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RESEARCH ARTICLE

Mental health professionals' perceptions on health promotion needs among people with severe mental health disorders through the co-production approach

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---------- **ABSTRACT** ----------

People who suffer from severe mental health disorders are also at high risk of developing other serious health problems. Unhealthy lifestyle behaviors combined with low self-care and low health literacy among people with severe mental health disorders highlight the need to design health promotion interventions in this population group. A qualitative study was carried out with the aim of investigating the perceptions among mental health professionals on the health promotion needs of people with severe mental health disorders through the co-production approach. Two focus groups were conducted with 20 mental health professionals working in mental health community settings in Attica, Greece. The data was analyzed using thematic analysis. Regarding health promotion needs, four major themes emerged: 1) psycho-education, 2) self-care skills, 3) institutional interventions, and 4) experiential education. Concerning co-production in health promotion, three main themes emerged: 1) participatory process, 2) services evaluation, and 3) co-production training. The findings of the study provide valuable insights into the perceptions of mental health professionals and can be taken into account in contributing to the design and implementation of health promotion programs for people with severe mental health disorders.

KEYWORDS: Health promotion needs, co-production, mental health professionals, people with severe mental health disorders, Greece.

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Introduction

People who suffer from severe mental health disorders (i.e., schizophrenia, bipolar disorder, major depression) are also at higher risk of developing other serious health problems, such as coronary heart disease,[1] respiratory diseases,[2] obesity,[3] diabetes mellitus,[4] and neoplasms.[5] Due to this comorbidity, the risk of premature death is also significant, making this condition a major public

health problem.[6] It is important to note that individuals diagnosed with a severe mental disorder typically experience a reduction in life expectancy ranging from ten to twenty years when compared to the general population.[7,8]

Unhealthy lifestyle behaviors (e.g., smoking, absence of physical exercise, poor dietary habits, etc.) combined with low self-care and low health literacy[9] among people with severe mental health disorders highlight the need to design health promotion interventions in this population group.[10] In addition, people with severe mental health disorders, despite their inability to take care of their health autonomously and effectively, nevertheless express their concerns and the need to receive support and counseling for their health.[11] In contrast, health promotion and health education interventions for this population focus primarily on disease management[12] and rely on subjective perceptions of mental health professionals.[13] Also, mental illness-related factors such as low self-esteem, lack of confidence, and lack of motivation (avolition) are additional barriers to lifestyle interventions.[14] Research indicates that participatory lifestyle education interventions tend to enhance individuals' motivation to engage and are more efficacious, as they are grounded in the rapport and interactions established with mental health practitioners.[15,16] Especially when these interventions take place in community mental health settings.[17]

Co-production is an approach that ensures the active and equal participation of individuals in the design, implementation, and evaluation of interventions and services.[18,19] Co-production promotes an attitude of facilitation rather than passive service provision.[20] Through co-production, service users and mental health professionals work together as partners in an environment of sharing valuable knowledge and experience. Both the individuals' informal carers and members of the wider community can participate in this collaborative relationship.[21]

The existing literature provides scant references to health promotion programs and interventions targeting individuals with severe mental health disorders, especially within community settings, and uniform evaluation of such initiatives is lacking.[13] Furthermore, the programs designed and implemented are not using participatory approaches.[22] Therefore, this study aims to examine mental health professionals' perceptions of the health promotion needs of people with severe mental health disorders receiving services from community mental health centers in Greece. In addition, the goal was to explore professionals' perceptions regarding the concept of co-production. The research questions are: 1) What needs should a health promotion program for people with severe mental health disorders address? 2) How do mental health professionals perceive co-production in health promotion?

Material and Method

Participants and setting

Study participants were mental health professionals from a variety of professional backgrounds (i.e., psychologists, occupational therapists, social workers, health visitors, and nurses) who provide services to people with severe mental health disorders in community mental health settings (i.e., day centers, mobile units, and residential care) located in the region of Attica, Greece. They were recruited through a convenience sampling method, which is a non-probability technique where participants are included in the sample based on their ease of accessibility to the researcher. [23,24] The researcher (KT), who is also a mental health professional, visited settings where he does not provide services and informed potential participants about the purpose and nature of the study in writing and verbally. The study was carried out in two day centers that agreed to offer appropriate space for the study.

