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To cite this article: Birgitte Lerbæk, Alice Katrine Burholt, Line Myrup Gregersen, Mike Slade, Stynke Castelein & Rikke Jørgensen (06 Mar 2026): Re-positioning Mental Health Experiences from Deficit to Asset. A Qualitative Study Exploring When the Idea of Becoming a Mental Health Peer Support Worker Takes Shape, *Issues in Mental Health Nursing*, DOI: [10.1080/01612840.2026.2634190](https://doi.org/10.1080/01612840.2026.2634190)

To link to this article: <https://doi.org/10.1080/01612840.2026.2634190>



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Published online: 06 Mar 2026.



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# Re-positioning Mental Health Experiences from Deficit to Asset. A Qualitative Study Exploring When the Idea of Becoming a Mental Health Peer Support Worker Takes Shape

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## ABSTRACT

Peer support is a recovery-oriented collaborative practice where individuals with lived experiences with mental health conditions engage in supporting others experiencing similar challenges. Becoming a peer support worker (PSW) includes a transition from being a service user to becoming a provider of care and personal roles and identity are challenged when adjusting to the new role. Through individual interviews, this study explored eight PSWs' personal stories of mental illness, recovery, and when the possibility of becoming a peer support worker emerged during this process. Thematic analysis led to four themes: 1) Struggles in everyday life, 2) Landmark events, 3) Turning points, and 4) Finding your way. The PSWs told deeply personal stories of how mental illness had impacted their lives. The themes display when the initial idea and then the ambition to become a PSW emerged during the process of recovery. This study provides insight into how the PSWs at different times—and in different ways—became aware of the possibility of using their personal experience to support others. At an overall level, these findings represent descriptions of individual processes in which the PSWs moved towards re-positioning their lived experiences with mental health challenges from deficit to asset.

## Introduction


Peer support can be described as a recovery-oriented collaborative practice where individuals with lived experiences with mental health conditions engage in the support of others experiencing similar challenges (Cooper et al. 2024; Ibrahim et al. 2020; Mutschler et al., 2022). Globally and over the years, the use of different forms of peer support workers (PSWs) in mental health care settings has increased significantly (Bellamy et al., 2017; Roennfeldt & Byrne, 2021). One example is peer support workers (PSWs) who are employed as part of the interdisciplinary teams in flexible community treatment (FACT) teams (van Veldhuizen, 2007; van Veldhuizen & Bähler, 2013). In the FACT teams, PSWs are to support personal recovery in everyday practices, and their work can be seen as a way of translating recovery values and principles into actions (Gordon & Bradstreet, 2015; Lerbæk et al. 2024). However, the implementation of peer support into existing mental health

services remains a challenge e.g. related to needed changes in organisational culture, role clarity and health care professionals' attitudes towards working alongside PSWs (Ibrahim et al. 2020; Johansen et al., 2024; Lerbæk et al. 2024).

The increasing presence of PSWs in mental healthcare services motivates the exploration of what aspects of previous illness and recovery experiences lead someone towards a PSW role and when in their recovery process the idea of becoming a PSW begins to take shape.

Previous research has described that to become a PSW, patients need to transition from being a service user to becoming more of a provider of care. In their future role as a provider of care, their lived experiences as a patient may then be used to support the recovery process of like-minded (Cabral et al., 2014). As part of this process of transitioning from patient to PSW, personal roles and identity are challenged as the former patient adjust to the new role as PSW (Debyser et al. 2019; Jensen et al., 2025).

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 Supplemental data for this article can be accessed online at <https://doi.org/10.1080/01612840.2026.2634190>.

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The process of transitioning from patient to PSW has been described as an opportunity for the individual to ensure personal recovery, which includes implications for personal development (Debyser et al., 2019). It can provide the opportunity to make a valued social contribution and build a positive identity (Vandewalle et al., 2018).

Core processes for a positive transition from patient to PSW have been described as conditioned by the individual's need for humanity, compassion, recognition, support, transparency, openness, clarity, and hope. All these characteristics are recognised as inherent in recovery processes. Despite the challenges PSWs may encounter in this transitional process, the transition has been described as an opportunity to move on from lived experiences of mental health challenges and suffering and to make use of their personal experiences. To some, this sense of moving on represented ways to complete their own recovery process (Debyser et al., 2019).

Previous research within this area has explored the motivation and driving forces related to mental health peer support work and describe different factors that may influence one's choice to become a peer support worker (see for example (Lammers et al., 2023; Moran et al., 2014; Vandewalle et al. 2018). A knowledge gap relating to this transition from patient to PSW concerns when and how former patients start forming the idea and their move towards becoming a PSW as part of their recovery process.

## **Aim**

The aim of this study was to explore peer support workers' personal stories of mental illness, recovery, and when the idea of becoming a peer support worker emerged during this process.

