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ORIGINAL PAPER

Participants' Lived Experience with the Illness Management and Recovery (IMR) Program in Relation to their Recovery-Process

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Abstract

The Illness Management and Recovery program (IMR) is developed to support people with severe mental illnesses in their recovery-process. The theory behind the program highlight the importance of helping people develop tailored illness management skills which will help achieve personal and clinical recovery. However, little is known about participants' experience with IMR in relation to their recoveryprocess. The aim of the present study is to describe the participants' lived experience with IMR, explore whether they experienced changes, and examine how these changes related to their recovery during or after their participation in IMR. A Qualitative study. The participants' experience with the IMR program in relation to their recovery unveiled three main themes; "Social connection with other IMR-group members', 'In IMR, we talked about our everyday lives with mental illness' and 'In IMR we learned about recovery as a personal experience'.

Keywords Illness management and recovery · IMR · Clinical and personal recovery · Severe mental illness · Hope · Lived experience

Introduction

The Illness Management and Recovery (IMR) Program is a recovery-oriented rehabilitation program aiming to improve the course of severe mental illnesses and assist patients in establishing and pursuing personally meaningful goals. The theory underlying the program posits that illness management skills and the pursuit of personal recovery goals lead to clinical and personal recovery in the long-term, as illustrated in Fig. 1 (Mueser et al. 2006). Clinical recovery refers to a reduction in the signs and symptoms of mental illness and a restoration of cognitive, social and occupational functioning, whereas personal recovery refers to the process of constructing a personally meaningful life within and beyond the limits of one's mental illness (Andreasen et al. 2005; Anthony et al. 2003; Mueser et al. 2013; Slade 2009).

The effect of IMR has been investigated in five randomized clinical trials (RCTs) in the USA, Israel, Sweden and Denmark (Dalum et al. 2018; Fardig et al. 2011; Hasson-Ohayon et al. 2007; Salyers et al. 2014, 2010). Overall, these RCTs suggest that IMR has several beneficial effects on symptoms and potentially helpful effects on the participants' levels of psychosocial functioning and illness self-management, although minimal effects on subjective recovery have been observed. One explanation is that the

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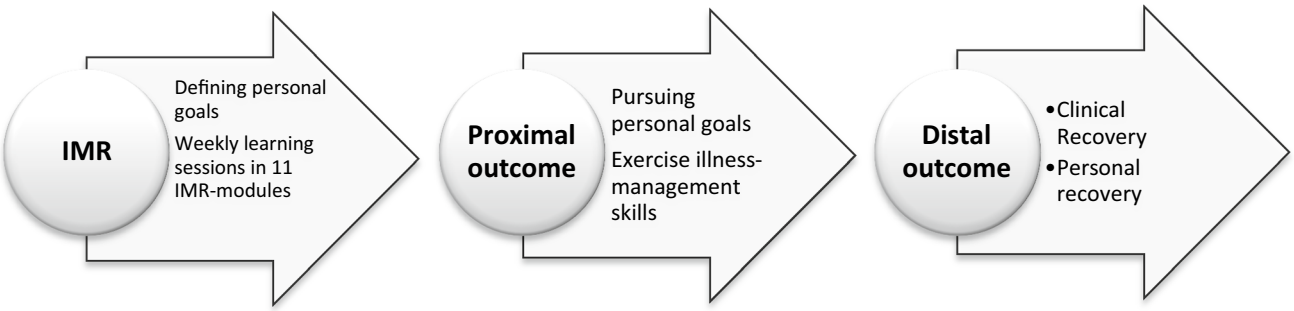

Fig. 1 Hypothesized short-term and long-term outcome of the Illness Management And Recovery Program (Mueser et al. 2006)

currently available rating scales do not sufficiently capture functional and personal recovery. Additionally, two qualitative studies investigating IMR have been conducted (Roe et al. 2009; van Langen et al. 2016). A study conducted by Roe et al. (2009) reported that the participants developed hope and became more skilled at managing their illness after attending the IMR program. Similarly, Van Lange et al. (2016) reported that participants experienced hope, received peer support from other members and learned about illness management by attending the IMR program. However, the participants' lived experiences with changes related to their clinical and personal recovery during or after participating in IMR require further exploration. The aims of the present study were to describe participants' lived experiences with IMR, to explore whether they experienced changes, and to examine how these changes related to their recovery during or after their participation in IMR.