Data collection

Since we aimed to explore the mental health professionals' perceptions on health promotion needs among people with severe mental health disorders, we chose to use a qualitative approach. Two focus groups consisting of 8-10 participants were conducted between September and

November of 2022. Through focus groups, people with common characteristics are asked about their perceptions, opinions, and beliefs regarding a subject under study. It is held in an interactive and engaging environment where participants are free to discuss with other group members.[25]

The focus groups lasted 90–120 minutes each. The sessions were conducted in Greek. A semi-structured focus group guide was developed by the interdisciplinary research team to stimulate dialogue, promote interaction among participants, and make certain that all topics were covered. Initially, the facilitator (KT), who is also an experienced mental health professional and qualitative researcher, explained again the aims of the study and the focus group process. He emphasized the confidentiality of the discussion content, as well as their right to withdraw from the discussion at any time without giving any explanation or having any consequence. Prior to commencing, participants were asked to individually complete an anonymous brief form with some demographics (e.g., gender, age) as well as background information (e.g., work experience, education). The sessions were recorded using a digital voice recorder. In both focus groups, the following questions were asked: 1) How do you perceive a health promotion program for people with severe mental health disorders, and what needs would it address? 2) How do you perceive co-production, and what is your own role in it? 3) How do you perceive a health promotion program with the characteristics of co-production? At the end of the sessions, the facilitator, summarizing, confirmed the responses with the participants while giving them the opportunity to add or clarify anything they wanted.

Data analysis

Audio recordings were transcribed verbatim into Greek and the results of the analysis were translated into English (KT). Saturation was achieved as no additional data were found after the second focus group. The data was analyzed manually. It was conducted by two members of the research team (KT and ES) who have experience in qualitative research. The most widely used thematic analysis approach described in the qualitative research methodology literature[26] was applied: 1) the transcripts were read several times to ensure familiarity with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes. The two researchers (KT and ES) independently coded the transcripts to verify the consistency of the framework.[27]

Ethical considerations

Approval to conduct the study was obtained from the Research Ethics Committee of the University of West Attica (47060/13-05-2022). Another approval was obtained from the settings where the research took place. Potential participants were asked to voluntarily participate in the study by signing a consent form after being fully informed about the purpose and nature of the study. All the data were collected and accessed only by the researchers who didn't have any professional or personal relationship with the participants.

Results

A total of 20 mental health professionals participated in the study; 17 of them were women, and 3 were men. The average age was 37 years, and most of them (n=16) had completed postgraduate studies too. The majority (n=15) of participants had more than five years of professional experience in providing services in mental health community settings (i.e., day center, residential care).

A summary of themes and sub-themes that emerged from the analysis is illustrated in **Table 1**.

Health promotion needs

Concerning health promotion needs, four main themes emerged: 1) psycho-education, 2) self-care skills, 3) institutional interventions, and 4) experiential education.

1. Psycho-education

Participants perceive a health promotion program for people with severe mental health disorders mainly with psycho-educational content. They emphasize education for disease acceptance and management, which should be provided not only to individuals but also to family members and informal carers. As they mentioned:

"People do not easily accept their situation; they have a denial about what they are facing. My idea is to organize a psychoeducational program for the acceptance of the disease at the first level and its gradual management. How and when to address it from the very first symptoms" (P1, p.10, lines 11-15 (in the transcript).

"Health promotion should start from psychoeducation, not only of individuals but also of the family, with the goal of acceptance by the entire informal system that cares for the individual. It is the family that will even determine the prognosis of the disease itself" (P2, p.11, lines 12-15 (in the transcript).