## **Materials and methods**

### **Design**

The study was designed as a qualitative interview study. A qualitative approach was appropriate when aiming to reach a greater understanding of human experiences rather than to reach generalisable findings (Marshall, 1996). Epistemologically, the study was placed within constructionism, building on the assumption that the meaning individuals ascribe to the surrounding world is contingent on social practices and shaped in ongoing interactions between individual and the surrounding world (Burr, 2003). Accordingly, the ontological stance was focused on individuals' active construction of notions of reality through cognition and hence the existence of multiple realities.

### **Setting**

The study was conducted in eight FACT teams that were part of the outreach mental health services in the North Denmark Region. The FACT teams provided services for approximately 1,500 patients with psychotic disorders. In 2020, each FACT team employed one PSW. All PSWs were in permanent, paid

positions working 20h per week. The PSWs were employed to support patients' personal recovery process through individual support and group sessions. These PSWs were the first PSWs to be employed on equal terms as other employees in mental health services in the North Denmark Region. These terms of employment, for example, included having a mentor appointed in the initial phase of employment, specified working hours and payment in case of sickness.

### **Participants**

Eligible participants for this study were the PSWs employed in the FACT teams ( $n=8$ ). All were approached via email, and all consented to participate. The participants comprised five males and three females, with a mean age of 36 years (range: 30–42 years). All had prior experience of mental health conditions and had received care and treatment in the mental health services. Their lived experiences included different affective and psychotic disorders, and substance use.

### **Individual interviews**

Semi-structured, individual interviews (Brinkmann & Kvale, 2015) were conducted to explore the subjective perspectives and meanings of the PSWs related to their own experiences of mental illness and recovery processes.

The interviews were facilitated using a broad opening interview question: “*What can you tell me about your own recovery journey?*”. Probing questions were used to clarify relevant issues, to help move the participants' descriptions forward, or to ask for more details on a particular matter.

The second and third authors conducted the interviews. One was experienced in conducting qualitative research, and the other had lived experience of mental illness and was well-known to the PSWs as she, at the time of the study, facilitated their monthly experience exchange forums. The two interviewers took on the role of interviewer and observer, respectively. Their different roles were explicitly explained to the participants at the beginning of each interview.

Interviews were conducted in June 2021 and lasted between 55 and 73 min (mean: 63 min). They were conducted in a quiet room at the PSW's workplace. All interviews were audio-recorded and transcribed verbatim. The interviews were conducted in Danish. Extracts used in the presentation of the findings below were translated into English by the first author.

### **Research team**

The research team included members who had lived experience of mental health conditions or of being a relative to someone facing these challenges. Most members of the team were experienced researchers in the field of mental health and some specifically within the field of recovery. Except for two, the members of the research team were employed in the mental health organisation where the study took place at the time of the study. All, but one in the research team, were female.

## Analysis

The transcribed interviews were analysed using reflexive thematic analysis (Braun & Clarke, 2022). This analytical approach emphasises reflexivity and researcher subjectivity, making it appropriate in qualitative research. The analysis was done in six stages and included a process of moving from initial familiarisation with data, open coding and identifying themes (stages 1-3) towards a more refined articulation and presentation of the final themes (stages 4-6). In stage 1, first, second, and third authors familiarised themselves with the data material. In stage 2, the material was coded first by the second and third authors and later by the first author. Stage 3 involved developing initial themes across the data material. In stage 4, the initial themes were re-investigated and refined. One finding from this process was a chronological order of the themes that highlighted the development in the PSWs personal stories of experiences with mental illness and recovery, and when the idea of becoming a peer support worker emerged during this process. Stage 5 involved clearly defining and naming the final themes. The processes entailed in stages 3, 4, and 5 involved ongoing discussions among the first, second, third and last

authors. Through these discussions consensus about the nuances and content of the final themes was reached. Stage 6 included finalising the analysis and writing up the themes. The presentation includes participant quotes from across the data material as illustrative examples that support the findings. Table 1 illustrates the four final themes and examples of supporting quotes from across the data material. All authors contributed to the finalisation of the themes.

Application of the social constructionist perspective was enacted by the research teams' interactions with the participants' accounts and the continuous development of interpretations throughout the process of analysis (Burr, 2003). Interacting with the data material supported the development of detailed understanding of the realities presented in the participants' accounts and allowed for these to be combined with broader assumptions regarding the underlying meanings.

## Ethics

All participants received written and oral information prior to consenting to take part in the study. The regional

