von Wietersheim, 2008). Our category of care provided by day hospital workers can partially relate to what has been previously identified as empathetic professionals (Larivière et al., 2009), supportive atmosphere (Hsu et al., 1983), support received from others (staff or fellow attenders) (Holloway, 1989) and willingness to ''stretch the boundaries of what is considered the 'professional' role'' (Borg & Kristiansen, 2004, p. 493). The category of day hospital physical environment is consistent with a secure frame, in terms of a place to feel comfortable and sheltered (Mörtl & Von Wietersheim, 2008). Holloway's (1989) findings regarding users' requests to allot more resources to physical space are also in line with this finding.

Despite staff's assumption and previous findings that group therapy is considered central to all recovery processes inside the day hospital (Hsu et al., 1983; Larivière et al., 2009), participants in our study mentioned group therapy as an activity among others, giving it the same importance as other expressive workshops. Importantly, users valued the expertise of the workshop coordinators in the topic of each workshop, and also the focus of the workshop on its specific task (i.e. painting). The users emphasized the therapeutic effect of activities (i.e. painting, dancing) even when they were not exclusively framed as psychotherapeutic. Medication, often found to be an important factor contributing to recovery (Baker et al., 1986; Hoge et al., 1988; Hsu et al., 1983), was not mentioned by our participants, which may be due to the fact that individual psychiatric treatment and medication management were separate from day hospital treatment in this context.

Overcoming ''stuckness'' was the recovery indicator most valued by participants. Stagnation no longer dominated their lives and users considered they were able to be ''productive'', regain motivation and have an initial sense of self-efficacy by attending the program. ''Starting to do things'', in their words, allowed them to be aware of an improvement in their lives.

Another aspect highlighted by users was the importance of the type of interpersonal relationships they experienced in the day hospital. Specifically, they expressed that interacting with other users was essential – consistent with the literature on peer support and the therapeutic community (Boydell et al., 2002; Jones, 1968; Katz, 1981; Solomon, 2004; Wechsler, 1960). The participants added that these relationships helped them establish friendships that continued outside of the institution. Mutual support among peers in some cases led to more enduring friendships outside of the day hospital.

With regards to users being able to view themselves from a new perspective, this may be consistent with what Leamy et al. (2011) have mentioned as redefining a positive sense of identity. Users' awareness of having their ideas ''more organized'' and being more accepting of their difficulties seems to be part of a more profound transformation of the self. In line with the idea that some facilitating factors are not strictly part of the program, users emphasized the importance of their inner will to participate from activities, something frequently described by users in their recovery narratives (Davidson et al, 2005; Deegan, 2002; Leete, 1989; Ralph, 2000).

In a city where psychoanalysis has become part of lay people's culture and there are more psychoanalysts per capita than any other city in the world, it is interesting that the factors users emphasized as most important for recovery in day hospital programs are those not framed exclusively as psychotherapeutic – the opportunity to feel productive, give and take from others in horizontal relationships and learning from skilled instructors.

Our study found that some users felt that heterogeneity in the day hospital was detrimental to recovery and showed signs of discrimination towards companions. Stigmatizing attitudes like these could hinder the recovery process of stigmatized users. In addition, participants mentioned that staff attitudes towards users could be harmful to them. However, respondents were much more forthcoming with positive factors of day hospital treatment. This may be because satisfied clients tend to remain in treatment programs and are therefore over-represented in the sample, but previous studies have also established that users are more likely to report recovery facilitators versus barriers to recovery. Slater et al. (1982) also suggested that users tend to focus on their satisfaction with services versus their dissatisfaction.

Despite international recommendations (Borg et al., 2009; Richards & Barham, 1993) and a widely disseminated psychoanalytic framework, dialogue about users' experiences and perspectives is uncommon in Argentina's mental health facilities. Users were grateful to have the opportunity to share their thoughts and experiences, without realizing that they were merely exercising their rights. Users' acute condition or cognitive impairments did not seem to be obstacles for being able to clearly evaluate the benefits and limitations of the day hospital program.