Method

Design

A descriptive phenomenological design was selected as the aims of the study were to describe the participants' experiences with IMR and to explore whether and how the program influenced the participants' recovery process. Phenomenological inquiry is an approach used to examine and recognise lived experiences commonly taken for granted by the interviewee. The phenomenological approach is based on Martin Heidegger' phenomenology, focusing on the essential meaning and the essence of human phenomena (Heidegger 2010).

Participants

The participants were recruited from: one community mental health centre (CMHC) and two community residential homes. The inclusion criteria for this study were those who (1) were adults (aged 18 years or older), (2) were diagnosed with a severe mental illness, (3) were receiving treatment at a CMHC or living at a community residential home, (4) had attended a minimum of 20 IMR sessions, (5) were able to speak and understand Danish, and (6) were able and willing to provide written informed consent. Participants were excluded if they met the following criteria: (1) had a guardian or (2) were involved in the forensic psychiatric system, as these patients are not allowed to participate in research studies in Denmark.

Sampling Strategy

In our sampling of the participants, we sought to obtain an equal number of participants from the CMHC and the two community residential homes. We also sought to obtain heterogeneity in the participant sample with respect to age, gender, and years attending the CMHC or living at the residence to capture a variety of perspectives regarding the experiences of participating in IMR (Malterud et al. 2015).

Recruitment Procedure

At each site, an experienced IMR instructor took care of the recruitment. The IMR instructors were informed of the purpose of the study and the sampling strategy. The instructors contacted potential participants, provided information about the study, and encouraged potential participants to contact the first author if they were interested in participating in the study.

Illness Management and Recovery Program

The IMR -program was developed based on a review of forty randomized clinical trials investigating illness self-management programs for people with severe mental illness. The IMR-program was designed to motivate clients to improve the course of their mental illness by helping them set and pursue personal goals based on how they

perceive recovery and then learn critical illness management information and skills to facilitate the attaining of their goals. The following five psychosocial interventions are incorporated into the IMR program: (1) psychoeducation regarding mental illness and different treatment options, (2) cognitive-behavioural approaches to improve medication adherence, (3) relapse prevention planning, (4) social skills training to enhance social support and (5) coping skills training to address stress and persistent symptoms (Mueser et al. 2006). The theoretical foundation for achieving goals in IMR includes the stress-vulnerability model, the transtheoretical model and the IMR model. The patients participate in the program to learn about mental illness, medication, and social support, thereby achieving illness self-management. (Mueser 2012; Mueser et al. 2006). The IMR-program included a series of ten educational handouts on different related to illness management and contained worksheets. In this study, mental health staff trained in the IMR -program taught IMR participants in weekly group sessions for 9 months. Each week, the participants and staff agreed upon certain individual home assignments, e.g., describing people in their everyday life by using a network card to identify a supportive network which could help them to bring forward their recovery process.

Individual Interview Guide

All individual interviews were conducted by the first author (range 38–75 min; mean 44 min) from November 2015 to April 2016 at the CMHC or at the participant's residence. The interview began with the opening question "What motivated you to participate in IMR?" and continued as semi-structured interviews based on an interview guide. Open-ended questions were asked to obtain information regarding specific topics, including recovery, illness management, and changes experienced during or after IMR (see Table 1). The interview guide was designed before data collection and was discussed with an advisory board made up of people with lived experiences of mental illness.

Data Analysis

Giorgi's method of phenomenological analysis involving five analytic steps was adopted and used to identify the essential structure of the participants' lived experiences with IMR (Giorgi 1997, 2009). The following is a brief description of the implementation of these steps:

Step 1 Fifteen individual interviews were audio recorded, and the recordings were transcribed verbatim.
Step 2 The transcribed interviews were read by SBJ and KSP to obtain an overall impression of the content.
Step 3 Interviews was read and coded for meaning units using NVivo.
Step 4 The identified meaning units were reflected upon by posing the following question: What is the overall personal experience? The meaning units from each interview were transformed into condensed descriptions by SBJ.
Step 5 The data were organised into main themes supported by sub-themes and expressed from the perspective of recovery from mental illness.