**Table 1.** Themes, descriptions of themes, and examples of supporting data.

Theme	Description	Examples of supporting data
1) <i>Struggles in everyday life</i>	This theme unfolds the PSWs' descriptions of how they at some point earlier in life had been struggling to manage everyday life. This was typically a time which came before their first specific lived experience with a mental health condition.	<i>I guess that quite early in my illness, you know very early, I have been aware that something was wrong. But every time, it has been influenced by my belief that 'Oh well, they are watching me' and things like that. But I think that early on, I was aware of my illness in some way (PSW 1)</i> <i>I thought 'that was strange' [...] and I simply thought 'What is it with you?'. About once a month I struggled getting out of bed. When my family had left the house in the morning, then I didn't really get anything out of the day. I was just laying around, really. I thought: 'How lazy and annoying you are?'. (PSW 6)</i>
2) <i>Landmark events</i>	This theme captures how the PSWs at some point experienced a development in their mental health challenges, which in some sense took control over their lives. The theme includes the PSWs' personal stories of experiencing not being able to control what happened, and of collapsing or giving in to illness. These experiences represented landmark events in their lives. During this difficult time of their life, an urge to use their own lived experiences emerged among some of the PSWs.	<i>It worked out fine in the first year, and then I broke down completely. I wasn't eating and I was acting out by crying and creating conflicts all the time [...] Actually, I wouldn't recognise it for some time, but in the end, I was feeling so bad that I was taken to the emergency department one morning. (PSW 6)</i> <i>This is where it all started. I think it is very cool that it was actually in the closed ward, that the thought about – and I had no idea there was something called peers - I just knew that I should get back in there and save these people out of the closed ward [...] I experienced things there which definitely started a great part of my recovery journey in relation to me knowing that I wanted to use it for something. (PSW 4)</i>
3) <i>Turning points</i>	The theme encompasses the PSWs' descriptions of specific turning points towards recovery in their process moving forward from their mental health challenges. These turning points could involve specific persons, situations, or life events that in some way made a difference to the PSWs. This included experiences of emerging hope for and dreams about the future, and along with this, emerging ambitions about being able to help others with similar lived experiences.	<i>When I was enrolled in the outpatient clinic, then hope really emerged [...] There, a nurse introduced me to the concept of recovery. Or full recovery I believe it was called at the time [...] In some kind of psycho education group or something. There was this girl who talked about her own process, how she had moved on and stuff like that. And I remember thinking that if she could do it, then maybe I can do it like halfway or something. And everything has just developed from then, and along the way. (PSW 1)</i> <i>Well, all the way back when I was in a conversation group in the mental health services, I found out that I really benefit from what the others are saying. But I also give a lot to others. That is what they said, and the facilitator of the group said, and also what I feel myself. And so already at that point, I thought about how cool it could be to be able to work with people who have the same difficulties as I have had. (PSW 2)</i>
4) <i>Finding your way</i>	The theme captures the PSWs' descriptions of finding their way back into everyday life. The personal stories of the PSWs depicted how finding their way was related to trying out different opportunities and paths in everyday life, e.g. (re) connecting to people and finding a job. The theme includes their experiences of attempting to make sense of their experiences, finding hope and accepting how things had turned out for them.	<i>My parents started visiting me again and we re-established contact. Well, then shortly after I moved back to my hometown, and I moved back in with my parents. Then I get enrolled in the psychosis outpatient clinic, and I remember, that this is when it started moving for me. You know, hope gets in, and I also in some small degree get my friends back. Little by little at first and then more and more. And my family too. And I remember texting an old friend, and he just replied: 'Awesome that you are back'. (PSW 1)</i> <i>The art of recovery is to learn from your own experience and to take that experience with you and to use it positively in your way forward. (PSW 2)</i>

research administration was notified about the study, and the study was registered as part of North Denmark Region's record of processing activities (Project ID: F2022-113). According to current legislation and the Danish National Centre for Ethics, health research based on qualitative data, such as those from individual interviews, does not require ethical approval (Ministry of The Interior and Health, 2020).

The study followed the European Union's General Data Protection Regulation (GDPR) article 30, and data was stored following rules and regulations of the EU-data protection regulation (The European Parliament and The Council of the European Union, 2016).

The participants shared many details related to their personal stories. To ensure participant anonymity, presentation of participant characteristics and quotes used to illustrate findings has been carefully selected. All participants were offered the opportunity to read and provide feedback on the draft manuscript.

The study was reported using the Consolidated criteria for reporting qualitative research (COREQ) checklist (Tong et al., 2007)

## Findings

The thematic analysis led to four themes: 1) *Struggles in everyday life*, 2) *Landmark events*, 3) *Turning points*, and 4) *Finding your way*. The PSWs told deeply personal stories of how mental illness had impacted on their lives. As part of this, the themes display the PSWs' stories about when the initial idea and then the ambition to become a PSW emerged during the process of recovery.

### Theme 1: Struggles in everyday life

This theme unfolds the PSWs' descriptions of how they at some point earlier in life had been struggling to manage everyday life. This was typically a time that came before their first specific lived experience with a mental health condition. Nonetheless, the struggles they described represented an important part of their personal stories which they wanted to share for others to be able to understand their perspectives on illness experiences and recovery. As one explained:

*Well, my recovery journey started when I was 21, but to understand it, I guess you also need to understand where I'm coming from. (PSW 3, p. 5)*

Even though the PSWs had lived very different lives, their personal stories entailed very similar patterns of struggling in everyday life. In different ways they described how they sometime early in life sensed that something was wrong, one said:

*I guess that quite early in my illness, you know very early, I have been aware that something was wrong. But every time, it has been influenced by my belief that 'Oh well, they are watching me' and things like that. But I think that early on, I was aware of my illness in some way. (PSW 1)*

The sense of something being wrong at this earlier stage in life was by some described as accompanied by a feeling of being different—or being told by others that they were different. One exemplified it as experiencing a mismatch between what was expected of life and how it was; between one's understanding of self and identity and what person you came to be.