They refer to the need for medication education, highlighting the difficulties of medication adherence for people with serious mental health disorders. They describe the moment they are discharged, completing their hospitalization in a psychiatric clinic. For example:

"Psycho-educational interventions are generally necessary. A health promotion program should include psycho-educational interventions about the disease as well as medication management to ensure medication adherence.' That's where the biggest issue seems to be and a vicious cycle begins that puts the person's health at risk each time" (P3, p.10, lines 16-21 (in the transcript).

"I think it's another thing to promote health for a person starting to receive services and another when they're on a recovery path. Health promotion at the time of a person who has just been discharged should have as a priority the tailored education of the person and, above all, the consistent intake of medication. This is definitely the base" (P4, p.12, lines 22-26 (in the transcript).

In addition, they focus on addressing the stigma associated with the moment of diagnosis of mental illness. They mentioned the importance of supporting the individual and carers at the beginning of any intervention where personal stigma is quite strong and is a barrier to mobilization and participation in activities. They said:

"We should address the whole environment holistically. Health promotion concerns all family members, especially regarding the negative emotions that come from the disease. I could imagine a psycho-educational program that would aim at acceptance and destigmatization with a priority on the stigma experienced by the individual and the family" (P2, p.13, lines 8-12 (in the transcript).

"Indeed, the period of onset of the disease is an extremely difficult and demanding phase that should be the starting point for such interventions. We need to provide information initially to the individual and family members so that they are relieved after hearing the diagnosis. This determines the prognosis of the disease and the life of the individual and the entire family" (P4, p.13, lines 13-17 (in the transcript).

2. Self-care skills

Participants report that self-care skills development is another dimension that needs to be considered when designing a health promotion program for this population. They report that people with severe mental health disorders face great difficulty in taking care of themselves effectively and consistently. As they said:

"In this particular population, regardless of cognitive level, there are serious difficulties in self-care, which is ineffective. There is no consistency, especially during periods of relapse and drop-out, these skills show significant impairment" (P2, p.15, lines 17-20 (in the transcript).

During the discussions, almost all of the participants who reported reduced self-care mainly pointed out the difficulties they find in individuals taking adequate care of their physical hygiene. For example, the following were mentioned:

"I think we're all well aware that poor physical hygiene is the biggest and most common self-care issue we need to focus on. We cannot refer to a health promotion program that does not include, in principle, personal hygiene and physical care. Hygiene requires education on a daily practical level" (P5, p.16, lines 1-5 (in the transcript).

"The inability to take adequate and constant care of physical hygiene is a common difficulty that we professionals identify in the majority of people with severe mental health disorders. Mostly, it is something we meet with people who are discharged after being hospitalized for quite a long time or having been ill and neglected themselves for years" (P6, p.16, lines 9-13 (in the transcript).

In addition, they mentioned the need to educate people about disease prevention and the need to avoid factors and behaviors that cause chronic diseases. Smoking and unhealthy eating habits-obesity were discussed. Since the sessions were held in the recent time of the COVID-19 pandemic, some participants pointed out the need for information about vaccination. They mentioned:

"We should expand to more holistic health issues. We have noticed that people with severe mental health disorders are usually heavy smokers and have poor eating habits. The prevalence of obesity and cardiovascular problems in this population is at much higher, I would say dramatic, rates" (P3, p.16, lines 19-23 (in the transcript).

"Many of the people we support also suffer from chronic obstructive pulmonary disease and, as is often mentioned, cardiovascular problems, diabetes, etc. Cancer is literally everywhere. In my mind, it's a self-care skills program that will promote a quality lifestyle with healthy habits to reduce the risk of other serious illnesses" (P7, p.12, lines 5-10 (in the transcript).

"We saw in the pandemic how difficult it was for people to understand the risk and get vaccinated. Therefore, an example I'm thinking of, with the pandemic we've been through, is the need to provide information about the vaccine, just like the general population. That we would do for everyone without discrimination" (P2, p.10, lines 23-27 (in the transcript).