NVivo 11.0 software was used in steps two and three of the analysis. An advisory board with lived experiences of recovery from mental illness was invited to provide input regarding the third step of the analysis. The advisory board recommended further exploration of the preliminary meaning unit describing the participants' doubts regarding recovery to learn about their recovery experiences. The analysis process continued to explore the participants' experiences to describe firm and consistent meaning units.

Ethical Considerations

This study was conducted according to the Declaration of Helsinki (Rickham 1964), and participation was voluntary.

Table 1 Semi-structured interview guide used in the study

Research questions	Questions posed in the interview
What are the main themes raised by participants about their experience of participating in IMR in relation to their recovery-process?	What motivated you to participate in IMR? By participating in IMR did you find something that helped you?
Did their participation in IMR have an impact on their personal recovery process how and why?	Has your participation in IMR changed your view of yourself?
Which changes in relation to their recovery process did they experience during and after participating in IMR	I would like to talk to you if you have changed your view on your mental illness? Has your participation in the program changed your view of yourself? Have you explored new aspects of yourself by joining the IMR?

Personal information was used for research purposes only and was kept confidential. The participants were informed both verbally and in writing and provided written informed consent to the first author SBJ. The study was approved by the National Committee on Health Research Ethics (H-15012362) and the xx country Data Protection Agency [(IMR) RHP-2011-09 I-Suite nr.01483].

Results

The aims of the present study were to describe the participants' lived experiences with IMR, to explore whether they experienced changes, and to examine how these changes related to their recovery during or after their participation in IMR. First, a brief discussion of the participants' descriptions of IMR in the community mental health service context is presented. Second, three main themes and corresponding sub-themes derived from the phenomenological analysis and excerpts of quotes are presented (Table 2). The first main theme (Th1) of the participants' experiences with participating in IMR was 'Social connection with other IMR group members.' The second main theme (Th2) of the impact of IMR on the participants' personal recovery process was 'During IMR, we talked about our everyday lives with mental illness.' The participants described how they talked about and discussed their everyday lives with mental illness in the IMR group. The third main theme (Th3) concerning changes related to the participants' recovery during or after IMR was 'During IMR, we learned about recovery as a personal experience' In this theme, the participants described developing an understanding of recovery as a phenomenon.

Participants' overall description of the IMR program in the community mental health services context

For the first time since the participants began treatment, they were introduced to a manual consisting of factual information and recovery theory; "I placed great emphasis on the manual. I have been in psychiatry for more than twenty-five years and have not been introduced to a manual shared by professionals on illness and recovery. So, it was great that I was given a professional manual (Woman, 50 years old)." The manual had a professional tone and was free of attempts to change behaviour by providing negative description of mental illness, "The manual was not part of a campaign to frighten people about mental illness, which does not work—people won't stay or listen to such a message" (Man, 49 years old). The participants described that the manual provided a common ground for discussing illness management and recovery, which rendered discussion with the IMR instructor equal in terms of knowledge regarding mental illness. The participants described that they were treated with respect by the instructor and other group members, representing a seriousness that reflected social norms as follows: "The group was not just about providing education; it was also a place where people met, and the other members expected something from you (Woman, 45 years)." After the IMR-program concluded, the participants missed the other members who they had come to know and care about during the IMR sessions. Several participants recommended that the IMR should be extended to provide follow-up sessions regarding goal-setting, coping with common problems and relapse prevention plans.

(Th1) Social connection with other IMR group members

The first main theme included the following two sub-themes that described the participants' experiences attending IMR: (1) During IMR, we began to develop a more optimistic attitude toward our lives, and (2) we developed empathy for each other by listening to each person's story.

During IMR, We Began to Develop a More Optimistic Attitude

The participants spoke about their motivation to learn more about mental illness and found the information in the manual easy and practical to access. Furthermore, attending the IMR sessions was experienced as a meaningful supplement to their treatment appointments with the GP or at the CMHC. Additionally, belonging to a group and learning about illness self-management over a longer period aroused the participants' interest in the IMR program. During the process of becoming acquainted with the manual, the participants described using skills that they had not used for many years, such as reading aloud in the group. Several participants reported that hearing their own voice and being able to pose questions restored their confidence; for example, one participant reported that "It was something like having the nerve to throw out a fishing line and then wait for a bite – is there or isn't there a bite? Then, you think to yourself, 'why would they be interested in me?' – such a self-critical mindset. Suddenly, there is a response, and a dialogue begins (Man, 39 years old)." The participants reported that the IMR manual guided them in developing more positive perceptions of themselves, their talents and their relationships with other people. The participants indicated that the positive approach used in IMR, such as distinguishing between having an illness and being an illness, motivated them to attend the sessions. The participants experienced that they could be open up to others about their obstacles (i.e., describing their lack of self-motivation to take care of their basic needs), which facilitated more sharing among the group members.