To some of the PSWs, this time in life was characterised as living a turbulent youth, growing up in a troubled home, moving around with their family, using alcohol or drugs, losing friends, and losing contact with family. One described:

*I was 16 or 17 when I was kicked out of the house [...] I couldn't keep hold of anything. I was smoking too much hash. And when I met my ex-girlfriend, I actually slept in the staircase of her building without her knowing it, because I was homeless. Erm, so I actually did that for some time. Yes, it's totally absurd (laughs), but that's how it was. My family moved to a different part of the country. My mom looked at me and said: 'We're moving, and you're not invited to come'. (PSW 3)*

Some of the PSWs described how they struggled and emphasised that even though they managed to function in everyday life, it was just difficult. Their descriptions illustrated examples of how they knew that what they experienced was different, but without them being able to understand the struggles. One said:

*I thought 'that was strange' [...] and I simply thought 'What is it with you?'. About once a month I struggled getting out of bed. When my family had left the house in the morning, then I didn't really get anything out of the day. I was just laying around, really. I thought: 'How lazy and annoying you are?'. (PSW 6)*

Some of the PSWs shared how they developed different rationales in attempting to explain and understand the struggles, such as being a highly sensitive person or simply blaming oneself. Some of the PSWs described that looking back at those times, they now realised that they may already have been affected by a mental health condition at the time, but without knowing what was wrong or understanding it. One explained:

*Erm, but it was probably in upper secondary school. I had finished 10<sup>th</sup> grade [...] Because back then I wasn't aware of anything, but that was when I went to see a psychologist for the first time. Erm, the school psychologist. But wasn't able to put into words, what was wrong. And then, when I think back, I definitely had some thoughts about people paying more attention to me, then they otherwise would have. So, people knowing, without them being able to know, you know. So, the feeling that 'People know something about me' or something like that [...] And looking back at it today, I see that it has most definitely been it. Illness, the diagnosis. (PSW 1)*

As described by this participant, it was difficult to seek out help or support, when you did not understand the struggles yourself.

The duration of this time of struggling in everyday life varied in their personal stories of illness and recovery. To some PSWs, it spanned over years of struggling in different ways—moving around, not fitting in, not being able to finish school, and having difficulties keeping a job. To others it was a shorter period of time. Nevertheless, this time of

struggling in everyday life was typically depicted by the PSWs as a stage in their lives that at some point developed into serious mental health challenges.

## Theme 2: Landmark events

This theme captures how the PSWs at some point experienced a development in their mental health challenges, which in some sense took control over their lives. Across the interviews, the PSWs shared very strong, personal stories of experiencing not being able to control what happened, and of collapsing or giving in to illness. These experiences represented landmark events in their lives. Some of the PSWs described this as a crucial development after some time of trying to keep it together—trying to cover up the severity of their mental health challenges.

Experiences across the PSWs' personal stories included differences related to the time span of these landmark events. To some their mental health challenges developed over time, almost at a steady pace, culminating in an event where they could not keep it together any longer. One described:

*It worked out fine in the first year, and then I broke down completely. I wasn't eating and I was acting out, crying and creating conflicts all the time [...] Actually, I wouldn't recognise it for some time, but in the end, I was feeling so bad that I was taken to the emergency department one morning. (PSW 6)*

As described in this quote, the development made it necessary to seek out help and support. To some PSWs, this stage in their life was devastating and thoughts about how to move on could be unendurable:

*Around that time, I also became very suicidal. I don't really remember how it came to be like that. I think that I just started feeling anxious about life and having difficulties managing it. In the end having thoughts about not being here. But also, actually still wanting to live. But it was just like I was failing in life. I had totally fucked up my chance to live. (PSW 4)*

To other PSWs, the development of their mental health challenges was depicted as a more sudden escalation into situations where they acted out. These landmark events were characterised by chaotic developments that included delusional thoughts taking control, as one described:

*I started having some very strong thoughts about being watched, and that there was a greater plan involving me and stuff like that. Also, including my closest friends. I remember finding a key in my pocket once and believing that it had been planted there, and that I was to open some kind of door. And so, well I was very ill, but some time passed where I, well I wouldn't say that I was running, but some time passed with me being very paranoid while also smoking hash and drinking a lot of alcohol and stuff like that. (PSW 1)*

Similarities across the personal stories were seen in the PSWs' ways of describing these landmark events in their lives as 'a facade cracking', of everything 'turning over', 'getting off track' or 'going wrong'. They shared descriptions of how they felt 'just very ill' or being 'very, mega schizophrenic'. Some described feeling the ground beneath them 'turning into lava' and 'everything moving around'. This rather chaotic

state was further characterised by feelings that they described as 'panicking', 'giving in', 'throwing in the towel' and of 'completely breaking down' or 'losing grip of who you are'.