3. Institutional interventions

The majority of participants associate health promotion with programs provided by the state (e.g., Ministry of Health, municipalities). They consider that health promotion interventions should have an institutional character and follow a common methodology. Particular emphasis is placed on the role of education and the school as an early intervention environment to provide information and awareness regarding mental health issues. For example, they said:

"Something institutional comes to my mind. It is organized by someone "above", an authority, whether it is called a ministry or a municipality. At a horizontal, state level, if I understand. As a broader intervention. However, in order to function and be followed, it should be an institution" (P8, p.4, lines 24-27 (in the transcript).

"At some point there should be legislation that includes awareness programs for mental health disorders and psychosocial difficulties at all levels of education. Children need to be informed early in school about these issues" (P6, p.8, lines 18-21 (in the transcript).

4. Experiential education

Participants report that health promotion should have elements of experiential education. A health promotion intervention will be more interactive when it allows people to talk about their personal experiences. The use of audio-visual media, which could include testimonials and personal narratives, could also be helpful. As they mentioned:

"It is not enough to be well structured or organized. It should definitely be experiential. To enable participants to talk about their personal experiences. The experiential approach is always more interesting. The other's living example will hold the user, motivating him/her to identify and feel that he/she can" (P1, p.7, lines 18-22 (in the transcript).

"To be based on the use of audio-visual media, on interaction. For example, a group could start by showing a video narrative by a person with psychiatric experience" (P3, p.8, lines 3-5 (in the transcript).

Co-production in health promotion

Regarding co-production in health promotion, three themes were identified: 1) participatory process, 2) services evaluation, and 3) co-production training

1. Participatory process

Most of the participants approached the concept of co-production as a condition of active participation of the person, who is facing a mental disorder, in his/her treatment plan. A participatory process that allows the individual to express his/her opinions and make decisions about his/her life. For example:

"I understand a participative dimension somewhat. To give the person the appropriate space to think, to express his/her opinion and his/her wishes, and to be able to decide on the goals we set together in his/her treatment plan. He/she can freely express the desires and needs that will define his/her life. And of course to decide" (P9, p.18, lines 8-12 (in the transcript).

Some other participants referred to the active participation of individuals in groups, actions, and even conferences related to mental health. Some examples are the following:

"It is obviously not a co-production in a group that aims to promote health or anything: the simple and often passive presence. It is important that people actively participate in the groups and not just listen to the professional so that there is a common result" (P5, p.28, lines 10-13 (in the transcript).

"We often observe that excellent events are organized by mental health associations that aim at stigma, inform, and raise awareness, and we do not see the users themselves, I mean in the organization, with an active role. It is not possible, for example, on World Mental Health Day that the individuals themselves do not participate in the action together with the professionals" (P2, p.21, lines 24-29 (in the transcript).

"I agree with colleagues. As in scientific conferences, there should always be a table with the participation of both people facing mental health disorders and their families. They should be given the stage; they are the protagonists" (P7, p.22, lines 6-9 (in the transcript).

2. Services evaluation

According to the participants, evaluation is an important participatory process through which people can express their opinions about services they have received. This would help mental health professionals understand the degree of satisfaction and whether the initial design achieved its objectives. As participants reported:

"I certainly think there is no one picture of where we are. For example, after completing an activity, ask people to give feedback on how satisfied they are. Did they like the group they attended? Did they participate in it? Did it help at all? To know what we did" (P9, p.30, lines 25-29 (in the transcript).

"Whatever example we think about co-production, I conclude that there should be a feedback from them so that we can evaluate whether the objectives were achieved, whether we achieved the desired results, and what was finally done in relation to our decided plan" (P3, p.31, lines 8-11 (in the transcript).

3. Co-production training

It is important to mention that some participants mentioned that although they have received some information about co-production, they express the need for preparation and training for a better understanding of the concept before it is applied to services:

"Seems like something new that we need time to understand ourselves before suddenly 'giving' it to users. I don't think that only a positive attitude and initiative are enough. We have seen many times the beginning of something that is difficult for us to understand and ultimately causes more confusion" (P1, p.17, lines 4-7 (in the transcript).