Users' perspectives may complement staff perspectives and should be taken into account in order to provide better services and yield new insights regarding users' capacities. Staff and users' perspectives should not overrule each other but simply complement one another. Our findings suggest that to improve recovery-oriented services, staff should maintain a caring attitude and remain conscious of the importance of peer support and friendship dynamics as part of the users' lives outside the institution. In addition, staff should consider asking users these three simple questions: ''What is helping your recovery?'' ''What is hindering your recovery?'' ''What do you consider an improvement in your recovery?''

Limitations

Methodological limitations of this study include the following: the qualitative nature of the study poses strong limitations to generalizing the findings (i.e. individual interviews, focus groups and the adopted strategy for analysis). In addition, a high educational level and heterogeneity with respect to the mental health diagnosis and conditions of participants are important to highlight. The sample had a longer average length of stay than the average stay of the users of the day hospital where the study was conducted. A gender perspective was not considered, despite it may have shown differences in participants' recovery indicators. Users who left the program earlier may have been better informants regarding aspects of the day hospital treatment that hindered recovery. Participants who volunteered for the focus groups may have been the most satisfied users. In addition, the fact that the researchers were all professionals may have stimulated social desirability and affected participants' comfort in discussing barriers to recovery.

Conclusions

Our findings suggest that overcoming stagnation and being active are primary recovery indicators in day hospital treatment. Participating in activities led by skilled facilitators and the mutuality of friendship initiated inside the program but continued outside of the institution are the most helping factors according to the users. Further research needs to be conducted in other South American programs to identify hindering aspects of recovery from users who did not return for treatment.

In the context of the Argentinian national mental health reform, these results could contribute to community-oriented services' development and evaluation. In addition, they may contribute to policy makers and mental health services providers developing an understanding of users' capacity and right to participate in these processes.

Declaration of interest

Authors declare no conflicts of interest.

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References

Alonso M, Klinar D. (2013). Los Psicólogos en Argentina. Relevamiento Cuantitativo 2012. International Congress of Research and Professional Practice in Psychology; 2013 November; Ciudad Autónoma de Buenos Aires, Argentina.

Anthony WA. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. Psychosocial Rehabil J, 16, 11–23.

Baker GH, Gardiner BM, Perez-Gil J, Wood RJ. (1986). Psychiatric day hospitals: The patients and their preferences in treatment. Int J Social Psychiatry, 32, 64–72.

Borg M, Kristiansen K. (2004). Recovery-oriented professionals: Helping relationships in mental health services. J Mental Health, 13, 493–505.

Borg M, Karlsson B, Kim S. (2009). User involvement in community mental health services – Principles and practices. J Psychiatric Mental Health Nurs, 16, 285–92.

Boydell KM, Gladstone BM, Crawford ES. (2002). The dialectic of friendship for people with psychiatric disabilities. Psychiatric Rehabil J, 26, 123–31.

Davidson L, Sells D, Sangster S, O'Connell M. (2005). Qualitative studies of recovery: What can we learn from the person? In: R. Ralph, P. Corrigan, eds. Recovery in mental illness Washington (DC): American Psychological Association, 147–70.

Deegan P. (1988). Recovery: The lived experience of rehabilitation. Psychosocial Rehabil J, 11, 11–19.

Deegan P. (2002). Recovery as a self-directed process of healing and transformation. Occup Therapy Mental Health, 17, 5–21.

Francis J, Johnston M, Robertson C, et al. (2010). What is adequate sample size? Operationalising data saturation for theory-based interview studies. Psychol Health, 25, 1229–45.

Glaser B, Strauss A. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago (IL): Aldine Press.

Hoge MA, Farrell SP, Munchel ME, Strauss JS. (1988). Therapeutic factors in partial hospitalization. Psychiatry, 51, 199–210.