The reasons for the development of these landmark events were related to an exacerbation in mental health symptoms and the PSWs' reactions to these, which ranged from not being able to function in everyday life to strange and even disruptive behaviour.

The consequences of these landmark events not only included serious mental health challenges, but also to some of them losing their job, terminating education, and experiences of acting out in public. One described acting strange in the workplace and ending up sitting in a meeting overwhelmed by delusions and hallucinations:

*I remember that while we were talking, I could see some structures on the wall. Not like very clear, but I could see different kinds of societal structures and things like that. Family structures, like, what type you are as a person. Whether you are quiet or loud and all that. (PSW 4)*

The PSWs described different reactions to these landmark events. Some expressed having difficulties understanding the mental health challenges they were facing or being challenged in believing what was going on as the events unfold. As one said:

*The psychiatrist sent me to the hospital where I was diagnosed with paranoid schizophrenia. Then I was sent home with that diagnosis, and had no one to talk to about it, really [...] I think that I called my parents and told them, the day after [...] Really, I remember that it was totally crazy, because then everything is overthrown. Because then there is nothing following me [...] You know, I was convinced that I was special, that I was rich sometimes. (PSW 1)*

As in this quote, several of the PSWs had their first meeting with the mental health services during these landmark events. Getting involved with the mental health services came with difficulties. To some these difficulties were related to potential consequences that might come from them experiencing mental health difficulties:

*I was afraid. I was actually afraid to go into the mental health-care services because I was afraid that they couldn't help me. I was totally afraid, that they would believe that they could help me, and then they wouldn't let me out again. (PSW 4)*

To others, the difficulties related to having their beliefs challenged. This could trigger emotional reactions that in some way only affirmed the state of their mental health. One said:

*I remember that I actually laughed at the doctor who was interviewing me because I knew that this too was just part of the plan and stuff like that. But then after all, it did put some things in motion, you know, with me. Probably because I did have faith in the system in some way. (PSW 1)*

During these very difficult times some of the PSWs had their first thoughts about wanting to use their lived experiences to support others. At this stage, the thoughts seemed to be less concrete and reflected an urge to help and support others who were experiencing similar challenges in life. One said:

*This is where it all started. I think it is very cool that it was actually in the closed ward, that the thought about – and I had no idea there was something called peers - I just knew that I should get back in there and save these people out of the closed ward [...] I experienced things there which definitely started a great part of my recovery journey in relation to me knowing that I wanted to use it for something. (PSW 4).*

The experiences with mental health challenges taking control over everyday life became the beginning of the PSWs recovery process. As depicted throughout this theme, these landmark events came with certain consequences which the PSWs had to relate to in the time ahead. To some the difficult times sparked the idea that their experiences could have a different purpose in terms of becoming someone who could support like-minded.

### **Theme 3: Turning points**

The theme encompasses the PSWs' descriptions of specific turning points towards recovery in their process moving forward from their mental health challenges. These turning points could involve specific persons, situations, or life events that in some way made a difference to the PSWs. This included experiences of emerging hope for and dreams about the future, and along with this, emerging ambitions about being able to help others with similar lived experiences.

For most PSWs, experiencing support and care from loved ones played an important role in their turn towards recovery.

*There was three-quarters of a year where I couldn't do anything, and my wife stood with everything. So, when I started to get through it, and I had a crazy-strong wife and a good family who supported me [...] So about a year after I had thrown the towel in, I returned to the labour market. (PSW 2)*

For some PSWs, turning points towards recovery were related to experiences they had in the mental health services. These examples included specific persons that had made a difference by saying or doing something that pushed the PSW's process of recovery into motion. It seemed that some turning points towards recovery had been triggered by somewhat provocative experiences that had made them think differently about their situation. Very concrete examples included being told to 'pull yourself together' by a relative or something said by a mental healthcare professional, that without them knowing it at the time, had set things in motion. One explained:

*It was during my fourth admission, and at that time, I was calling myself a revolving door patient. During this admission, she [a nurse] did something groundbreaking. She sat down with me, took my hand, and then she said 'this treatment option is not for you. It's not helping you.' [...] and I was so frustrated with her, because as I said to her, I had done everything they had asked me to do. I said; 'If you're not able to help me, then what am I to do?' (PSW 5)*

In situations like the one described here, the PSWs were pushed or forced to think differently about their situation and seek other options or paths to follow in the time forward.