"It is not enough just to understand but also to organize properly. I feel it needs a lot of preparation before we implement it. What steps will we follow? What *stages are necessary to get there?"* (P4, p.23, lines 5-7 (in the transcript).

"We can't go in "blindly". A theoretical training and perhaps a pilot implementation is necessary to be able to predict the process so that we are more sure of what we end up following. And this will obviously help the users themselves" (P6, p.23, lines 18-21 (in the transcript).

Discussion

As recognized in the literature, mental health professionals frequently implement health promotion programmes without conducting a prior needs assessment, or in some cases, these needs are addressed through predefined topics.[12] The present study explored mental health professionals' perceptions of health promotion needs for people with severe mental health disorders. In addition, health promotion issues were explored through the approach of co-production.

Regarding health promotion, it needs participants focused on psycho-education of individuals and informal carers. This focus on disease management is consistent with the findings of previous related studies demonstrating that mental health professionals' attitudes and interventions are primarily disease-oriented.[28,29] On a second level, they believe that a health promotion program should include topics related to physical health, focusing on self-care skills. This perception of mental health professionals meets the needs of people with severe mental health disorders, who are willing to adopt healthy habits and change their lifestyle.[12] In particular, studies highlight the

expressed need of individuals to control their body weight and manage the side effects of medication.[11,30]

For the participants, experiential education plays an important role in promoting the health of people with severe mental health disorders. The use of experience, especially as a peer support tool, is an important issue also highlighted by mental health service users.[31,32] However, in the present study this experience appears to be of limited use in increasing the effectiveness of established and existing services and interventions. On the contrary, as found in a study conducted to explore the ideas and preferences of mental health service users in achieving a collaborative relationship in health promotion, participants expressed a desire to involve them in agenda-setting and setting health promotion activities and not just participating in predetermined activities.[33]

Concerning co-production in health promotion, participants approached the concept as a form of active participation of the individual in his/her treatment plan and promoted his/her active involvement in activities. Moreover, the participation of people with mental health disorders in the evaluation of the activities they take part in was also a dimension highlighted. It has been found that people with lived experience participate in planning or evaluation processes but never as decision-makers.[34] Accordingly, in our study, mental health professionals refer to an active but partial participation of individuals by providing feedback and expressing their satisfaction in an existing framework. However, co-production is not limited to the active participation of individuals in pre-existing processes, nor is it an open discussion. It requires mental health professionals to work equally with people at all levels.[21] Co-production focuses on a relationship in which service users and health professionals share power, recognizing that both bring vital expertise to work as equal partners to design and deliver services together, as well as to evaluate them with aim of their continuous improvement.[35] Therefore, the responses of the participants could be said to refer more to an intermediate participatory process and not to co-production as reported in the literature.

Nevertheless, we should not ignore that participants expressed the need to become more familiar with the concept of co-production and to be trained in the approach before being asked to implement it with individuals. Training, supervision, and support are important factors even in the case of a co-production relationship, especially at the beginning, in the first steps when staff have to come to terms with new priorities.[35] The need to train mental health professionals in participatory approaches has been expressed not only by them but also by people with mental health disorders as a high priority.[36]

Some limitations should be taken into account when interpreting the findings of this study. The number of participants was small. This is due to the nature of qualitative research itself, as the aim of qualitative research is to explore and provide deeper insights into the experiences, perceptions, and behavior of participants.[37] In any case, saturation was reached, which indicates that collected data has reached a point where further data collection is unlikely to uncover new themes. Furthermore, the participants were all mental health professionals working exclusively in community mental health settings in Athens, Greece. Therefore, it is important to conduct future studies that consider the views of mental health professionals, representative of the entire country, including provincial areas. Finally, the present study took into account the health promotion needs expressed by mental health professionals, without considering the needs expressed by people with mental health disorders themselves. Thus, future study with the participation of individuals would be useful.