Holloway F. (1989). Psychiatric day care: The users' perspective. Int J Social Psychiatry, 35, 252–64.

Horvitz-Lennon M, Normand SL, Gaccione P, Frank RG. (2001). Partial versus full hospitalization for adults in psychiatric distress: A systematic review of the published literature (1957–1997). Am J Psychiatry, 158, 676–85.

Hsu LKG, Ridley C, Hinde R. (1983). How psychiatric patients view their own treatment: A study of 50 day hospital patients. Int J Social Psychiatry, 29, 60–4.

Jones M. (1968). Beyond the therapeutic community: Social learning and social psychiatry. New Haven (CT): Yale University Press.

Katz AH. (1981). Self-help and mutual-aid: An emerging social movement? Annu Rev Sociol, 7, 129–55.

Larivière N, Melançon L, Fortier L, et al. (2009). A qualitative analysis of clients' evaluation of a psychiatric day hospital. Can J Commun Mental Health, 28, 165–79.

Larivière N, Desrosiers J, Tousignant M, Boyer R. (2010). Revisiting the psychiatric day hospital experience 6 months after discharge: How was the transition and what have clients retained? Psychiatric Quater, 81, 81–96.

Leamy M, Bird V, Le Boutillier C, et al. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. Br J Psychiatry, 199, 445–52.

Leete E. (1989). How I perceive and manage my illness. Schizophr Bull, 15, 197–200.

Lincoln YS, Guba EG. (1985). Naturalistic inquiry. Newbury Park (CA): Sage Publications, Inc.

Morgan D. (1996). Focus groups. Annu Rev Sociol, 22, 129–52.

Mörtl K, Von Wietersheim J. (2008). Client experiences of helpful factors in a day treatment program: A qualitative approach. Psychotherapy Res, 18, 281–93.

Patton MQ. (2002). Qualitative research and evaluation methods. 3rd edition. Thousand Oaks (CA): Sage Publications, Inc.

Ralph RO. (2000). Review of recovery literature. Washington (DC): National Technical Assistance Center for State Mental Health Planning and National Association for State Mental Health Program Directors.

República Argentina. (2010). República Argentina, Congreso de la Nación. Ley Nacional de Salud Mental N° 26.657. Buenos Aires: Boletín Official.

Richards HL, Barham P. (1993). The consumer contribution to qualitative evaluation in mental health care. In: World Health Organization, Division of Mental Health, eds. Innovative approaches in service evaluation. Geneva: WHO Press, 7–34.

Rosie J, Azim H, Piper WE, Joyce AS. (1995). Effective psychiatric day treatment: Historical lessons. Psychiatric Serv, 46, 1019–25.

Russell V, Busby K. (1991). Patient satisfaction with a psychiatric day treatment program. Int J Partial Hospitalization, 7, 109–18.

Slade M, Leamy M, Bacon F, et al. (2012a). International differences in understanding recovery: Systematic review. Epidemiol Psychiatric Sci, 21, 353–64.

Slade M, Williams J, Bird V, et al. (2012b). Recovery grows up. J Mental Health, 21, 99–104.

Slater V, Linn M, Harris R. (1982). A satisfaction with mental health care scale. Comprehensive Psychiatry, 23, 68–74.

Solomon P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. Psychiatric Rehabil J, 27, 392–401.

Strauss A, Corbin J. (1998). Basics of qualitative research: Techniques and procedures for developing grounded theory. 2nd edition. London: Sage Publications.

Wechsler H. (1960). The self-help organization in the mental health field: Recovery Inc., a case study. J Nervous Mental Dis, 130, 297–314.

Wilkinson S. (1998a). Focus groups in health research. Exploring the meanings of health and illness. J Health Psychol, 3, 329–48.

Wilkinson S. (1998b). Focus group methodology: A review. Int J Social Res Methodol, 1, 181–203.