To some it became an essential thing to learn about recovery through the lived experiences of others, as one said:

*When I was enrolled in the outpatient clinic, then hope really emerged [...] There, a nurse introduced me to the concept of recovery. Or full recovery I believe it was called at the time [...] In some kind of psychoeducation group or something. There was this girl who talked about her own process, how she had moved on and stuff like that. And I remember thinking that if she could do it, then maybe I can do it like halfway or something. And everything has just developed from then and along the way. (PSW 1)*

Learning about the stories of others who had moved on from their mental health challenges became a source of inspiration to finding a way forward. To some of the PSWs this inspiration also sparked the thought of becoming a peer to others experiencing similar struggles in life, as one described:

*Well, all the way back when I was in a conversation group in the mental health services, I found out that I really benefit from what the others are saying. But I also give a lot to others. That is what they said, and the facilitator of the group said, and also what I feel myself. And so already at that point, I thought about how cool it could be to be able to work with people who have the same difficulties as I have had. (PSW 2)*

It seemed that such turning points in some ways depended on the individual's state of mind and that a certain level of readiness was needed for them to move forward. To some, the initial thoughts of becoming a peer became an ambition they pursued from that point on e.g. by attending a recovery mentor education program. Others were more hesitant to move forward and described being advised to wait until they were more ready to fulfil such a role. The personal stories of the PSWs illustrate how different such turning points can be, that they may present themselves at different times during a recovery process, and how they to some include the thoughts about how to become able to use their own lived experience to support like-minded people.

### **Theme 4: Finding your way**

The theme captures the PSWs' descriptions of finding their way back into everyday life. The personal stories of the PSWs depicted how finding their way was related to trying out different opportunities and paths in everyday life. This could be related to (re)connecting with people and to finding a job. Most described how trying out different things could go either good or bad, but that they had to keep trying to find their way—and alongside this also keep trying to manage their mental health challenges.

To most of the PSWs, this process was characterised by attempting to make sense of their experiences and finding a way to navigate everyday life as the person they had become. The theme includes their experiences of finding hope and accepting how things had turned out for them.

As part of finding your way and in some way being transformed, the PSWs described ongoing internal processes related to grasping their lived experiences with mental health challenges and how these experiences could now fit into

their personal life stories. Some described gaining a different perspective on how to be themselves in relation to others, building on authenticity and by casting-off feelings of shame. One explained:

*You know, when all is said and done, I actually believe that it is all about shame [...] because it affects your social network and 'Can I even work at all?'; and then it just spins around in your head. And I felt it too. It wasn't like I just got out and everything was great. I got out and thought, 'Now I have to look for work, and I have bipolar disorder—could I become psychotic in a month? What does this actually mean for me?' (PSW 4)*

The PSWs personal stories highlighted different aspects of everyday life that seemed to be particularly meaningful in their recovery process. These included (re-)connecting with family and friends and being able to maintain contact with them as part of everyday life. In one example of this, a PSW said:

*My parents started visiting me again and we re-established contact. Well, then shortly after I moved back to my hometown, and I moved back in with my parents. Then I get enrolled in the psychosis outpatient clinic, and I remember, that this is when it started moving for me. You know, hope gets in, and I also in some small degree get my friends back. Little by little at first and then more and more. And my family too. And I remember texting an old friend, and he just replied: 'Awesome that you are back'. (PSW 1)*

Some of the PSWs shared how the support they had felt from the ones close to them had truly made a difference at this stage in their recovery. As part of this, being able to keep normal conversations going was something that could strengthen the feeling of being on the right track in life.

Another aspect of everyday life that was of great importance to some of the PSWs was related to the ability to find and maintain a job. Typically, the PSWs described finding jobs that were adapted to fit their new situation in some way, e.g., a flexible job with fewer hours than the typical job or being responsible for specific tasks based on personal resources. It was described as meaningful to be met with expectations and responsibilities and to have everyday work colleagues.

*Well, it was a really large part of my recovery process to get that flexible job [...] It has just given me substance in everyday life, and I have felt that I could be or could do something for others. You know, contribute and stuff [...] I think that without that content in everyday life I would have come to a standstill." (PSW 2)*

Some described how the positive experiences of being able to hold a job contributed to push their recovery process into motion and for some it motivated them to want more or different things in life. It was described as being of great importance to have something meaningful in your everyday life and contributed to a feeling of connectedness to others. To some the time of being seriously ill had made it very clear to them what mattered in their life, as one said: *"The values I had before are not the values I have now"* (PSW 6).

Several of the PSWs described developing strategies that supported them in their "new" life. To some it was an important part of their recovery to be open about their illness experiences and recovery.

*Well, I've had this openness all along and a kind of honesty about my situation and everything I've been through from the very beginning, which I'm incredibly grateful to have. Because if I had to be who I was before... I used to be so focused on, "What do others think of me?" If I even had a trace of that now, I'd be spending enormous amounts of energy on being mentally ill. So, just—boom—breaking down all those walls and completely owning my story 100% means that no one can hurt me in any way because I've told it all myself. Uh, that gives me a huge sense of freedom, which has paved the way for moving forward. And I think it was when I realized I felt that way that I thought, "I need to give this to as many others as possible." Because I believe a big part of mental illness or mental vulnerability also lies in shame. (PSW 4)*

This way of being determined about showing others who you are was experienced as a way of being authentic, a way to gain freedom and opportunities to move on in life.