In conclusion, the findings of this study provide useful information that could be used to design and implement health promotion programs for people with severe mental health disorders. A health promotion program for this population, as proposed by mental health professionals, should address psychoeducation needs, including informal carers, and the development of self-care skills, focusing on physical hygiene, disease prevention, smoking cessation, and nutrition advice. A common methodology should also be followed, in the context of developing health

promotion policies, with elements of experiential education, incorporating the experience of individuals.

Finally, the findings regarding co-production in the context of health promotion demonstrate that while there is an intention to adopt it, it cannot be implemented properly. Participants are not equipped to work in the recommended way. Therefore, this approach should be included in the training of health professionals so that it is integrated into existing scientific knowledge and everyday practice, ensuring the equal participation of individuals in all aspects of the health promotion planning, implementation, and evaluation processes.

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Table 1. Summary of themes and sub-themes

	Themes	Sub-themes
Health promotion needs	Psycho-education	Disease acceptance & management Medication education Addressing stigma
	Self-care skills	Personal hygiene Disease prevention Smoking cessation Nutrition Vaccination information
	Institutional interventions	Common methodology School education
	Experiential education	Personal experiences Audio-visual media
Co-production in health promotion	Participatory process	Treatment plan Activities
	Services evaluation	Feedback Satisfaction degree
	Co-production training	Preparation

ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Οι αντιλήψεις των επαγγελματιών ψυχικής υγείας για τις ανάγκες προαγωγής της υγείας των ατόμων με σοβαρές ψυχικές διαταραχές μέσω της προσέγγισης της συμπαραγωγής

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----------**ΠΕΡΙΛΗΨΗ** ----------

Τα άτομα που πάσχουν από σοβαρές ψυχικές διαταραχές διατρέχουν επίσης υψηλό κίνδυνο να αναπτύξουν άλλα σοβαρά προβλήματα υγείας. Ο ανθυγιεινός τρόπος ζωής σε συνδυασμό με τις μειωμένες δεξιότητες αυτοφροντίδας και η ανεπαρκής εγγραματοσύνη σε θέματα υγείας (health literacy) των ατόμων με σοβαρές ψυχικές διαταραχές υπογραμμίζουν την ανάγκη σχεδιασμού παρεμβάσεων προαγωγής της υγείας σε αυτήν την ομάδα πληθυσμού. Διενεργήθηκε μια ποιοτική μελέτη με στόχο τη διερεύνηση των αντιλήψεων των επαγγελματιών ψυχικής υγείας σχετικά με τις ανάγκες προαγωγής της υγείας ατόμων με σοβαρές ψυχικές διαταραχές, μέσω της προσέγγισης της συμπαραγωγής. Πραγματοποιήθηκαν δύο ομάδες εστίασης με 20 επαγγελματίες ψυχικής υγείας που εργάζονται σε κοινοτικές δομές ψυχικής υγείας στην Αττική, Ελλάδα. Τα δεδομένα αναλύθηκαν μέσω θεματικής ανάλυσης. Όσον αφορά τις ανάγκες προαγωγής της υγείας, προέκυψαν τέσσερα κύρια θέματα: 1) ψυχοεκπαίδευση, 2) δεξιότητες αυτοφροντίδας, 3) θεσμικές παρεμβάσεις και 4) βιωματική εκπαίδευση. Όσον αφορά τη συμπαραγωγή στην προαγωγή της υγείας, προέκυψαν τρία κύρια θέματα: 1) συμμετοχική διαδικασία, 2) αξιολόγηση υπηρεσιών και 3) εκπαίδευση στη συμπαραγωγή. Τα ευρήματα της μελέτης παρέχουν πολύτιμες γνώσεις για τις αντιλήψεις των επαγγελματιών ψυχικής υγείας και μπορούν να ληφθούν υπόψη, συμβάλλοντας στο σχεδιασμό και την εφαρμογή προγραμμάτων προαγωγής της υγείας για άτομα με σοβαρές ψυχικές διαταραχές.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Ανάγκες προαγωγής υγείας, συμπαραγωγή, επαγγελματίες ψυχικής υγείας, άτομα με σοβαρές ψυχικές διαταραχές, Ελλάδα.

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