Table 2 Identified themes with corresponding subthemes and excerpts of quotes

Context	Excerpts of quotes	
The participants' description of the IMR program in a community mental health service context	"I placed great emphasis on the manual. I have been in psychiatry for more than twenty-five years and have not been introduced to a manual shared by professionals on illness and recovery. So, it was great that I was given a professional manual (Woman, 50 years old)."	
	"The manual was not part of a campaign to frighten people about mental illness, which does not work—people won't stay or listen to such a message" (Man, 49 years old)	
	"The group was not just about providing education; it was also a place where people met, and the other the other members expected something from you (Woman, 45 years old)."	
Main theme	**Sub-themes**	**Excerpts of quotes**
(Th1): Social connection with other IMR group members	During IMR, we began to develop a more optimistic attitude towards our lives	It was something like having the nerve to throw out a fishing line and then wait for a bite – is there or isn't there a bite? Then, you think to yourself, 'why would they be interested in me?' – such a self-critical mindset. Suddenly, there is a response, and a dialogue begins (Man, 39 years old)
		I appreciated the biological model during IMR - that recovery is a real possibility (Man, 49 years old)
		I was always so happy when I came to the IMR session because we could explore so many things (Woman, 72 years old)
	We developed empathy by listening to each other's stories	We exchanged tips and tricks about how to handle everyday life – know-how is always valuable. (Woman, 45 years old)
		We shared experiences in the group - there were participants who were sicker than me. But I think it has been nice to listen to their experiences, and I've learned something. I really think it has been a good experience (Man, 39 years old)
		If I had not participated in IMR, I would never have meet Brian. We would not have become acquainted. We have a great friendship. We call each other every day, we text every day, and we understand each other's symptoms (Woman, 30 years old)

Table 2 (continued)

Main theme	Sub-themes	Excerpts of quotes
(Th2): During IMR we talked about our everyday lives with mental illness	We socialized during IMR	We began to meet before the IMR session and drink coffee. We laughed a lot and talked – the meetings were very amusing. (Man, 54 years old)
		I know most participants' children and greet them when they come to visit the residence - we talk about our children and grandchildren, those who have grandchildren (Woman, 68 years old)
		You get to know some people during IMR because we have a mental illness in common. I learned that people who are mentally ill are as different as people who are normal (Man, 56 years old)
	We learned to talk about ourselves and reflected on our everyday lives during IMR	It was not taboo - you could talk about your everyday life and how your life was not functioning normally compared to others who are not mentally ill. We have the same kind of problems and that is nice (Woman, 50 years old)
		I began to explain IMR to my contact person at the residence, and it was a bit like refreshing the text. The relationship with my contact only improved. It was me who decided what we do. I used my contact person very often for the exercises (Woman, 31 years old)
		Each of us had something we didn't want to talk about, but it came out anyway. It was okay, it solved some things. It was good (Man, 49 years old)

Table 2 (continued)

Main theme	Sub-themes	Excerpts of quotes
(Th3): During IMR, we learned about recovery as a personal experience	We discovered moments of recovery in our lives	To move forward in a recovery process means accepting that having an illness may cause my initiatives to be more difficult and take longer time to accomplish (Woman, 30 years old)
		The IMR instructor read from the manual, and then, he asked if someone else would read. Then I read, and it was very good. You could hear your own voice. I was so proud of not stuttering ... like I did in school (Woman, 66 years old)
		I'm in recovery. One of the things that I have achieved in IMR was starting to use a computer. I've had a computer phobia. I simply did not dare to get close to the computer, but society demands that you can use a computer (Man, 56 years old)
	We learned from the interplay with the IMR instructor	We discussed relapse plans during IMR… A fall is hard to get up from, while with a step back, if you take two steps backward but one forward, you will still be on the recovery path (Woman, 39 years old)
		My network card was on the board in an IMR session, I did not mind that. I also explained why some people are distant from me and why others are close to me. We shared many things, more than I would ever have considered (Man, 39 years old)
		I trusted the IMR instructor, and I had to formulate something concrete for myself. Something you might have thought about, and she would ask about it. The IMR instructor encouraged us to say something (Man 49 years old)