To some of the PSWs it became important to be part of helping and supporting others in their recovery from mental illness. They described experiences of being inspired by others and how they now, at this stage in their own recovery, wanted to start giving something back. Across the interviews, the PSWs described some of their own personal traits which they believed resonated well with becoming a PSW. These included accounts of having good communication and social skills, of *"always wanting to work with other people"* and how they had *"always been someone who was there for others, if they were troubled"*, or *"always been good at speaking to people about their problems"*. Their own lived experiences with mental health challenges only added to these existing traits, as it made them able to understand how it felt to have problems at another level.

Findings ways to manage everyday life despite the mental health challenges that they experienced also made it possible for the PSWs to be able to support others. Across the interviews very different and very personal strategies to accomplish this was described. One said:

*On some level, I've visualized my illness in a way where I know where it is, what it looks like, how I can feed it, and sometimes, how I can care for it a little. It's kind of a surreal way of thinking, but yeah. [...] Well, right now, it's sort of outside of me. Actually, it comes into me once in a while—that's just how it is. [...] It's always there, but it just lies curled up somewhere in a corner. And when it bristles, I know it. And then I know that it's time to just pat it a little on the head and say, 'It's okay that you're here'. [...] So, I take care of it a little, and in the more realistic, more physical world, that means I slow down, I relax, I reflect on things. What have I done to wake it up? But I think very visually about my illness. It has really helped me to give it an image, words, and substance—all that. (PSW 7)*

Finding a way back to that state of mind was something that resonated with all the participating PSWs.

To some coming to a place in life where they could use their own lived experiences to support others in similar experiences with mental health challenges felt like going into a final stage of finding your way and being transformed in the process of recovery. One said:

*I'm really at a place where I'm starting to shine through as a person. And I think that's my recovery process truly bearing fruit now [...] I'm more honest, I have more energy, uh, I can manage a lot more, and I can be there for others without it being at the*

*expense of myself. And I'm not talking about my professional side. But also, the people around me. On some level, I've become an adult. It's very strange, but I have. I've grown up—it's really kind of weird. I've found myself in a much more proper way, maybe a healthy way, uh, compared to when I was just drifting around and having an identity crisis every other second.* (PSW 7)

Despite challenges and ups and downs along the process of recovery, the personal stories of the PSWs about finding a way back were characterised by finding hope, feeling connected to other people, or re-gaining a sense of identity despite the challenges caused by their mental health issues. One said:

*The art of recovery is to learn from your own experience and to take that experience with you and to use it positively in your way forward.* (PSW 2)

However, the insight into the personal stories of the PSWs also shed light on how their recovery processes are ongoing and how finding your way may be a lifelong process.

## Discussion

This study explored mental health PSWs' personal stories of mental illness, recovery, and when the idea of becoming a peer support worker emerged during this process. The findings depict how the PSWs, as part of this process, experienced struggles in everyday life, landmark events as their mental health challenges exacerbated, turning points as their recovery process set into motion, and over time, finding a way in everyday life based on attempts to make sense of their experiences and accepting how things had turned out for them. The descriptions of the PSWs experiencing mental illness and moving towards recovery mirror the findings of previous research into mental health recovery processes (see for example (Dell et al., 2021; Leamy et al., 2011)). In this way, this study adds to the growing body of literature describing the recovery process from mental illness as moving from a state of brokenness and despair towards a state of life that is characterised by renewed hope and understanding (Dell et al. 2021).

The contributions from this study include personal stories that not only focus on the process of recovery, but also on how the PSWs' lived experience with emerging mental health challenges changed their lives. Recovery research often builds on narratives of how someone recovers from mental health challenges, and the experiential knowledge embedded in such lived experiences of recovering (see for example (Dell et al. 2021; Ventosa-Ruiz et al., 2024)). However, previous research exploring recovery processes have often focused on elements of recovery *from* illness leaving out the elements that relate to the actual illness experience (Topor et al., 2021). Experienced-based knowledge offers important insights into the development of recovery-oriented mental health services. However, as argued by Topor et al. (2021), solely focusing on knowledge related to the process of recovery *from* mental health conditions (leaving out the experience of becoming ill) there is a risk of creating a blind spot in recovery research. This point was supported by the PSWs in this study who all shared these

aspects of their personal stories and highlighted that to understand their recovery process one must know where they were coming from.

Another contribution to the existing literature is related to aspects of the emerging urge and ambitions of the PSWs to support others using on their own lived experiences. By including an exploration of when the idea of becoming a PSW began to take shape, this study contributes to the existing literature in three ways by identifying when individuals with lived experience of mental illness (1) become aware of the possibility of using personal experience to benefit others (*Landmark events*), (2) become aware of and interested in the PSW role (*Turning points*), and (3) increase behavioural intent and goal-planning to become a PSW (*Finding a way*). To some the idea of using their lived experience to support others emerged as an ambition to make a change in the existing mental health services or to be able to save patients in the mental health care services. To others the idea was of more general character and seemed to be related to making use of their own live-changing experiences. At an overall level, this represents descriptions of processes in which the PSWs moved towards re-positioning their experiences of mental illness from deficit to asset. Or as described by Debyser et al. (2019) moving on from mental health challenges and suffering towards making use of their personal experiences as part of their recovery process. In addition to this, it seemed that these processes are in some ways parallel and interlink with recovery processes. Based on these findings, it could be useful to explore the potential of more recovery stage-specific peer support, e.g. using lived experiences as a resource by having PSWs in inpatient wards who can be visible as role models to people earlier in their recovery process. This would fit well with what has previously been described as the PSW role (Cooper et al. 2024; van Veldhuizen & Bähler, 2013) and was, in our study, supported by the PSWs accounts of how meeting others who had lived through similar experiences induced hope and optimism about their own future.

A question that emerged during this study was whether people with lived experiences with mental health challenges who choose to become PSWs might differentiate themselves from others with lived experiences. Our findings include the PSWs own accounts of personal traits and social skills as something they possess—and something that resonated well with the role of a mental health PSW. These traits and social skills all revolved around the ability to support others and having good communications skills. However, it was outside the scope of this study to unfold these aspects, and further research is needed to explore how personal traits might play a role.

It may be difficult to draw specific conclusions about who, how and when someone with lived experience of mental health challenges is in a good place to become a PSW. However, based on the experiences of the PSWs who participated in this study, it seems that a certain level of 'readiness' makes a difference and that this may emerge at very different times in their deeply personal and individual experiences of mental illness and recovery.

## Strengths and limitations

In qualitative research, reaching an appropriate sample size is often a question of saturation or of pragmatic choices made during the research process. In this small-sample interview study, we included all available mental health PSWs ( $n=8$ ). While this might be perceived as a relatively small sample, justification for proceeding with the study was found in the richness and depth (Brinkmann & Kvale, 2015) of the PSWs' detailed personal stories. A small sample size is often problematised as insufficient, as it may impede study validity and generalisability of the study findings (Vasileiou et al., 2018). However, the aim of qualitative research, which is to reach greater understanding of human experiences rather than to reach generalisable findings (Marshall, 1996) also justifies our small sample.

To establish trustworthiness of data and validate the interpretations made in our study, we approached the phenomenon under study using researcher triangulation in the processes of planning, conducting and reporting the study. In this study, the different backgrounds and experiences of the research team contributed to researcher triangulation bringing forth multiple perspectives on the topic under study, contributed to richness and clarity, hence increasing the study credibility and validity (Denzin, 1978).

To enhance transparency, we have included information about the research team involved in this study. One example of this, is the description of the two interviewers who represented experienced qualitative research competencies combined with their lived experience perspective. One of the two interviewers was well known to the participants. Of note, we did not experience authority challenges between the interviewers and the interviewee in the current study. This was supported by the fact that the relationship between the interviewer and interviewees by the participants were characterised as building on mutual trust and respect. Furthermore, we conclude this based on the rich and deeply personal stories that were shared by the participants. This would not have been the case if participants felt insecure in the interview interactions.

## Conclusion

This study has provided insight into how the PSWs at different times during their lived experiences with mental health challenges and recovery process—and in different ways—became aware of the possibility of using their personal experience to benefit others, became interested in the PSW role, and increased their behavioural intent and goal-planning to become a PSW. These different modes of awareness about using personal experiences in some ways mirrors the personal recovery journey in terms of seeing through the confusion some possibility that these experiences may not be wholly unhelpful, experiencing a side-benefit of using mental health services—which is exposure to others who are talking about or using their own experiences—in more beneficial ways, and the transformative potential of re-positioning mental health experiences from deficit to asset.

The variations seen in the stories presented in this study underline how recovery processes are deeply personal and based on individual resources, needs, and preferences. There are emerging ambitions about being able to help others who were in similar situations. Based on the knowledge gained from this study, it seems important to stress that being a person with lived experiences of mental health challenges does not in itself qualify you to become a mental health PSW.

## Acknowledgements

We thank the participating peer support workers for sharing their personal stories and for providing feedback on the draft manuscript. Mike Slade acknowledges the support of the NIHR Nottingham Biomedical Research Centre.

## Author contributions

CRedit: **Birgitte Lerbæk**: Conceptualization, Formal analysis, Investigation, Methodology, Supervision, Validation, Visualization, Writing – original draft; **Alice Katrine Burholt**: Formal analysis, Investigation, Methodology, Validation, Writing – original draft, Writing – review & editing; **Line Myrup Gregersen**: Investigation, Methodology, Writing – review & editing; **Mike Slade**: Validation, Writing – review & editing; **Stynke Castelein**: Validation, Writing – review & editing; **Rikke Jørgensen**: Conceptualization, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Writing – original draft, Writing – review & editing.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Funding

The work was supported by the Novo Nordisk Foundation under grant NNF21OC0072529.

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