We Developed Empathy by Listening to Each Other's Stories

By working on the module *Practical facts about mental illness*, the participants experienced increased empathy for the other group members. The participants were intrigued by other members' stories of how their illness shaped their daily lives, such as fluctuating between periods of despair and steadiness. Several participants reported that they were overwhelmed by persistent symptoms and struggled to stay motivated during the IMR sessions. The members shared these obstacles with the IMR group, which resulted in other group members to reaching out and supporting them as follows: "We exchanged tips and tricks about how to handle everyday life – know-how is always valuable (Woman, 45 years old)." The participants were absorbed by each other's' descriptions of daily activities that provided a link to the nature of daily struggles with the illness. The participants stated that hearing such stories provided new ideas for coping with common problems (e.g., listening to music with headphones to decrease distressing voices heard while walking down the street). Furthermore, the participants learned from hearing each other's stories that they were not alone in their struggle with the same common problems, regardless of age or gender. This common experience provided a sense of belonging and enabled the participants to share their experiences.

(Th2) During IMR, we talked about our everyday lives with mental illness

The second main theme contained two sub-themes that described how participants' experiences in IMR had helped them in their personal recovery process: (1) We socialised during IMR, and (2) We learned to talk about ourselves and reflected on our everyday lives during IMR.

We Socialised During IMR

The participants stated that persistent symptoms were experienced as a regular stressor in everyday situations, such as having a cup of coffee with a friend. Thus, the participants valued learning strategies for coping with distressing symptoms. The participants described that attending the IMR sessions contributed to minimising the stressors. Several participants discovered that the IMR group was also useful for socialising as follows: "We began to meet before the IMR session and drink coffee. We laughed a lot and talked – the meetings were very amusing". (Man, 54 years old) When the participants explained how IMR helped them, they described social interactions, such as having a brief conversation or engaging in small talk about the news, sports or a TV series. A few participants described that these brief social interactions led to new friendships with other members of the group. In addition, a few participants also described their social interactions outside the IMR group, such as visiting a family member or going to a public swimming pool. The participants described that they became motivated to attend these events in the IMR group but needed to seek help from their contact person at the community mental health centre for further planning.

We Learned to Talk About Ourselves and Reflected on Our Everyday Lives During IMR

The participants described that they rarely had something positive to say about themselves and that at each session, they had to introduce themselves by describing an optimistic event from their everyday lives. The routine of the meetings in the regular IMR sessions provided the participants with opportunities to reflect on events and express their perspectives regarding daily activities. These introductions facilitated increases in self-confidence and led to more engaged, active, and positively focused interactions during the IMR sessions. The participants' experiences of these introductions provided the participants freedom to be themselves. However, the participants described difficulties in finding similar positively oriented socialisation opportunities outside the IMR group. The participants described that sharing their day-to-day lives with others in similar situations was barrier-breaking, as reflected by the following sentiment: "It was not taboo - you could talk about your everyday life and how your life was not functioning normally compared to others who are not mentally ill. We have the same kind of problems, and that is nice" (Woman, 50 years old). The participants described that sharing the same vulnerabilities, i.e., not responding to the local authorities, encouraged them to set sub-goals to approach issues, such as unpaid rent. The participants described that they considered acting upon issues that inhibited them in their day-to-day lives, which inspired hope.

(Th3) During IMR, we learned about recovery as a personal experience

The third main theme included the participants' experiences with working on their personal recovery and relapse prevention plan during and after attending the IMR program as follows: (1) We discovered moments of recovery in our lives, and (2) we learned that relapses are part of the recovery process.

We Discovered Episodes of Recovery in our lives

The participants noticed that attending the IMR sessions implied an openness and readiness for a new way of living, which they found could be difficult to grasp at times. The

participants described learning about severe mental illness, which enabled them to reflect on their path with mental illness. Some participants began to think of their illness as separate episodes, which increased their awareness of moments that were experienced as descriptions of recovery after severe mental illness. The participants described separating their illness and experiencing recovery as follows: "To move forward in a recovery process means accepting that having an illness may cause my initiatives to be more difficult and take longer to accomplish (Woman, 30 years old)." The participants viewed development in recovery as a way of understanding their illness. The participants connected this understanding to their relapse prevention plan, which they had developed and continued to revise during the IMR program. The participants described that they considered strategies for their relapse prevention plan for coping with stressors and persistent symptoms. These considerations were experienced as important because the participants experienced that these debates led them to new perspectives regarding coping with their mental illness. For example, preventing a stressor could involve planning how to email the local office without having paranoid thoughts. The participants experienced that the group sessions provided an opportunity for reflecting on recovery and that accomplishing even a small task was acknowledged during the recovery process.

We learned from the Interplay with the IMR Instructor

The interaction with the IMR instructor was experienced as demanding. The IMR instructor's questions enabled the participants to reflect on and reconsider barriers related to their ability to manage everyday activities, such as shopping for groceries or being on the phone. The participants described how talking with other group members and the IMR instructor about barriers allowed them to better understand these barriers. The participants experienced that focusing on daily social contacts in the community, i.e., asking for directions or checking out in a supermarket, was meaningful during the interplay with the IMR instructor. Furthermore, the interplay that shaped the network cards identified significant relationships in the participant's everyday life and the relapse prevention plans was highly valued by the participants, which gave them tools to manage socialising. Even participants who suffered from persistent or increasing symptoms of severe mental illness learned from the interplay that social interactions could be managed in different ways. However, the participants explained that they found it difficult to incorporate new strategies and skills while simultaneously experiencing severe symptoms, such as hearing voices or experiencing paranoid or excessive thoughts. The participants described that they learned that relapses are part of the recovery process, as follows: "We discussed relapse plans during IMR… A fall is hard to get up from, while with a step back, if you take two steps backward but one forward, you will still be on the recovery path (Woman, 39 years old)." Although the participants described having difficulties in executing their relapse prevention plans and enhancing their social network cards, they experienced that their interaction with the IMR instructor had helped them identify symptoms that could be managed in different ways.

Discussion

The findings of the present study are based on in-depth individual interviews describing the participants' lived experiences with IMR, exploring whether they experienced changes and examining how these changes related to their recovery during or after their participation in IMR. Three main themes illustrating the participants' experiences of participating in the IMR program occurred: (Th1): "Social connection with other IMR group members"; (Th2) "During IMR, we talked about our everyday lives with mental illness"; and (Th3) "During IMR, we learned about recovery as a personal experience."

Overall, the main themes unveiled elements of hope, optimism and connectedness that indicate tentative elements of recovery similar to the recovery categories described in the CHIME framework by Leamy et al. (2011). The main themes identified in this study were compared with the CHIME framework in order to discuss the possible impact of the IMR -program on participant recovery. Furthermore, the main themes revealed an early development of recovery phases during IMR.

Comparing our results to the framework of the five categories of achieving personal recovery as described by CHIME, i.e., Connectedness, Hope, Identity, Meaning and purpose in life and Empowerment (Leamy et al. 2011), the participants in our study alluded their experiences related to several of these categories. Elements of the Connectedness category were revealed in (Th1) in terms of peer support and growing empathy for the other group members. The basics of the category "Hope and optimism about the future" are captured in (Th3), i.e., embracing a belief in recovery and a motivation for change and positive thinking. Furthermore, in (Th2), the participants described that they started to overcome self-stigma and began to present themselves more positively in the IMR group, capturing the basic elements of the category "Identity". However, the participants struggled with maintaining these changes after the IMR program ended. The categories "Meaning and purpose" and "Empowerment", which refer to embracing the development of a meaningful life and taking control of life, were not reproduced in the present study. Additionally, the IMR participants' descriptions did not reveal experiences of

symptom relief or changes in functioning leading to more independent living after completing the IMR program, which is consistent with results reported in the same randomized clinical trial (Dalum et al. 2018).

Although the qualitative studies conducted by Roe et al. and Van Langen et al. did not explore clinical and personal recovery, their findings can be considered from this perspective because these studies are embedded in the recovery-oriented research-field. Consistent with the findings of the present study, both Roe et al. (2009) and van Langen et al. (2016) partially reproduced CHIME (Leamy et al. 2011; Roe et al. 2009; van Langen et al. 2016). The findings reported by Roe et al. in (2009) captured the categories of Connectedness, Hope and optimism about the future and Identity, leading the participants to embrace new relationships, believe in recovery, become motivated for change and rebuild a positive sense of identity (Roe et al. 2009). Furthermore, Roe et al. (2009) found that the IMR participants experienced an increase in their cognitive abilities and social functioning, which contrasts with the negative results reported in the same randomized clinical trial (Hasson-Ohayon et al. 2007). In 2016, Van Langen et al.'s findings captured the CHIME categories of Connectedness, Hope and optimism about the future and Identity because the IMR participants became more independent, believed more in recovery, and overcame stigma (van Langen et al. 2016). Van Langen et al. (2016) revealed no change in functioning or symptom relief, but the IMR participants experienced an improvement in symptom management skills, which is consistent with Roe et al.'s (2009) findings (Roe et al. 2009; van Langen et al. 2016). In summary, the present study and two previous qualitative studies reveal possible developments related to illness self-management, which is consistent with the randomized trials. However, the qualitative studies also indicate changes in personal recovery that were not captured by the scales used in the RCT (Fardig et al. 2011; Hasson-Ohayon et al. 2007; Salyers et al. 2014, 2010). Although personal recovery is conceptualised as an individual and nonlinear process, the recovery literature has identified stages of common characteristics during a recovery process (Leamy et al. 2011; Yarborough et al. 2016). In 2011, Leamy et al. defined six stages categorised by the transtheoretical model of change, while Yarborough et al. described three stages (Leamy et al. 2011; Yarborough et al. 2016). The present study findings in (Th3) 'During IMR, we learned about recovery as a personal experience' indicate that after a nine-month period of IMR, the participants reached the stage in recovery described by Yarborough et al. as "Getting by", i.e., they coped more effectively with persistent symptoms and were more successful in meeting their basic needs (Yarborough et al. 2016), which corresponds to the components of the contemplation stage of recovery in the transtheoretical model of change (Leamy et al. 2011). Furthermore, in (Th2) During IMR, we talked about our everyday lives with mental illness, the IMR participants described a tentative willingness to re-engage in hobbies, which represents elements from the stage described by Yarborough et al. in 2016 as "Getting back", i.e., achieving daily goals, getting along better with family and going out in the community. The present study findings did not reveal that the participants actually reached this stage, and there was no indication that the participants reached the third stage of "Getting on", i.e., a life in which mental illness is no longer prominent. In the studies conducted by Roe et al. in (2009) and van Langen et al. in (2016), several IMR participants began to make their own decisions after ending IMR and had changed their illness-dominated identity to an identity of a person who suffered from a mental illness, which is consistent with the recovery stage of preparation in the transtheoretical model of change (Leamy et al. 2011). Furthermore, in (Th1) 'Social connection with other IMR-group members' the participants experienced that knowledge and insight regarding their symptoms led to better coping in terms of adequate actions to prevent relapses, which corresponds to the elements described by Yarborough et al. in (2016) as "Getting by", including developing signs of the stage "Getting on", such as going out more in the community (Yarborough et al. 2016). In summary, the three qualitative studies revealed that the IMR instructor together with the peer support of the IMR group helped prepare the participants for recovery from mental illness.

In conclusion, the present qualitative study did not find an increase in clinical recovery in terms of decreased symptom severity or increased levels of functioning, but this study did find increased illness management. Furthermore, the participants began to experience connectedness and increased hope, optimism and identity. However, the participants' experiences did not reveal an increase in the categories related to meaning and purpose in life and empowerment, indicating that IMR helped the participants reach the recovery stage of "Getting by" with their mental illness but not "Getting back" or "Getting on". Overall, the present findings are in line with the previous qualitative studies on IMR from the perspective of clinical and personal recovery.

Methodological Considerations

In the present study, the recruited participants were all diagnosed with a severe mental illness, and not all participants completed all IMR sessions due to periods of sickness, childcare or job interviews, suggesting that the participants were preoccupied with personal or family matters. Secondly, the aim was to achieve variation among the participants in terms of dwelling place, age and duration of living with a severe mental illness. Younger participants aged 18–29 years were not recruited, and the study contained a small number of participants; thus, the generalizability of these findings

may be questionable. Third, including the participants' narratives on recovery or home assignments could have added yet another dimension to the findings. To ensure the internal validity of the findings and conclusions, the raw data were continually revisited to confirm that the interpretations were grounded in the participants' interviews.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflicts of interests.

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